

ESMO Checklist: Gastric Cancer Patient Related Treatment Workflow*

Tick the box and insert the date as you have dealt with every task listed below, as appropriate. In case you use the template, you can also insert and save data directly on the PDF file.

PATIENT'S PERSONAL DATA			
Last Name:		First Name:	
Date of birth: __/__/__		Gender:	
DATE OF REFERRAL/1ST CONSULTATION: __/__/__			
__/__/__ MEDICAL HISTORY AND RISK FACTORS			
Past personal medical history and co-morbidities:			
Past surgical history:			
Concurrent medication:			
Allergies:			
Smoking history: __pack/y from age __ to age __			
Alcohol consumption:			
Normal weight:		Height:	BMI:
__/__/__ PRESENT MEDICAL CONDITIONS			
Main symptoms:			
Weight loss:			
ECOG Performance Status:			
Nutritional Status:			
Other relevant clinical conditions:			
__/__/__ DIAGNOSIS AND CLINICAL STAGING			
__/__/__ Endoscopy			
__/__/__ EUS			
__/__/__ Thoraco-abdomino (+/- pelvic) CT scan			
__/__/__ PET-CT scan			
__/__/__ Laparoscopy + washings			
__/__/__ TNM stage and grade			
__/__/__ HISTOLOGICAL ANALYSIS			
Core biopsy of primary tumor			
Adenocarcinoma			
PD-L1 CPS status (IHC)			
HER 2 (IHC and/or FISH)			
MSI or dMMR status			
Other predictive biomarkers (FGFR2; MET; Claudin-18.2; EBV)			
Tissue material available/stored for future molecular analyses		YES	NO
__/__/__ LAB TESTS			
FBC	Liver Function	Renal Function	Iron Status
Timeline for further work-up has been checked and it is tight enough			

//_/_	<p>MDT discussion and decision</p> <p>Neo-adjuvant therapy</p> <p>Resection (endoscopic or surgical)</p> <p>Adjuvant therapy</p> <p>Supportive and palliative care</p> <p>Enrolment in a clinical trial</p>
//_/_	<p>Treatment options have been discussed with the patient and strategy accepted</p>

COMPILER INFORMATION

Name:	Date: _/_/_
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Comments: