

ESMO Checklist: Early and locally Advanced Non-Small Cell Lung 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 vascular risk factors:					
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:					
ENT Examination:					
Other relevant clinical conditions:					
__/__/__ DIAGNOSIS AND CLINICAL STAGING					
__/__/__ PET/CT scan					
__/__/__ Bronchoscopy					
__/__/__ EBUS/EUS					
__/__/__ TNM stage and grade					
Patient with M0 disease (by CT-scan), and non-bulky enlarged mediastinal (N2) or hilar (N1) LN, or a central tumour:					
__/__/__ PET-CT					
__/__/__ EBUS or EUS guided LN sampling					
__/__/__ Mediastinoscopy as indicated (mediastinal LN negative on EBUS/EUS)					
__/__/__ HISTOLOGICAL ANALYSIS					
Core biopsy of primary tumour					
Non-squamous:					
Tested for		EGFR mut.		PD-L1, method used	
Squamous:					
Tested for		PD-L1, method used			
Tissue material available/stored for future molecular analyses			YES	NO	
__/__/__ LAB TESTS					
FBC	Liver Enzymes	LDH	Calcium	Albumin	Renal Function
IF the patient is scheduled for radical treatment, the following tests have been considered					
(Stage III) Brain MRI, preferably to contrast-enhanced CT-scan					
Lung function tests					
Cardio-vascular check-up					
Timeline for further work-up has been checked and it is tight enough					

//_/_	MDT discussion and decision																								
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Surgery</td> <td style="width: 33%;">Performed</td> <td style="width: 33%;">Planned</td> </tr> <tr> <td>SBRT</td> <td>Radiotherapy</td> <td>Radiofrequency ablation (or similar ablative approach)</td> </tr> <tr> <td>Neoadjuvant chemotherapy</td> <td></td> <td></td> </tr> <tr> <td>Adjuvant radiotherapy</td> <td>Adjuvant chemotherapy</td> <td></td> </tr> <tr> <td>Chemoradiation</td> <td>Concurrent</td> <td>Sequential</td> </tr> <tr> <td>Durvalumab maintenance</td> <td></td> <td></td> </tr> <tr> <td>Supportive and palliative care</td> <td></td> <td></td> </tr> <tr> <td>Enrolment in a clinical trial</td> <td></td> <td></td> </tr> </table>	Surgery	Performed	Planned	SBRT	Radiotherapy	Radiofrequency ablation (or similar ablative approach)	Neoadjuvant chemotherapy			Adjuvant radiotherapy	Adjuvant chemotherapy		Chemoradiation	Concurrent	Sequential	Durvalumab maintenance			Supportive and palliative care			Enrolment in a clinical trial		
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//_/_	Treatment options have been discussed with the patient and strategy accepted																								

COMPILER INFORMATION	
Name: _____	Date: _/_/_/___
Comments: 	