

NWTS-5 FLOWSHEETS: complete a column below for each day drugs are given or toxicities occur. Flowsheets and other clinical records must be submitted following all relapses.

Name: _____ Institution: _____ Page #: _____ Patient ID#:

1. Date								
2. Hospitalizations								
3. Height (cm)								
4. Weight(kg)								
5. M ²								
6. Radiation/surgery								
7. Antibiotics								
8. Transfusions								
9. Hgb (grams)								
10. Platelets (x 10 ³)								
11. WBC (x 10 ³)								
12. ANC/%Neutr.								
PHYSICAL EXAMINATION/CHEMISTRIES:								
13. Temp (F or C)								
14. B/P								
15. Masses/other								
16. SGOT/SGPT								
17. Bilirubin/Alk Phos								
18. BUN/Creatinine								
19. Urine protein-cells								
IMAGING STUDIES: In REMARKS, record all results determining disease status (POS/NEG).								
20. X-ray								
21. Ultrasound								
22. CT Chest								
23. CT Abdomen								
24. Echo/MUGA								
25. Other								
TOXICITIES: For primary therapy record toxicities and associated treatment on the roadmaps. Following primary therapy, please identify toxicities below and in more detail in the REMARKS section.								
26. Toxicity (specify)								
27. Toxicity (specify)								
28. Toxicity (specify)								
INITIALS:								

REMARKS:

GUIDELINES FOR FILLING OUT FLOWSHEETS

1, 2. Record date of admission and date of discharge for all hospitalizations, and note whether each was for 1 = tumor, 2 = toxicity, 3 = Tumor and Toxicity, 4 = Other (please specify in REMARKS).

3, 4, 5. The patient's height, weight, and meter-square body surface area must be recorded at the beginning of **EACH COURSE** of chemotherapy. Any sudden changes in height and weight should also be recorded, especially if it affects the dosage.

6. Note any date that surgery was done, and note under REMARKS the nature and findings of the surgery. Also record the start and completion of radiotherapy giving the total dose at the end. Note under REMARKS the field(s).

7. State what antibiotic was given and show the start and completion of administration. Note under REMARKS the reason each was given.

8. Record the number and type of transfusions given. Example, FWB (fresh whole blood), 55ml or PLTS (platelets).

9. Record HGB in grams.

10, 11 Record the number in thousands. Thus, a platelet count of 225,000 is recorded 225 and a WBC of 800 is 0.8.

12. Record the ANC making sure to record all days of especially low counts.

13-19. **PHYSICAL EXAMINATION/CHEMISTRIES**: Record all findings of physical examinations. Record results of chemistries describing in REMARKS any treatment given for and/or modification of therapy made because of abnormal tests.

20-25. **IMAGING STUDIES**: Record all studies done. When a study indicates a change in disease status, e.g., the first negative chest X-ray after a period of relapse or persistence, or the first positive X-ray or scan after a period of remission, note NEG or POS under the appropriate column and record the detailed findings in REMARKS. If further tests or studies were done to confirm disease findings note these also under REMARKS. "POS." should only be used for findings of persisting, recurring or metastatic Wilms tumor.

TOXICITIES: Please record and DESCRIBE all toxicities using guidelines in Appendix III. For these toxicities describe the toxic episode and all steps taken to treat it and to modify Wilms tumor therapy.

NOTE: If the patient experiences a remission of any site of disease or experiences a recurrence or a relapse after a period of remission, record the specific results of **ALL** tests and studies done which document the remission or relapse and send copies of the reports. Also, send all available surgery, pathology and radiation therapy data relevant to the event.