

**ACRIN – 6687 FORM COMPLETION INSTRUCTIONS**

**Prior Therapies Form**

**TX Completion Instructions**

The TX form is required for all participants. The form should be completed as part of the registration visit/eligibility assessment. It collects any prior cancer related therapy/treatment the participant has had in their lifetime.

Note: Ideally all prior therapy would be made available in the participants medical history, however it is understood that there may be unknowns to some of the listed therapies.

**1. Did the participant ever receive any type of cancer treatment (chemotherapy, hormonal therapy, surgery, vaccine, etc.?)**

**No:** The participant has not had any prior cancer related treatment. Initial and date the form.

**Yes:** The participant has received some type of cancer related treatment. Complete the entire table

**Note:** Any prior cancer treatment the participant may have received to make them eligible for this study should be reported on this form. (Eg., Nilutamide or Dasatinib)

**Completing the Prior Therapies Table**

**NOS = Not Otherwise Specified**

**Therapy Type** Please see table below for the definitions and examples of the listed therapy types

**Any Therapy? No:** Select if it is known that participant has not received the corresponding therapy type.

**Yes:** Select if it is known that the participant has received the corresponding therapy type. Note that yes can be selected for more than one type.

**Unknown:** Select if it is unknown whether the participant has ever had the corresponding therapy type.

**# Prior Chemo Regimens** A regimen is described as a distinctive planned collection of agent(s) and or modalitie(s) to be utilized together during a cycle or course of therapy. The total number should include chemotherapy that was discontinued for any reason. If a prior treatment was ABVD/CHOP, it should be coded as one chemotherapy regiment.

**Note:** The total number of other prior therapy types (e.g., surgery) is not required here and should not be included in this number.

<b>Therapy Type</b>	<b>CDUS Meaning</b>	<b>Examples</b>
<b>Anti-Retroviral Therapy</b>	Agents administered to control the replication and/or spread of viruses	TAT therapy for HIV-1
<b>Antisense</b>	Treatment with an agent that prevents or impairs the translation of the genetic message for production of a specific protein.	
<b>Bone Marrow Transplant</b>	High dose chemotherapy combined with transplantation of bone marrow cells	allogeneic, syngeneic, autologous bone marrow or periperhal blood stem cell transplantation
<b>Chemotherapy (NOS)</b>	Non-systemic chemotherapy treatment (e.g., intra-peritoneal, intra-cavitary, intra-theical), or chemotherapy not described by Chemotherapy Single Agent Systemic or Multi-Agent Systemic.	
<b>Chemotherapy multiple agents systemic</b>	Systemic chemotherapy with a regimen containing multiple agents. A regimen is described as a distinctive collection of agent(s) and/or modalities to be utilized together during a cycle or course of therapy. All routes of administration are acceptable as long as the agent is intended for systemic therapy.	
<b>Chemotherapy non-cytotoxic</b>	Prior therapy with agents that are not known to cause damage to cycling cells	endostatin, mmpi, bevacizumad

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<b>Therapy Type</b>	<b>CDUS Meaning</b>	<b>Examples</b>
<b>Chemotherapy single agent systemic</b>	Systemic chemotherapy with a single agent regimen. A regimen is described as a distinctive collection of agent(s) and/or modalities to be utilized together during a cycle or course of therapy. All routes of administration are acceptable as long as the agent is intended for systemic therapy.	
<b>Drug and/or immunotherapy</b>	Biologic cancer therapy. Manipulation of the body's immune system, either directly or indirectly, with therapeutic intent, e.g., tumor vaccines, monoclonal antibodies, cytokines . Do not include biologic therapy as supportive care (e.g., G-CSF for immuno-protection).	interferons, interleukins, tumor necrosis factor
<b>Gene Transfer</b>	Treatment of human disease by gene transfer	
<b>Hematopoietic Stem Cell Transplantation</b>	The intravenous infusion of autologous or allogeneic stem cells collected from the bone marrow, peripheral blood, or umbilical cord blood to re establish hematopoietic function in patients with damaged or defective bone marrow or immune systems.	
<b>Hormonal Therapy</b>	Cancer therapy which incorporates hormonal manipulation	tamoxifen, androgen deprivation
<b>Image directed local therapy</b>	A technique whereby an imaging method is used to diagnose, localize and/or treat a carcinogenic lesion, for example, a breast lump. A non-palpable carcinoma may be diagnosed by image directed biopsy or needle localization. Breast conserving surgery can be conducted with pre surgical localization with a guide wire using a diagnostic imaging method.	
<b>Oncolytic Virotherapy</b>	Anticancer treatment with a live, replication-competent virus.	
<b>Prior Therapy (NOS)</b>	Prior therapy not otherwise specified	
<b>Radiation Therapy</b>	Targeted ionizing radiation therapy utilizing radioactive implants or seeds. Radiation Therapy combines the following therapies:  <i>Extensive Radiation:</i> Cancer therapy using ionizing radiation to a significant (>50%) portion of the body.  <i>Limited Radiation:</i> Cancer therapy using ionizing radiation to a limited (<50%) portion of the body.	(e.g., craniospinal, total body irradiation, or pelvic radiation)
<b>Surgery</b>	Surgical procedure, or operation, with therapeutic intent. Do not include diagnostic procedures (e.g., biopsy).	
<b>Therapy (NOS)</b>	A therapy used prior for which none of these selections is appropriate.	Cryotherapy, phototherapy
<b>Vaccine</b>	Substance or group of substances administered to induce the immune system to recognize and destroy tumors or microorganisms.	