

**National Cancer Institute's
Best Case Series Program in Alternative Medicine**

Case Report Format: Solid Tumors

Following is a sample case report format that you may use to submit each of your Best Case Series Case Reports regarding an alternative therapy for solid tumors. If you would like an electronic version of this form, contact the OCCAM. You may use a different format for your case reports if you wish, but all of the applicable data listed below must be included.

Patient Name: _____ Diagnosis:

1. Clinical history
 - a. Date of birth ____ / ____ / ____ or age ____ at presentation to your office
 - b. Sex M ____ / F
 - c. Date of diagnosis of initial tumor ____ / ____ / ____

How documented?

- d. History of illness with dates of onset of all disease-related symptoms – Please complete Table 1d.

Table 1d. History of Illness

Disease-related symptoms	Date of onset	Treatment	Response
(Example) Cough	12/1/98	Antibiotics & cough suppressant	No significant improvement

2. Disease Prior to CAM Therapy

- a. Results of physical examination just prior to initiation of CAM therapy – Please complete Table 2a.

Table 2a. Physical Examination

Detectable Cancer Sites	Measurement

Check that the following documents are attached to this Case Report:

Reports	Attached
b. Pathology report of primary tumor	
c. Pathology reports of recurrent or metastatic disease	
d. Imaging reports (x-ray, CT scans, bone scans, MRI) taken prior to initiation of CAM therapy	

3. Treatment Descriptions

- a. CAM treatment description – Please complete Table 3a. Provide as much information as possible.

Table 3a. CAM Treatment Descriptions

Intervention name and description	Dose (in mg/m ²), route (e.g. oral, subcutaneous injection, intramuscular injection, intravenous infusion) and schedule	Dates	Response
(Example) Vitamin C	20 g, IV infusion over 30 minutes, weekly for 10 weeks	11/5/99 – 1/7/00	Complete remission of all sites of disease documented 11/26/99 by CT scan (see report). New cervical node detected 3/5/00. Biopsy (3/12/00) indicated recurrent Hodgkin's disease.

- b. Other concurrent interventions (if any) – Please complete Table 3b. Provide as much information as possible.

Table 3b. Concurrent Interventions

Therapy	Practitioner's Name and Contact Information	Dates
(Example) Herbal therapies and diet modification	Jane Doe, M.D. 123 Fourth St., City, State, Country Phone number Fax number e-mail address	10/30/99-5/1/00

4. Response to CAM Intervention

If available, please provide bidimensional tumor measurements (largest perpendicular diameters) of all known sites of disease and date of measurement. Completion of this portion of the form is optional but if the patient has had less than a complete remission this information will help in determining the magnitude and duration of the response to therapy.

Table 4a. Radiographic Follow-up

Detectable Cancer Site	Measurement	Date
Example: Right upper lobe mass (CT scan)	4 cm x 3 cm	11/5/99

Check that the following documents are attached to this Case Report:

Reports

Attached for each date
patient was evaluated

- a. Full history and physical on first date a response was observed, and all subsequent evaluation dates
- b. Copies of all x-ray reports and other imaging studies on first date a response was observed and subsequent evaluation dates during and after CAM intervention
- c. Tumor measurements of all known sites of disease
- d. Pathology reports of biopsy or autopsy findings any time after initiation of CAM therapy
- e. Date of last visit and status and/or date and cause of death

Date of last visit ____ / ____ / ____ Status

and/or

Date of death ____ / ____ / ____ Cause of death

Please attach a copy of the note from your office chart documenting this follow-up visit, if available.

- 5. Any toxicity during treatment