ADVERSE EVENT EXPEDITED REPORT

List of Values

For use with the Single Agent and Multiple Agent AdEERS v4.0 Templates

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ADVERSE EVENT EXPEDITED REPORT SYSTEM (AdEERS)
LISTS OF VALUES

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ADVERSE EVENT EXPEDITED REPORT SYSTEM (AdEERS) LISTS OF VALUES

The following Lists of Values (LOV) are presented for use with the *Adverse Event Expedited Report – Single Agent* and *Multiple Agents v4.0* templates. The values are used to complete specific information components identified with "LOV" or "LOV/FT" within the templates.

This document presents the report section titles and information components using the same characteristics as are used in the template:

- **MANDATORY SECTION** titles and **COMPONENTS** appear in **CAPITAL LETTERS**.
- *Requisite section* titles and *components* appear in *italic letters.*

The templates must be completed using the AdEERS Template Instructions available from the AdEERS Web site (http://ctep.cancer.gov/reporting/adeers.html) or from the NCI CTEP Help Desk by phone at (301) 840-8202 or by fax at (301) 948-2242. Access the AdEERS Web site for other available AdEERS references and products.

Administration Route

Use the following values to complete the *Administration Route* component in the **COURSE INFORMATION** section (Section 4).

A Short (<24 hours) Intravenous Infusion
Applied to the Skin
Continuous (>= 24 hour) Intravenous Infusion
Ex-Vivo
Intra-Arterial
Intradermal
Intra-Muscular
Intra-Peritoneal
Intra-Thecal
IV Piggyback
IV Push
Orally
Other
Rectal Administration
Subcutaneous

ADVERSE EVENT

Use the values available from the *NCI Common Toxicity Criteria, Version 2.0* to complete the **ADVERSE EVENT** component in the **ADVERSE EVENT (CTC)** section (Section 13) and the **ADVERSE EVENT** component in the **ATTRIBUTION FOR ADVERSE EVENT** section (Section 14). These components are identified with "CTC" within the templates. See the **COMMON TOXICITY CRITERIA (CTC) ADVERSE EVENTS** listing (on page 2) for additional information.

Agent Adjustment

Use the following values to complete the *Agent Adjustment* component in the **PROTOCOL AGENT(S)** section (Section 10).

Dose increased
Dose not changed

Agent Adjustment (continued)

Dose reduced
Drug withdrawn
Not applicable

AGENT NAME(S)

Use the agent name(s) listed in the protocol document to complete the *Agent Name(s)* component in the **COURSE INFORMATION** section (Section 4), the **AGENT NAME(S)** component in the **PROTOCOL AGENT(S)** section (Section 10), and the **ATTRIBUTION FOR ADVERSE EVENT** section (Section 14).

Use the **PRIOR THERAPY AGENT NAME(S)** LOV (see page 13) to complete the **PRIOR THERAPY AGENT NAME(S)** in the **PRIOR THERAPIES** section (Section 7).

Baseline Performance Status at Initiation of Protocol - ECOG/Zubrod Scale

Use the following values to complete the *Baseline Performance Status at Initiation of Protocol - ECOG/Zubrod Scale* component in the **PATIENT INFORMATION** section (Section 3).

0 = Normal Activity, asymptomatic
1 = Symptomatic, fully ambulatory
2 = Symptomatic; in bed <50% of time
3 = Symptomatic; in bed >50% of time
4 = 100% bedridden

CAUSE OF DEATH

Use the following values to complete the **CAUSE OF DEATH** component in the **DEATH UNRELATED TO ADVERSE EVENT** section (Section 6).

Accident
Homicide
Progressive Disease
Sudden Death
Suicide
Unknown

COMMON TOXICITY CRITERIA (CTC) CATEGORY

Use the values available from the *NCI Common Toxicity Criteria, Version 2.0* to complete the **CATEGORY** component in the **ADVERSE EVENT (CTC)** section (Section 13). These components are identified with "CTC" within the templates. See the **COMMON TOXICITY CRITERIA (CTC) ADVERSE EVENTS** listing (below) for additional information.

COMMON TOXICITY CRITERIA (CTC) ADVERSE EVENTS

Use the values available from the *NCI Common Toxicity Criteria, Version 2.0* to complete the **CATEGORY**, **ADVERSE EVENT**, and **GRADE** components in the **ADVERSE EVENT (CTC)** section (Section 13) and the **ADVERSE EVENT** component in the **ATTRIBUTION FOR ADVERSE EVENT** section (Section 14). These components are identified with "CTC" within the templates.

The most comprehensive approach to identify the appropriate CTC CATEGORY, Adverse Event term, and Grade is to use the Index Search in the Interactive CTC Web Application available at http://ctep.cancer.gov/reporting/ctc.html. The *NCI Common Toxicity Criteria, Version 2.0 (publish date April 30, 1999)* is available from the same site, or from the NCI CTEP Help Desk **by phone at (301) 840-8202 or by fax at (301) 948-2242**.

CONDITION

Use the *Pre-Existing Condition(s)* LOV (see page 8) to complete the **CONDITION** component in the *Pre-Existing Condition(s)* section (Section 8).

DISEASE NAME

Use the following values to complete the **DISEASE NAME** component in the **PATIENT INFORMATION** section (Section 3) and the **ATTRIBUTION FOR ADVERSE EVENT** section (Section 14). The **DISEASE CATEGORY** column (below) is used to organize the Disease Names and is not to be included on the template.

The **DISEASE NAME** component must be entered using the LOV below. If the appropriate disease name is not available, enter either "Solid Tumor NOS" or "Hematologic unspecified" in the **DISEASE NAME** component, then enter the specific disease name in the *Disease Name Not Listed* component.

DISEASE CATEGORY	DISEASE NAME
Breast Neoplasms Malignant And Unspecified	Breast Neoplasm NOS
Endocrine Neoplasms Malignant or Unspecified Character	Adrenal Carcinoma NOS Carcinoid Tumor NOS Endocrine Neoplasm Malignant NOS Thyroid Carcinoma NOS
Gastrointestinal Neoplasms Malignant and Unspecified	Anal Canal Cancer NOS Colon Cancer NOS Esophageal Carcinoma NOS Gastric Cancer NOS Gastrointestinal Stromal Tumour Lip and/or Oral Cavity Cancer NOS Malignant Peritoneal Neoplasm NOS Oral Neoplasm NOS Oropharyngeal Cancer Stage Unspecified Pancreatic Carcinoma NOS Rectal Cancer NOS Salivary Gland Cancer NOS
Hematopoietic Neoplasms (excluding leukemias and lymphomas)	Hematologic Unspecified
Hepatobiliary Neoplasms Malignant And Unspecified	Biliary Neoplasm NOS Gall Bladder Cancer NOS Hepatic Neoplasm Malignant NOS Hepatocellular Carcinoma Malignant Hepato-Biliary Neoplasm NOS

DISEASE NAME (continued)

DISEASE CATEGORY	DISEASE NAME
Immunodeficiency Syndromes	AIDS Related Complex AIDS Related Complications Chronic HIV Infection HIV Infection CDC Group 1 HIV Test Positive Malignancy
Leukemias	Acute Lymphocytic Leukemia Acute Myeloid Leukemia NOS Acute Promyelocytic Leukemia Chronic Lymphocytic Leukemia NOS Chronic Myeloid Leukemia Myelodysplastic Syndrome NOS
Lymphomas Hodgkin's Disease	Hodgkin's Disease NOS
Lymphomas NonHodgkin's B-Cell	B-cell Lymphoma NOS Burkitt's Lymphoma NOS Diffuse Large B-Cell Lymphoma NOS Precursor B-Lymphoblastic Lymphoma NOS Waldenstrom's Macroglobulinaemia NOS
Lymphomas NonHodgkin’s T-Cell	Anaplastic Large Cell Lymphoma T- and Null-Cell Types NOS Mycosis Fungoides NOS Precursor T-Lymphoblastic Lymphoma/ Leukemia NOS
Lymphomas NonHodgkin’s Unspecified Histology	NonHodgkin's Lymphoma NOS
Lymphomas Unspecified NEC (all forms)	Central Nervous System Lymphoma Lymphoma AIDS Related
Mesotheliomas	Mesothelioma Malignant NOS
Metastatic Cancer	Metastatic Neoplasm NOS
Miscellaneous and Site Unspecified Neoplasms (Exc Benign)	Adenocarcinoma NOS Carcinoma NOS Malignant Melanoma Site/Stage Unspecified Malignant Neoplasm NOS Neoplasm NOS Solid Tumor NOS
Nervous System Neoplasms Malignant and Unspecified NEC	Astrocytoma Malignant NOS Brain Stem Glioma Ependymoma Malignant Glioblastoma Malignant Brain Neoplasm NOS Neuroblastoma NOS

DISEASE NAME (continued)

DISEASE CATEGORY	DISEASE NAME
Ocular Neoplasms	Malignant Eye Neoplasm NOS Retinoblastoma NOS
Plasma Cell Neoplasms	Multiple Myeloma
Renal and Urinary Tract Neoplasms Malignant and Unspecified	Bladder Cancer NOS Renal Neoplasm NOS Urinary Tract Neoplasm NOS
Reproductive Neoplasms Female (Exc Benign)	Cervical Carcinoma NOS Endometrial Cancer NOS Ovarian Epithelial Cancer NOS Ovarian Germ Cell Cancer NOS Ovarian Neoplasm NOS Vaginal Cancer NOS
Reproductive Neoplasms Male (Exc Benign)	Prostate Cancer NOS Testicular Germ Cell Cancer NOS Testicular Seminoma Pure NOS
Respiratory and Mediastinal Neoplasms (Exc Benign)	Bronchioalveolar Carcinoma Large Cell Lung Cancer NOS Laryngeal Cancer NOS Nasal Cavity Cancer NOS Nasopharyngeal Cancer NOS Non Small Cell Lung Cancer NOS Small Cell Lung Cancer Stage Unspecified
Skeletal Sarcomas and Other Neoplasms (Exc Benign)	Bone Sarcoma NOS Chondrosarcoma NOS Ewing's Sarcoma NOS Osteosarcoma Metastatic
Skin Neoplasms Malignant and Unspecified	Basal Cell Carcinoma Skin Carcinoma NOS Squamous Cell Carcinoma of Skin
Soft Tissue Sarcomas	Kaposi's Sarcoma AIDS Related Leiomyosarcoma NOS Rhabdomyosarcoma NOS Rhabdomyosarcoma Localized Rhabdomyosarcoma Metastatic Sarcoma NOS

GENDER

Use the following values to complete the **GENDER** component in the **PATIENT INFORMATION** section (Section 3).

Male
Female
Unknown

GRADE

Use the values available from the *NCI Common Toxicity Criteria, Version 2.0* to complete the **GRADE** component in the **ADVERSE EVENT (CTC)** section (Section 13). These components are identified with "**CTC**" within the templates. See the **COMMON TOXICITY CRITERIA (CTC) ADVERSE EVENTS** listing (on page 2) for additional information.

Lab

Use the following values to complete the *Lab* component in the *Abnormal and Relevant Normal Laboratory Results* section (Section 15). The Lab Category column (next page) is used to organize the *Lab* names and is not to be included on the template.

The *Lab* component, identified with "**LOV/FT**," must be entered using the LOV below or, if an appropriate value cannot be found, entered using Free Text (a value other than those listed below).

Lab Category	*Lab*
Chemistry	Albumin - Blood Alkaline Phosphatase NOS Amylase - Blood Bilirubin Direct - Blood Bilirubin Total - Blood Blood Urea Nitrogen (BUN) Calcium - Blood (Ca) Carbon Dioxide - Blood (CO2) Chloride - Blood Cholesterol - Blood Creatine Phosphokinase - Blood (CK) Creatinine - Serum (Cr) Creatinine Clearance (CrCl) Glucose - Blood Glutamic-Oxaloacetic Transferase (AST, SGOT) Glutamic-Pyruvate Transferase (ALT, SGPT) Lactate Dehydrogenase - Blood (LDH) Lipase Magnesium - Blood (Mg) Phosphorus Potassium - Blood (K) Protein NOS (Total) Sodium - Blood Triglycerides Urine Analysis
Coagulation	Activated Partial Thromboplastin Time (APTT) Fibrin D-Dimer Fibrin Degradation Products (FDP) Fibrinogen - Blood International Normalised Ratio (INR) Prothrombin Time (PT)

Lab (continued)

Lab Category	*Lab*
Hematologic	ANC Blood Neutrophils (ANC) Hematocrit (Hct) Hemoglobin (Hb) Platelet Count (PLT) White Blood Cell Count (WBC)
Microbiology	Bacterial Infection NOS Fungal Infection NOS Viral Infection NOS
Respiratory	Blood Bicarbonate Blood Carbon Dioxide Oxygen Saturation pH NOS pO2

Laboratory Results Unit of Measure

Use the following values to complete the *Baseline Unit of Measure* component in the *Abnormal and Relevant Normal Laboratory Results* section (Section 15). The value you use will also be applied to the *Nadir/Worst* and *Recovery/Latest* components.

cc/min
cells/L
g/dL
g/L
gm
gm/dl
iU/L
kPa
mEq/L
mg/dL
mg/dl
mg/L
min
mL/Min/1.73m^2
mm3
mmHg
mmol/L
n/a
number
seconds
U/L
ug/mL
ul
umol/L

Laboratory Results Unit of Measure (continued)

Vol Frac
1000/mm3
1000/uL
%

Pre-Existing Condition(s)

Use the following values to complete the **CONDITION** components in the *Pre-Existing Condition(s)* section (Section 8). The *Pre-Existing Condition Category* column (below) is used to organize the **CONDITION** names and is not to be included on the template.

The **CONDITION A** and **CONDITION B** components must be entered using the LOV below. If a proper value cannot be found, enter an appropriate value (a value other than those listed below) in the *Pre-Existing Condition Not Listed* component in the same section.

Pre-Existing Condition Category	*Pre-Existing Condition(s)*
Blood and Lymphatic System Disorders	Anemia Coagulation Disorder Thrombocytopenia Thrombotic Disorder
Cardiac Disorders	Arrhythmia Cardiac Failure Congestive Coronary Artery Disease Hypertension Prior Anthracycline
Endocrine Disorders	Diabetes Mellitus Endocrine Disorders Thyroid Disorder
Gastrointestinal Disorders	Inflammatory Bowel Disease Peptic Ulcer
Hepato-Billiary Disorders	Hepatic Disorder Hepatitis Hepatocellular Damage Pancreatitis
Immune System Disorders	Autoimmune Disorder HIV Infection
Infections and Infestations	Bacterial Infection Fungal Infection Viral Infection
Musculoskeletal, Connective Tissue and Bone Disorders	Osteoarthritis Rheumatoid Arthritis

Pre-Existing Condition(s) (continued)

Pre-Existing Condition Category	*Pre-Existing Condition(s)*
Nervous System Disorders	Cerebrovascular Accident Convulsions Peripheral Neuropathy
Other	Other Pre-Existing Condition
Renal and Urinary Disorders	Electrolyte Depletion Renal Impairment
Respiratory, Thoracic and Mediastinal Disorders	Asthma Bronchospasm Chronic Obstructive Airways Disease Cigarette Smoker
Skin and Subcutaneous Tissue Disorders	Eczema Skin Disorder
Surgical and Medical Procedures	Central Line Management

PRESENT STATUS

Use the following values to complete the **PRESENT STATUS** component in the **DESCRIPTION OF EVENT** section (Section 5).

Fatal/Died
Intervention for AE Continues
Not recovered/Not resolved
Recovered/Resolved with Sequelae
Recovered/Resolved without Sequelae
Recovering/Resolving

PRIMARY ORGAN SYSTEM FAILURE CAUSING DEATH

Use the following values to complete the **PRIMARY ORGAN SYSTEM FAILURE CAUSING DEATH** component in **DEATH UNRELATED TO ADVERSE EVENT** section (Section 6).

Blood/Bone Marrow Failure
Cardiovascular
CNS
Dermatology/Skin
Endocrine
Gastrointestinal
Hemorrhage
Hepatic
Infection
Lymphatic
Metabolic

PRIMARY ORGAN SYSTEM FAILURE CAUSING DEATH (continued)

Multi-organ
Musculoskeletal
Pulmonary
Renal

PRIMARY SITE OF DISEASE

Use the following values to complete the **PRIMARY SITE OF DISEASE** component in the **PATIENT INFORMATION** section (Section 3) and the **SITE** components in the *Site(s) of Metastatic Disease* section (Section 7). The Primary Anatomic Site or Organ Involvement column (below) is used to categorize the **PRIMARY SITE OF DISEASE** names and is not to be included on the template.

The **PRIMARY SITE OF DISEASE** and **SITE A** and **SITE B** components must be entered using the LOV below. If a proper value cannot be found, enter an appropriate value (a value other than those listed below) in the *Other Primary Site of Disease* component in Section 3 and in the *Sites of Metastic Disease Not Listed* component in Section 9.

PRIMARY ANATOMIC SITE OR ORGAN INVOLVEMENT	PRIMARY SITE OF DISEASE
Bone Marrow	Bone Marrow Peripheral Blood
Central Nervous System	Brainstem CSF Cerebellum Cerebrum
Dermatology	Skin
Gastrointestinal	Anus Appendix Bile Duct Colon Duodenum Esophagus Ileum Jenunum Liver Pancreas Rectum Sigmoid Colon Spleen Stomach

PRIMARY SITE OF DISEASE (continued)

PRIMARY ANATOMIC SITE OR ORGAN INVOLVEMENT	PRIMARY SITE OF DISEASE
Genitourinary	Bladder Cervix Fallopian Tube Kidney Ovary Pelvis Penis Prostrate Testicle Ureter Uterus Vagina
Head and Neck	Ear- External Ear- Inner Ear- Mid Eye-Globe Eye-Orbit Mouth Nasopharynx Nose Pharnyx Sinuses Throat Thyroid
Lymph Node	Axilla Brachial Cervical Epitrochlear Femoral Hilar Iliac Inguinal Internal Mammary Lymphnode Mediastinum Mesenteric Mid-Pelvis Neck Occipital Paraaortic Pelvis Periauricular Popliteal Retroperitoneal Subclavian Submental Supraclavicular

PRIMARY SITE OF DISEASE (continued)

PRIMARY ANATOMIC SITE OR ORGAN INVOLVEMENT	PRIMARY SITE OF DISEASE
Musculoskeletal	Back Feet Femur Fibula Hands Humerus Iliac
Musculoskeletal (continued)	Mandible Muscle LE Distal Muscle LE Proximal Muscle UE Distal Muscle UE Proximal Radius Ribs Skull Spine-C Spine-L Spine-S Spine-T Sternum Tibia Ulna
Other	Adrenal Gland Other
Thoracic (Pulmonary)	Ant-LLL Ant-LUL Ant-RLL Ant-RML Ant-RUL Breast Chest Hilar Lung Mediastinum Pericardial Pleural Post-LLL Post-LUL Post-RLL Post-RML Post-RUL Retrocrural

PRIOR THERAPY AGENT NAME(S)

Use the following values to complete the **PRIOR THERAPY AGENT NAME(S)** component in the **PRIOR THERAPIES** section (Section 7). The **PRIOR THERAPY AGENT NAME(S)** component is completed only when the following values are recorded in the **THERAPY** component: bone marrow transplant, chemotherapy [NOS], chemotherapy [single or multiple agent systemic], hormonal therapy, or immunotherapy. The Generic Agent Name column (below) is provided as additional reference and is not to be included on the template.

GENERIC AGENT NAME	CHEMOTHERAPY AGENT
Aldesleukin (Interleukin-2, IL-2)	Proleukin
Altretamine (Hexamethylmelamine)	Hexalen
Aminoglutethimide	Cytadren
Anastrozole	Arimidex
BCG	TheraCys, TICE
Bicalutamide	Casodex
Bleomycin	Blenoxane
Busulfan	Myleran
Capecitabine	Xeloda
Carboplatin	Paraplatin
Carmustine (BCNU)	BiCNU
Carmustine Wafers	Gliadel Wafers
Chlorambucil	Leukeran
Chlorotrianisene	TACE
Cisplatin	Platinol
Cladribine, (Chlorodeoxyadenosine)	Leustatin
Cyclophosphamide	Cytoxan, Neosar
Cytarabine (Cytosine Arabinoside, Ara-C)	Cytosar-U
Dacarbazine	DTIC-Dome
Dactinomycin (Actinomycin D)	Cosmegen
Daunorubicin (Daunomycin)	Cerubidine
Diethylstilbesterol (DES)	DES
Docetaxel	Taxotere
Doxorubicin	Adriamycin, RUBEX
Doxorubicin Liposome Injection	Doxil
Dromostanolone	Drolban
Estramustine	Emcyt
Ethinyl Estradiol	Estinyl
Etoposide (VP-16)	VePesid
Filgrastim (G-CSF)	Neuprogen
Floxuridine	FUDR
Fludarabine Phosphate	Fludara
Fluorouracil	Adrucil, Efudex, Fluroplex
Fluoxymesterone	Halotestin
Flutamide	Eulexin
Gemcitabine	Gemzar
Goserelin	Zoladex
Hydroxyprogesterone	Delalutin
Hydroxyurea	Hydrea
Idarubicin	Idamycin
Ifosfamide	Ifex
Interferon Alpha	Intron A, Roferon A
Interferon Gamma	Actimmune
Irinotecan (CPT-11)	Camptosar
L-Asparaginase	Elspar
Letrozole	Femara
Leuprolide	Lupron

PRIOR THERAPY AGENT NAME(S) (continued)

GENERIC AGENT NAME	CHEMOTHERAPY AGENT
Levamisole	Ergamisol
Lomustine (CCNU)	CeeNU
Mechlorethamine	Mustargen
Medroxyprogesterone Acetate	Provera, Depo-Provera
Megestrol Acetate	Megace
Melphalan	Alkeran
Mercaptopurine	Purinethol
Methotrexate	Folex, Mexate
Methyl Prednisolone	Various
Methyltestosterone	Various
Mithramycin (Plicamycin)	Mithracin
Mitomycin C	Mutamycin
Mitotane (o-p'-DDD)	Lysodren
Mitoxantrone	Novantrone
Nilutamide	Nilandron
Oprelvekin (Interleukin-11)	Neumaga
Paclitaxel	Taxol
Pentostatin	Nipent
Pipobroman	Vercyte
Porfimer Sodium	Photofrin
Prednisolone	Various
Prednisone	Deltasone
Procarbazine	Matulane
Rituximab	Rituxan
Sargramostim (GM-CSF)	Leukine
Streptozotocin	Zanosar
Talc (Intrapleural)	Sclerosol
Tamoxifen	Nolvadex
TEM	Triethyl Melamine
Teniposide (VM-26)	Vumon
Testolactone	Teslac
Testosterone	Various
Thioguanine	Thioguanine
Thiotepa	Thiotepa
Topotecan	Hycamtin
Toremifene	Fareston
Trastuzumab	Herceptin
Tretinoin (All-Trans Retinoic Acid)	Vesanoid
Triamcinolone	Various
Uracil Mustard	Uracil Mustard
Valrubicin	Valstar
Vinblastine	Velban
Vincristine	Oncovin, Vincasar
Vinorelbine	Navelbine

RACE

Use the following values to complete the **RACE** component in the **PATIENT INFORMATION** section (Section 3).

American Indian or Alaska Native
Asian
Black or African American
Hispanic or Latino
Native Hawaiian or Other Pacific Islander

Other
Unknown
White

Schedule

Use the following values to complete the *Schedule* component in the **COURSE INFORMATION** section (Section 4).

After meals
At bedtime
Before meals
Eight times daily
Every evening
Every hour
Every morning
Every other day
Every 1 to 2 hours
Every 2 hours
Every 3 hours
Every 3 to 4 hours
Every 4 hours
Every 4 to 5 hours
Every 4 to 6 hours
Every 5 hours
Every 6 hours
Every 6 to 8 hours
Every 7 hours
Every 8 hours
Every 9 hours
Every 10 hours
Every 11 hours
Every 12 hours
Every 13 hours
Every 14 hours
Every 15 hours
Every 16 hours
Every 17 hours
Every 18 hours
Every 19 hours
Every 20 hours
Every 21 hours
Every 22 hours
Every 23 hours
Every 24 hours
Five times daily
Four times daily
Immediately

Schedule (continued)

Once daily
Seven times daily
Six times daily
Three times daily
Twice daily

Site(s) of Metastatic Disease

Use the **PRIMARY SITE OF DISEASE** LOV (see page 10) to complete the **SITE** components in the *Site(s) of Metastatic Disease section* (Section 9).

THERAPY

Use the following values to complete the **THERAPY** component in the **PRIOR THERAPIES** section (Section 7).

The **THERAPY** component must be entered using the LOV below. If a proper value cannot be found, enter an appropriate value (a value other than those listed below) in the *Comments* component in the same section.

Anti-Retroviral Therapy
Antisense
Bone Marrow Transplant
Chemotherapy (NOS)
Chemotherapy Multiple Agents Systemic
Chemotherapy Single Agent Systemic
Extensive Radiation
Gene Therapy
Hormonal Therapy
Immunotherapy
Limited Radiation
No Prior Therapy
Oncolytic Virotherapy
Prior Therapy (NOS)
Radiation (NOS)
Surgery
Therapy (NOS)
Vaccine
Viral Therapy

TOTAL DOSE ADMINISTERED THIS COURSE UNIT OF MEASURE

Use the following values to complete the **TOTAL DOSE ADMINISTERED THIS COURSE UNIT OF MEASURE** component in the **PROTOCOL AGENT(S)** section (Section 10).

UNIT OF MEASURE ABBREVIATED	UNIT OF MEASURE
Billion pfu	Billion pfu
Ci	Curie
cm	Centimeter
dL	Deciliter
dm	Decimeter
Eq	Gram-Equivalent Weight
g	Gram
gravity	Gravity (in centrifugation)
Hz	Hertz
IU	International Units
JCM2	Joules per Centimeter Square
keV	Kilo-Electron Volt
kg	Kilogram
kHz	Kilohertz
kPa	Kilopascal
L	Liter
m	Meter
mcCi	Microcurie
mcg	Microgram
mCi	Millicurie
mcL	Microliter
mcm	Micrometer
mcmol	Micromole
mEq	Milliequivalent
MeV	Million Electron Volts
mg	Milligram
MHz	Megahertz
Million IU	Million International Unit
Million pfu	Million pfu
milliunit	Milliunit
mL	Milliliter
mm	Millimeter
MMM	Milligrams per Milliliter per Minute
mmol	Millimole
mol	Gram-Molecular Weight (mole)
mOsmol	Milliosmole
Mpfu	Million pfu
Mrad	Megarad
mU	Million Unit
mV	Millivolt
mVP	Million Viral Particles
N/A	Not Applicable
nCi	Nanocurie
ng	Nanogram
nm	Nanometer
nm light	Nanometers of Light

TOTAL DOSE ADMINISTERED THIS COURSE UNIT OF MEASURE (continued)

UNIT OF MEASURE ABBREVIATED	UNIT OF MEASURE
Osmol	Osmole
Pa	Pascal
pfu	Plague Forming Unit
pg	Picogram
psi	Pounds per Square Inch
TCID	Tissue culture infectious dose
unit	Unit
VP	Viral Particle

UNIT OF MEASURE

Use the *Laboratory Results Unit of Measure* LOV (see page 7) to complete the *Lab Baseline Unit of Measure* component in the *Abnormal and Relevant Normal Laboratory Results* section (Section 15).

Use the **TOTAL DOSE ADMINISTERED THIS COURSE UNIT OF MEASURE** LOV (see page 17) to complete the **TOTAL DOSE ADMINISTERED THIS COURSE UNIT OF MEASURE** component in the **PROTOCOL AGENT(S)** section (Section 10).