National Institutes of Health
National Cancer Institute

Division of Cancer Treatment and Diagnosis
Cancer Therapy Evaluation Program

Generic CTC Version 2.0 Data Collection Form

Please Print or Type

Protocol No.: _____ **Patient ID No.:** _____ **Course No.:** _____

Date of Event			Category/Toxicity	Grade	*Attribution
	Yes	No	**ALLERGY/IMMUNOLOGY**		
_____			Allergic reaction/hypersensitivity (including drug fever)	1 2 3 4 5	1 2 3 4 5
_____			_____	1 2 3 4 5	1 2 3 4 5
_____			_____	1 2 3 4 5	1 2 3 4 5
	Yes	No	**AUDITORY/HEARING**		
_____			_____	1 2 3 4 5	1 2 3 4 5
	Yes	No	**BLOOD/BONE MARROW**		
_____			Hemoglobin (Hgb)	1 2 3 4 5	1 2 3 4 5
_____			Leukocytes (total WBC)	1 2 3 4 5	1 2 3 4 5
_____			Neutrophils/granulocytes (ANC/AGC)	1 2 3 4 5	1 2 3 4 5
_____			Platelets	1 2 3 4 5	1 2 3 4 5
_____			Transfusion: platelets	3 4 5	1 2 3 4 5
_____			Transfusion: pRBCs	3 4 5	1 2 3 4 5
_____			_____	1 2 3 4 5	1 2 3 4 5
_____			_____	1 2 3 4 5	1 2 3 4 5
	Yes	No	**CARDIOVASCULAR (ARRHYTHMIA)**		
_____			_____	1 2 3 4 5	1 2 3 4 5
_____			_____	1 2 3 4 5	1 2 3 4 5
	Yes	No	**CARDIOVASCULAR (GENERAL)**		
_____			Cardiac-ischemia/infarction	1 2 3 4 5	1 2 3 4 5
_____			Cardiac left ventricular function	1 2 3 4 5	1 2 3 4 5
_____			Hypotension	1 2 3 4 5	1 2 3 4 5
_____			_____	1 2 3 4 5	1 2 3 4 5
_____			_____	1 2 3 4 5	1 2 3 4 5
	Yes	No	**COAGULATION**		
_____			_____	1 2 3 4 5	1 2 3 4 5
_____			_____	1 2 3 4 5	1 2 3 4 5
	Yes	No	**CONSTITUTIONAL SYMPTOMS**		
_____			Fatigue	1 2 3 4 5	1 2 3 4 5
_____			Weight loss	1 2 3	1 2 3 4 5
_____			_____	1 2 3 4 5	1 2 3 4 5
_____			_____	1 2 3 4 5	1 2 3 4 5

*Attribution Key:

Unrelated	1	The adverse event (toxicity) is not related to the investigational agent(s).
Unlikely	2	The adverse event (toxicity) is doubtfully related to the investigational agent(s).
Possible	3	The adverse event (toxicity) may be related to the investigational agent(s).
Probable	4	The adverse event (toxicity) is likely related to the investigational agent(s).
Definite	5	The adverse event (toxicity) is clearly related to the investigational agent(s).

Date of Event			Category/Toxicity	Grade	*Attribution
	Yes	No	**DERMATOLOGY/SKIN**		
			Alopecia	1 2	1 2 3 4 5
			Rash/desquamation	1 2 3 4 5	1 2 3 4 5
			Urticaria (hives, welts, wheals)	1 2 3	1 2 3 4 5
				1 2 3 4 5	1 2 3 4 5
				1 2 3 4 5	1 2 3 4 5
	Yes	No	**ENDOCRINE**		
				1 2 3 4 5	1 2 3 4 5
	Yes	No	**GASTROINTESTINAL**		
			Anorexia	1 2 3 4 5	1 2 3 4 5
			Dehydration	1 2 3 4 5	1 2 3 4 5
			Diarrhea	1 2 3 4 5	1 2 3 4 5
			Dysphagia, esophagitis, odynophagia (painful swallowing)	1 2 3 4 5	1 2 3 4 5
			Nausea	1 2 3	1 2 3 4 5
			Stomatitis/pharyngitis (oral/pharyngeal mucositis)	1 2 3 4 5	1 2 3 4 5
			Vomiting	1 2 3 4 5	1 2 3 4 5
				1 2 3 4 5	1 2 3 4 5
				1 2 3 4 5	1 2 3 4 5
	Yes	No	**HEMORRHAGE**		
			Hemorrhage/bleeding with grade 3 or 4 thrombocytopenia	1 3 4 5	1 2 3 4 5
			Hemorrhage/bleeding without grade 3 or 4 thrombocytopenia	1 3 4 5	1 2 3 4 5
				1 2 3 4 5	1 2 3 4 5
				1 2 3 4 5	1 2 3 4 5
	Yes	No	**HEPATIC**		
			Bilirubin	1 2 3 4 5	1 2 3 4 5
			GGT	1 2 3 4 5	1 2 3 4 5
			SGOT (AST)	1 2 3 4 5	1 2 3 4 5
			SGPT (ALT)	1 2 3 4 5	1 2 3 4 5
				1 2 3 4 5	1 2 3 4 5
				1 2 3 4 5	1 2 3 4 5
	Yes	No	**INFECTION/FEBRILE NEUTROPENIA**		
			Catheter-related infection	1 2 3 4 5	1 2 3 4 5
			Febrile neutropenia (fever of unknown origin without clinically or microbiologically documented infection. (ANC <1.0 x 10^9/L, fever > 38.5)	3 4 5	1 2 3 4 5
			Infection (documented clinically or microbiologically) with grade 3 or 4 neutropenia. (ANC < 1.0 x 10^9/L)	3 4 5	1 2 3 4 5
			Infection without neutropenia	1 2 3 4 5	1 2 3 4 5
				1 2 3 4 5	1 2 3 4 5
				1 2 3 4 5	1 2 3 4 5

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	Yes No	**LYMPHATICS**		
			1 2 3 4 5	1 2 3 4 5
	Yes No	**METABOLIC/LABORATORY**		
			1 2 3 4 5	1 2 3 4 5
			1 2 3 4 5	1 2 3 4 5
	Yes No	**MUSCULOSKELETAL**		
			1 2 3 4 5	1 2 3 4 5
			1 2 3 4 5	1 2 3 4 5
	Yes No	**NEUROLOGY**		
		Neuropathy-cranial	2 3 4 5	1 2 3 4 5
		Neuropathy-motor	1 2 3 4 5	1 2 3 4 5
		Neuropathy-sensory	1 2 3 4 5	1 2 3 4 5
			1 2 3 4 5	1 2 3 4 5
			1 2 3 4 5	1 2 3 4 5
	Yes No	**OCULAR/VISUAL**		
			1 2 3 4 5	1 2 3 4 5
	Yes No	**PAIN**		
			1 2 3 4 5	1 2 3 4 5
	Yes No	**PULMONARY**		
			1 2 3 4 5	1 2 3 4 5
	Yes No	**RENAL/GENITOURINARY**		
		Creatinine	1 2 3 4 5	1 2 3 4 5
			1 2 3 4 5	1 2 3 4 5
			1 2 3 4 5	1 2 3 4 5
	Yes No	**SECONDARY MALIGNANCY**		
			1 2 3 4 5	1 2 3 4 5
	Yes No	**SEXUAL/REPRODUCTIVE FUNCTION**		
			1 2 3 4 5	1 2 3 4 5

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