

Patient Name: _____

MRN: _____

Study Identifier: _____

Baseline Scan Date: _____

New RECIST V 1.1

Measurable Lesions

Longest diameter ≥ 10 mm

Lymph nodes ≥ 15 mm in **short axis**

Target Lesions

All measurable lesions up to a maximum – **two lesions per organ** and **five lesions in total** representative of all organs.

Non-Target Lesions

All lesions or sites of disease not identified as target lesions should be identified & followed as ‘present’, ‘absent’, or ‘unequivocal progression’
 - small lesions with longest diameter > 10 mm
 - pathological lymph nodes w/ short axis 10 to <15 mm
 - all non-measurable lesions

** All lesions recorded as target lesions at baseline should have their actual measurements recorded at each subsequent evaluation if possible, even when very small.

Date of Evaluation		mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy					
Target Lesions		*Instructions: Enter <u>longest dimension (LD)</u> in millimeters (mm) Lymph nodes – enter <u>short</u> axis measurement in millimeters (mm)									
Description	Imaging Modality	Slice	*	Slice	*	Slice	*	Slice	*	Slice	*
1.											
2.											
3.											
4.											
5.											
Total / % change from screening/nadir		___ mm ___%		___ mm ___%		___ mm ___%		___ mm ___%		___ mm ___%	
Date used for Comparison		__/__/----		__/__/----		__/__/----		__/__/----		__/__/----	
Non-Target Lesions		*Instructions: Enter P (Present), A (absent), I (increased), D (decreased), S (stable)									
Description	Imaging Modality	Slice	*	Slice	*	Slice	*	Slice	*	Slice	*
1.											
2.											
3.											
4.											
5.											
New Lesions		*Instructions: Enter <u>longest dimension (LD)</u> in millimeters (mm) Lymph Nodes – enter <u>short</u> axis measurement in millimeters (mm)									
Description	Imaging Modality	Slice	*	Slice	*	Slice	*	Slice	*	Slice	*

Comments:

Response: CR = Complete Response; PR = Partial Response SD = Stable Disease; PD = Progressive Disease	CR <input type="checkbox"/>	CR <input type="checkbox"/>	CR <input type="checkbox"/>	CR <input type="checkbox"/>	CR <input type="checkbox"/>
	PR <input type="checkbox"/>	PR <input type="checkbox"/>	PR <input type="checkbox"/>	PR <input type="checkbox"/>	PR <input type="checkbox"/>
	SD <input type="checkbox"/>	SD <input type="checkbox"/>	SD <input type="checkbox"/>	SD <input type="checkbox"/>	SD <input type="checkbox"/>
	PD <input type="checkbox"/>	PD <input type="checkbox"/>	PD <input type="checkbox"/>	PD <input type="checkbox"/>	PD <input type="checkbox"/>

Reviewed By Investigator (sign & date)					
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