

**PREDICTABILITY OF SURVIVAL IN INCURABLE CANCER PATIENTS ON HPN.**  
**A PROSPECTIVE HAN MULTICENTER STUDY\***

<b>CENTER</b> [.....]	<b>Patient No.</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Doctor responsible for patient.....e-mail .....</b>	
<b>Patient initials, I° name</b> [ ] <b>last name</b> [ ]	<b>Date of birth</b> [ ] / [ ] / [ ] (dd/mm/yy)
<b>Sex</b> M [ ] F [ ]	<b>Age</b> [ ] <b>BMI</b> [ ]
<b>Weight (Kg): Present</b> [ ] <b>Before disease</b> [ ]	<b>6 months prior to HPN</b> [ ]
<b>Height (cm.)</b> [ ]	<b>Date of start of HPN</b> [ ] / [ ] / [ ] (dd/mm/yy)
<b>PRIMARY TUMOUR:</b> <b>Date of( first) diagnosis</b> [ ] / [ ] / [ ]	
Stomach <input type="checkbox"/> Colon-rectum <input type="checkbox"/> Ovary <input type="checkbox"/> Pancreas <input type="checkbox"/> Other (Please specify.....)	
<b>PREVALENT DISTRIBUTION:</b>	
Extra-abdominal <input type="checkbox"/> Intra-abdominal <input type="checkbox"/> Both <input type="checkbox"/>	
Vital organs involved: Lung <input type="checkbox"/> Liver <input type="checkbox"/> Brain <input type="checkbox"/> Kidney (bilat.) <input type="checkbox"/> None <input type="checkbox"/>	
<b>HISTOLOGY:</b>	
Carcinoma <input type="checkbox"/> Sarcoma <input type="checkbox"/> Lymphoma <input type="checkbox"/> Other (Please specify.....)	
<b>SPREAD:</b> 1 Local only <input type="checkbox"/> 2 Locoregional <input type="checkbox"/>	
3 Metastatic <input type="checkbox"/> 4 Both (2 + 3) <input type="checkbox"/>	
<b>MOST RECENT ONCOLOGICAL THERAPY DATE (mm/yy):</b> [ ] [ ]	
Surgery <input type="checkbox"/> , RT <input type="checkbox"/> , CT 1° line <input type="checkbox"/> , CT 2° line <input type="checkbox"/> , CT 3° line <input type="checkbox"/>	
<b>CURRENT THERAPY:</b>	
Analgesic <input type="checkbox"/> Antiemetic <input type="checkbox"/> Sedative <input type="checkbox"/> Anabolic agents <input type="checkbox"/> (.....)	
Anti-inflammatory <input type="checkbox"/> (..... ) Other <input type="checkbox"/> (.....) None <input type="checkbox"/>	
Gastrostomy or tube decompression YES [ ] NO [ ]	
<b>KARNOFSKY PERFORMANCE STATUS</b> [ ]	
<b>LIFE EXPECTANCY, months</b> [ ]	

\* to be filled in when the patient is accepted for a program of HPN

<p><b>HPN INDICATION :</b></p> <p>(Sub)obstruction <input type="checkbox"/>      Pain with oral/enteral nutrition <input type="checkbox"/>      Nausea/vomiting <input type="checkbox"/></p> <p>Enteric Fistula <input type="checkbox"/>      Enteral nutrition refused <input type="checkbox"/></p> <p>Other (please specify) .....</p> <p>HPN recommended by the: oncologist <input type="checkbox"/>      surgeon <input type="checkbox"/>      nutritionist <input type="checkbox"/>      family <input type="checkbox"/></p> <p>HPN mainly run by the: patient/relatives <input type="checkbox"/>      company caregiver <input type="checkbox"/>      NHS caregiver <input type="checkbox"/></p>
<p><b>OBLIGATORY BASELINE VARIABLES.</b></p> <p>Weight/height (kg/square m) [ ]      %WL in the last 6 mos [ ]      Karnofsky Performance Status (0-100) [ ]</p> <p style="text-align: center;"><b>Current symptoms&amp;signs:</b></p> <p>anorexia <input type="checkbox"/>      dysphagia <input type="checkbox"/>      xerostomia <input type="checkbox"/>      dyspnea <input type="checkbox"/></p> <p>delirium/cognitive impairment <input type="checkbox"/>      Clinical prediction of survival (weeks) [ ]</p> <p>WBC(N x mmc) [ ]      %lymphocytes [ ]      CPR(mg/L) [ ]      ESR [ ]      Albumin (g/dL) [ ]</p>
<p><b>OPTIONAL VARIABLES:</b></p> <p>Prealbumin (g/dL).....Orosomuroid (g/L).....LDH(U/L).....</p> <p>Alpha-1-acid glycoprotein (mg/mL)..... IL-6 (pg/mL)..... Proteinuria (g/L).....</p> <p>Fever &gt; 37.5 <input type="checkbox"/>      Tachycardia <input type="checkbox"/>      Pain <input type="checkbox"/>      Asthenia <input type="checkbox"/>      Steroid treatment <input type="checkbox"/></p>

**DATE OF DEATH** [ ]/[ ]/[ ] (dd/mm/yy)  
Main cause: HPN/CVC complication       vital organ failure       progressive wasting

**DATE OF HPN WITHDRAWL** [ ]/[ ]/[ ] (dd/mm/yy)

**REASON FOR WITHDRAWL:** (Pre)agonic state       Family refusal       patient refusal   
HPN/CVC complication

**STATE OF THE PT AFTER 1 YR OF HPN:** Alive with HPN       Alive without HPN

**PS:** Please tick the box  if the information is available