

Montana NCORP
TUMOR MEASUREMENT FLOW SHEET
RECIST 1.1 & Immune Related Response Criteria (irRC)

Patient Name: _____ **Patient ID#:** _____ **MR#:** _____ **DOB:** _____

(Scans and RECIST measurements are to be completed prior to the start of treatment on the cycle they are due.)

	BASELINE	Timepoint _____ Date ____/____/____			Timepoint _____ Date ____/____/____		
A. Target Lesion #	Lesion Location / Description	Longest Diameter of Lesion Measurement OR Short Axis for LNs (cm)	Greatest Perpendicular Measurement (cm)	Product of Measurements (cm)	Longest Diameter of Lesion Measurement OR Short Axis for LNs (cm)	Greatest Perpendicular Measurement (cm)	Product of Measurements (cm)
1							
2							
3							
4							
5							
SUM of Longest Lesions							
% Inc/Dec							
Response for Target Lesion		CR/PR/SD/PD/UNK			CR/PR/SD/PD/UNK		
B. irRC Response							
SUM of Products							
% Inc/Dec							
irRC Response-Target Lesions				irCR / irPR / irSD / irPD			irCR / irPR / irSD / irPD
C. Non-Target Lesion #	Lesion Location/ Description			Non-Target Lesion Response			Non-Target Lesion Response
1							
2							
3							
4							
5							
Response for Non-Target Lesions				CR Inc.Resp.PR/SD/PD/UNK			CR Inc.Resp.PR/SD/PD/UNK
D. New Lesions?				Yes/No If Yes, Specify Location:			Yes/No If Yes, Specify Location:
Integrated RECIST Response (A+C+D)				CR/PR/SD/PD/UNK			CR/PR/SD/PD/UNK
Invest. Signature							