

MEDICAL RECORD

Tumor Measurements/RECIST Criteria

Protocol Number: _____ Course #: _____ Select One: () Baseline or () Follow-up

Comments: _____

LESIONS

Lesion #	Site/Description	Targeted	New Lesion or Progression	Modality of Measurement	Contrast	Series/ Image #	Longest Diameter (cm)	Date of Test or Clinical Assessment
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		_____	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		_____	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		_____	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		_____	
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Overall Response and Criteria Evaluation Definitions:
 CR = Complete Response PR = Partial Response
 PD = Progressive Disease SD = Stable Disease
 IR = Indeterminate Response

Current Targeted Lesion Sum	
Targeted Lesion Baseline Sum	
Targeted Lesion Best Response Smallest Sum	
% change from Best Response	
% change from Baseline	
Targeted Lesions Response *	
Non-targeted Lesions Response **	
OVERALL RESPONSE *** (use Overall Response Evaluation Table on left to determine)	

RECIST Criteria Evaluation (Targeted) *
 PD = Current Sum >20% increase from the best response
 PR = Current sum >30% decrease from baseline sum
 SD = Anything else except complete response
 CR = All lesions gone and tumor markers normal

RECIST Criteria Evaluation (Non-Targeted) **
 PD = Any new lesions or worsening non-targeted lesions
 CR = No non-targeted lesions
 IR/SD = Anything else

Overall Response Evaluation Table ***

Targeted	Non-Targeted	Overall
PD	Any	PD
Any	PD	PD
CR	CR	CR
CR	SD	PR
PR	SD	PR
PR	CR	PR
SD	SD	SD
SD	CR	SD

Date Measured: _____ / _____ / _____

Measured By: _____

Recorded By: _____

Verified By: _____

Patient Identification

Tumor Measurement/RECIST Criteria
 NIH-2819 (6-03)
 P.A. 09-25-0099
 File in Section 3: Measurements, Other