



NCG-KCDO EMR Requirement (NER)Medical Oncology Module

(Version 1.0)





FOREWORD

The National Cancer Grid (NCG) Electronic Medical Records (EMR) initiative has been well received by the NCG Hospitals and our community of healthcare professionals and stakeholders. The enthusiasm and support we have garnered for this initiative reflect a shared commitment to advancing cancer care through technology and collaboration.

As part of our ongoing efforts to enhance the EMR initiative, we have established distinct subcommittees to focus on specific areas of improvement. These subcommittees bring together subject matter experts in oncology from several NCG hospitals across the country to build the features and functionalities in EMR systems.

The Medical Oncology module has been developed in close collaboration with medical oncologists from across the NCG, leveraging their insights and expertise to ensure its effectiveness and usability. This module aims to streamline the chemotherapy process, providing oncologists and healthcare providers with the tools they need to deliver optimal care to patients with cancer.

This collaborative effort has been informed by thorough industry research, ensuring that the NCG helps EMR vendors build solutions aligned with best practices and meet the diverse needs of our stakeholders.

We share the pre-final version of the medical oncology module and welcome feedback, suggestions and guidance from the healthcare professionals involved in treating patients with cancer, healthcare technology companies and providers. Your inputs will help develop EMRs with strong cancer care workflows which in turn will ensure better care, outcomes and value-based care for patients with Cancer across India.

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1. NCG EMR INITIATIVE OVERVIEW

The National Cancer Grid Koita Centre for Digital Oncology (NCG KCDO) launched an initiative to empanel Electronic Medical Records (EMR) vendors and help develop high quality EMR solutions that are appropriate for use in hospitals providing cancer care. This marks a significant milestone in the ongoing efforts to promote digital health and enhance cancer care across the country. Launched with the aim of standardizing and improving clinical practices in oncology, it is a collaborative approach involving leading healthcare institutions, clinicians, and technology partners.

In March 2023, NCG KCDO released the NCG EMR Requirements (NER) – a comprehensive set of EMR requirements needed for effective management of patients with cancer. The NER is a blueprint for the development and implementation of robust EMR systems which will serve general hospitals well, but are also tailored specifically for oncology practices. The NER document is a result of intense deliberations over several months between healthcare professionals involved in cancer care and technology experts, and is available as a digital public good at NCG-KCDO EMR Initiative.

To further support the development of the empanelled EMR systems, the NCG is developing detailed requirements and features in specific areas of oncology including radiotherapy, chemotherapy and surgical oncology. This document details the chemotherapy requirements and features, based on best practices developed at several leading NCG centres.

2. EMR FEATURE BUILDING

A. Medical Oncology Module Overview

Building on the features outlined in the NER (NCG EMR Requirement), the Medical Oncology Module is designed to streamline and optimize the chemotherapy treatment process for cancer patients. This module is designed to enhance the quality, safety, and efficiency of chemotherapy treatment within the NCG network, ultimately improving outcomes for cancer patients and advancing the field of oncology care.

Key features of the Medical Oncology module include:

2.1 Intent of Treatment Management: The Medical Oncology Module provides robust functionality to document and manage the intent of treatment for each patient. It allows clinicians to specify treatment goals and objectives based on the patient's clinical condition, disease stage, and individual preferences.





- **2.2 Role of Treatment Definition:** Within the module, the role of treatment for each patient is clearly defined, detailing the specific modalities.
- **2.3 Treatment Planning and Scheduling:** The Module has the facility for creating comprehensive treatment plans, including drug regimens, dosage, frequency, and duration of treatment cycles.
- **2.4 Dose Calculation and Optimization:** Built-in tools for accurate calculation of chemotherapy doses based on patient characteristics, such as body surface area, renal function, and comorbidities.
- **2.5 Toxicity Monitoring and Management:** Comprehensive documentation of treatment-related toxicities, including grading, onset, duration, and management strategies. There is integration with standardized toxicity scoring systems, such as CTCAE (Common Terminology Criteria for Adverse Events), to facilitate consistent assessment and reporting. Automated alerts for critical or severe toxicities, prompting timely intervention, postpone treatment or modify dose as necessary.
- **2.6 Delivery Tracking and Verification:** The module facilitates Real-time tracking of treatment delivery, including medication administration, infusion duration, and adherence to treatment protocols. Electronic verification of medication orders, preparation, and administration to minimize errors ensuring patient safety.
- **2.7 Nurse's notes:** In-built templates and structured forms for standardized documentation of vital signs, symptom management.
- **2.8 Follow-Up Plan and Discharge Summary Documentation:** Finally, the module supports the documentation of comprehensive follow-up plans for patients completing Chemotherapy treatment. It generates comprehensive discharge summaries which summarizes the patient's treatment course, response to therapy, ongoing care needs, and instructions for self-management.

B. Methodology

The methodology used to build the Chemotherapy Module within the NER (NCG EMR Requirements) document encompasses a systematic and collaborative approach, involving key stakeholders and leveraging industry best practices. Recognizing the need, NCG KCDO formed a subcommittee which consisted of medical oncologists from leading NCG hospitals across the country. The Medical Oncology Core Team developed the Chemotherapy Module based on their expertise and discussions with clinical and technology professionals.

The Medical Oncology module is characterized into 6 parts:

- **CT- Part A: Protocol Master** This section acts as a central repository within the chemotherapy module that contains standardized treatment protocols. It includes standard templates on chemotherapy regimens, dosing schedules, administration routes (To be configured as per the need of NCG member centre).
- **CT- Part B: Doctor's Notes** This section refers to documentation by oncologists or prescribing physicians regarding the patient's medical history, treatment plan, and progress throughout the





chemotherapy course. The notes include details such as diagnosis, chemotherapy regimen prescribed, dosage adjustments, response to treatment, and any complications or adverse events encountered.

CT- Part C: Nurse's Notes- It refers to the documentation entries made by oncology nurses or allied healthcare professionals involved in administering chemotherapy and monitoring patient responses. These notes typically include vital signs, infusion details, medication administration records, patient assessments, symptom management interventions.

CT- Part D: Toxicity Monitoring- Toxicity Monitoring involves the systematic assessment and documentation of chemotherapy-related adverse effects or toxicities experienced by the patient. It aims to identify and manage adverse events promptly, guide dose modifications or treatment adjustments, and optimize patient safety and quality of life during chemotherapy.

CT- Part E: Discharge Summary on treatment- It provides an overview of the chemotherapy regimen administered, treatment duration, cumulative doses received, response to treatment, toxicities encountered, follow up advice and care.

CT-Part F: Final Discharge Summary at Completion- The Final Discharge Summary provides closure to the chemotherapy phase of the patient's cancer journey. It encompasses a comprehensive review of the patient's medical history, chemotherapy treatments received, response to treatment, toxicity profile

3. CT- Part A: Protocol Master

| Medical Oncology Module | | | | | |
|-------------------------|----------------------------------|-----------------------------|---|--|--|
| | | | | | |
| SNo | Data Elements | Clinician's Response | Remarks for Vendors | | |
| | | | | | |
| 1 | Defining Chemotherapy | Protocol | | | |
| | | | | | |
| Α | Protocol Name | | To configure as per NCG Member Centre | | |
| В | Number of Cycles | □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 | | | |
| С | Number of days between Cycles | | Enable drop down from serial number 1 till 28 | | |
| D | Special Instructions | | Open Text box | | |
| | | | | | |





| 2 | Defining drug dosage and frequency | | | | | | |
|---|------------------------------------|---|--|--|--|--|--|
| | | | | | | | |
| Α | Chemotherapy drug database | | List down all the drugs. Repeat the steps from B-K for each and every drug in the protocol | | | | |
| В | Drug Type | □ Pre-Chemo Drug□ Chemo Drug□ Post Chemo Drug | Select one | | | | |
| | | | Write the dose in numerical form | | | | |
| С | Dose | □ ml□ mg□ mcg□ gms□ Unit | Choose one option | | | | |
| | | □ Kg □ m2 | Choose one option | | | | |
| D | Maximum Dose | | Write in maximum dose in numerical form | | | | |
| Е | Route of Administration | ☐ Intrathecal ☐ Subcutaneous ☐ Intravenous ☐ Peripheral Line ☐ Intravenous Central Line ☐ Intramuscular ☐ Per Oral ☐ Transdermal | Choose one option | | | | |
| F | Administration Type | ☐ Bolus ☐ Infusion | Choose one | | | | |
| G | Frequency | ☐ Once Daily ☐ Twice Daily ☐ Thrice Daily ☐ Four Times Daily ☐ Others | Choose one | | | | |
| Н | Diluent/ Additive | □ Ringers Lactate □ Normal Saline □ Dextrose Normal □ Saline □ 5% Dextrose □ 10% Dextrose □ Distilled Water | Choose one | | | | |
| ı | Volume (ml) | | Write the volume in numeric form | | | | |





| | | ☐ Stat ☐ Duration | Choose One | | |
|--------------------------|----------------------|----------------------------|---|--|--|
| J | Duration of Infusion | Period/Hours/Minute/Second | To be Enabled only if the response to 'Duration, is chosen in above row | | |
| K | Special Instructions | | Open Text Box | | |
| | | | | | |
| Save the Protocol Master | | | | | |

4. CT- Part B: Doctor's Notes

| Doctor's Notes | | | | |
|----------------|------------------------------|--|---|--|
| | | | | |
| SNo | Data Elements | Clinician's Response | Remarks for Vendors | |
| | T | | | |
| 1 | Primary Details | | If multiple options are chosen in row A, then repeat the entire set (Item A through Item M) | |
| | | | | |
| Α | Name of the consultant | | Choose Multiple option | |
| В | Height/Length of the patient | | In Cms | |
| С | Weight | | In Kg | |
| D | LMP Date | | Calendar View. Only for female patients in the reproductive age group of 10-45 | |
| E | BSA (m2) | | Auto calculate based on the The DuBois & DuBois Formula. This will change for each Cycle as per change in weight. | |
| F | ECOG Performance Status | □ 0 □ 1 □ 2 □ 3 □ 4 □ 5 | Incorporate standard ECOG Criteria | |
| | | | | |
| 2 | Tumor Board | | | |
| | | | | |
| А | Past tumor board decision | | Autopopulate from VTB/MDT module | |





| В | Past tumor board decision followed | ☐ Yes ☐ No | | | |
|---|--|---|---|--|--|
| С | If No, Reason | | Open text box | | |
| D | Assign patient to tumor board | ☐ Yes ☐ No | | | |
| E | If Yes, Schedule the patient for tumor board discussion | DD/MM/YYYY | Link to VTB/MDT Scheduler | | |
| F | Question for tumor Board discussion | | Open text Box. Mention reason and question for tumor board discussion | | |
| | | | | | |
| 3 | Allergic Reaction | | | | |
| | | | | | |
| Α | Allergy/Reaction | ☐ Yes ☐ No | To disable rows 3B- 3E if the response to 3A is 'No' | | |
| В | If Yes, Name of the drug | | Open text box | | |
| С | Type of Allergic Reaction (Description, Eg- Skin reaction) | | Open text box | | |
| D | Allergy/Reaction Severity Level | ☐ Mild☐ Moderate☐ Severe | Choose one | | |
| Е | Drug Interaction Checked | ☐ Yes ☐ No | MedScape/UptoDate/Any other | | |
| | | | | | |
| 4 | Treatment | | | | |
| | | | | | |
| Α | Intent of treatment | ☐ Curative☐ Non-Curative | | | |
| В | Type of Chemotherapy | □ Neo Adjuvant□ Concurrent□ Adjuvant□ CT Alone | If Concurrent, Start of RT, End of RT, Treatment interruption and Reason to suspend/Stop the treatment should be visible from RT Module | | |
| С | Patient Consent taken | □ Yes □ No | Option to Upload soft copy of the consent form/click picture of the form with date of consent | | |
| D | Chemotherapy Safety Checklist Verified | ☐ Yes ☐ No | If No, further options should be disabled | | |
| | | | | | |
| 5 | Protocol Selection | | | | |





| А | Protocol Name | | Generate a list of dropdowns of all the protocols made in the Protocol Master page |
|------------------|---|---|---|
| В | Any Ongoing toxicities from the previous cycle or prior chemotherapy regimen | ☐ Yes ☐ No | If yes, provide link to Toxicity monitoring page, If No, proceed ahead |
| С | Alert Pop Up of past cycle adverse event -Cycle no -Toxicity name -Grade | | A Pop Up |
| D | Select one to proceed ahead | □ Continue same treatment □ Modify dose □ Change in treatment □ Postpone treatment- Due to socioeconomic reasons | If continue same TT, then the modified dose option from rows 7C-7E should be disabled. |
| E | Reason for Changing the protocol | ☐ Tolerance☐ Progression☐ Others, Ex- Patient'sChoice | Row 5E should be enabled only If the response to 5D is Modify dose/Change treatment |
| F | Start date of the | DD-MM-YYYY | Calendar view |
| - | protocol | | |
| · | protocol | | |
| 6 | Treatment Planning | | View EMR- Link to the EMR |
| | | | |
| | | | View EMR- Link to the EMR Auto populate with an option to edit |
| 6 | Treatment Planning | | Auto populate with an option |
| 6 A | Treatment Planning Cycle No | DD-MM-YYYY | Auto populate with an option to edit Provide dropdown option from |
| 6 A | Treatment Planning Cycle No Frequency (Day) Plan dates Disclaimer-The date of new | xt cycle may change in case of to | Auto populate with an option to edit Provide dropdown option from 1-28 and Others Calculate all the future dates as per the protocol |
| 6 A | Treatment Planning Cycle No Frequency (Day) Plan dates | xt cycle may change in case of to | Auto populate with an option to edit Provide dropdown option from 1-28 and Others Calculate all the future dates as per the protocol |
| 6 A | Treatment Planning Cycle No Frequency (Day) Plan dates Disclaimer-The date of new | xt cycle may change in case of to | Auto populate with an option to edit Provide dropdown option from 1-28 and Others Calculate all the future dates as per the protocol |
| 6 A B | Treatment Planning Cycle No Frequency (Day) Plan dates Disclaimer-The date of necompliance or travel to an | xt cycle may change in case of to | Auto populate with an option to edit Provide dropdown option from 1-28 and Others Calculate all the future dates as per the protocol exicity and any delays due to |
| 6 A B | Treatment Planning Cycle No Frequency (Day) Plan dates Disclaimer-The date of necompliance or travel to an | xt cycle may change in case of to | Auto populate with an option to edit Provide dropdown option from 1-28 and Others Calculate all the future dates as per the protocol exicity and any delays due to |
| 6 A B C | Treatment Planning Cycle No Frequency (Day) Plan dates Disclaimer-The date of necompliance or travel to an Current Medication Details | xt cycle may change in case of to | Auto populate with an option to edit Provide dropdown option from 1-28 and Others Calculate all the future dates as per the protocol exicity and any delays due to Ability to generate prescription |
| 6 A B C | Treatment Planning Cycle No Frequency (Day) Plan dates Disclaimer-The date of necompliance or travel to an operation details Drug Name | xt cycle may change in case of to | Auto populate with an option to edit Provide dropdown option from 1-28 and Others Calculate all the future dates as per the protocol exicity and any delays due to Ability to generate prescription Auto Populate Auto calculate as per the BSA |





| E | Reason for modification | □ Co-Morbidities □ Toxicity in previous cycle □ Poor performance status □ Low nutritional Profile □ Poor general condition □ Others, | |
|----------|--|---|---|
| F | Given | ☐ Yes ☐ No | Row 7G, 7H, 7I to appear only if the response to 7F is 'No' |
| G | Reason for not given | | Open text box |
| Н | Follow up date | | Calendar View |
| I | Tests Recommended | | Open text box |
| | | | |
| | | | |
| 8 | Approvals | | |
| 8 | Approvals | | |
| 8 | Verified by: Doctor Signature | | |
| | Verified by: Doctor | | |
| A | Verified by: Doctor Signature Prepared By: Nurse | | |
| A B | Verified by: Doctor Signature Prepared By: Nurse Signature Verified and administered by: Nurse | | |





5. CT- Part C: Nurse's Notes

| | Nurse's Notes | | | | | | | |
|-----|---|--------------------------|--------------------------|---------------|------------------|----------------|---|--|
| | | | | | | | | |
| Sno | Data elements | 5 | Clinician's Re | esponse | Rema | rks for Ve | endors | |
| | | | | | | | | |
| 1 | Treatment deta | nils | | | | | | |
| | | | | | | | | |
| Α | Cycle no | | | | Auto P | opulate fr | om 6A | |
| В | Frequency (Day |) | | | Auto P | opulate fr | om 6B | |
| С | Plan date | | | | Auto P | opulate fr | om 6C | |
| D | Enter place of treatment Casualty Daycare Injection room Interventional Radiology Paediatric Daycare Ward Other hospital | | | | | | | |
| E | General/Private ☐ General ☐ Private | | | | | | | |
| | | | | | | | | |
| 2 | Vital Sign Moni | toring | | | | | | |
| | | | | | | | | |
| S | Vital Sig | gns | Pre | | During | 5 | Post | |
| NO | | | | | | | | |
| Α | Temp | | | | | | | |
| В | Pulse | | | | | | | |
| С | BP | | | | | | | |
| D | RR | | | | | | | |
| E | SpO2 | | | | | | | |
| 2 | Ch a sa a th a sa s | Davis Aslasia | | | | | | |
| 3 | Chemotherapy | Drug Admii | nistration | | | | | |
| | | | | | | - " | | |
| SNo | Drug Name | Special Instruction | Dose ns | Given | Starting time | Ending time | Reason for not given/not completed | |
| | Auto Populate from | Auto Populate from | Auto Populate from | □ Yes □ No | | | ☐ Infusion Reaction ☐ Toxicity ☐ Others | |





| | Doctor's Protocol Notes Master | Doctor's Notes | | | | | |
|---|--|--|---|--|--|--|--|
| | | | | | | | |
| А | Status of completion of cycle | ☐ Completed as planned☐ Not completed | | | | | |
| В | Referral Letter | | In case patient wants to take Chemo from outside, hospitals can upload the referral letter template | | | | |
| С | Doctor Notes | | Open text box and link to EMR | | | | |
| | Go to CT Part D-Toxicity Monitoring Page | | | | | | |





6. CT- Part D: Toxicity Monitoring

| Toxicity Monitoring | | | | | | | | | | |
|---------------------|------------------------------------|------------------------|---|----------------------|--|----------------------|------------------------|----------------|---------|------------------|
| | | | | | | | | | | |
| Sn o | | Data ele | ments | Clinician's Response | | | Remarks for Vendors | | | |
| | | | | | | | | | | |
| _ | | | | | | | | _ | | |
| Cy | ycle | Day of Onset | Place of toxicity manageme | nt | Grading system | Toxicity (System) | | dverse vent | Grade | Description |
| | | | ☐ Home ☐ Local hospital OP ☐ Primary Center OPD ☐ Local Hospital- Hospitalisat ☐ Primary Center- Hospitalisat | ion | □ WHO □ CTCAE | | _ | TCAE 0* | | Open text box |
| 2 | Pos | tpone trea | itment | | | | | | | |
| | | | | | | | | | | |
| А | A Postpone treatment | | ☐ Yes ☐ No | | If Type of Chemo is Concurrent, then Postpone treatment details to show in RT Module as a red Flag | | Postpone to show in | | | |
| В | Rea | son to Pos | tpone | | | | | Open t | ext box | |
| С | | of days of tponemen | t | | | | | Open text box | | |
| | | | | | | | | | | |
| | Go to CT Part E: Discharge Summary | | | | | | | | | |





7. CT- Part E: Discharge Summary- On Treatment

| | Dis | charge Summ | ary- On | treatment | | | |
|----------|-------------------------------|------------------|----------------------|-----------|------------|-----------------|----------|
| | | | | | | | |
| Sno | Data Elements | | Clinician's Response | | | Remark | s for |
| | | | | | | Vendors | s |
| | | | | | | | |
| 1 | Primary Details | | | | | | |
| | | | | | | | |
| Α | Name | | Au | | | | oulate |
| В | Age | | | | | Auto Po | oulate |
| С | Gender | | | | | Auto Po | oulate |
| D | Ht/Wt/BSA | | | | | Auto Po | oulate |
| Е | Diagnosis | | | | | Auto Po | oulate |
| F | Type of Chemotherapy | | | | | Auto Po | oulate |
| G | Protocol Name | | | | | Auto Po | oulate |
| Н | Cycle No | | | | | Auto Po | oulate |
| I | Frequency (Day) | | | | | Auto Po | oulate |
| J | Tolerated Chemothera | oy Well | ☐ Yes | | | If no, To | kicity |
| | | | □ No | | | table to appear | |
| | | | | | | as below | |
| | | | | | | | |
| 2 | Toxicity Monitoring Su | mmary | | | | Include | Past |
| | , | • | | | | toxicitie | s too |
| | | | | | | | |
| Cycle | Day of Place of | Grading | Toxici | ty Adve | rse Gra | de Des | cription |
| | Onset toxicity | system | (Syste | m) event | t | | |
| | manageme | nt | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 3 | Charactharan, Admini | istusticu Datail | i_ | | | | |
| 3 | Chemotherapy Admini | stration Detail | 15 | | | | |
| Sno | Drug Name | | | <u> </u> | ose given | | |
| 3110 | Drug Warrie | | | | ose giveii | | |
| | | | | | | | |
| 4 | Advice on Discharge | | | | | | |
| | | | | | | | |
| Symptor | ns | Drug Name | Route | Dosage | No of | Remarks | Add |
| , | | 9 | | . 0 | Days | | |
| ☐ Pain | | | | | į | | |
| | Motions | | | | | | |
| | | | | | | | |
| L COLISE | Constipation | | | | | | |





| ☐ Mout Swelling ☐ Indige ☐ Fever infection 38C, plead drug, do doctor in Post Che protocol populate | Anouth Ulcer/ Painful Belling Indigestion Ever or prevention of Iction (Temp above 100F or It, please take one dose of Ig, do CBC and contact your Itor immediately It Chemo drugs in the Itocol master to get auto | | | | | | |
|---|---|-----------------|---|-------------|----------|-----------------------------|--------|
| 5 | Follow up Schedule | | | | | | |
| Α | Follow up date for doctor/Chemotherapy Clinic | | | | | Calendar View | |
| В | Follow up date for Day Care/Chemotherapy Delivery | | | | | Calenda | r View |
| С | In case of emergency, Contact | | | | | Configur NCG Cer | • |
| D | D Tests recommended | | ☐ CBC ☐ LFT ☐ RFT ☐ Serum Electrolytes ☐ Others | | | Multiple Choice possible | |
| | A | | | | | | |
| 6 | Approval | | | | | | |
| A | Doctor's Sign | | | | | E-Sign | |
| | | | | | | | |
| If | the treatment is complet | ted, go to CT P | Part F: Di | scharge Sui | mmary at | Completio | n |





8. CT- Part F: Discharge Summary- At Completion

| Chemotherapy Summary- At Completion | | | | | | | | |
|-------------------------------------|--|-----------------------|---|--|--|--|--|--|
| Sno | Data E | Elements | Clinician's Response Remarks for Vendors | | | | | |
| | Duta Licinciits | | | | | | | |
| 1 | Chemotherapy Completion dates | | | | | | | |
| 0 1 1 | | | | | | | | |
| Cycle No | Chemotherapy Completion Date Auto Populate, If Cancelled, provide a box for cancellation | | | | | | | |
| Cycle 1 | | DD-MM-YYYY | | | | | | |
| Cycle 2 | | DD-MM-YYYY | | | | | | |
| | | | | | | | | |
| 2 | Toxicity Monitoring Summary | | | | | | | |
| _ | Day of Onset | | rading Toxicity Adverse Grade Description ystem (System) event | | | | | |
| | | | | | | | | |
| A | Completed Planned no of Cycles | | ☐ Yes ☐ No | | | | | |
| B If no, please specify reasons | | lease specify reasons | ☐ Death ☐ Progression ☐ Defaulter ☐ Tolerance ☐ Death ☐ If No, then RT Module should be intimated- Row no 18,19,20,21 | | | | | |
| С | End of treatment response | | | | | | | |
| D | End of date | treatment response | DD-MM-YYYY Calendar View | | | | | |





9. Appendices

Appendix 1- Glossary of terms

| Abbreviations | | | | |
|---------------|--|--|--|--|
| NCG | National Cancer Grid | | | |
| EMR | Electronic Medical Record | | | |
| NER | NCG EMR Requirements | | | |
| LEAP | Leading EMR Adoption Program | | | |
| ECOG | ECOG performance Status Scale is a widely used method to assess the functional status of a patient | | | |
| BSA | Body Surface Area | | | |
| RR | Respiratory rate | | | |
| BP | Blood pressure | | | |
| CTCAE | Common Terminology Criteria for Adverse | | | |
| | Events | | | |
| Ht | Height | | | |
| Wt | Weight | | | |
| CBC | Complete Blood Count | | | |
| LFT | Liver Function Test | | | |
| RFT | Renal Function Test | | | |

Appendix 2- Reference documents

- **1.** ncg-emr-requirements-ner.pdf (kcdo.in)
- 2. *CTCAE5.0- https://docs.google.com/spreadsheets/d/1el-Fgl492JKBsSi-ChXcMW8GTVVZzOSv/edit?usp=sharing&ouid=105450460550883119207&rtpof=true&sd=truehttps://docs.google.com/spreadsheets/d/1el-Fgl492JKBsSi-ChXcMW8GTVVZzOSv/edit?rtpof=true&sd=true#gid=192951646