Provincial Health Services Authority

Treatment Discontinuation Form

Tumour Treating Fields

Protocol Code UCNTTF. Palliative Therapy of Glioblastoma using Tumour Treating Fields (TTF) (OPTUNE GIO™), Neuro-Oncology Tumour Group, BC Cancer

ALL FIELDS MUST BE COMPLETED

This space is available for a patient sticker (optional)

Email completed form to: ProvincialTxCoordination@bccancer.bc.ca

PATIENT INFORMATION

LAST NAME FIRST NAME

DATE OF BIRTH (MONTH/DAY/YEAR) PHN

REASON FOR TREATMENT DISCONTINUATION

☐CLINICAL DISEASE DETERIORATION (SYMPTOMATIC PROGRESSION)

☐PATIENT PREFRENCE

☐TOXICITY

☐OTHER, SPECIFY:

TREATMENT END DATE

SPECIFY (MONTH/DAY/YEAR):

MOST RESPONSIBLE PHYSICIAN INFORMATION

LAST NAME FIRST NAME

MSP NUMBER

PHYSICIAN SIGNATURE DATE (MONTH/DAY/YEAR)

SUBMIT