

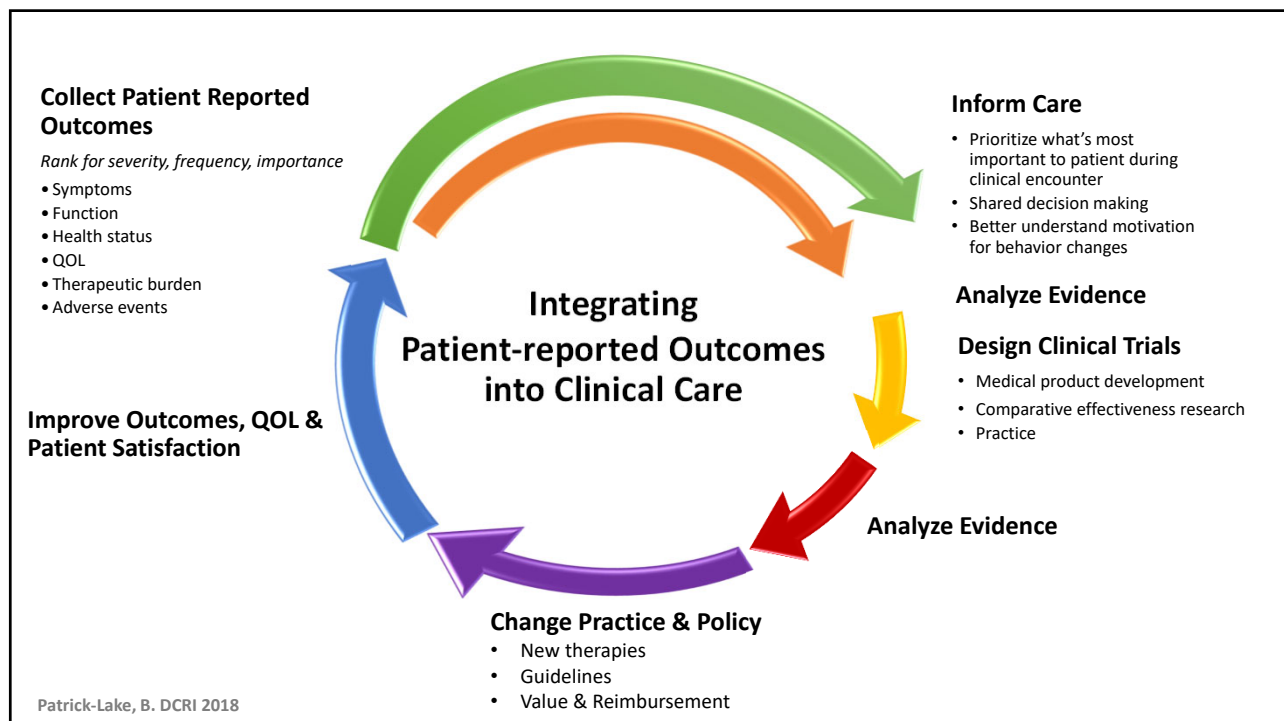
DCRI RESEARCH TOGETHER™

 Duke Clinical Research Institute

Integrating Patient-reported Outcomes into Clinical Care

November 6, 2018

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Director of Research Together,
Duke Clinical Research Institute



PRO-CTCAE Items needed

Oral

- Dry mouth
- Difficulty swallowing
- Mouth/throat sores
- Cracking at the corners of the mouth (cheilosis/cheilitis)
- Voice quality changes
- Hoarseness

Gastrointestinal

- Taste changes
- Decreased appetite
- Nausea
- Vomiting
- Heartburn
- Gas
- Bloating
- Hiccups
- Constipation
- Diarrhea
- Abdominal pain
- Fecal incontinence

Respiratory

- Shortness of breath
- Cough
- Wheezing

Cardio/Circulatory

- Swelling
- Heart palpitations

Cutaneous

- Rash
- Skin dryness
- Acne
- Hair loss
- Itching
- Hives
- Hand-foot syndrome
- Nail loss
- Nail ridging
- Nail discoloration
- Sensitivity to sunlight
- Bed/pressure sores
- Radiation skin reaction
- Skin darkening
- Stretch marks

Neurological

- Numbness & tingling
- Dizziness

Visual/Perceptual

- Blurred vision
- Flashing lights
- Visual floaters
- Watery eyes
- Ringing in ears

Attention/Memory

- Concentration
- Memory

Pain

- General pain
- Headache
- Muscle pain
- Joint pain

Sleep/Wake

- Insomnia
- Fatigue

Mood

- Anxious
- Discouraged
- Sad

Gynecologic/Urinary

- Irregular periods/vaginal bleeding
- Missed expected menstrual period
- Vaginal discharge
- Vaginal dryness
- Painful urination
- Urinary urgency
- Urinary frequency
- Change in usual urine color
- Urinary incontinence

Sexual

- Achieve and maintain erection
- Ejaculation
- Decreased libido
- Delayed orgasm
- Unable to have orgasm
- Pain w/sexual intercourse

Miscellaneous

- Breast swelling and tenderness
- Bruising
- Chills
- Increased sweating
- Decreased sweating
- Hot flashes
- Nosebleed
- Pain and swelling at injection site
- Body odor

Patient-Reported Outcomes version of the Common Terminology Criteria for Adverse Events (PRO-CTCAE™)

Instrument & Form Builder

<https://healthcaresdelivery.cancer.gov/pro-ctcae/>

NCI PRO-CTCAE™ ITEMS

Item Library Version 1.0

English

Form created on 3 November 2018

As individuals go through treatment for their cancer they sometimes experience different symptoms and side effects. For each question, please check or mark an ☒ in the one box that best describes your experiences over the past 7 days...

1. In the last 7 days, what was the SEVERITY of your DRY MOUTH at its WORST?

<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
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2. In the last 7 days, what was the SEVERITY of your DIFFICULTY SWALLOWING at its WORST?

<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
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Download form in:

English	Chinese (Traditional)	Czech	Danish
Dutch (Belgium and the Netherlands)	French (Belgium, France, and Switzerland)	French (Canada)	
German	Greek	Hungarian	Italian
Japanese	Korean	Polish	Portuguese (Brazil)
Portuguese (Portugal)	Russian	Spanish	

Thank you!

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