Miltex®: Questionnaire on Compassionate Use

Treating Physician

Title, Name: Hospital/Department: Address:

Patient:

Initials (first/last name): _/_ Age (years): Sex (m/f):

Diagnosis of Systemic Disease:

Type of systemic disease (e.g. breast cancer):

first diagnosed in (Month/Year):

Diagnosis and prior Treatment of Cutaneous Disease

Type of cutaneous disease (e.g. breast cancer skin metastases):

first diagnosed in (Month/Year):

Prior Therapy: no☐ yes☐. If yes, please specify:

Current Status of Cutaneous Disease

Site(s) of skin involvement:

Total area to be treated:

Approx. No. of skin lesions: Approx. diameter of largest skin lesion[cm]:

Confluent lesions: yes☐ no☐ Ulcerated lesions: yes☐ no☐

Additional Notes:

Miltex® Therapy

Start with Miltex®Therapy: / / / (day/month/year)

Miltex® Dosage: drops per 10cm^2 treated area:

Frequency of Application: ☐once daily ☐twice daily ☐other; please specify:

Response Evaluation

Please define a **marker lesion** within area to be treated and evaluate response according to following criteria: **CR**: complete disappearance of lesions within treated area; **PR**: ≥ 50% decrease in lesions within treated area; **NC**: No change or < 50% decrease or < 25% increase in lesions within treated area; **PD**: >25% increase of a lesion in treated area or new lesions within treated area. Please indicate also longitudinal and transverse diameter of marker lesion.

Evaluation on (day/month/year)	Marker Lesion		Response
	longitudal diameter [cm]	transverse diameter [cm]	
			baseline
			CR☐ PR☐ NC☐ PD☐
			CR☐ PR☐ NC☐ PD☐
			CR☐ PR☐ NC☐ PD☐
			CR☐ PR☐ NC☐ PD☐
			CR☐ PR☐ NC☐ PD☐
			CR☐ PR☐ NC☐ PD☐

Concomitant Therapy: no☐ yes ☐ . If yes, please specify (e.g. drug, treatment duration,...):

Adverse Drug Reactions

Type	Intensity	Date of first occurrence (day/month/year)
	mild☐ moderate☐ severe☐	
	mild☐ moderate☐ severe☐	
	mild☐ moderate☐ severe☐	

Stop of Miltex®Therapy: / / / (day/month/year)		
Reason for stopping Milltex®Therapy:		
CR☐	Progression of systemic disease☐	Local Progression in treated area☐
Death☐	Adverse Drug Reactions☐	Lost to follow-up☐

Subjective global judgement of Miltex® Therapy:

Location: Date (day/month/year): Signature: