**TYA Trials Advisory Group Case Discussion Form**

Date:

Lead clinician/contact person email:

**Patient information:**

1. Patient treatment centre
2. Age
3. Sex
4. Diagnosis
5. Any significant co-morbidities
6. Any known markers
7. Germline testing results (if appropriate)
8. Somatic testing / tumour sequencing results (if appropriate)
9. Date of diagnosis
10. Original/previous treatments (site treatment received)
11. Date of end of last treatment
12. Date of relapse / progression
13. Nature and site of relapse (if appropriate)

**Background, Questions for advisory group**

* Background (Please describe the background of the case)
* Questions for advisory group (What questions do you have for the advisory group?)
* Early phase trial eligibility/enrolment (is the patient eligible/enrolled in an early phase trial? If yes, please give details).
* ECMC TYA Trials Advisory Group recommendation (to be filled in after discussion)