



Patient Diary Temozolomide N.° _

TO BE COMPLETED AT HOME

Compound: Temozolomide

Title: **A Precision Medicine Trial Leveraging Blood-Based Tumor Genomics To Optimize Treatment In Operable Stage III And High-Risk Stage II Colon Cancer Patients**

Sponsor: IFOM ETS – The AIRC Institute of Molecular Oncology
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1. To be completed at home every time you take Temozolomide
2. Take this diary with you on your next visit

TEMOZOLOMIDE TREATMENT LASTS 28 DAYS PER CYCLE (4 WEEKS), DIVIDED AS FOLLOWS:

- From day 1 to day 5, taking Temozolomide.
- From day 6 to day 28, Temozolomide should **NOT** be taken.

INSTRUCTIONS FOR COMPILATION:

Please record, from day 1 to day 5, your intake of Temozolomide, reporting for each dosage in the table below (20 mg, 100 mg and 250 mg) the exact number of capsules taken on that day.

Please remember:



Take the medication at the same time on scheduled days (about 1½ to 2 hours before breakfast) with a glass of plain water after an overnight fast. It is recommended to wash hands thoroughly after taking.



If you forget to take the medication before breakfast, take it on an empty stomach away from meals noting the delay in the diary.



If you forget to take the medication in the whole day, **DO NOT** double the daily dose the next day, if scheduled.



If vomiting occurs during or after taking the daily dose, **DO NOT** take additional capsules that day and take the normal amount the next day, if scheduled.



It is necessary to avoid breaking or opening the capsules. In such cases, broken capsules should be recorded. If the capsules are opened, avoid contact or inhalation. In case of skin contact, wash the affected area thoroughly with water or soap and water. In case of contact with the eyes, rinse thoroughly with water and seek medical attention as soon as possible.

Please give the **boxes**, empty and not, with the corresponding box and the patient's diary to the physician at the next visit to be held.

The day: ____ / ____ / ____

At: _____

CYCLE N° ____

PRESCRIBED DAILY DOSE: _____ mg 1 times/day

Day	Date day/month/ year hours	Number of tablets taken of Temozolomide		Any discrepancies from the planned intake. If so, please specify*:
1	___ / ___ / ___ -----	Number of capsules of 20 mg taken		
		Number of capsules of 100 mg taken		
		Number of capsules of 250 mg taken		
2	___ / ___ / ___ -----	Number of capsules of 20 mg taken		
		Number of capsules of 100 mg taken		
		Number of capsules of 250 mg taken		
3	___ / ___ / ___ -----	Number of capsules of 20 mg taken		
		Number of capsules of 100 mg taken		
		Number of capsules of 250 mg taken		
4	___ / ___ / ___ -----	Number of capsules of 20 mg taken		
		Number of capsules of 100 mg taken		
		Number of capsules of 250 mg taken		
5	___ / ___ / ___ -----	Number of capsules of 20 mg taken		
		Number of capsules of 100 mg taken		
		Number of capsules of 250 mg taken		

* e.g. missed intake, intake not on an empty stomach, intake of the wrong dose, vomiting, etc.



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