

**Product Form for Pazopanib in Advanced Cancer**

<b>Medical Information (Mandatory fields)</b>			
1. Patient has histological evidence of advanced/metastatic cancer and received prior systemic therapy, unless it is considered unsuitable.			<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Patient has not received anti-cancer therapy within 14 days prior to the first dose of pazopanib <b>AND</b> all toxicities related to prior therapy have resolved to Grade 1 or less.			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
3. Patient has adequate bone marrow and coagulation function as shown by:			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Lab parameter</b>	<b>Adults (≥18 yrs)</b>	<b>Pediatric &amp; young adults (&lt; 18 yrs)</b>	
Absolute neutrophil count (ANC)	≥ 1.5 × 10 <sup>9</sup> /L	≥ 1.0 × 10 <sup>9</sup> /L	
Platelets	≥ 100 × 10 <sup>9</sup> /L	≥ 75 × 10 <sup>9</sup> /L	
Hemoglobin	≥ 9.0 g/dL	≥ 8.0 g/dL	
4. Patient has adequate liver function as shown by:			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Lab parameter</b>	<b>Adults (≥18 yrs)</b>	<b>Pediatric &amp; young adults (&lt; 18 yrs)</b>	
Total bilirubin	≤ 2.0 mg/dL	< 2.5 x ULN (unless abnormality is due to disease)	
ALT	< 2.5 x ULN (≤ 5 x ULN in presence of liver metastases)	< 2.5 x ULN (unless abnormality is due to disease)	
AST	< 2.5 x ULN (≤ 5 x ULN in presence of liver metastases)	Not applicable	
5. Patient has a normal ECG defined as:			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Parameter</b>	<b>Adults (≥18 yrs)</b>	<b>Pediatric and young adults (&lt; 18 yrs)</b>	
Resting heart rate	50-90 bpm	Not applicable	
QTcF	Male: < 450 ms Female: < 460 ms	< 480 ms	
QTcB	Not applicable	< 480 ms	
6. <b>Adults:</b> Patient has serum creatinine < 1.5 mg/dL			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
7. Patient has clinically normal cardiac function based on the institutional lower limit of normal (LVEF assessed by MUGA or ECHO) <b>AND</b> no history of any one or more of the following cardiovascular conditions within the past 6 months? a. Cardiac angioplasty or stenting;			<input type="checkbox"/> YES <input type="checkbox"/> NO

This Form **must not** be used for reporting any safety information. Safety information must be reported to the relevant Health Authority according to Local Regulations and to the Novartis Patient Safety Department as per the MAP Agreement Letter.

**Product Form for Pazopanib in Advanced Cancer**

<ul style="list-style-type: none"> <li>b. Myocardial infarction;</li> <li>c. Unstable angina;</li> <li>d. Coronary artery bypass graft surgery;</li> <li>e. Symptomatic peripheral vascular disease;</li> <li>f. Class III or IV congestive heart failure, as defined by the New York Heart Association (NYHA).</li> </ul>					
<p>8. <b>Pediatric &amp; young adults:</b> Patient with a known history of seizures should have well-controlled seizures and should not be receiving enzyme-inducing anti-convulsants</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA				
<p>9. Patient is woman of childbearing potential and has a negative serum pregnancy test within 14 days prior to the start of pazopanib</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA				
<p>10. Patient has any history of the following cardiac events:</p> <ul style="list-style-type: none"> <li>a. a cerebrovascular accident at any time in the past;</li> <li>b. a transient ischemic attack in the past 6 months;</li> <li>c. deep venous thrombosis (DVT) in past 6 months;</li> <li>d. pulmonary embolism in the past 6 months.</li> </ul> <p><i>Note: Patients with recent DVT who have been treated with therapeutic anti-coagulating agents and remained stable for at least 6 weeks are eligible.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<p>11. Patient has a history of clinically significant gastrointestinal disorders within 28 days prior to beginning pazopanib, including:</p> <ul style="list-style-type: none"> <li>a. own intraluminal metastatic lesions/s with risk of bleeding;</li> <li>b. other gastrointestinal conditions with increased risk of perforation;</li> <li>c. abdominal fistula;</li> <li>d. gastrointestinal perforation or intra-abdominal abscess.</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<p>12. Patient has a history of a Grade 3 hemorrhage within 4 weeks of starting pazopanib.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<p>13. Patient has poorly controlled hypertension blood pressure as defined below:</p> <table border="1" data-bbox="261 1318 1143 1440"> <tr> <td style="background-color: #cccccc;"><b>Adults</b></td> <td>≥ 140/90 mmHg</td> </tr> <tr> <td style="background-color: #cccccc;"><b>Pediatric &amp; young adults</b></td> <td>&gt; 95<sup>th</sup> percentile for age, height, and gender</td> </tr> </table>	<b>Adults</b>	≥ 140/90 mmHg	<b>Pediatric &amp; young adults</b>	> 95 <sup>th</sup> percentile for age, height, and gender	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Adults</b>	≥ 140/90 mmHg				
<b>Pediatric &amp; young adults</b>	> 95 <sup>th</sup> percentile for age, height, and gender				
<p>14. <b>Adults:</b> History or clinical evidence of central nervous system (CNS) metastases.  <u>Note:</u> Patients who have previously-treated CNS metastases (surgery ± radiotherapy, radiosurgery, or gamma knife) <b>AND</b> must meet all 3 of the following criteria:</p> <ul style="list-style-type: none"> <li>e. asymptomatic and,</li> <li>f. have has no evidence of active CNS metastases for ≥ 6 months prior to treatment with pazopanib,</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA				

This Form **must not** be used for reporting any safety information. Safety information must be reported to the relevant Health Authority according to Local Regulations and to the Novartis Patient Safety Department as per the MAP Agreement Letter.

**Product Form for Pazopanib in Advanced Cancer**

g. have no requirement for steroids or enzyme-inducing anticonvulsants (EIAC)	
15. <b>Pediatric &amp; young adults:</b> Patient has moderate to severe renal disease by institutional standards for their age.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
16. Patient has an uncontrolled infection.	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Patient has gross metabolic abnormalities.	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Patient had prior major surgery or trauma within 28 days prior to first dose of pazopanib <b>AND/OR</b> presence of clinically significant non-healing wound, fracture, or ulcer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. Patient has known immediate or delayed hypersensitivity reaction or idiosyncrasy to drugs chemically related to pazopanib.	<input type="checkbox"/> YES <input type="checkbox"/> NO

This Form **must not** be used for reporting any safety information. Safety information must be reported to the relevant Health Authority according to Local Regulations and to the Novartis Patient Safety Department as per the MAP Agreement Letter.