SSG XXI patient diary

Study title: Pazopanib in Advanced Gastrointestinal Stromal Tumours Refractory to Imatinib and Sunitinib

Study drug: Pazopanib (Votrient)
Study number/SSG-id: XXI
Investigator:
Investigator address:
Sponsor/Supporter, address: Scandinavian Sarcoma Group (SSG), Scheelevägen 2, Building 404, 223 81 Lund Sweden

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Patient's name **Patient's ID Number in PAGIST study**

Start the pazopanib treatment 800 mg (two tablets):_____/_____/_____

Instructions:

- Take the pazopanib tablets every day in accordance with the instructions given by the study investigator.
- The pazopanib dose will be 800 mg daily, i.e. two tablets à 400 mg (taken at the same time), unless the study investigator did advice you to take a reduced dose due to an adverse reaction.
- **Pazopanib should be taken at least one hour before or two hours after a meal.**
- Pazopanib should be taken whole with water and must not be broken or crushed. The tablets must not be taken together with grapefruit juice.
- Pazopanib should be taken at approximately the same time every day. If a dose is missed, it should be taken as soon as possible but should not be taken at all if it is less than 12 hours until the next dose. In case of vomiting after intake of pazopanib, you should wait to take new tablets until the next planned dose.
- **When you have scheduled visits to the study clinic, the pazopanib dose should be taken AFTER blood sampling.**
- You should register your everyday intake of the study medication in this diary. Please note the dose/number of tablets including the date and time when you took the study medication. If you missed a dose, please note this in the right column.
- It's of great importance that you bring this diary together with dispensed cartons/blister packs of pazopanib, including tablets not taken, to every scheduled visit at the study clinic.

Date Note the date when you took the tablets	**Time** Note the time when you took the tablets and if it was in the morning or evening. Try to take the tablets at approximately the same time every day.	**Dose** Note the dose (mg) or the number of tablets you took	**Missed doses** Note if you missed to take a dose

Date Note the date when you took the tablets	**Time** Note the time when you took the tablets and if it was in the morning or evening. Try to take the tablets at the approximately same time every day.	**Dose** Note the dose (mg) or the number of tablets you took	**Missed doses** Note if you missed to take a dose

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