Pfizer Oncology

YOUR **GIST TREATMENT** DIARY

This diary was compiled and printed by Pfizer Laboratories (Pty) Ltd and is only for people who are currently receiving medication for the treatment of gastrointestinal stromal tumours (GIST).

My Treatment Diary

You've been prescribed medication for the treatment of gastrointestinal stromal tumours (GIST).

Keeping track of your progress in a diary can help you work together with your doctor to identify, anticipate and manage aspects of your treatment, including side effects and changes in your treatment.

If you have any questions about GIST, or the medicines you might be taking, don't hesitate to contact your doctor. Having open discussions with your doctor about how you're dealing with your treatment is an important part of managing your condition.

What is GIST?

Gastrointestinal stromal tumours (GISTs) happen when cells lining your digestive tract grow and divide in an uncontrolled way, creating a mass of tissue called a tumour.[1] A tumour can be cancerous or benign. A cancerous tumour is malignant, meaning it can grow and spread to other parts of the body. A benign tumour means the tumour can grow but will not spread.[2]

GISTs are rare, they represent 0.1-3% of all gastrointestinal cancers.[3] GISTs can start anywhere in your digestive (gastrointestinal) tract, from the oesophagus to the anus. More than half start in the stomach, and most others start in the small intestine. Some GISTs are small and not harmful, while others may be larger or cancerous. While some people may have no symptoms, others may feel unwell or have pain or bleeding.[1]

MY USEFUL CONTACT DETAILS

Fill in the information below, so you have all your useful contact names, phone numbers and addresses in one place.

Please ensure that you obtain consent from each individual to reflect their personal information. Please note that Pfizer does not have the means to access any of the information below.

My Personal Information
First Name
Family Name
Address
Postcode
Home Telephone
Mobile Phone

Person to contact during an Emergency
First Name
Family Name
Address
Postcode
Home Telephone
Mobile Phone

My GP's Information
GP's Name
GP Surgery Address
Telephone

My Consultant's Information
Consultant's Name
Hospital Dept. Address
Telephone

My Nurse's Information
Nurse's Name
Clinic Address
Telephone

MY MEDICAL INFORMATION

Fill in the information below, so if you need to tell a healthcare professional about your medical history, the medicine you take or if you have any clinic / hospital appointments, you'll have all the necessary information at hand.

My Medical Conditions

E.g. Diabetes, high blood pressure, etc.

My Medication

E.g. Include non-prescription medicines, vitamins, herbal supplements, etc.

My Clinic/Hospital Appointments

Date:	Time:	Place:

MY TREATMENT DIARY

You can use this diary to document your progress while you are on therapy for GIST.
For example, you may want to record the following:

- Reminders to take your medication.
- Reminders about moisturising your skin.
- Your blood pressure and other test results.
- How your mood was on that day.
- Anything else you think your doctor should know about.

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*Blood Pressure

Notes and Other Comments

Week No.

Date/Time	Capsule mg	BP* (mmHg)	Mood Rating
	12.5 25 37.5 50		☹ 😐 ☺
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*Blood Pressure

Notes and Other Comments

Week No.

Date/Time	Capsule mg	BP* (mmHg)	Mood Rating
	12.5 25 37.5 50		☹ 😐 ☺
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*Blood Pressure

Notes and Other Comments

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