Seltene Tumorerkrankungen in der Pädiatrie – STEP

Registry of the German Society for Pediatric Oncology and Hematology (GPOH)

END OF THERAPY FORM – MELANOMA

Dr. I. Brecht, Klinik für Kinder- und Jugendmedizin, Universitätsklinikum, Hoppe-Seyler-Str. 1, 72076 Tübingen
☎ 07071/29-81380 / Fax 07071/29-5481
Prof. Dr. D. Schneider, Klinik für Kinder- und Jugendmedizin Dortmund ☎ 0231/95321680 Fax: 0231-95321047
In cooperation with the German Childhood Cancer Registry (IMBEI), 55101 Mainz, ☎ 06131 / 17-6808 Fax: 17-4462

Name, Surname	Pat.-No.	Clinic	Sex	Date of birth	GPOH-PID

Please make sure that a consent form for processing / handling of data has been signed before sending the form

THERAPY FINISHED: _____ with ❑ chemotherapy ❑ radiotherapy ❑ resection

❑ immunotherapy ❑ vaccinotherapy ❑other: _____

Is a maintenance therapy planned? ❑ No ❑ yes, which: _____

STATUS AT END OF THERAPY

Name date of status inquiry: _____

❑ Complete remission, clinical (i.e. radiological CR, microscopic rest of tumor might still be there) since: _____

❑ Complete remission, histological (i.e. confirmed by biopsy as well as imaging) since: _____

❑ Stable disease

PROGRESSION / RELAPSE UNDER THERAPY (any sort of tumour progression): ❑ No

❑ Yes: ❑ Local-regional tumor progression since: _____

❑ satellite lymph nodes ❑ transit lymph nodes

❑ Local-regional relapse since: _____

❑ satellite lymph nodes ❑ transit lymph nodes

❑ Progression in regional lymph nodes since: _____

❑ Relapse in regional lymph nodes since: _____

❑ Metastatic relapse since: _____

❑ skin ❑ lymph nodes ❑ intestinal ❑ pulmonal

❑ bones ❑ CNS ❑ liver ❑ other: _____

❑ Second malignancy: ❑ No ❑ yes, which: _____

❑ Planned therapy:

_____

_____ starting: _____

- Continuation from page 1: End of therapy form -

Name, Surname	Pat.-No.	Clinic	Sex	Date of birth	GPOH-PID

PERMANENT SEQUELAE: ❑ No ❑ Yes

If yes, please indicate next to the WHO-grade the reason with the following numbers:

1 = Tumour 2 = Chemotherapy 3 = Radiotherapy 4 = Surgery
5 = Stem Cell Transplantation 6 = other: _____ 7 = unclear

❑ Cardiomyopathy	❑ Cardiac insufficiency	WHO-Grade ____, Reason: ___ (see above)
	❑ Abnormalities in Echocardio	WHO-Grade ____, Reason: ___ (see above)
	❑ Other: _____	WHO-Grade ____, Reason: ___ (see above)
❑ Maladies of the lung:	❑ Dysfunction of the lung	WHO-Grade ____, Reason: ___ (see above)
	❑ Other: _____	WHO-Grade ____, Reason: ___ (see above)
❑ Renal insufficiency:	❑ Elevation of creatinine	WHO-Grade ____, Reason: ___ (see above)
	❑ Creatinine-Clearance	WHO-Grade ____, Reason: ___ (see above)
	❑ Proteinuria	WHO-Grade ____, Reason: ___ (see above)
	❑ Hematuria	WHO-Grade ____, Reason: ___ (see above)
	❑ Tubular dysfunction	WHO-Grade ____, Reason: ___ (see above)
	❑ Distal tubular dysfunction	WHO-Grade ____, Reason: ___ (see above)
	❑ Other: _____	WHO-Grade ____, Reason: ___ (see above)
❑ Neuropathy:	❑ Central Neurotoxicity	WHO-Grade ____, Reason: ___ (see above)
	❑ Peripheral Neurotoxicity	WHO-Grade ____, Reason: ___ (see above)
	❑ Hearing impairment	WHO-Grade ____, Reason: ___ (see above)
	❑ Other: _____	WHO-Grade ____, Reason: ___ (see above)
❑ Chron. Hepatitis / hepatosis:	❑ Elevation of bilirubin	WHO-Grade ____, Reason: ___ (see above)
	❑ Elevation of ATP/AST	WHO-Grade ____, Reason: ___ (see above)
	❑ Other: _____	WHO-Grade ____, Reason: ___ (see above)

❑ Orbita: ❑ Exenteration ❑ Chron. conjunctivitis ❑ Reduced visual acuity
❑ Extremities: ❑ Amputation ❑ Lymphostasis ❑ Loss of function:_____
❑ Urogenital / perianal: ❑ Resection of bladder / supravesical drainage of urine
❑ Urinary incontinence ❑ Chron. cystitis ❑ Upper lesion of urinary tract
❑ Impotence ❑ rectal incontinence ❑ Artificial anus
❑ Fibrosis, where: _____
❑ Head/Neck: ❑ Cosmetical defect ❑ Movement disorder
❑ Trunk: ❑ Scoliosis ❑ Cosmetical defect
❑ Other: _____

IF PATIENT HAD DIED: when: |__|__||__|__||__|__|

Through ❑ primary tumor ❑ Relapse / metastases ❑ Therapy
❑ not possible to decide, if through tumor ❑ other ❑ unclear
Autopsy: ❑ No ❑ Yes

Stamp Date Signature

Please send forms directly to the STEP Registry in Tübingen – Thank you for your cooperation!