Seltene Tumorerkrankungen in der Pädiatrie – STEP

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

BASIC DATA AND DIAGNOSIS FORM – MELANOMA / SKIN TUMOURS

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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 this form

I. Addresses (please fill out, if known yet)

Responsible **Dermatologist**: Name: _____ Dep./Clinic: _____
Street.: _____ City: _____
Phone: _____ Fax: _____

Responsible **Oncologist**: Name: _____ Dep./Clinic: _____
Street.: _____ City: _____
Phone: _____ Fax: _____

Other responsible **Physician**: Name: _____ Dep./Clinic: _____
Street.: _____ City: _____
Phone: _____ Fax: _____

II. Patients History

Name patient's clinical diagnosis in words: _____

Date of first clinical diagnosis: D D M M Y Y Y Y

Skin colour: ❑ Fair-skinned ❑ Dark-skinned ❑ Other: _____

Duration of symptoms before diagnosis: _____ days / weeks / months

Please describe symptoms: _____

Primarily misdiagnosed: ❑ No ❑ Yes, as which: _____

Earlier treatment in other hospital or outpatient clinic: ❑ No ❑ Yes, how: _____

Any malignant disease before: ❑ No ❑ Yes, when: D D M M Y Y Y Y
❑ Yes, which: _____

Syndromes: ❑ No ❑ Yes, which: _____

Hereditary diseases: ❑ No ❑ Yes, which: _____

Immunodeficiency: ❑ No ❑ Yes, which: _____

Malformations: ❑ No ❑ Yes, which: _____

History of painful sunburns (erythema) lasting for at least 2 days in early childhood (<10 years):

❑ none ❑ ≤ 5 times ❑ > 5 times

Family history (Malignant diseases, immunodeficiency or other syndromes): ❑ No ❑ Yes

❑ Parents: _____
❑ Siblings: _____
❑ Other: _____

Number of patients' siblings: **Twin:** ❑ No ❑ Yes, identical ❑ Yes, fraternal ❑ Yes, unknown

Weight at diagnosis: ___ kg **Height at diagnosis:** ___ cm

Start of therapy: __ __ (D D) __ __ (M M) __ __ __ __ (Y Y Y Y) with ❑ Surgery ❑ Chemotherapy

❑ Vaccinotherapy ❑ Immunotherapy ❑ Other: _____

III. Tumor site and Clinical Characteristics

Multiple independent localisations ❑ No ❑ Yes

Exact localisation(s) in words: _____

_____

Body side ❑ right ❑ left

❑ **Ocular Melanoma** ❑ right ❑ left

❑ **Head/Neck** ❑ face ❑ other head ❑ neck

❑ **Trunk** ❑ breast / upper abdomen ❑ lower abdomen ❑ back
❑ lower back ❑ genital

❑ **Extremities** ❑ upper arm ❑ lower arm ❑ upper leg
❑ lower leg ❑ other:_____

❑ **Acral site** ❑ dorsum of hand ❑ palmar ❑ plantar
❑ foot ❑ subungual
❑ other: _____

❑ **Mucosa** ❑ nose ❑ vulva ❑ anus
❑ mouth ❑ vagina
❑ other: _____

❑ **Unknown primary site** ❑ **Other:** _____

Tumor size: ___ mm (diameter at maximum) x ___ mm (width)

Asymmetry ❑ No ❑ Yes ❑ Unclear

Margins ❑ Well defined ❑ ill defined ❑ Unclear

Colour ❑ Black ❑ Brown ❑ Red
❑ Pink ❑ Not pigmented ❑ Unclear

Spread: ❑ Superficial ❑ Deep ❑ Unclear

LDH level at diagnosis: ___ U/L

IV. Metastases

Metastases at diagnosis ❑ No ❑ Unsure (patient denies examination)
❑ Yes, *please describe exact localisation in words and tick below:*

_____

Please describe also imaging / examination performed, also if no metastases are found:

❑ **Satellite or transit metastases** ❑ Singular ❑ Multiple

❑ **Regional micrometastases of lymph node:** ❑ Singular ❑ Multiple

❑ **Regional macrometastases of lymph node:** ❑ Singular ❑ Multiple

DISTANT REGIONS:

❑ **Skin / soft tissue:** ❑ Singular ❑ Multiple _____

❑ **Lymph nodes** (not regional!) ❑ Singular ❑ Multiple _____

❑ **Lung**: ❑ Singular ❑ Multiple ❑ Unilateral ❑ Bilateral _____

❑ **CNS:** ❑ Singular ❑ Multiple _____

❑ Right hemisphere ❑ Left hemisphere _____

❑ **Liver**: ❑ Singular ❑ Multiple _____

❑ **Others**: _____

V. Preoperative TNM-Classification (AJCC 2009)

T Classification	Thickness	Ulceration Status
❑ Tis	N/A	N/A
❑ T1a:	≤ 1 mm	without ulceration and mitosis < 1 / mm^2
❑ T1b:	≤ 1 mm	with ulceration and ≥ 1 / mm^2
❑ T2a:	1.01 – 2.00 mm	without ulceration
❑ T2b:	1.01 – 2.00 mm	with ulceration
❑ T3a:	2.01 – 4.00 mm	without ulceration
❑ T3b:	2.01 – 4.00 mm	with ulceration
❑ T4a:	> 4 mm	without ulceration
❑ T4b:	> 4 mm	with ulceration

N Classification	Number of Metastatic Nodes	Nodal Metastatic Mass
❑ N0	No evidence of lymph node metastasis	
❑ N1a:	1 node	micrometastasis
❑ N1b:	1 node	macrometastasis
❑ N2a:	2-3 nodes	micrometastasis
❑ N2b:	2-3 nodes	macrometastasis
❑ N2c:	2-3 nodes	in transit metastases/ satellites without metastatic nodes
❑ N3:	4 or more metastatic nodes, or matted nodes, or in-transit metastases/ satellites with metastatic nodes	

M Classification	Site	Serum LDH
❑ M0	No evidence of metastasis to distant tissues or organs	
❑ M1a:	Distant skin, subcutaneous or Nodal metastases	normal Serum Lactate Dehydrogenase
❑ M1b:	Lung metastases	normal Serum Lactate Dehydrogenase
❑ M1c:	All other visceral metastases Or any distant metastasis	normal Serum Lactate Dehydrogenase elevated Serum Lactate Dehydrogenase

VI. Stage after diagnosis

Stage according to AJCC 2009 _____ (see below!)

	Clinical Staging			Pathologic Staging		
	T	N	M	T	N	M
0	Tis	N0	M0	Tis	N0	M0
IA	T1a	N0	M0	T1A	N0	M0
IB	T1b T2a	N0 N0	M0 M0	T1b T2a	N0 N0	M0 M0
IIA	T2b T3a	N0 N0	M0 M0	T2b T3a	N0 N0	M0 M0
IIB	T3b T4a	N0 N0	M0 M0	T3b T4b	N0 N0	M0 M0
IIC	T4b	N0	M0	T4b	N0	M0
III	Any T	N1 N2 N3	M0			
IIIA				T1-4a T1-4a	N1a N2a	M0 M0
IIIB				T1-4b T1-4b T1-4a T1-4a T1-4a/b	N1a N2a N1b N2b N2c	M0 M0 M0 M0 M0
IIIC				T1-4b T1-4b Any T	N1b N2b N3	M0 M0 M0
IV	Any T	Any N	Any M	Any T	Any N	Any M1

VII. Primary Surgery

Type of primary tumor resection (please include surgical report!)**:**

❑ Primary Resection, date: D D M M Y Y Y Y

Type of resection: _____

Margins of primary tumour definitely free of tumor: ❑ No ❑ Yes ❑ Unclear

Smallest distance from margins to primary tumour: _____ [in cm]

❑ Last re-resection, date: D D M M Y Y Y Y

Type of resection: _____

Margins of primary tumour definitely free of tumor: ❑ No ❑ Yes ❑ Unclear

Smallest distance from margins to primary tumour: _____ [in cm]

Resection of lymph nodes: ❑ No ❑ Yes, date: D D M M Y Y Y Y

Resection of sentinel lymph node: ❑ No ❑ Yes

Number of resected lymph nodes: ____

Number of positive lymph nodes: ____

	Station 1	*Station 2*	
❑ Biopsy/Sampling	❑	❑	which: _____
❑ Resection	❑	❑	which: _____

Complete lymphadenectomy: ❑ No ❑ Yes, date: D D M M Y Y Y Y

Number of resected lymph nodes: ____

Number of positive lymph nodes: ____

Surgery of metastases: ❑ No ❑ Yes, date: D D M M Y Y Y Y

❑ Complete resection ❑ Incomplete resection of metastases

Complications due to surgery: ❑ No ❑ Yes, which: _____

VIII. Histology

Local pathologist: _____ Journal-No.: _____

Histological evaluation of central pathologist:

❑ no ❑ yes: ❑ in Kiel, Kindertumorregister-Nr.: _____

❑ other reference pathologist, where: _____

Date of definite diagnosis: D D M M Y Y Y Y

Fresh frozen tissue preserved? ❑ no ❑ yes ❑ Biocase ❑ Other: _____

Blood sample preserved? ❑ no ❑ yes ❑ Biocase

❑ Erlangen ❑ Other: _____

Clark-Level: ❑ I ❑ II ❑ III ❑ IV ❑ V

Breslow Thickness: ____ mm

❑ ≤ 1 mm (not ulcerated)

❑ ≤ 1 mm (ulcerated)

❑ 1.01 – 2.00 mm

❑ 2.01 – 4.00 mm

❑ > 4 mm

Histological Classification:

❑ Superficial spreading Melanoma SSM ❑ Nodular Melanoma NM ❑ Lentigo malignant Melanoma LMM
❑ Acral lentiginous Melanoma ALM ❑ Mucosal Melanoma ❑ Melanoma on congenital nevi
❑ Spitzoid lesion ❑ not classified ❑ other: _____

Histological characteristics:

Ulceration	❑ No	❑ Yes	❑ Unclear
Regression	❑ No	❑ Yes	❑ Unclear
Melanoma on nevus cell nevi	❑ No	❑ Yes	❑ Unclear
Increase	❑ Horizontal	❑ Vertical	❑ Unclear

Special evaluations: **performed at:** _____

Method: ❑ CGH ❑FISH ❑ Other: _____

❑ Chromosomal aberrations found: ❑ No ❑ Yes, which: _____

❑ BRAF mutation: ❑ No ❑ Yes ❑ Not performed

❑ Other genetic findings: ❑ No ❑ Yes, which: _____

❑ Others: _____

IX. Further Therapy planned

Therapy:

_____

Remarks:

❑ Patient is alive
❑ Patient has died

Stamp Date Signature

Please include, if available:
pathology report of local and reference pathology, surgery report, discharge letter