Seltene Tumorerkrankungen in der Pädiatrie – STEP

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

BASIC DATA & DIAGNOSIS FORM – MELANOMA / SKIN TUMOURs

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

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

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

❑ Yes, which: _____

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: _____

Localisation (in words): _____

Family history positive: ❑ No ❑ Yes, describe: _____

Breslow level: _____

Ulceration: ❑ No ❑ Yes ❑ Unclear

Clark Level: ❑ I ❑ II ❑ III ❑ IV ❑ IV

TNM-Classification: _____ **AJCC-Stage:** _____

Primary resection: D D M M Y Y Y Y **Secondary resection:** D D M M Y Y Y Y

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

Other Therapy: ❑ No ❑ Yes, which: ❑ IFN ❑ other _____

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

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

Lymph nodes positive: ❑ No ❑ Yes ❑ Unclear

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

Relapse (local or distant): ❑ No ❑ Yes, date: D D M M Y Y Y Y

Please include medical reports here

Last Follow-up: D D M M Y Y Y Y ❑ complete remission ❑ alive with disease ❑ death

Reason for death: _____

Stamp	Date	Signature

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