Seltene Tumorerkrankungen in der Pädiatrie – STEP

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

END OF THERAPY FORM – COLORECTAL CARCINOMA

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

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1. Patient`s Outcome

End of therapy: D D M M Y Y Y Y = _____ weeks / months after diagnosis

Finished with ☐ surgery ☐ chemotherapy ☐ radiotherapy

Status of tumor at the end of therapy:

☐ Complete remission, clinical since D D M M Y Y Y Y

(i.e. confirmed by imaging, but microscopic residuals might be possible)

☐ Complete remission, histological (i.e. confirmed by imaging AND pathology) since D D M M Y Y Y Y

☐ Partial remission (i.e. macroscopically, response > 25%, tumor not in progress)

☐ Stable disease (i.e. change < 25%, stable tumor markers)

☐ Progression of ☐ tumor ☐ metastases ☐ lymph nodes since D D M M Y Y Y Y

☐ Relapse of ☐ tumor ☐ metastases ☐ lymph nodes since D D M M Y Y Y Y

Has there been a relapse after ending up therapy? ☐ Yes ☐ No

Relapse of ☐ tumor ☐ metastases ☐ lymph nodes since D D M M Y Y Y Y

Please describe symptoms: _____

_____

Relapse therapy: ☐ surgery Date D D M M Y Y Y Y

☐ chemotherapy Drugs: _____

Beginning: D D M M Y Y Y Y **Ending:** D D M M Y Y Y Y

Repetition: _____ times

☐ radiotherapy

☐ other _____

Patient´s current status: ☐ alive with disease ☐ alive without disease

☐ died →indicate date: D D M M Y Y Y Y = _____ weeks/months after diagnosis

→ **Reasons:**

☐ primary tumor ☐ relapse / metastases ☐ unknown

☐ side effects of therapy, which _____

☐ other: _____

→ **Prefinal symptoms / diagnosis:**

☐ respiratory insuffiency ☐ kachexia ☐ pain in bones / spine ☐ fibrosis of pleura / pericard
☐ effusion of pleura / pericard ☐ carcinomatosis of pleura / peritoneum ☐ insuffiency of heart

☐ other _____

→ **Verified by autopsy:** ☐ No ☐ Yes

2. Permanent Sequelae

(Please indicate the appropriate WHO grade using the number coded reasons, you may choose multiple options.)

1 = primary tumor 2 = chemotherapy 3 = radiotherapy 4 = surgery 5 = metastases
6 = other _____ 7 = unknown

☐ **Cardiomyopathy:**	☐ cardiac insufficiency	WHO _____	Reason: _____
	☐ abnormalities in echocardiography	WHO _____	Reason: _____
	☐ other _____	WHO _____	Reason: _____
☐ **Maladies of the lung:**	☐ fibrosis	WHO _____	Reason: _____
	☐ dysfunction	WHO _____	Reason: _____
	☐ other _____	WHO _____	Reason: _____
☐ **Renal insufficiency:**	☐ ↑ creatinine	WHO _____	Reason: _____
	☐ proteinuria	WHO _____	Reason: _____
	☐ hematuria	WHO _____	Reason: _____
	☐ prox. tubular dysfunction	WHO _____	Reason: _____
	☐ dist. tubular dysfunction	WHO _____	Reason: _____
	☐ other _____	WHO _____	Reason: _____
☐ **Neuropathy:**	☐ central neurotoxicity	WHO _____	Reason: _____
	☐ peripheral neurotoxicity	WHO _____	Reason: _____
	☐ hearing impairment	WHO _____	Reason: _____
	☐ impairment of glial cells	WHO _____	Reason: _____
	☐ other _____	WHO _____	Reason: _____
☐ **Livertoxicity/chronic hepatitis:**	☐ ↑ transaminases	WHO _____	Reason: _____
	☐ ↑ bilirubin	WHO _____	Reason: _____
	☐ cirrhosis	WHO _____	Reason: _____
	☐ other _____	WHO _____	Reason: _____
☐ **Urogenital dysfunction:**	☐ resection of bladder	WHO _____	Reason: _____
	☐ urinary incontinence	WHO _____	Reason: _____
	☐ chronic cystitis	WHO _____	Reason: _____
	☐ lesions of urinary tract	WHO _____	Reason: _____
	☐ impotence	WHO _____	Reason: _____
	☐ other _____	WHO _____	Reason: _____
☐ **Digestive dysfunction:**	☐ rectal incontinence	WHO _____	Reason: _____
	☐ artificial anus	WHO _____	Reason: _____
	☐ malnutrition syndromes	WHO _____	Reason: _____
	☐ chronic bowel disease	WHO _____	Reason: _____
	☐ chronic diarrhoea	WHO _____	Reason: _____
	☐ other _____	WHO _____	Reason: _____
☐ **Myelosuppression**	☐ thrombopenia	WHO _____	Reason: _____

☐ leukopenia	WHO _____	Reason: _____
☐ anaemia	WHO _____	Reason: _____

☐ **Other** _____

Please include, if available:

pathology report of local and reference pathology, surgery report, radiology report, discharge letter

Stamp Date Signature