

## Therapy form – 1<sup>st</sup> Chemotherapy Cycle

Prof. Dr. D. Schneider, Klinik für Kinder- und Jugendmedizin Dortmund ☎ 0231/95321680 Fax: 0231-95321047

**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**

|                        |                                     |           |                                     |
|------------------------|-------------------------------------|-----------|-------------------------------------|
| <b>Planned Therapy</b> | <input type="checkbox"/> palliative | <b>or</b> | <input type="checkbox"/> curatively |
|------------------------|-------------------------------------|-----------|-------------------------------------|

## Neoadjuvant Therapy

**Has there been a neoadjuvant therapy?** ☐ No ☐ Yes

**Has there been a neoadjuvant radiotherapy?** ☐ No ☐ Yes

**Start Date:**             
                          D D    M M    Y Y    Y Y

**End Date:**             
                          D D    M M    Y Y    Y Y

**Target area:** \_\_\_\_\_

**Radiation scheme:**

- Conventional fractionized radiotherapy:

Whole dose: \_\_\_\_\_, \_\_\_\_ Gy  
Number of fractions: \_\_\_\_\_ with each time \_\_\_\_\_ Gy

Duration of therapy: weeks

- Short-time-radiotherapy:

Dose:            x            Gy/d

Hyper fractionation: ☐ No ☐ Yes

Acceleration: ☐ No ☐ Yes

□ Boost:

Whole dose: \_\_\_\_\_, \_\_\_\_\_ Gy  
Number of fractions: \_\_\_\_\_ with each time \_\_\_\_\_ Gy

Duration of therapy: \_\_\_\_\_ days

Target area: \_\_\_\_\_

☐ Other:

**Has there been neoadjuvant chemotherapy?**    ☐ No                      ☐ Yes

**Start Date:**             
                          D D    M M    Y Y    Y Y

**End Date:**             
                          D D    M M    Y Y    Y Y

**Duration of cycle:** weeks

Height: \_\_\_\_\_ cm  
(Beginning of 1<sup>st</sup> week) 

Weight: \_\_\_\_\_ kg  
(Beginning of 1<sup>st</sup> week)               

Surface: \_\_\_\_\_ m<sup>2</sup>  
(Beginning of 1<sup>st</sup> week)   ,

**Drugs:**1. \_\_\_\_\_ mg/m<sup>2</sup> \_\_\_\_\_ times per weekDosage: ☐ Infusion over \_\_\_\_\_ h ☐ Bolus

+

2. \_\_\_\_\_ mg/m<sup>2</sup> \_\_\_\_\_ times per weekDosage: ☐ Infusion over \_\_\_\_\_ h ☐ Bolus

+

3. \_\_\_\_\_ mg/m<sup>2</sup> \_\_\_\_\_ times per weekDosage: ☐ Infusion over \_\_\_\_\_ h ☐ Bolus

This cycle was repeated \_\_\_\_\_ times

Have there been any changes or additions (antibiotics, antiemetics...) in the medication mentioned above?

☐ No☐ Yes, which \_\_\_\_\_

Reason for change: \_\_\_\_\_

Number of weeks from the beginning of the neoadjuvant radiochemotherapy until surgery: \_\_\_\_\_

**Postoperative assessment:**Shrinking of primary tumor / metastases / lymph nodes after radiochemotherapy: ☐ No ☐ YesStatus of disease: ☐ complete remission ☐ partial remission ☐ stable disease ☐ progressionResection status: ☐ R0 ☐ R1 ☐ R2**CHEMOTHERAPY 1<sup>ST</sup> CYCLE**

(Please number the weeks consecutively and fill in the total dose of chemotherapy per week)

Therapy according to... \_\_\_\_\_

Beginning of \_\_\_\_\_ week

\_\_\_\_\_ week

\_\_\_\_\_ week

Date:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |
| D | D | M | M | Y | Y | Y | Y |

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |
| D | D | M | M | Y | Y | Y | Y |

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |
| D | D | M | M | Y | Y | Y | Y |

Name of drug and total dose per week:

|                         |             |       |
|-------------------------|-------------|-------|
| _____                   | Days: _____ | mg    |
| _____ mg/m <sup>2</sup> | _____       | _____ |

|       |             |       |
|-------|-------------|-------|
| _____ | Days: _____ | mg    |
| _____ | _____       | _____ |

|       |             |       |
|-------|-------------|-------|
| _____ | Days: _____ | mg    |
| _____ | _____       | _____ |

|                         |             |       |
|-------------------------|-------------|-------|
| _____                   | Days: _____ | mg    |
| _____ mg/m <sup>2</sup> | _____       | _____ |

|       |             |       |
|-------|-------------|-------|
| _____ | Days: _____ | mg    |
| _____ | _____       | _____ |

|       |             |       |
|-------|-------------|-------|
| _____ | Days: _____ | mg    |
| _____ | _____       | _____ |

|                         |             |       |
|-------------------------|-------------|-------|
| _____                   | Days: _____ | mg    |
| _____ mg/m <sup>2</sup> | _____       | _____ |

|       |             |       |
|-------|-------------|-------|
| _____ | Days: _____ | mg    |
| _____ | _____       | _____ |

|       |             |       |
|-------|-------------|-------|
| _____ | Days: _____ | mg    |
| _____ | _____       | _____ |

**TOXICITIES** (according to WHO-Grading):

|                                | <b>1<sup>st</sup> week</b> | <b>_____ week</b> | <b>_____ week</b> |
|--------------------------------|----------------------------|-------------------|-------------------|
| General wellbeing (Karnofsky): | 0 I II III IV°             | 0 I II III IV°    | 0 I II III IV°    |
| Leucopenia:                    | 0 I II III IV°             | 0 I II III IV°    | 0 I II III IV°    |
| Thrombopenia:                  | 0 I II III IV°             | 0 I II III IV°    | 0 I II III IV°    |
| Infection / Sepsis:            | 0 I II III IV°             | 0 I II III IV°    | 0 I II III IV°    |
| CNS-Toxicity:                  | 0 I II III IV°             | 0 I II III IV°    | 0 I II III IV°    |
| Neuropathy (peripheral):       | 0 I II III IV°             | 0 I II III IV°    | 0 I II III IV°    |
| Nephrotoxicity:                | 0 I II III IV°             | 0 I II III IV°    | 0 I II III IV°    |
| Livertoxicity:                 | 0 I II III IV°             | 0 I II III IV°    | 0 I II III IV°    |
| Cardiotoxicity:                | 0 I II III IV°             | 0 I II III IV°    | 0 I II III IV°    |
| _____:                         | 0 I II III IV°             | 0 I II III IV°    | 0 I II III IV°    |

Variation in planned chemotherapy regime, please indicate reason (for example: age, radiotherapy, toxicity, etc.):

Reason:

**Other remarks:****Further therapy:**

**Surgery** (after this cycle): ☐ no ☐ yes, ☐ biopsy ☐ sR2 ☐ sR1 ☐ sR0-Resection

**Radiation** (in this cycle): ☐ no ☐ yes, with \_\_\_\_,\_\_ Gy

Status **after** this cycle: ☐ complete ☐ partial remission ☐ stable disease ☐ progression

☐ relapse ☐ clinical (imaging) ☐ histological (surgical)

Stamp

Date

Signature

# Seltene Tumorerkrankungen in der Pädiatrie – STEP

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

## Therapy form – 2<sup>nd</sup> Chemotherapy Cycle

Dr. I. Brecht, Klinik für Kinder- und Jugendmedizin, Universitätsklinikum, Hoppe-Seyler-Str. 1, 72076 Tübingen  
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PD Dr. D. Schneider, Klinik für Kinder- und Jugendmedizin Dortmund ☎ 0231 / 95321680 Fax: 0231-95321047

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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

Height:  cm  
(Beginning of 1<sup>st</sup> week)

Weight:  kg  
(Beginning of 1<sup>st</sup> week)

Surface:  m<sup>2</sup>  
(Beginning of 1<sup>st</sup> week)

### CHEMOTHERAPY 2<sup>ND</sup> CYCLE

(Please number the weeks consecutively and fill in the total dose of chemotherapy per week)

Therapy according to....

| Beginning of <input type="text"/> week   | <input type="text"/> week  | <input type="text"/> week  |
|--|--|--|
| Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>D D M M Y Y Y Y | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>D D M M Y Y Y Y | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>D D M M Y Y Y Y |
| Name of drug and total dose per week:  |  |  |
| <input type="text"/> mg/m <sup>2</sup> Days: <input type="text"/> mg   | Days: <input type="text"/> mg  | Days: <input type="text"/> mg  |
| <input type="text"/> mg/m <sup>2</sup> Days: <input type="text"/> mg   | Days: <input type="text"/> mg  | Days: <input type="text"/> mg  |
| <input type="text"/> mg/m <sup>2</sup> Days: <input type="text"/> mg   | Days: <input type="text"/> mg  | Days: <input type="text"/> mg  |

### TOXICITIES (according to WHO-Grading):

|                                 | 1 <sup>st</sup> week | <input type="text"/> week | <input type="text"/> week |
|---------------------------------|----------------------|---------------------------|---------------------------|
| General well being (Karnofsky): | 0 I II III IV°       | 0 I II III IV°            | 0 I II III IV°            |
| Leukopenia:                     | 0 I II III IV°       | 0 I II III IV°            | 0 I II III IV°            |
| Thrombopenia:                   | 0 I II III IV°       | 0 I II III IV°            | 0 I II III IV°            |
| Infection / Sepsis:             | 0 I II III IV°       | 0 I II III IV°            | 0 I II III IV°            |
| CNS-Toxicity:                   | 0 I II III IV°       | 0 I II III IV°            | 0 I II III IV°            |
| Neuropathy (peripheral):        | 0 I II III IV°       | 0 I II III IV°            | 0 I II III IV°            |
| Nephrotoxicity:                 | 0 I II III IV°       | 0 I II III IV°            | 0 I II III IV°            |
| Livertoxicity:                  | 0 I II III IV°       | 0 I II III IV°            | 0 I II III IV°            |

|                 |                |                |
|-----------------|----------------|----------------|
| Cardiotoxicity: | 0 I II III IV° | 0 I II III IV° |
| _____:          | 0 I II III IV° | 0 I II III IV° |

Variation in planned chemotherapy regime, please indicate reason (for example: age, radiotherapy, toxicity, etc.):

Reason:

**Other remarks:****Further therapy:**

**Surgery** (after this cycle): ☐ no ☐ yes, ☐ biopsy ☐ sR2 ☐ sR1 ☐ sR0-Resection

**Radiation** (in this cycle): ☐ no ☐ yes, with \_\_\_\_,\_\_ Gy

Status **after** this cycle: ☐ complete ☐ partial remission ☐ stable disease ☐ progression  
☐ relapse ☐ clinical (imaging) ☐ histological (surgical)

Stamp
Date
Signature

# Seltene Tumorerkrankungen in der Pädiatrie – STEP

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

## Therapy form – 3<sup>rd</sup> Chemotherapy Cycle

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PD Dr. D. Schneider, Klinik für Kinder- und Jugendmedizin Dortmund ☎ 0231 / 95321680 Fax: 0231-95321047

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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

Height:  cm (Beginning of 1<sup>st</sup> week)      Weight:  kg (Beginning of 1<sup>st</sup> week)      Surface:  m<sup>2</sup> (Beginning of 1<sup>st</sup> week)

### CHEMOTHERAPY 3<sup>RD</sup> CYCLE

(Please number the weeks consecutively and fill in the total dose of chemotherapy per week)

Therapy according to....

| Beginning of <input type="text"/> week   | <input type="text"/> week  | <input type="text"/> week  |
|--|--|--|
| Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>D D M M Y Y Y Y | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>D D M M Y Y Y Y | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>D D M M Y Y Y Y |
| Name of drug and total dose per week:  |  |  |
| <input type="text"/> mg/m <sup>2</sup> Days: <input type="text"/> mg   | Days: <input type="text"/> mg  | Days: <input type="text"/> mg  |
| <input type="text"/> mg/m <sup>2</sup> Days: <input type="text"/> mg   | Days: <input type="text"/> mg  | Days: <input type="text"/> mg  |
| <input type="text"/> mg/m <sup>2</sup> Days: <input type="text"/> mg   | Days: <input type="text"/> mg  | Days: <input type="text"/> mg  |

### TOXICITIES (according to WHO-Grading):

|                                 | 1 <sup>st</sup> week | <input type="text"/> week | <input type="text"/> week |
|---------------------------------|----------------------|---------------------------|---------------------------|
| General well being (Karnofsky): | 0 I II III IV°       | 0 I II III IV°            | 0 I II III IV°            |
| Leukopenia:                     | 0 I II III IV°       | 0 I II III IV°            | 0 I II III IV°            |
| Thrombopenia:                   | 0 I II III IV°       | 0 I II III IV°            | 0 I II III IV°            |
| Infection / Sepsis:             | 0 I II III IV°       | 0 I II III IV°            | 0 I II III IV°            |
| CNS-Toxicity:                   | 0 I II III IV°       | 0 I II III IV°            | 0 I II III IV°            |
| Neuropathy (peripheral):        | 0 I II III IV°       | 0 I II III IV°            | 0 I II III IV°            |
| Nephrotoxicity:                 | 0 I II III IV°       | 0 I II III IV°            | 0 I II III IV°            |
| Livertoxicity:                  | 0 I II III IV°       | 0 I II III IV°            | 0 I II III IV°            |
| Cardiotoxicity:                 | 0 I II III IV°       | 0 I II III IV°            | 0 I II III IV°            |

|  |  |  |
|--|--|--|
| _____ : 0 I II III IV°   | 0 I II III IV°   | 0 I II III IV°   |
| Variation in planned chemotherapy regime, please indicate reason (for example: age, radiotherapy, toxicity, etc.): |  |  |
| <div style="border-bottom: 1px solid black; width: 100%;"></div>   | <div style="border-bottom: 1px solid black; width: 100%;"></div> | <div style="border-bottom: 1px solid black; width: 100%;"></div> |
| Reason:  |  |  |

**Other remarks:**

|  |
|--|
|  |
|  |
|  |
|  |

**Further therapy:**

**Surgery** (after this cycle):    ☐ no    ☐ yes, ☐ biopsy    ☐ sR2    ☐ sR1    ☐ sR0-Resection  
**Radiation** (in this cycle):    ☐ no    ☐ yes, with \_\_\_\_,\_\_ Gy  
**Status *after* this cycle:**    ☐ complete    ☐ partial remission    ☐ stable disease    ☐ progression  
    ☐ relapse                    ☐ clinical (imaging)                    ☐ histological (surgical)

|       |      |           |
|-------|------|-----------|
| Stamp | Date | Signature |
|-------|------|-----------|

# Seltene Tumorerkrankungen in der Pädiatrie – STEP

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

## Therapy form – Additional Chemotherapy Cycle

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|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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

Height:  cm (Beginning of 1<sup>st</sup> week)      Weight:  kg (Beginning of 1<sup>st</sup> week)      Surface:  m<sup>2</sup> (Beginning of 1<sup>st</sup> week)

### CHEMOTHERAPY \_\_\_\_ CYCLE

(Please number the weeks consecutively and fill in the total dose of chemotherapy per week)

Therapy according to....

| Beginning of ____ week  | ____ week   | ____ week   |
|---|---|---|
| Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Name of drug and total dose per week:   |   |   |
| <input type="text"/> mg/m <sup>2</sup> Days: <input type="text"/> mg  | <input type="text"/> mg Days: <input type="text"/> mg   | <input type="text"/> mg Days: <input type="text"/> mg   |
| <input type="text"/> mg/m <sup>2</sup> Days: <input type="text"/> mg  | <input type="text"/> mg Days: <input type="text"/> mg   | <input type="text"/> mg Days: <input type="text"/> mg   |
| <input type="text"/> mg/m <sup>2</sup> Days: <input type="text"/> mg  | <input type="text"/> mg Days: <input type="text"/> mg   | <input type="text"/> mg Days: <input type="text"/> mg   |

### TOXICITIES (according to WHO-Grading):

|                                 | 1 <sup>st</sup> week | ____ week      | ____ week      |
|---------------------------------|----------------------|----------------|----------------|
| General well being (Karnofsky): | 0 I II III IV°       | 0 I II III IV° | 0 I II III IV° |
| Leukopenia:                     | 0 I II III IV°       | 0 I II III IV° | 0 I II III IV° |
| Thrombopenia:                   | 0 I II III IV°       | 0 I II III IV° | 0 I II III IV° |
| Infection / Sepsis:             | 0 I II III IV°       | 0 I II III IV° | 0 I II III IV° |
| CNS-Toxicity:                   | 0 I II III IV°       | 0 I II III IV° | 0 I II III IV° |
| Neuropathy (peripheral):        | 0 I II III IV°       | 0 I II III IV° | 0 I II III IV° |
| Nephrotoxicity:                 | 0 I II III IV°       | 0 I II III IV° | 0 I II III IV° |
| Livertoxicity:                  | 0 I II III IV°       | 0 I II III IV° | 0 I II III IV° |
| Cardiotoxicity:                 | 0 I II III IV°       | 0 I II III IV° | 0 I II III IV° |



|        |                |                |                |
|--------|----------------|----------------|----------------|
| _____: | 0 I II III IV° | 0 I II III IV° | 0 I II III IV° |
| _____: | 0 I II III IV° | 0 I II III IV° | 0 I II III IV° |

Variation in planned chemotherapy regime, please indicate reason (for example: age, radiotherapy, toxicity, etc.):

Reason:

**Other remarks:****Further therapy:**

**Surgery** (after this cycle): ☐ no ☐ yes, ☐ biopsy ☐ sR2 ☐ sR1 ☐ sR0-Resection

**Radiation** (in this cycle): ☐ no ☐ yes, with \_\_\_\_,\_\_ Gy

Status **after** this cycle: ☐ complete ☐ partial remission ☐ stable disease ☐ progression

☐ relapse ☐ clinical (imaging) ☐ histological (surgical)

Stamp

Date

Signature