Seltene Tumorerkrankungen in der Pädiatrie – STEP

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

EVENT FORM – COLORECTAL CARCINOMA

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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

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

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

Was clinic changed during treatment and diagnosis? ☐ no ☐ yes, name former hospital:_____

Responsible **Oncologist**: Name: _____ Dep. / Clinic: _____

Street: _____ City: _____

Phone: _____ Fax: _____

II. Primary Tumor and type of relapse

☐ **Diagnosis:** _____

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

☐ **TNM-Status:** T ____ N ____ M ____

☐ **Exact localisation in words:** _____

☐ **Initial Therapy:** ☐ chemotherapy ☐ radiotherapy ☐ resection ☐ immunotherapy ☐ other

Tumor macroscopically and microscopically completely resected ☐ no ☐ yes

☐ **Last Status before relapse:** Date D D M M Y Y Y Y

- ☐ Complete remission, clinical (i.e. radiological CR, microscopic rest of tumor might still be there)
- ☐ Complete remission, histological (i.e. confirmed by biopsy as well as imaging)
- ☐ Partial remission (i.e. macroscopical, response > 25%, but tumor not in progression)
- ☐ Stable disease (i.e. change < 25%, or stable tumor markers)

☐ **Number of relapse:** ☐ first relapse ☐ second relapse ☐ third relapse

☐ Type of relapse ☐ local ☐ in lymph nodes ☐ metastatic

☐ Progression under therapy (any sort of tumor progression): ☐ no ☐ yes: ☐ local ☐ metastatic ☐ in lymph nodes

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

III. PATIENT CHARACTERISTICS

Diagnosis of relapse by: ☐ follow up ☐ symptoms

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

Please describe symptoms: _____

New diagnostics: ☐ syndromes ☐ hereditary diseases ☐ other: _____

Long term medication: ☐ no ☐ yes, which: _____

Weight: ☐☐☐ kg **Height:** ☐☐☐ cm

Surface: ☐☐☐ m^2

IV. TUMOR MARKERS

Date: ☐☐ ☐☐ ☐☐☐☐ (D D M M Y Y Y Y)

_____: ☐☐☐☐ U/l _____: ☐☐☐☐ ng/ml

V. TUMOR CHARACTERISTICS

Local relapse: ☐ primary tumor ☐ regional lymph nodes, which _____

_____

Metastatic relapse:

☐ ICD-O-3 site code: _____

☐ Exact localisation in words: _____

☐ Body side, if applicable ☐ right ☐ left

Malignant effusion: ☐ no ☐ suspected ☐ verified by cytology where: ☐ pleura ☐ ascites

☐ other site: _____

VI. THERAPY

Start of relapse therapy: ☐☐ ☐☐ ☐☐☐☐ (D D M M Y Y Y Y) with ☐ chemotherapy ☐ RTX ☐ resection

☐ Other: _____

TUMOR RESECTION (please include surgical report!)**:**

Date: ☐☐ ☐☐ ☐☐☐☐ (D D M M Y Y Y Y) ☐ organ preserved ☐ organ not preserved

Please describe type of surgery:_____

Primary re-excision necessary: ☐ no ☐ yes, date: ☐☐ ☐☐ ☐☐☐☐ (D D M M Y Y Y Y)

Margins definitely free of tumor: ☐ no ☐ yes ☐ unclear
(histopathologically verified!)

Resection of lymph nodes: ☐ no ☐ yes, date: ☐☐ ☐☐ ☐☐☐☐ (D D M M Y Y Y Y)

Complete lymphadenectomy: ☐ no ☐ yes, date: D D M M Y Y Y Y

Margins definitely free of tumor: ☐ no ☐ yes ☐ unclear
(histopathologically verified!)

CHEMOTHERAPY according to protocol / regime _____

Date of start of first cycle: D D M M Y Y Y Y Date of end of first cycle: D D M M Y Y Y Y

Name drugs and dose:

_____

_____

_____

How many cycles were performed? _____

RADIOTHERAPY _____

Date of start: D D M M Y Y Y Y Date of end: D D M M Y Y Y Y

Name dose and mode: _____

IMMUNOTHERAPY _____

Date of start: D D M M Y Y Y Y Date of end: D D M M Y Y Y Y

Name drugs and dose: _____

Therapy was followed by ☐ surgery ☐ CHT ☐ RTX ☐ other: _____

Maintenance therapy ☐ no ☐ yes, name drug/dose _____

RESPONSE D D M M Y Y Y Y

☐ **COMPLETE** Response ☐ **GOOD** Response ☐ **POOR** Response
☐ **OBJECTIVE** Response ☐ **STABLE** Disease ☐ **PROGRESSIVE** Disease

Last Follow-up: D D M M Y Y Y Y ☐ patient is alive ☐ patient has died, because of ☐ tumor ☐ therapy ☐ Infection ☐ other

Remarks:

Stamp Date Signature