Seltene Tumorerkrankungen in der Pädiatrie – STEP

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

FOLLOW UP 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

THERAPY FINISHED: ☐ No

☐ Yes with ☐ chemotherapy ☐ radiotherapy ☐ resection

☐ immunotherapy ☐ vaccinotherapy ☐ other:_____

|_|_||_|_||_|_| (End Date)

PERMANENT SEQUELAE, OTHER AS YET DESCRIBED IN END OF THERAPY FORM:

☐ No ☐ Yes

If yes, name: _____

PATIENT'S STATUS

☐ Complete remission, clinical (i.e. radiological CR, microscopic rest of tumor might still be there) since: |_|_||_|_||_|_|

☐ Complete remission, histological (i.e. confirmed by biopsy as well as imaging) since: |_|_||_|_||_|_|

☐ Stable disease |_|_||_|_||_|_|

☐ Progression |_|_||_|_||_|_|

☐ Relapse |_|_||_|_||_|_|

IF PATIENT HAD DIED: Date: |_|_||_|_||_|_|

Through ☐ primary tumor ☐ Relapse / metastases ☐ Therapy
☐ not possible to decide, if through tumor ☐ other ☐ unclear

Autopsy: ☐ No ☐ Yes

Stamp Date Signature