Seltene Tumorerkrankungen in der Pädiatrie – STEP

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

EVENT FORM – SOLID TUMOUR

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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 Tumour 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

Tumour 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 tumour might still be there)

❑ Complete remission, histological (i.e. confirmed by biopsy as well as imaging)

❑ Partial remission (i.e. macroscopical, response > 25%, but tumour not in progression)

❑ Stable disease (i.e. change < 25%, or stable tumour markers)

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

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

❑ Progression under therapy (any sort of tumour 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. Tumour markers

Date: __ __ (D D) __ __ (M M) __ __ __ __ (Y Y Y Y)

_____: ____ U/l _____: ____ ng/ml

V. Tumour Characteristics

Local relapse: ❑ primary tumour ❑ 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 tumour: ❑ 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 tumour: ❑ 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 ❑ **COMPLETE** Response ❑ **GOOD** Response ❑ **POOR** Response

D D M M Y Y Y Y ❑ **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