Seltene Tumorerkrankungen in der Pädiatrie – STEP

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

RESPONSE FORM – SOLID TUMOUR

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

RESPONSE *(after 1st cycle)*

PRIMARY TUMOUR

- ❑ Cannot be evaluated, because
  - ❑ Primary tumour removed
  - ❑ No measurement at beginning
  - ❑ No new evaluation
  - ❑ Other: _____
- ❑ Evaluable:
  - ❑ **COMPLETE** Response (CR)
  - ❑ **GOOD** Response (GR)
  - ❑ **POOR** Response (PR)
  - ❑ **OBJECTIVE** Response (OR)
  - ❑ **STABLE** Disease (SD)
  - ❑ **PROGRESSIVE** Disease (PD)

LYMPH NODES

- ❑ Cannot be evaluated, because
  - ❑ Primary lymph nodes removed
  - ❑ No measur. at beginning
  - ❑ No new evaluation
  - ❑ Other: _____
- ❑ Evaluable:
  - ❑ CR
  - ❑ GR
  - ❑ PR
  - ❑ OR
  - ❑ SD
  - ❑ PD

METASTASES

- ❑ Cannot be evaluated, because
  - ❑ Metast. primarily removed
  - ❑ No measur. at beginning
  - ❑ No new evaluation
  - ❑ Other: _____
- ❑ Evaluable:
  - ❑ CR
  - ❑ GR
  - ❑ PR
  - ❑ OR
  - ❑ SD
  - ❑ PD

MEASUREMENTS (PRIMARY TUMOUR)

(Please evaluate the measurements "before chemotherapy" and "before secondary resection" with MRI / CT-scan - if response is evaluable)

Point in time	Tumour volume:	Tumour measurements: *Lenght*	*Width*	*Depth*	Evaluated through: *Ultrasound*	*MRI*	*CT*
Initial (evtl. before surgery): (Date ___ DD MM YYYY)	ml	mm			❑	❑	❑
Before chemotherapy: (Date ___ DD MM YYYY)	ml	mm			❑	❑	❑
After 1st cycle (week__): (Date ___ DD MM YYYY)	ml	mm			❑	❑	❑
After 2nd cycle (week__): (Date ___ DD MM YYYY)	ml	mm			❑	❑	❑
After 3rd cycle (week__): (Date ___ DD MM YYYY)	ml	mm			❑	❑	❑
Before secondary resection (week__): (Date ___ DD MM YYYY)	ml	mm			❑	❑	❑

Remarks:

Stamp Date Signature

Please send forms directly to the STEP Registry in Tübingen – Thank you for your cooperation!