Seltene Tumorerkrankungen in der Pädiatrie – STEP

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

FOLLOW UP FORM – SOLID TUMOURS

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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:_____

(Date of termination)

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

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