Seltene Tumorerkrankungen in der Pädiatrie – STEP

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

THERAPY FORM - 1st THERAPY CYCLE – SOLID TUMOUR

Dr. I. Brecht, Klinik für Kinder- und Jugendmedizin, Universitätsklinikum, Hoppe-Seyler-Str. 1, 72076 Tübingen
☎ 07071/29-81380 / Fax 07071/29-5481
Prof. Dr. D. Schneider, Klinik für Kinder- und Jugendmedizin Dortmund ☎ 0231/95321680 Fax: 0231-95321047
In cooperation with the German Childhood Cancer Registry (IMBEI), 55101 Mainz, ☎ 06131 / 17-6808 Fax: 17-4462

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

Height: ____ cm (Beginning of 1st week) Weight: ____ kg (Beginning of 1st week) Surface: ____ , ____ m^2 (Beginning of 1st week)

Other therapy directly proceeding start of first cycle of chemotherapy:

Proceeding **chemotherapy**: ❑ ,which:_____

Proceeding **Surgery**: ❑ no ❑ yes, which (indicate below): Date: __ __ (D D) __ __ (M M) __ __ __ __ (Y Y Y Y)

❑ Biopsy ❑ Resection, please specify: ❑ R0-Resection ❑ R1 ❑ R2

(R0: Tumor macroscopically and microscopically completely resected (histopathologically verified!), R1: Tumor macroscopically resected; microscopical residuals left, R2: Tumor incompletly resected, macroscopical residues or biopsy only)

Proceeding **Radiotherapy**: ❑ no ❑ yes, with ___,__ Gy

Status **prior** to 1st cycle: ❑ complete remission ❑ partial remission ❑ Stable Disease ❑ progression ❑ relapse
❑ clinical (imaging diagnostics) ❑ histological (surgical)

CHEMOTHERAPY 1ST CYCLE

(Please number weeks consecutively and fill in total dose of chemotherapy per week)

Therapy according to... _____
(e.g. study protocol, guidelines)

Beginning of 1st week	___ week	___ week
Date: __ __ (D D) __ __ (M M) __ __ __ __ (Y Y Y Y)	Date: __ __ (D D) __ __ (M M) __ __ __ __ (Y Y Y Y)	Date: __ __ (D D) __ __ (M M) __ __ __ __ (Y Y Y Y)
Name of drug and total dose per week:		
_____ _____ mg/m² Days: _____ ____ mg	Days: _____ ____ mg	Days: _____ ____ mg
_____ _____ mg/m² Days: _____ ____ mg	Days: _____ ____ mg	Days: _____ ____ mg
_____ _____ mg/m² Days: _____ ____ mg	Days: _____ ____ mg	Days : _____ ____ mg

Continuation on page 2

- Continuation from page 1: **1st cycle -**

TOXICITIES (according to WHO-Grading):

	1st week	____ week	____ week
General well being (Karnofsky):	0 I II III IV°	0 I II III IV°	0 I II III IV°
Leukopenia:	0 I II III IV°	0 I II III IV°	0 I II III IV°
Thrombopenia:	0 I II III IV°	0 I II III IV°	0 I II III IV°
Infection / Sepsis:	0 I II III IV°	0 I II III IV°	0 I II III IV°
CNS-Toxicity:	0 I II III IV°	0 I II III IV°	0 I II III IV°
Neuropathy (peripheral):	0 I II III IV°	0 I II III IV°	0 I II III IV°
Nephrotoxicity:	0 I II III IV°	0 I II III IV°	0 I II III IV°
Livertoxicity:	0 I II III IV°	0 I II III IV°	0 I II III IV°
Cardiotoxicity:	0 I II III IV°	0 I II III IV°	0 I II III IV°
_____:	0 I II III IV°	0 I II III IV°	0 I II III IV°

Variation in planned chemotherapy regime, please indicate reason (for example: age, radiotherapy, toxicity, etc.):

_____ _____ _____

Reason:

Other remarks:

_____

_____

_____

Further therapy:

Surgery (after this cycle): ❑ no ❑ yes, ❑ biopsy ❑ sR2 ❑ sR1 ❑ sR0-Resection

Radiation (in this cycle): ❑ no ❑ yes, with ___,__ Gy

Status **after** this cycle: ❑ complete ❑ partial remission ❑ stable disease ❑ progression
❑ relapse
❑ clinical (imaging) ❑ histological (surgical)

Stamp Date Signature

Seltene Tumorerkrankungen in der Pädiatrie – STEP

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

THERAPY FORM - 2nd THERAPY CYCLE – SOLID TUMOUR

Dr. I. Brecht, Klinik für Kinder- und Jugendmedizin, Universitätsklinikum, Hoppe-Seyler-Str. 1, 72076 Tübingen
☎ 07071/29-81380 / Fax --5481
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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

Height: (Beginning of 1st week) ____ cm Weight: (Beginning of 1st week) ____ kg Surface: (Beginning of 1st week) ___ , ___ m^2

CHEMOTHERAPY 2ND CYCLE

(Please number weeks consecutively and fill in total dose of chemotherapy per week)

Therapy according to... _____

Beginning of ____st week	____ week	____ week
Date: D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Name of drug and total dose per week:		
_____ mg/m² Days: _____ ____ mg	Days: _____ ____ mg	Days: _____ ____ mg
_____ mg/m² Days: _____ ____ mg	Days: _____ ____ mg	Days: _____ ____ mg
_____ mg/m² Days: _____ ____ mg	Days: _____ ____ mg	Days : _____ ____ mg

TOXICITIES (according to WHO-Grading):

	1st week	____ week	____ week
General well being (Karnofsky):	0 I II III IV°	0 I II III IV°	0 I II III IV°
Leukopenia:	0 I II III IV°	0 I II III IV°	0 I II III IV°
Thrombopenia:	0 I II III IV°	0 I II III IV°	0 I II III IV°
Infection / Sepsis:	0 I II III IV°	0 I II III IV°	0 I II III IV°
CNS-Toxicity:	0 I II III IV°	0 I II III IV°	0 I II III IV°
Neuropathy (peripheral):	0 I II III IV°	0 I II III IV°	0 I II III IV°
Nephrotoxicity:	0 I II III IV°	0 I II III IV°	0 I II III IV°
Livertoxicity:	0 I II III IV°	0 I II III IV°	0 I II III IV°
Cardiotoxicity:	0 I II III IV°	0 I II III IV°	0 I II III IV°
_____:	0 I II III IV°	0 I II III IV°	0 I II III IV°

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

Variation in planned chemotherapy regime, please indicate reason (for example: age, radiotherapy, toxicity, etc.):

└_____┘ └_____┘ └_____┘

Reason:

Other remarks:

_____

_____

_____

Further therapy:

Surgery (after this cycle): ❑ no ❑ yes, ❑ biopsy ❑ sR2 ❑ sR1 ❑ sR0-Resection

Radiation (in this cycle): ❑ no ❑ yes, with ___,__ Gy

Status **after** this cycle: ❑ complete ❑ partial remission ❑ stable disease ❑ progression
❑ relapse
❑ clinical (imaging) ❑ histological (surgical)

Stamp Date Signature

Seltene Tumorerkrankungen in der Pädiatrie – STEP

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THERAPY FORM - 3rd THERAPY CYCLE – SOLID TUMOUR

Dr. I. Brecht, Klinik für Kinder- und Jugendmedizin, Universitätsklinikum, Hoppe-Seyler-Str. 1, 72076 Tübingen
☎ 07071/29-81380 / Fax --5481
Prof. Dr. D. Schneider, Klinik für Kinder- und Jugendmedizin Dortmund ☎ 0231/95321680 Fax: 0231-95321047
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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

Height: (Beginning of 1st week) ____ cm

Weight: (Beginning of 1st week) ____ kg

Surface: (Beginning of 1st week) ___ , ___ m^2

CHEMOTHERAPY 3RD CYCLE

(Please number weeks consecutively and fill in total dose of chemotherapy per week)

Therapy according to.... _____

Beginning of ____st week	____ week	____ week
Date: D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Name of drug and total dose per week:		
_____ _____ mg/m² Days: _____ ____ mg	Days: _____ ____ mg	Days: _____ ____ mg
_____ _____ mg/m² Days: _____ ____ mg	Days: _____ ____ mg	Days: _____ ____ mg
_____ _____ mg/m² Days: _____ ____ mg	Days: _____ ____ mg	Days : _____ ____ mg

TOXICITIES (according to WHO-Grading):

	1st week	____ week	____ week
General well being (Karnofsky):	0 I II III IV°	0 I II III IV°	0 I II III IV°
Leukopenia:	0 I II III IV°	0 I II III IV°	0 I II III IV°
Thrombopenia:	0 I II III IV°	0 I II III IV°	0 I II III IV°
Infection / Sepsis:	0 I II III IV°	0 I II III IV°	0 I II III IV°
CNS-Toxicity:	0 I II III IV°	0 I II III IV°	0 I II III IV°
Neuropathy (peripheral):	0 I II III IV°	0 I II III IV°	0 I II III IV°
Nephrotoxicity:	0 I II III IV°	0 I II III IV°	0 I II III IV°
Livertoxicity:	0 I II III IV°	0 I II III IV°	0 I II III IV°

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Cardiotoxicity:	0 I II III IV°	0 I II III IV°	0 I II III IV°
_____:	0 I II III IV°	0 I II III IV°	0 I II III IV°

Variation in planned chemotherapy regime, please indicate reason (for example: age, radiotherapy, toxicity, etc.):

_____ _____ _____

Reason:

Other remarks:

_____

_____

_____

Further therapy:

Surgery (after this cycle): ❑ no ❑ yes, ❑ biopsy ❑ sR2 ❑ sR1 ❑ sR0-Resection

Radiation (in this cycle): ❑ no ❑ yes, with ___,__ Gy

Status **after** this cycle: ❑ complete ❑ partial remission ❑ stable disease ❑ progression
❑ relapse
❑ clinical (imaging) ❑ histological (surgical)

Stamp Date Signature

Seltene Tumorerkrankungen in der Pädiatrie – STEP

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

THERAPY FORM – ADDITIONNEL CYCLE – SOLID TUMOUR

Dr. I. Brecht, Klinik für Kinder- und Jugendmedizin, Universitätsklinikum, Hoppe-Seyler-Str. 1, 72076 Tübingen
☎ 07071/29-81380 / Fax --5481
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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

Height: (Beginning of 1st week) ___ cm

Weight: (Beginning of 1st week) ___ kg

Surface: (Beginning of 1st week) ___ , ___ m^2

CHEMOTHERAPY ___ CYCLE

(Please number weeks consecutively and fill in total dose of chemotherapy per week)

Therapy according to... _____

Beginning of ___st week	___ week	___ week
Date: D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Name of drug and total dose per week:		
_____ _____ mg/m² Days: _____ ___ mg	Days: _____ ___ mg	Days: _____ ___ mg
_____ _____ mg/m² Days: _____ ___ mg	Days: _____ ___ mg	Days: _____ ___ mg
_____ _____ mg/m² Days: _____ ___ mg	Days: _____ ___ mg	Days : _____ ___ mg

TOXICITIES (according to WHO-Grading):

	1st week	____ week	____ week
General well being (Karnofsky):	0 I II III IV°	0 I II III IV°	0 I II III IV°
Leukopenia:	0 I II III IV°	0 I II III IV°	0 I II III IV°
Thrombopenia:	0 I II III IV°	0 I II III IV°	0 I II III IV°
Infection / Sepsis:	0 I II III IV°	0 I II III IV°	0 I II III IV°
CNS-Toxicity:	0 I II III IV°	0 I II III IV°	0 I II III IV°
Neuropathy (peripheral):	0 I II III IV°	0 I II III IV°	0 I II III IV°
Nephrotoxicity:	0 I II III IV°	0 I II III IV°	0 I II III IV°
Livertoxicity:	0 I II III IV°	0 I II III IV°	0 I II III IV°

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Cardiotoxicity:	0 I II III IV°	0 I II III IV°	0 I II III IV°
_____:	0 I II III IV°	0 I II III IV°	0 I II III IV°

Variation in planned chemotherapy regime, please indicate reason (for example: age, radiotherapy, toxicity, etc.):

_____ _____ _____

Reason:

Other remarks:

_____

_____

_____

Further therapy:

Surgery (after this cycle): ❑ no ❑ yes, ❑ biopsy ❑ sR2 ❑ sR1 ❑ sR0-Resection

Radiation (in this cycle): ❑ no ❑ yes, with ___,__ Gy

Status **after** this cycle: ❑ complete ❑ partial remission ❑ stable disease ❑ progression
❑ relapse
❑ clinical (imaging) ❑ histological (surgical)

Stamp Date Signature