Seltene Tumorerkrankungen in der Pädiatrie – STEP

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

END OF THERAPY FORM – 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

THERAPY FINISHED: ____ with ❑ chemotherapy ❑ radiotherapy ❑ resection

Termination of chemotherapy: ❑ No ❑ yes, reason: _____

Is a maintenance therapy planned? ❑ No ❑ yes, which: _____

STATUS AT END OF THERAPY

Name date of status inquiry: ____

❑ 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: ____

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

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

❑ Progression (i.e.tumor increase > 25%, or increasing tumor markers)
❑ local ❑ in lymph nodes ❑ metastatic

❑ Relapse
❑ local ❑ in lymph nodes ❑ metastatic

PROGRESSION UNDER THERAPY (any sort of tumour progression): ❑ No
❑ Yes: ❑ Local tumor progression since: ____

❑ Local relapse since: ____

❑ Progression in lymph nodes since: ____

❑ Relapse in lymph nodes since: ____

❑ Metastatic relapse since: ____

❑ Planned therapy:
_____
_____
_____ starting: ____

- Continuation: see page 2 -

- Continuation from page 1: End of therapy form -

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

PERMANENT SEQUELAE: ❑ No ❑ Yes

If yes, please indicate next to the WHO-grade the reason with the following numbers:

1 = Tumour 2 = Chemotherapy 3 = Radiotherapy 4 = Surgery
5 = Stem Cell Transplantation 6 = other: _____ 7 = unclear

❑ Cardiomyopathy
- ❑ Cardiac insufficiency WHO-Grade ____, Reason: ___ (see above)
- ❑ Abnormalities in Echocardio WHO-Grade ____, Reason: ___ (see above)
- ❑ Other: _____ WHO-Grade ____, Reason: ___ (see above)

❑ Maladies of the lung:
- ❑ Dysfunction of the lung WHO-Grade ____, Reason: ___ (see above)
- ❑ Other: _____ WHO-Grade ____, Reason: ___ (see above)

❑ Renal insufficiency:
- ❑ Elevation of creatinine WHO-Grade ____, Reason: ___ (see above)
- ❑ Creatinine-Clearance WHO-Grade ____, Reason: ___ (see above)
- ❑ Proteinuria WHO-Grade ____, Reason: ___ (see above)
- ❑ Hematuria WHO-Grade ____, Reason: ___ (see above)
- ❑ Tubular dysfunction WHO-Grade ____, Reason: ___ (see above)
- ❑ Distal tubular dysfunction WHO-Grade ____, Reason: ___ (see above)
- ❑ Other: _____ WHO-Grade ____, Reason: ___ (see above)

❑ Neuropathy:
- ❑ Central Neurotoxicity WHO-Grade ____, Reason: ___ (see above)
- ❑ Peripheral Neurotoxicity WHO-Grade ____, Reason: ___ (see above)
- ❑ Hearing impairment WHO-Grade ____, Reason: ___ (see above)
- ❑ Other: _____ WHO-Grade ____, Reason: ___ (see above)

❑ Chron. Hepatitis / hepatosis:
- ❑ Elevation of bilirubin WHO-Grade ____, Reason: ___ (see above)
- ❑ Elevation of ATP/AST WHO-Grade ____, Reason: ___ (see above)
- ❑ Other: _____ WHO-Grade ____, Reason: ___ (see above)

❑ Orbita: ❑ Exenteration ❑ Chron. conjunctivitis ❑ Reduced visual acuity

❑ Extremities: ❑ Amputation ❑ Lymphostasis ❑ Loss of function:_____

❑ Urogenital / perianal: ❑ Resection of bladder / supravesical drainage of urine
❑ Urinary incontinence ❑ Chron. cystitis ❑ Upper lesion of urinary tract
❑ Impotence ❑ rectal incontinence ❑ Artificial anus

❑ Fibrosis, where: _____

❑ Head/Neck: ❑ Cosmetical defect ❑ Movement disorder

❑ Trunk: ❑ Scoliosis ❑ Cosmetical defect

❑ Other: _____

IF PATIENT HAD DIED: when: |__|__||__|__||__|__|

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

Autopsy: ❑ No ❑ Yes

Stamp Date Signature