Seltene Tumorerkrankungen in der Pädiatrie – STEP

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

BASIC DATA AND DIAGNOSIS 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

I. Addresses (please fill out, if known yet)

Responsible **Oncologist**: Name: _____ Dep./Clinic: _____
Street.: _____ City: _____
Phone: _____ Fax: _____

Responsible **Surgeon**: Name: _____ Dep./Clinic: _____
Street.: _____ City: _____
Phone: _____ Fax: _____

Responsible **Radiotherapist**: Name: _____ Dep./Clinic: _____
Street.: _____ City: _____
Phone: _____ Fax: _____

II. Patient Characteristics

Name patient's clinical diagnosis in words: _____

Date of first clinical diagnosis: D D M M Y Y Y Y

Duration of symptoms before diagnosis: _____ days / weeks / months

Please describe symptoms: _____

Paraneoplastic Syndromes: ❑ No ❑ Yes, which: _____

Earlier treatment in other hospital: ❑ No ❑ Yes, how: _____

Any malignant disease before: ❑ No ❑ Yes, when: D D M M Y Y Y Y

❑ Yes, which: _____

Other disease, which might be related to current malignancy: ❑ No ❑ Yes, when: D D M M Y Y Y Y

❑ Yes, which: _____

Syndromes: ❑ No ❑ Yes, which: _____

Hereditary diseases: ❑ No ❑ Yes, which: _____

Autoimmune Syndromes: ❑ No ❑ Yes, which: _____

Malformations: ❑ No ❑ Yes, which: _____

Family history (Leukaemia, tumours, immunodeficiencies or syndromes): ❑ No ❑ Yes

❑ Parents: _____

❑ Siblings: _____

❑ Other: _____

Number of patients' siblings: **Twin:** ❑ No ❑ Yes, identical ❑ Yes, fraternal ❑ Yes, unknown

Consanguinity: ❑ No ❑ Yes, who: _____

Long term medication: ❑ No ❑ Yes, which: _____

Ethnicity: ❑ North/West European ❑ Eastern Europe ❑ Mediterranean
❑ African/Caribbean ❑ Indian/South Asian ❑ Chinese/Japanese/South East Asian
❑ Arabic ❑ Turkish ❑ Other

Weight at diagnosis: ___ kg **Height at diagnosis:** ___ cm

Start of therapy: __ __ (D D) __ __ (M M) __ __ __ __ (Y Y Y Y) with ❑ chemotherapy ❑ RTX ❑ OP (not biopsy)

❑ Other: _____

III. Tumor markers (initially)

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

β-HCG:	___ U/L	NSE:	___ ng/ml
Inhibin:	___ ng/l	CEA:	___ ng/ml
AFP:	___ ng/ml	LDH:	___ U/L
PSA:	___ ng/ml	CA-125:	___ U/ml

Others: _____

IV. Tumor Characteristics

❑ **ICD-O-3 site code:** _____

❑ **Exact localisation in words:** _____

❑ **Body side, if applicable** ❑ right ❑ left

Arrosion of the bone: ❑ no ❑ yes ❑ unclear

Arrosion of the vessel: ❑ no ❑ yes ❑ unclear

Meningeal involvement: ❑ no ❑ yes ❑ unclear

Parameningeal involvement: ❑ no ❑ yes ❑ unclear ❑ tumor cells in liquor
❑ arrosion of the skull ❑ palsy of cerebral nerves

Intracranial tumor extension: ❑ no ❑ yes ❑ unclear

Intraspinal tumor extension: ❑ no ❑ yes ❑ unclear

Malignant effusion: ❑ no ❑ suspected ❑ verified by cytology **where:** ❑ pleura ❑ ascites
❑ other site: _____

V. Preoperative TNM-Classification (clinical)

Tumour:
- ❑ No evidence for primary tumour
- ❑ Tumour limited to tissue of origin
- ❑ Tumour **not** limited to tissue of origin
- ❑ Insufficient information

Imaging:
- ❑ MRI
- ❑ CT
- ❑ ultrasound
- ❑ Other, _____

Tumour size: ____ cm (diameter at maximum width)

Tumor volume: _____**cm³** evaluated according to _____

Lymph nodes:
- ❑ No evidence for regional lymph node involvement
- ❑ Involvement of regional lymph nodes;

which: _____
- ❑ Insufficient information

Imaging:
- ❑ MRI
- ❑ CT
- ❑ ultrasound
- ❑ other, _____

Metastasis:
- ❑ No evidence of distant metastases
- ❑ Distant metastases (see section below)
- ❑ Insufficient information

Imaging:
- ❑ MRI
- ❑ CT
- ❑ ultrasound
- ❑ other, _____

TNM Classification: _____

Stage after diagnosis: _____

VI. Metastases

Metastases at diagnosis ❑ no ❑ yes

Imaging: ❑ MRI ❑ CT ❑ ultrasound ❑ other, _____

❑ **CNS:** ❑ singular ❑ multiple _____

❑ right hemisphere ❑ left hemisphere

❑ **Liver**: ❑ singular ❑ multiple _____

❑ **Bone marrow**: Percentage tumour cells: |_|_|_| %

❑ **Lung**: ❑ singular ❑ multiple ❑ unilateral ❑ bilateral _____

❑ **Skeleton**: ❑ singular ❑ multiple _____

❑ **Lymph nodes** (no regional) _____

❑ **Others**: _____

VII. Primary Surgery

Type of primary tumor resection (please include surgical report!)**:**

❑ **Biopsy:** Date: |_|_| |_|_| |_|_|_|_| (D D M M Y Y Y Y) ❑ open biopsy ❑ fine needle ❑ laparoscopic

❑ **Resection:** Date: |_|_| |_|_| |_|_|_|_| (D D M M Y Y Y Y) ❑ organ preserved ❑ organ not preserved

Please describe type of surgery:_____

- ❑ Tumor macroscopically completely resected
- ❑ Tumor macroscopically and microscopically completely resected

❑ Tumor macroscopically resected; microscopical residuals
❑ Tumor incompletely resected, macroscopical residuals or biopsy only

Margins of primary tumour definitely free of tumor: ❑ No ❑ Yes ❑ Unclear
(histopathologically verified!)

Primary re-excision: ❑ No ❑ Yes, date: __ __ (D D) __ __ (M M) __ __ __ __ (Y Y Y Y) ❑ organ preserved ❑ organ not preserved

Please describe type of surgery:_____

❑ Tumor macroscopically completely resected
❑ Tumor macroscopically and microscopically completely resected
❑ Tumor macroscopically resected; microscopical residues
❑ Tumor incompletely resected, macroscopical residues or biopsy only

Margins of primary tumour definitely free of tumor: ❑ No ❑ Yes ❑ Unclear
(histopathologically verified!)

Biopsy of lymph nodes: ❑ No ❑ Yes, date: __ __ (D D) __ __ (M M) __ __ __ __ (Y Y Y Y)
which: _____

Resection of lymph nodes: ❑ No ❑ Yes, date: __ __ (D D) __ __ (M M) __ __ __ __ (Y Y Y Y)
which: _____

Complete lymphadenectomy: ❑ No ❑ Yes, date: __ __ (D D) __ __ (M M) __ __ __ __ (Y Y Y Y)

Surgery of metastases: ❑ No ❑ Yes, date: __ __ (D D) __ __ (M M) __ __ __ __ (Y Y Y Y)

❑ complete resection ❑ incomplete resection of metastases

Complications due to surgery: ❑ No ❑ Yes, which: _____

VIII. Postoperative histopathological pTNM-Classification

Tumour:
❑ No evidence of primary tumour
❑ Tumour limited to tissue of origin, excision complete, margins histologically free of tumour
❑ Tumour with invasion beyond tissue of origin, excision complete, margins histologically free of tumour
❑ Tumour with or without invasion beyond tissue of origin,
  ❑ microscopical residuals
  ❑ gross tumour residual or biopsy
  ❑ malignant effusion
❑ Insufficient information

Lymph nodes:
❑ No evidence of tumour in histological evaluation of regional lymph nodes
❑ Involvement of regional lymph nodes
  ❑ completely resected ❑ incompletely resected or biopsied
❑ Insufficient information

Metastasis: ❑ No distant metastases ❑ Distant metastases ❑ Uncertain

pTNM Classification: _____

Stage after surgery: _____

IX. Histology

Local pathologist: _____ Journal-No.: _____

Histological evaluation of central pathologist:

❑ no ❑ yes: ❑ in Kiel, Kindertumorregister-Nr.: _____

❑ other reference pathologist, where: _____

Date of definite diagnosis: D D M M Y Y Y Y

Fresh frozen tissue preserved? ❑ no ❑ yes ❑ Biocase ❑ Other: _____

Blood sample preserved? ❑ no ❑ yes ❑ Biocase

❑ Erlangen ❑ Other: _____

Diagnosis (please include pathology report of local and central reference pathologist!!)**:**

_____

ICD-O-3 histology code: _____

❑ Grading: ❑ G1 ❑ G2 ❑ G3

Which classification? _____

Special evaluations: **performed at:** _____

❑ Cytogenetics: _____

❑ Translocation: _____

❑ Others: _____

X. Therapy planned

Therapy:

_____

Remarks:

❑ Patient is alive

❑ Patient has died

Stamp Date Signature

Please include, if available:
pathology report of local and reference pathology, surgery report, radiology report, discharge letter