Seltene Tumorerkrankungen in der Pädiatrie – STEP

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

SURGERY AND PATHOLOGY 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

SURGERY

Tu-Localisation: _____ Diagnosis (Suspicion): _____

Surgical access: _____ Date of surgery: D D M M Y Y Y Y

Type of tumour resection:

- ❑ Total
  - ❑ within healthy tissue
  - ❑ not within healthy tissue
- ❑ Residuals
  - ❑ macroscopically
  - ❑ microscopically

further biopsies:

- ❑ Tumour environment
- ❑ reg. lymph nodes
- ❑ distant metastases
- ❑ bone
- ❑ bone marrow
- ❑ other: _____

Tumour rupture intraoperatively? ❑ Yes ❑ No ❑ unknown

Intralesional surgery? ❑ Yes ❑ No ❑ unknown

WORK-UP (PATHOLOGY)

Material: ❑ en-bloc-tumour ❑ sliced/cut tumour ❑ several parts ❑ biopsies

Orientation by: ❑ OP-drawing ❑ thread marking ❑ colour marking ❑ MRI/CT

Work-up: ❑ margins: ❑ tumour bed biopsies: ❑ free of tumour ❑ not free o. t.

Resection margins: ❑ well evaluable ❑ hardly evaluable ❑ not evaluable

Minimum security distance: ❑ none ❑ ____ mm where: _____

Dividing tissue: ❑ fascia ❑ perineurium ❑ periosteum other: _____

TUMOUR CHARACTERISTICS / POSTSURGICAL STAGE: (SURGEON & PATHOLOGIST TOGETHER)

Tumour size:
- ❑ < 3 cm
- ❑ 3-4 cm
- ❑ 5-10 cm
- ❑ > 10 cm

Configuration:
- ❑ solitary
- ❑ multiple

Consistency:
- ❑ soft
- ❑ hard

Regional structures:
- ❑ fascias involved
- ❑ nerves
- ❑ blood vessels
- ❑ bones
- ❑ joints

Growth type:
- ❑ infiltrative
- ❑ break-in
- ❑ skip-metastases
- ❑ capsuled
- ❑ diffuse spreading

Vascularisation:
- ❑ normal
- ❑ enhanced
- ❑ extensive

pre-TNM: T____ N___ M___ **post-TNM:** pT____ pN___ pM___

Histological diagnosis: _____

Margins of **primary tumour** definitively free of tumour:	❑ Yes	❑ No	❑ unknown
All biopsies taken out of **tumour bed** definitively free of tumour:	❑ Yes	❑ No	❑ unknown
Complete **lymphadenectomy**:	❑ Yes	❑ No	❑ unknown
Complete resection of **metastases**:	❑ Yes	❑ No	❑ unknown

IRS **stage** achieved: ❑ I (pT1) ❑ I (pT2) ❑ II (pT3a) ❑ III (pT3b) ❑ III (pT3c) ❑ IV (pT4)

This surgery could be considered as a **SAFE R0-RESECTION**: ❑ Yes ❑ No ❑ uncertain

For the correctness of the ***surgical*** part and the general commitment:

_____
Date and signature

For the correctness of the ***pathological*** part and the general commitment:

_____
Date and signature

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