Svenska barncancerregistret – Lymphoma

Base data - formulär

Version 210921

Report date: | 2 | 0 |___|___|___|___|___|___|
Registered by:
Reporting clinical:
Forename:
Surname:
Date of Birth: | 2 | 0 |___|___|___|___|___|___| - |___|___|___|___|
Gender: ☐ **Female** ☐ **Male**
City:
Country:

Diagnostic center

Diagnostic center:

_____

Referring hospital:

_____

Comment:

_____

_____

Personal information

Age at diagnosis:

_____

Body height at diagnosis (cm):

_____

Body weight at diagnosis (kg):

_____

Diagnostic time intervals

Date first symptom

\| 2 \| 0 \|___\|___\|___\|___\|___\|___\|

☐ **Asymptomatic (screening)**
☐ **En passant finding**

Date first consultation

\| 2 \| 0 \|___\|___\|___\|___\|___\|___\|

Type of consultation

- ☐ Primary care
- ☐ County hospital
- ☐ University hospital

Date for referral to pediatric oncology center

|2|0|___|___|___|___|___|___|

Date for registration in childhood cancer registry

|2|0|___|___|___|___|___|___|

Date of pathology diagnosis (*If basis of diagnosis are "Biopsy or surgery including histologic examination of tissue" or "Autopsy including histologic examination of tissue" from Notifications of Cancer/tumor data form, please fill in below date***)**

|2|0|___|___|___|___|___|___|

Date start of treatment

|2|0|___|___|___|___|___|___|

Comment:

_____

_____

Karnofsky score at diagnosis (One option)

- ☐ 100 – Normal; no complaints; no evidence of disease.
- ☐ 90 – Able to carry on normal activity; minor signs or symptoms of disease.
- ☐ 80 – Normal activity with effort; some signs or symptoms of disease.
- ☐ 70 – Cares for self; unable to carry on normal activity or to do active work.
- ☐ 60 – Requires occasional assistance, but is able to care for most of their personal needs.
- ☐ 50 – Requires considerable assistance and frequent medical care.
- ☐ 40 – Disabled; requires special care and assistance.
- ☐ 30 – Severely disabled; hospital admission is indicated although death not imminent.
- ☐ 20 – Very sick; hospital admission necessary; active supportive treatment necessary.
- ☐ 10 – Moribund; fatal processes progressing rapidly.
- ☐ 0 – Dead

Lansky score at diagnosis (One option)

- ☐ 100 – fully active, normal
- ☐ 90 – minor restrictions in strenuous physical activity
- ☐ 80 – active, but gets tired more quickly
- ☐ 70 – greater restriction of play and less time spent in play activity
- ☐ 60 – up and around, but active play minimal; keeps busy by being involved in quieter activities
- ☐ 50 – lying around much of the day, but gets dressed; no active playing participates in all quiet play and activities
- ☐ 40 – mainly in bed; participates in quiet activities
- ☐ 30 – bedbound; needing assistance even for quiet play
- ☐ 20 – sleeping often; play entirely limited to very passive activities
- ☐ 10 – doesn't play; does not get out of bed
- ☐ 0 – unresponsive

Second malignant neoplasm (SMN)

☐ Yes ☐ No ☐ Data missing

Primary CNS Lymfom

☐ Yes ☐ No ☐ Data missing

Previous organ transplant

☐ Yes ☐ No ☐ Data missing

If previous organ transplant Is yes, please specify organ below (One option)

- ☐ Bone marrow
- ☐ Kidney
- ☐ Heart
- ☐ Liver
- ☐ Other

If other please specify below

_____

PTLD

☐ Yes ☐ No ☐ Data missing

Family history

≥ 2 malignancies at childhood age

☐ Yes ☐ No ☐ Data missing

A parent or a sibling with cancer before 45 years of age

☐ Yes ☐ No ☐ Data missing

If yes, please specify:

_____

Parents are related

☐ Yes ☐ No ☐ Data missing

If yes, please specify:

_____

≥2 first and second degree relatives with cancer before 45 years on same side of family

☐ Yes ☐ No ☐ Data missing

If yes, please specify:

_____

Comment:

_____
_____
_____

Predisposing diseases

Predisposing disease/condition

☐ Yes ☐ No ☐ Data missing

If predisposing disease/condition is Yes, please specify below

Specify predisposing disease/condition (One option**):**

- ☐ NF1
- ☐ NF2
- ☐ Tuberous sclerosis complex
- ☐ Li-Fraumeni syndrome
- ☐ Gorlin syndrome
- ☐ Turcot syndrome/Lynch syndrome/Familiar adenomatous polyposis (FAP)
- ☐ Mismatch repair deficiency syndrome (bMMRD/CMMRD)
- ☐ Hemihypertrophy, Beckwith-Widemans syndrome
- ☐ Von Hippel Lindau
- ☐ Immune deficiency
- ☐ Chromosomal aberration syndrome, specify
- ☐ Other

If above is immune deficiency , please specify: _____

If above is chromosomal aberration syndrome, please specify: _____

If above is other, please specify: _____

Previous cancer?

☐ Yes ☐ No ☐ Data missing

Constitutional genetic analysis for predisposing disease/condition

☐ Yes ☐ No ☐ Data missing

If yes, please specify (One option)

- ☐ No aberration
- ☐ Genetic aberration of unknown significance
- ☐ Aberration with possible clinical significance
- ☐ Data missing

If Aberration with possible clinical significance, please specify:

_____

Referral to genetic counceling?

☐ Yes ☐ No ☐ Data missing

Comment:

_____
_____
_____