Svenska barncancerregistret – Lymphoma

Diagnosis - form

Version 210921

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

Diagnosis and Lab Data

Microscopic diagnosis

☐ Yes ☐ No ☐ Data missing

If microscopic diagnosis is yes, please specify date and method below

Microscopic diagnosis date:

| 2 | 0 |__|__|__|__|__|__|

Microscopic diagnosis method

- ☐ Fine needle aspiration
- ☐ Cutting needle biospy
- ☐ Surgical specimen
- ☐ Effusion
- ☐ Bone marrow
- ☐ Other
- ☐ Data missing

If microscopic diagnosis method is Other, please specify: _____

Main immune histochemistry findings

☐ Yes ☐ No ☐ Data missing

If Main immune histochemistry findings is Yes, please specify: _____

Main Flow cytometry findings

☐ Yes ☐ No ☐ Data missing

If Main Flow cytometry findings is Yes, please specify: _____

Main Molecular biology findings

☐ Yes ☐ No ☐ Data missing

If Main Molecular biology findings is Yes, please specify: _____

Cromosomal abnormality

☐ Yes ☐ No ☐ Data missing

If Cromosomal abnormality is Yes, please specify: _____

EBV-status in blood at diagnosis

IgG Positive

☐ Yes ☐ No ☐ Data missing

EBV-PCR positive

☐ Yes ☐ No ☐ Data missing

If EBV-PCR positive is Yes, please fill in below

Number of EBV copies (unit): _____

EBV analyzes done

☐ Yes ☐ No ☐ Data missing

EBV status in tumor

☐ Positive ☐ Negative ☐ Data missing

Specify method:

_____

Stage

Staging system name

☐ St.Jude ☐ Ann Arbor ☐ Other

If staging system name is Other, please specify: _____

Labratory results (One option)

- ☐ LDH
- ☐ ESR
- ☐ LPK
- ☐ HB
- ☐ TPK

Specify below if there is any options chosen under laboratory results

Value: _____

☐ Below normal ☐ Above normal

Stage level (One option)

- ☐ I
- ☐ II
- ☐ III
- ☐ IV
- ☐ E-Lesions

B-symptoms

☐ Yes ☐ No ☐ Data missing

If B-symptoms is Yes, please specify

- ☐ Fewer
- ☐ Night sweats
- ☐ Weight loss

Extranodal disease

☐ Yes ☐ No ☐ Data missing

Organ involvement

☐ Yes ☐ No ☐ Data missing

If organ involvement is Yes, please specify organ: _____

Bulky tumor

☐ Yes ☐ No ☐ Data missing

If bulky tumor is yes, please fill in information below

Largest tumor diameter in cm:

_____

Largest tumor volume in ml:

_____

Bone marrow involvement by morfology

☐ Yes ☐ No ☐ Data missing

If Bone marrow involvement by morfologyis yes, please fill in information below

Percentage:

_____

% blasts in blood:

_____

Bone marrow involvement by flow/PCR (MDD)

☐ Yes ☐ No ☐ Data missing

CNS Status

CNS

☐ Positive ☐ Negative ☐ Data missing

If CNS is positive, please specify method: _____

☐ Yes ☐ No ☐ Data missing

CSF patology

☐ Yes ☐ No ☐ Data missing

MRI

☐ Yes ☐ No ☐ Data missing

If MRI is Yes, please specify MRI Findings: _____

PET analyzes at diagnosis
PET ☐ Yes ☐ No ☐ Data missing