Svenska barncancerregistret – Lymphoma

Relapse/SMN - formulär

Version 210921

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

Relapse/progression

Relapse

☐ Yes ☐ No ☐ Data missing

<u>If yes, please fill in below. If no, skip to Second malignant neoplasm</u>

Number of relapse: _____

Date

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

Is relapse within the primary radiation field

☐ Yes ☐ No ☐ Data missing

Relapse diagnosis verified with pathology

☐ Yes ☐ No ☐ Data missing

Pathology laboratory:

_____

Pathology nr:

_____

Relapse description

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: _____

CSF patology

☐ Yes ☐ No ☐ Data missing

MRI

☐ Yes ☐ No ☐ Data missing

If MRI is Yes, please specify MRI Findings: _____

Relapse protocol: _____

Drugs used for progression and relapse treatment, including immune therapy:

_____

First relapse treatment

First relapse treatment

☐ Yes ☐ No ☐ Data missing

If First relapse treatment is Yes, fill in below

Start

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

Stop

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

Access to clinical study for first relapse treatment (One option)

- ☐ Clinical trial with option to randomize
- ☐ Clinical trial without option to randomize (observational study) but with registration
- ☐ Treatment protocol without registration
- ☐ No protocol, treatment without program/individual treatment

Surgery

If First relapse treatment is Yes, fill in below

Surgery

☐ Yes ☐ No ☐ Data missing

If Yes, please fill in below

Surgery date

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

Comment:

_____
_____
_____

Radiotherapy

If First relapse treatment is Yes, fill in below

Radiotherapy

☐ Yes ☐ No ☐ Data missing

If yes, please fill in below

Start RT

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

End RT

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

Field

☐ Involved field ☐ Modified Involved field ☐ Involved node

GY: _____

Doses: _____

Type

☐ Proton ☐ Foton

Chemotherapy

If First relapse treatment is Yes, fill in below

Chemotherapy

☐ Yes ☐ No ☐ Data missing

If yes, please fill in below

Start Chemotherapy

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

Stop Chemotherapy

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

Drugs:

_____

Comment:

_____
_____
_____

Other therapy

If First relapse treatment is Yes, fill in below

Targeted therapy

☐ Yes ☐ No ☐ Data missing

If Yes, please specify: _____

Immunotherapy

☐ Yes ☐ No ☐ Data missing

If Yes, please specify: _____

Other therapy

☐ Yes ☐ No ☐ Data missing

If Yes, please specify: _____

SCT Autologous

If First relapse treatment is Yes, fill in below

SCT in frontline

☐ Yes ☐ No ☐ Data missing

If Yes, please fill in below

Type

☐ Allogenic ☐ Autologus

Date

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

Response to first relapse treatment

If First relapse treatment is Yes, fill in below

Response to first relapse treatment (One option)

- ☐ Complete response (CR)
- ☐ Partial response (PR)
- ☐ Stable disease (SD
- ☐ Progressive disease (PD)
- ☐ Death
- ☐ Too soon for evalution

Comment:

_____
_____
_____

Second relapse

If first relapse treatment is Yes, please fill in below

Second relapse

☐ Yes ☐ No ☐ Data missing

If Yes, please fill in below

Date second relapse

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

Second relapse treatment (several option)

- ☐ Surgery
- ☐ RT
- ☐ Chemotherapy
- ☐ HDSCT
- ☐ Targeted therapy
- ☐ Immunotherapy
- ☐ No treatment

If Targeted therapy, please specify targeted therapy:

_____

Comment:

_____
_____
_____

Third relapse

If second relapse is Yes, please fill in below

Third relapse

☐ Yes ☐ No ☐ Data missing

If Yes, please fill in below

Date third relapse

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

Third relapse treatment (several option)

- ☐ Surgery
- ☐ RT
- ☐ Chemotherapy
- ☐ HDSCT
- ☐ Targeted therapy
- ☐ Immunotherapy
- ☐ No treatment

If Targeted therapy, please specify targeted therapy:

_____

Comment:

_____
_____
_____

Further relapse

If Third relapse is Yes, please fill in below

Further relapse

☐ Yes ☐ No ☐ Data Missing

Comment:

_____
_____
_____

Second malignant neoplasm

Second malignant neoplasm

☐ Yes ☐ No ☐ Data missing

If Yes, please fill in below

Date third relapse

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

Microscopic SMN diagnosis:

_____

Pathology laboratory:

_____

Pathology number:

_____

Comment:

_____
_____
_____