## Svenska barncancerregistret – RADTOX

### Acute side effects - formulär

Version 210921

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

### Acute side effects (RTOG/EORTC)

**Dose documentation and toxicity follow-up for any given dose**

**Date**

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

**Concommittant chemo**

☐ Yes ☐ No ☐ Data missing

**General condition, Karnofsky-Index** (One option)

- ☐ Normal KI: 100%
- ☐ Mild reduced activity, KI: 70-80%
- ☐ Reduced activity and power, KI: 50-60%
- ☐ Severe reduced activity and power, KI: 30-40%
- ☐ Vital threatened, KI < 30%
- ☐ Not Applicable
- ☐ Data missing

**If Karnofsky-Index are Mild reduced activity, Reduced activity and power, Severe reduced activity and power or Vital threatened please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Bone marrow, Leucocytes (N/µl)** (One option)

- ☐ = 4.000
- ☐ 3.000 - < 4.000
- ☐ 2.000 - < 3.000
- ☐ 1.0 - < 2.000
- ☐ < 1.000
- ☐ Not Applicable
- ☐ Data missing

**If Bone marrow, Leucocytes (N/µl) are 3.000 - < 4.000, 2.000 - < 3.000, 1.0 - < 2.000 or < 1.000 please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Neutrophils (N/µl)** (One option)

- ☐ = 2.000
- ☐ < 2.000 - 1.500
- ☐ < 1.500 - 1.000
- ☐ < 1.000 - 500
- ☐ <500 / Sepsis 9
- ☐ Not Applicable
- ☐ Data missing

**If Neutrophils (N/µl) are < 2.000 - 1.500, < 1.500 - 1.000, < 1.000 - 500 or <500 / Sepsis 9 please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Thrombocytes (*103/µl)** (One option)

- ☐ ≥ 100
- ☐ 75 - < 100
- ☐ 50 - < 75
- ☐ 10,0 - < 50
- ☐ < 10,0 9
- ☐ Not Applicable
- ☐ Data missing

**If Thrombocytes (*103/µl) are 75 - < 100, 50 - < 75, 10,0 - < 50 or < 10,0 9 please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Hemoglobin (g/dl)** (One option)

- ☐ Normal
- ☐ 10,0 - < N
- ☐ 8,0 - < 10,0
- ☐ 6,5 - < 8,0
- ☐ < 6,5
- ☐ Not Applicable
- ☐ Data missing

**If Hemoglobin (g/dl) are 10,0 - < N , 8,0 - < 10,0 , 6,5 - < 8,0 or < 6,5 please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Skin / Subcutis** (One option)

- ☐ Normal
- ☐ Follicular, faint or dull erythema/epilation/dry desquamation/decreased sweatening
- ☐ Tender or bright erythema, patchy moist desquamation/moderate edema; (local therapy necessary)
- ☐ Confluent, moist desquamation other than skin folds, pitting edema (intensive therapy necessary)
- ☐ Ulceration, hemorrhage or necrosis, (operative therapy necessary)
- ☐ Not Applicable
- ☐ Data missing

**If Skin/Subcutis are Follicular, faint or dull erythema/epilation/dry desquamation/decreased sweatening, Tender or bright erythema, patchy moist desquamation/moderate edema; (local therapy necessary), Confluent, moist desquamation other than skin folds, pitting edema (intensive therapy necessary) or Ulceration, hemorrhage or necrosis, (operative therapy necessary) please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Hair/Alopecia** (One option)

- ☐ Normal
- ☐ Mild hair loss within irradiated area
- ☐ Complete hair loss within irradiated areas
- ☐ Not Applicable
- ☐ Data missing

**If Hair/Alopecia are Mild hair loss withing irradiated area or Complete hair loss within irradiated areas please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Mucous membrane** (One option)

- ☐ Normal
- ☐ Injection/may experience mild pain not requiring analgetic
- ☐ Patchy mucositis that may produce an inflammatory sero-sanguinous discharge/may experience moderate pain requiring analgesia
- ☐ Confluent fibrinous mucositis/may include severe pain requiring narcotic
- ☐ Ulceration, hemorrhage or necrosis
- ☐ Not Applicable
- ☐ Data missing

**If Hair/Alopecia are Injection/may experience mild pain not requiring analgetic, Patchy mucositis that may produce an inflammatory sero-sanguinous discharge/may experience moderate pain requiring analgesia, Confluent fibrinous mucositis/may include severe pain requiring narcotic or Ulceration, hemorrhage or necrosis please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Salivary glands** (One option)

- ☐ Normal
- ☐ Mild mouth dryness/ slightly thickened saliva/may have slightly altered taste such as metallic taste/these changes not reflected in alteration in baseline feeding behaviour, such as increased use of liquids with meals
- ☐ Moderate to complete dryness/thick, sticky saliva / markedly altered taste
- ☐ Complete dryness
- ☐ Acute salivary gland necrosis
- ☐ Not Applicable
- ☐ Data missing

**If Salivary glands are Mild mouth dryness/ slightly thickened saliva/may have slightly altered taste such as metallic taste/these changes not reflected in alteration in baseline feeding behaviour, such as increased use of liquids with meals, Moderate to complete dryness/thick, sticky saliva / markedly altered taste, Complete dryness or Acute salivary gland necrosis please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Pharynx / Esophagus** (One option)

- ☐ Normal
- ☐ Mild dysphagia or odynophagia/may require topical anestetic or non-narcotic analgetics/may require soft diet
- ☐ Moderate dysphagia or odynophagia/may require narcotic analgesics/may require puree or liquid diet
- ☐ Severe dysphagia or odynophagia with dehydration or weight loss >15% from pre-treatment baseline, requiring N-G feeding tube, i.v. fluids or hyperalimentation
- ☐ Complete obstruction, ulceration, perforation, fistula
- ☐ Not Applicable
- ☐ Data missing

**If Pharynx / Esophagus are Mild dysphagia or odynophagia/may require topical anestetic or non-narcotic analgetics/may require soft diet, Moderate dysphagia or odynophagia/may require narcotic analgesics/may require puree or liquid diet, Severe dysphagia or odynophagia with dehydration or weight loss >15% from pre-treatment baseline, requiring N-G feeding tube, i.v. fluids or hyperalimentation or Complete obstruction, ulceration, perforation, fistula please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Larynx** (One option)

- ☐ Normal
- ☐ Mild or intermittent hoarseness/cough not requiring antitussive / erythema of mucosa
- ☐ Persistent hoarseness but able to vocalize/referred ear pain, sore throat, patchy fibrinous exudates or mild arytenoids edema not requiring narcotic/cough requiring antitussive
- ☐ Whispered speech, throat pain or referred ear pain requiring narcotic / confluent fibrinous exudates, marked arytenoids edema
- ☐ Marked dyspnea, stridor or hemoptysis with tracheostomy or intubation necessary
- ☐ Not Applicable
- ☐ Data missing

**If Larynx are Mild or intermittent hoarseness/cough not requiring antitussive / erythema of mucosa, Persistent hoarseness but able to vocalize/referred ear pain, sore throat, patchy fibrinous exudates or mild arytenoids edema not requiring narcotic/cough requiring antitussive, Whispered speech, throat pain or referred ear pain requiring narcotic / confluent fibrinous exudates, marked arytenoids edema or Marked dyspnea, stridor or hemoptysis with tracheostomy or intubation necessary please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Lung** (One option)

- ☐ Normal
- ☐ Mild symptoms of dry cough or dyspnea on exertion
- ☐ Persistent cough requiring narcotic, antitussive agents / dyspnea with minimal effort but not at rest
- ☐ Severe cough unresponsive to narcotic antitussive agent or dyspnea at rest / clinical or radiological evidence of acute pneumonitis/intermittent oxygen or steroids may be required
- ☐ Severe respiratory insufficiency / continuous oxygen or assited ventilation
- ☐ Not Applicable
- ☐ Data missing

**If Lung are Mild symptoms of dry cough or dyspnea on exertion, Persistent cough requiring narcotic, antitussive agents / dyspnea with minimal effort but not at rest, Severe cough unresponsive to narcotic antitussive agent or dyspnea at rest / clinical or radiological evidence of acute pneumonitis/intermittent oxygen or steroids may be required or Severe respiratory insufficiency / continuous oxygen or assited ventilation please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Heart** (One option)

- ☐ Normal
- ☐ Asymptomatic but objective evidence of EKG changes or pericardial abnormalities without evidence of other heart disease
- ☐ Symptomatic with EKG changes and radiological findings of congestive heart failure or pericardial disease/no specific treatment required
- ☐ Congestive heart failure, angina pectoris, pericardial disease responding to therapy
- ☐ Congestive heart failure, angina pectoris, pericardial disease, arrhythmia not responsive to nonsurgical measures
- ☐ Not Applicable
- ☐ Data missing

**If Heart are Asymptomatic but objective evidence of EKG changes or pericardial abnormalities without evidence of other heart disease, Symptomatic with EKG changes and radiological findings of congestive heart failure or pericardial disease/no specific treatment required, Congestive heart failure, angina pectoris, pericardial disease responding to therapy or Congestive heart failure, angina pectoris, pericardial disease, arrhythmia not responsive to nonsurgical measures please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Heart Arrythmia** (One option)

- ☐ Normal
- ☐ Asymptomatic, no therapy
- ☐ Recurrent / persistent, no therapy
- ☐ Therapy required
- ☐ Hypotension, ventricular Arrhthmia, defibrillation
- ☐ Not Applicable
- ☐ Data missing

**If Heart Arrythmia are Asymptomatic, no therapy, Recurrent / persistent, no therapy, Therapy required or Hypotension, ventricular Arrhthmia, defibrillation please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Heart Cardial function** (One option)

- ☐ None
- ☐ Asymptomat. EF (at rest) ≤ 10 % but < 20 % of baseline value
- ☐ Asymptomat., but EF (at rest) under upper limit for EF (work) or EF ≤ 20 % of baseline value
- ☐ Mild CHF, compensated by therapy
- ☐ Severe / refractive CHF or need for intubation
- ☐ Not Applicable
- ☐ Data missing

**If Heart Cardial function are Asymptomat. EF (at rest) ≤ 10 % but < 20 % of baseline value, Asymptomat., but EF (at rest) under upper limit for EF (work) or EF ≤ 20 % of baseline value , Mild CHF, compensated by therapy or Severe / refractive CHF or need for intubation please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Heart Echocardio: LV-SF%** (One option)

- ☐ ≤ 30
- ☐ ≤ 24 - < 30
- ☐ ≤ 20 - < 24
- ☐ < 15 - < 20
- ☐ ≤ 15
- ☐ Not Applicable
- ☐ Data missing

**If Heart Echocardio: LV-SF% are ≤ 24 - < 30, ≤ 20 - < 24, < 15 - < 20 or ≤ 15 please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Upper G.I.** (One option)

- ☐ Normal
- ☐ Anorexia with ≤5% weight loss from pre-treatment baseline / nausea not requiring antiemetics / abdominal discomfort not requiring parasympatholytic drugs or analgetics
- ☐ Anorexia with ≤15% weight loss from pre-treatment baseline / nausea and/or vomiting requiring antiemetics/ abdominal pain requiring analgetics
- ☐ Anorexia with <15% wt loss from pre-treatment baseline or requiring N-G tube or parenteral support. Nausea and/or vomiting requiring tube or parenteral support / abdominal pain, severe despite medication / hematemesis or melena / abdominal distention (flat plate radiograph demonstrates distended bowel loops)
- ☐ Ileus, subacute or acute obstruction, perforation, GI bleeding requiring transfusion, abdominal pain requiring tube decompression or bowl diversion
- ☐ Not Applicable
- ☐ Data missing

**If Upper G.I. are Anorexia with ≤5% weight loss from pre-treatment baseline / nausea not requiring antiemetics / abdominal discomfort not requiring parasympatholytic drugs or analgetics , Anorexia with ≤15% weight loss from pre-treatment baseline / nausea and/or vomiting requiring antiemetics/ abdominal pain requiring analgetics , Anorexia with <15% wt loss from pre-treatment baseline or requiring N-G tube or parenteral support. Nausea and/or vomiting requiring tube or parenteral support / abdominal pain, severe despite medication / hematemesis or melena / abdominal distention (flat plate radiograph demonstrates distended bowel loops) or Ileus, subacute or acute obstruction, perforation, GI bleeding requiring transfusion, abdominal pain requiring tube decompression or bowl diversion please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Lower G.I. including pelvis** (One option)

- ☐ Normal
- ☐ Increased frequency or change in quality of bowl habits not requiring medication/rectal discomfort not requiring analgesics
- ☐ Diarrhea requiring parasympatholytic drugs (e.g. Lomotil)/mucous discharge not necessitating sanitary pads/rectal or abdominal pain requiring analgesics
- ☐ Diarrhea requiring parenteral support/severe mucous or blood discharge necessitating sanitary pads/abdominal distention (flat plate radiograph demonstrates distended bowel loops)
- ☐ Acute or subacute obstruction, fistula or perforation; GI bleeding requiring transfusion; abdominal pain or tenesmus requiring tube decompression or bowel diversion
- ☐ Not Applicable
- ☐ Data missing

**If Lower G.I. including pelvis are Increased frequency or change in quality of bowl habits not requiring medication/rectal discomfort not requiring analgesics, Diarrhea requiring parasympatholytic drugs (e.g. Lomotil)/mucous discharge not necessitating sanitary pads/rectal or abdominal pain requiring analgesics , Diarrhea requiring parenteral support/severe mucous or blood discharge necessitating sanitary pads/abdominal distention (flat plate radiograph demonstrates distended bowel loops) or Acute or subacute obstruction, fistula or perforation; GI bleeding requiring transfusion; abdominal pain or tenesmus requiring tube decompression or bowel diversion please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Liver** (One option)

- ☐ Normal
- ☐ Mild lassitude; nausea, dyspepsia, slightly abnormal liver function
- ☐ Moderate symptoms; some abnormal liver function tests; serum albumin normal
- ☐ Disabling hepatitic insufficiency; liver function tests grossly abnormal; low albumin; edema or ascites
- ☐ Necrosis / Hepatic coma or encephalopathy
- ☐ Not Applicable
- ☐ Data missing

**If Liver are Mild lassitude; nausea, dyspepsia, slightly abnormal liver function, Moderate symptoms; some abnormal liver function tests; serum albumin normal, Disabling hepatitic insufficiency; liver function tests grossly abnormal; low albumin; edema or ascites or Necrosis / Hepatic coma or encephalopathy please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Bilirubin** (One option)

- ☐ Age norm (N)

- ☐ > N - 1,5 x N
- ☐ > 1,5 - 3,0 x N
- ☐ > 3,0 - 10,0 x N
- ☐ > 10,0 x N
- ☐ Not Applicable
- ☐ Data missing

**If Bilirubin** > N - 1,5 x N**,** > 1,5 - 3,0 x N, > 3,0 - 10,0 x N or > 10,0 x N **please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**S-GOT / S-GPT** (One option)

- ☐ Age norm (N)
- ☐ > N - 2,5 x N
- ☐ > 2,5 - 5,0 x N
- ☐ > 5,0 - 20,0 x N
- ☐ > 20,0 x N
- ☐ Not Applicable
- ☐ Data missing

**If Bilirubin > N - 2,5 x N, > 2,5 - 5,0 x N, > 5,0 - 20,0 x N or > 20,0 x N please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Genitourinary (and kidneys)** (One option)

- ☐ Normal
- ☐ Frequency of urination or nocturia twice pre-treatment habit / dysuria, urgency not requiring medication

- ☐ Frequency of urination or nocturia that is less frequent than every hour. Dysuria, urgency, bladder spasm requiring local anesthetic (e.g. pyridium)
- ☐ Frequency with urgency and nocturia hourly or more frequently/dysuria, pelvis pain or bladder spasm requiring regular, frequent narcotic/gross hematuria with/without clot passage
- ☐ Hematuria requiring transfusion/acute bladder obstruction not secondary to clot passage, ulceration, or necrosis.
- ☐ Not Applicable
- ☐ Data missing

**If Genitourinary (and kidneys) Frequency of urination or nocturia twice pre-treatment habit / dysuria, urgency not requiring medication , Frequency of urination or nocturia that is less frequent than every hour. Dysuria, urgency, bladder spasm requiring local anesthetic (e.g. pyridium), Frequency with urgency and nocturia hourly or more frequently/dysuria, pelvis pain or bladder spasm requiring regular, frequent narcotic/gross hematuria with/without clot passage or Hematuria requiring transfusion/acute bladder obstruction not secondary to clot passage, ulceration, or necrosis please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Creatinin (mg%) Creatinin-Clearence Proteinuria (g/i) Hematuria** (One option)

- ☐ Age norm. Creatinin-Clearence < 90. Proteinuria (g/i): none. Hematuria: none.
- ☐ > N - 1,5 x N. Creatinin-Clearence: 60 - 89. Proteinuria (g/i): < 3. Hematuria: microscopic.
- ☐ > 1,5 - 3,0 x N. Creatinin-Clearence: 40 -59. Proteinuria (g/i): 3 - 10,0. Hematuria: macroscopic without clot passage
- ☐ > 3,0 - 6,0 x N. Creatinin-Clearence: 20 - 39. Proteinuria (g/i): > 10,0. Hematuria: macroscopic with clot passage
- ☐ > 6,0 x N. Creatinin-Clearence: < 19. Proteinuria (g/i): Nephrotic Syndrome. Hematuria: Transfusion necessary.
- ☐ Not Applicable
- ☐ Data missing

**If Creatinin (mg%) Creatinin-Clearence Proteinuria (g/i) Hematuria are > N - 1,5 x N. Creatinin-Clearence: 60 - 89. Proteinuria (g/i): < 3. Hematuria: microscopic, > 1,5 - 3,0 x N. Creatinin-Clearence: 40 -59. Proteinuria (g/i): 3 - 10,0. Hematuria: macroscopic without clot passage, > 3,0 - 6,0 x N. Creatinin-Clearence: 20 - 39. Proteinuria (g/i): > 10,0. Hematuria: macroscopic with clot passage, > 3,0 - 6,0 x N. Creatinin-Clearence: 20 - 39. Proteinuria (g/i): > 10,0. Hematuria: macroscopic with clot passage, > 6,0 x N. Creatinin-Clearence: < 19. Proteinuria (g/i): Nephrotic Syndrome. Hematuria: Transfusion necessary or necrosis please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Urethra and bladder** (One option)

- ☐ Normal
- ☐ Mild mucosa atrophy, small area of teleangi-ectasiae, microscopic hematuria, mild strengthened urinary urge
- ☐ Moderate altered urinary urge (>6 times / day), generalized teleangiectasiae, sometimes macrohematuria

- ☐ Severe altered urinary urge, (>1/hour), dysuria, often hematuria
- ☐ Necrosis, perforation, fistula, severe bladder contracture
- ☐ Not Applicable
- ☐ Data missing

**If Urethra and bladder are Mild mucosa atrophy, small area of teleangi-ectasiae, microscopic hematuria, mild strengthened urinary urge, Moderate altered urinary urge (>6 times / day), generalized teleangiectasiae, sometimes macrohematuria, Severe altered urinary urge, (>1/hour), dysuria, often hematuria or Necrosis, perforation, fistula, severe bladder contracture please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Bones** (One option)

- ☐ Normal
- ☐ No symptoms, no growth retardation, mild reduced bone density
- ☐ Moderate pain or tension; moderate growth impairment, irregular bone sclerosis
- ☐ Severe pain or tension, complete growth inhibition, thick bone sclerosis
- ☐ Necrosis, osteoradionecrosis, spontaneous fracture
- ☐ Not Applicable
- ☐ Data missing

**If Bones are No symptoms, no growth retardation, mild reduced bone density, Moderate pain or tension; moderate growth impairment, irregular bone sclerosis, Severe pain or tension, complete growth inhibition, thick bone sclerosis or Necrosis, osteoradionecrosis, spontaneous fracture please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Joints** (One option)

- ☐ Normal
- ☐ Mild joint stiffness, no symptoms or mild function impairment
- ☐ Moderate joint stiffness, intermediate joint pain, moderate function impairment
- ☐ Severe joint stiffness, severe joint pain, severe function impairment

- ☐ Necrosis, complete ancylosis, complete function impairment
- ☐ Not Applicable
- ☐ Data missing

**If Joints are Mild joint stiffness, no symptoms or mild function impairment, Moderate joint stiffness, intermediate joint pain, moderate function impairment, Severe joint stiffness, severe joint pain, severe function impairment , thick bone sclerosis or Necrosis, complete ancylosis please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**CNS (Brain)** (One option)

- ☐ Normal
- ☐ Complete functional status with mild neurological impairment; no specific therapy necessary
- ☐ Moderate neurological impairment; supportive care and medication (incl. steroids or anticonvulsives) necessary
- ☐ Severe neurological impairment, high-dose steroids necessary, need for hospitalization
- ☐ Life-threatening neurological impairment, >3 seizures per week despite of medication
- ☐ Not Applicable
- ☐ Data missing

**If CNS (Brain) are Complete functional status with mild neurological impairment; no specific therapy necessary, Moderate neurological impairment; supportive care and medication (incl. steroids or anticonvulsives) necessary , Severe neurological impairment, high-dose steroids necessary, need for hospitalization Life-threatening neurological impairment, >3 seizures per week despite of medication please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Peripheral nerves incl. spinal cord** (One option)

- ☐ Normal
- ☐ Mild L hermitte s sign, paraesthesiae
- ☐ Marked L hermitte s sign with paraesthesiae and muscle weakness
- ☐ Objective segmental neurological function loss, with paresis or paraesthesiae
- ☐ Mono-, para- or tetraplegia

- ☐ Not Applicable
- ☐ Data missing

**If Peripheral nerves incl. spinal cord are Mild L hermitte s sign, paraesthesiae, Marked L hermitte s sign with paraesthesiae and muscle weakness, Objective segmental neurological function loss, with paresis or paraesthesiae or Mono-, para- or tetraplegia please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Eyes** (One option)

- ☐ No change
- ☐ Mild conjunctivitis with or without scleral injection/increased tearing
- ☐ Moderate conjunctivitis with or without keratitis requiring steroids &/or antibiotics/dry eye requiring artificial tears/iritis with photophobia
- ☐ Severe keratitis with corneal ulceration/objective decrease in visual acuity or in visual fields/ acute glaucoma/ panophthalmitis
- ☐ Loss of vision (unilateral or bilateral)
- ☐ Not Applicable
- ☐ Data missing

**If Eyes are Mild conjunctivitis with or without scleral injection/increased tearing, Moderate conjunctivitis with or without keratitis requiring steroids &/or antibiotics/dry eye requiring artificial tears/iritis with photophobia, Severe keratitis with corneal ulceration/objective decrease in visual acuity or in visual fields/ acute glaucoma/ panophthalmitis or Loss of vision (unilateral or bilateral) please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Ears** (One option)

- ☐ No change or baseline
- ☐ Mild external otitis with erythema, pruritis, secondary to dry desquamation not requiring medication. Audiogramm unchanged from baseline
- ☐ Moderate external otitis requiring topical medication / serous otitis medius / hypoacusis on testing only
- ☐ Severe external otitis with discharge or moist desquamation / symptomatic hypoacusis/tinnitus, not drug related
- ☐ Deafness

- ☐ Not Applicable
- ☐ Data missing

**If Ears are Mild external otitis with erythema, pruritis, secondary to dry desquamation not requiring medication. Audiogramm unchanged from baseline, Moderate external otitis requiring topical medication / serous otitis medius / hypoacusis on testing only, Severe external otitis with discharge or moist desquamation / symptomatic hypoacusis/tinnitus, not drug related or Deafness please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Comment:**

_____

_____

_____

## MAXIMUM acute side effects (RTOG/EORTC)

**Dose documentation and toxicity follow-up for any given dose**

**Date**

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

**Ongoing chemo**

☐ Yes ☐ No ☐ Data missing

**General condition, Karnofsky-Index** (One option)

- ☐ Normal KI: 100%
- ☐ Mild reduced activity, KI: 70-80%
- ☐ Reduced activity and power, KI: 50-60%
- ☐ Severe reduced activity and power, KI: 30-40%
- ☐ Vital threarened, KI < 30%
- ☐ Not Applicable
- ☐ Data missing

**Bone marrow, Leucocytes (N/µl)** (One option)

- ☐ = 4.000
- ☐ 3.000 - < 4.000
- ☐ 2.000 - < 3.000
- ☐ 1.0 - < 2.000
- ☐ < 1.000
- ☐ Not Applicable
- ☐ Data missing

**If Bone marrow, Leucocytes (N/µl) are 3.000 - < 4.000, 2.000 - < 3.000, 1.0 - < 2.000 or < 1.000 please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably

- ☐ Definitive
- ☐ Data missing

**Neutrophils (N/µl)** (One option)

- ☐ = 2.000
- ☐ < 2.000 - 1.500
- ☐ < 1.500 - 1.000
- ☐ < 1.000 - 500
- ☐ <500 / Sepsis 9
- ☐ Not Applicable
- ☐ Data missing

**If Neutrophils (N/µl) are < 2.000 - 1.500, < 1.500 - 1.000, < 1.000 - 500 or <500 / Sepsis 9 please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Thrombocytes (*103/µl)** (One option)

- ☐ ≥ 100
- ☐ 75 - < 100
- ☐ 50 - < 75
- ☐ 10,0 - < 50
- ☐ < 10,0 9
- ☐ Not Applicable
- ☐ Data missing

**If Thrombocytes (*103/µl) are 75 - < 100, 50 - < 75, 10,0 - < 50 or < 10,0 9 please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Hemoglobin (g/dl)** (One option)

- ☐ Normal
- ☐ 10,0 - < N
- ☐ 8,0 - < 10,0
- ☐ 6,5 - < 8,0
- ☐ < 6,5
- ☐ Not Applicable
- ☐ Data missing

**If Hemoglobin (g/dl) are 10,0 - < N , 8,0 - < 10,0 , 6,5 - < 8,0 or < 6,5 please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Skin / Subcutis** (One option)

- ☐ Normal
- ☐ Follicular, faint or dull erythema/epilation/dry desquamation/decreased sweatening
- ☐ Tender or bright erythema, patchy moist desquamation/moderate edema; (local therapy necessary)
- ☐ Confluent, moist desquamation other than skin folds, pitting edema (intensive therapy necessary)
- ☐ Ulceration, hemorrhage or necrosis, (operative therapy necessary)
- ☐ Not Applicable
- ☐ Data missing

**If Skin/Subcutis are Follicular, faint or dull erythema/epilation/dry desquamation/decreased sweatening, Tender or bright erythema, patchy moist desquamation/moderate edema; (local therapy necessary), Confluent, moist desquamation other than skin folds, pitting edema (intensive therapy necessary) or Ulceration, hemorrhage or necrosis, (operative therapy necessary) please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Hair/Alopecia** (One option)

- ☐ Normal
- ☐ Mild hair loss within irradiated area
- ☐ Complete hair loss within irradiated areas
- ☐ Not Applicable
- ☐ Data missing

**If Hair/Alopecia are Mild hair loss withing irradiated area or Complete hair loss within irradiated areas please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Mucous membrane** (One option)

- ☐ Normal
- ☐ Injection/may experience mild pain not requiring analgetic
- ☐ Patchy mucositis that may produce an inflammatory sero-sanguinous discharge/may experience moderate pain requiring analgesia
- ☐ Confluent fibrinous mucositis/may include severe pain requiring narcotic
- ☐ Ulceration, hemorrhage or necrosis
- ☐ Not Applicable
- ☐ Data missing

**If Hair/Alopecia are Injection/may experience mild pain not requiring analgetic, Patchy mucositis that may produce an inflammatory sero-sanguinous discharge/may experience moderate pain requiring analgesia, Confluent fibrinous mucositis/may include severe pain requiring narcotic or Ulceration, hemorrhage or necrosis please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Salivary glands** (One option)

- ☐ Normal
- ☐ Mild mouth dryness/ slightly thickened saliva/may have slightly altered taste such as metallic taste/these changes not reflected in alteration in baseline feeding behaviour, such as increased use of liquids with meals
- ☐ Moderate to complete dryness/thick, sticky saliva / markedly altered taste
- ☐ Complete dryness
- ☐ Acute salivary gland necrosis
- ☐ Not Applicable
- ☐ Data missing

**If Salivary glands are Mild mouth dryness/ slightly thickened saliva/may have slightly altered taste such as metallic taste/these changes not reflected in alteration in baseline feeding behaviour, such as increased use of liquids with meals, Moderate to complete dryness/thick, sticky saliva / markedly altered taste, Complete dryness or Acute salivary gland necrosis please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Pharynx / Esophagus** (One option)

- ☐ Normal
- ☐ Mild dysphagia or odynophagia/may require topical anestetic or non-narcotic analgetics/may require soft diet
- ☐ Moderate dysphagia or odynophagia/may require narcotic analgesics/may require puree or liquid diet
- ☐ Severe dysphagia or odynophagia with dehydration or weight loss >15% from pre-treatment baseline, requiring N-G feeding tube, i.v. fluids or hyperalimentation
- ☐ Complete obstruction, ulceration, perforation, fistula
- ☐ Not Applicable
- ☐ Data missing

**If Pharynx / Esophagus are Mild dysphagia or odynophagia/may require topical anestetic or non-narcotic analgetics/may require soft diet, Moderate dysphagia or odynophagia/may require narcotic analgesics/may require puree or liquid diet, Severe dysphagia or odynophagia with dehydration or weight loss >15% from pre-treatment baseline, requiring N-G feeding tube, i.v. fluids or hyperalimentation or Complete obstruction, ulceration, perforation, fistula please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Larynx** (One option)

- ☐ Normal
- ☐ Mild or intermittent hoarseness/cough not requiring antitussive / erythema of mucosa
- ☐ Persistent hoarseness but able to vocalize/referred ear pain, sore throat, patchy fibrinous exudates or mild arytenoids edema not requiring narcotic/cough requiring antitussive
- ☐ Whispered speech, throat pain or referred ear pain requiring narcotic / confluent fibrinous exudates, marked arytenoids edema
- ☐ Marked dyspnea, stridor or hemoptysis with tracheostomy or intubation necessary
- ☐ Not Applicable

- ☐ Data missing

**If Larynx are Mild or intermittent hoarseness/cough not requiring antitussive / erythema of mucosa, Persistent hoarseness but able to vocalize/referred ear pain, sore throat, patchy fibrinous exudates or mild arytenoids edema not requiring narcotic/cough requiring antitussive, Whispered speech, throat pain or referred ear pain requiring narcotic / confluent fibrinous exudates, marked arytenoids edema or Marked dyspnea, stridor or hemoptysis with tracheostomy or intubation necessary please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Lung** (One option)

- ☐ Normal
- ☐ Mild symptoms of dry cough or dyspnea on exertion
- ☐ Persistent cough requiring narcotic, antitussive agents / dyspnea with minimal effort but not at rest
- ☐ Severe cough unresponsive to narcotic antitussive agent or dyspnea at rest / clinical or radiological evidence of acute pneumonitis/intermittent oxygen or steroids may be required
- ☐ Severe respiratory insufficiency / continuous oxygen or assited ventilation
- ☐ Not Applicable
- ☐ Data missing

**If Lung are Mild symptoms of dry cough or dyspnea on exertion, Persistent cough requiring narcotic, antitussive agents / dyspnea with minimal effort but not at rest, Severe cough unresponsive to narcotic antitussive agent or dyspnea at rest / clinical or radiological evidence of acute pneumonitis/intermittent oxygen or steroids may be required or Severe respiratory insufficiency / continuous oxygen or assited ventilation please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Heart** (One option)

- ☐ Normal
- ☐ Asymptomatic but objective evidence of EKG changes or pericardial abnormalities without evidence of other heart disease
- ☐ Symptomatic with EKG changes and radiological findings of congestive heart failure or pericardial disease/no specific treatment required
- ☐ Congestive heart failure, angina pectoris, pericardial disease responding to therapy
- ☐ Congestive heart failure, angina pectoris, pericardial disease, arrhythmia not responsive to nonsurgical measures
- ☐ Not Applicable
- ☐ Data missing

**If Heart are Asymptomatic but objective evidence of EKG changes or pericardial abnormalities without evidence of other heart disease, Symptomatic with EKG changes and radiological findings of congestive heart failure or pericardial disease/no specific treatment required, Congestive heart failure, angina pectoris, pericardial disease responding to therapy or Congestive heart failure, angina pectoris, pericardial disease, arrhythmia not responsive to nonsurgical measures please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Heart Arrythmia** (One option)

- ☐ Normal
- ☐ Asymptomatic, no therapy
- ☐ Recurrent / persistent, no therapy
- ☐ Therapy required
- ☐ Hypotension, ventricular Arrhthmia, defibrillation
- ☐ Not Applicable
- ☐ Data missing

**If Heart Arrythmia are Asymptomatic, no therapy, Recurrent / persistent, no therapy, Therapy required or Hypotension, ventricular Arrhthmia, defibrillation please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Heart Cardial function** (One option)

- ☐ None
- ☐ Asymptomat. EF (at rest) ≤ 10 % but < 20 % of baseline value
- ☐ Asymptomat., but EF (at rest) under upper limit for EF (work) or EF ≤ 20 % of baseline value
- ☐ Mild CHF, compensated by therapy
- ☐ Severe / refractive CHF or need for intubation
- ☐ Not Applicable
- ☐ Data missing

**If Heart Cardial function are Asymptomat. EF (at rest) ≤ 10 % but < 20 % of baseline value, Asymptomat., but EF (at rest) under upper limit for EF (work) or EF ≤ 20 % of baseline value , Mild CHF, compensated by therapy or Severe / refractive CHF or need for intubation please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Heart Echocardio: LV-SF%** (One option)

- ☐ ≤ 30
- ☐ ≤ 24 - < 30
- ☐ ≤ 20 - < 24
- ☐ < 15 - < 20
- ☐ ≤ 15
- ☐ Not Applicable
- ☐ Data missing

**If Heart Echocardio: LV-SF% are ≤ 24 - < 30, ≤ 20 - < 24, < 15 - < 20 or ≤ 15 please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Upper G.I.** (One option)

- ☐ Normal
- ☐ Anorexia with ≤5% weight loss from pre-treatment baseline / nausea not requiring antiemetics / abdominal discomfort not requiring parasympatholytic drugs or analgetics
- ☐ Anorexia with ≤15% weight loss from pre-treatment baseline / nausea and/or vomiting requiring antiemetics/ abdominal pain requiring analgetics
- ☐ Anorexia with <15% wt loss from pre-treatment baseline or requiring N-G tube or parenteral support. Nausea and/or vomiting requiring tube or parenteral support / abdominal pain, severe despite medication / hematemesis or melena / abdominal distention (flat plate radiograph demonstrates distended bowel loops)
- ☐ Ileus, subacute or acute obstruction, perforation, GI bleeding requiring transfusion, abdominal pain requiring tube decompression or bowl diversion
- ☐ Not Applicable
- ☐ Data missing

**If Upper G.I. are Anorexia with ≤5% weight loss from pre-treatment baseline / nausea not requiring antiemetics / abdominal discomfort not requiring parasympatholytic drugs or analgetics , Anorexia with ≤15% weight loss from pre-treatment baseline / nausea and/or vomiting requiring antiemetics/ abdominal pain requiring analgetics , Anorexia with <15% wt loss from pre-treatment baseline or requiring N-G tube or parenteral support. Nausea and/or vomiting requiring tube or parenteral support / abdominal pain, severe despite medication / hematemesis or melena / abdominal distention (flat plate radiograph demonstrates distended bowel loops) or Ileus, subacute or acute obstruction, perforation, GI bleeding requiring transfusion, abdominal pain requiring tube decompression or bowl diversion please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Lower G.I. including pelvis** (One option)

- ☐ Normal
- ☐ Increased frequency or change in quality of bowl habits not requiring medication/rectal discomfort not requiring analgesics
- ☐ Diarrhea requiring parasympatholytic drugs (e.g. Lomotil)/mucous discharge not necessitating sanitary pads/rectal or abdominal pain requiring analgesics
- ☐ Diarrhea requiring parenteral support/severe mucous or blood discharge necessitating sanitary pads/abdominal distention (flat plate radiograph demonstrates distended bowel loops)
- ☐ Acute or subacute obstruction, fistula or perforation; GI bleeding requiring transfusion; abdominal pain or tenesmus requiring tube decompression or bowel diversion
- ☐ Not Applicable
- ☐ Data missing

**If Lower G.I. including pelvis are Increased frequency or change in quality of bowl habits not requiring medication/rectal discomfort not requiring analgesics, Diarrhea requiring parasympatholytic drugs (e.g. Lomotil)/mucous discharge not necessitating sanitary pads/rectal or abdominal pain requiring analgesics , Diarrhea requiring parenteral support/severe mucous or blood discharge necessitating sanitary pads/abdominal distention (flat plate radiograph demonstrates distended bowel loops) or Acute or subacute obstruction, fistula or perforation; GI bleeding requiring transfusion; abdominal pain or tenesmus requiring tube decompression or bowel diversion please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Liver** (One option)

- ☐ Normal
- ☐ Mild lassitude; nausea, dyspepsia, slightly abnormal liver function
- ☐ Moderate symptoms; some abnormal liver function tests; serum albumin normal
- ☐ Disabling hepatitic insufficiency; liver function tests grossly abnormal; low albumin; edema or ascites
- ☐ Necrosis / Hepatic coma or encephalopathy
- ☐ Not Applicable
- ☐ Data missing

**If Liver are Mild lassitude; nausea, dyspepsia, slightly abnormal liver function, Moderate symptoms; some abnormal liver function tests; serum albumin normal, Disabling hepatitic insufficiency; liver function tests grossly abnormal; low albumin; edema or ascites or Necrosis / Hepatic coma or encephalopathy please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Bilirubin** (One option)

- ☐ Age norm (N)
- ☐ > N - 1,5 x N
- ☐ > 1,5 - 3,0 x N
- ☐ > 3,0 - 10,0 x N
- ☐ > 10,0 x N
- ☐ Not Applicable
- ☐ Data missing

**If Bilirubin** > N - 1,5 x N**,** > 1,5 - 3,0 x N, > 3,0 - 10,0 x N or > 10,0 x N **please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**S-GOT / S-GPT** (One option)

- ☐ Age norm (N)
- ☐ > N - 2,5 x N
- ☐ > 2,5 - 5,0 x N
- ☐ > 5,0 - 20,0 x N
- ☐ > 20,0 x N
- ☐ Not Applicable
- ☐ Data missing

**If Bilirubin > N - 2,5 x N, > 2,5 - 5,0 x N, > 5,0 - 20,0 x N or > 20,0 x N please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Genitourinary (and kidneys)** (One option)

- ☐ Normal
- ☐ Frequency of urination or nocturia twice pre-treatment habit / dysuria, urgency not requiring medication
- ☐ Frequency of urination or nocturia that is less frequent than every hour. Dysuria, urgency, bladder spasm requiring local anesthetic (e.g. pyridium)
- ☐ Frequency with urgency and nocturia hourly or more frequently/dysuria, pelvis pain or bladder spasm requiring regular, frequent narcotic/gross hematuria with/without clot passage
- ☐ Hematuria requiring transfusion/acute bladder obstruction not secondary to clot passage, ulceration, or necrosis.
- ☐ Not Applicable
- ☐ Data missing

**If Genitourinary (and kidneys) Frequency of urination or nocturia twice pre-treatment habit / dysuria, urgency not requiring medication , Frequency of urination or nocturia that is less frequent than every hour. Dysuria, urgency, bladder spasm requiring local anesthetic (e.g. pyridium), Frequency with urgency and nocturia hourly or more frequently/dysuria, pelvis pain or bladder spasm requiring regular, frequent narcotic/gross hematuria with/without clot passage or Hematuria requiring transfusion/acute bladder obstruction not secondary to clot passage, ulceration, or necrosis please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Creatinin (mg%) Creatinin-Clearence Proteinuria (g/i) Hematuria** (One option)

- ☐ Age norm. Creatinin-Clearence < 90. Proteinuria (g/i): none. Hematuria: none.
- ☐ > N - 1,5 x N. Creatinin-Clearence: 60 - 89. Proteinuria (g/i): < 3. Hematuria: microscopic.
- ☐ > 1,5 - 3,0 x N. Creatinin-Clearence: 40 -59. Proteinuria (g/i): 3 - 10,0. Hematuria: macroscopic without clot passage
- ☐ > 3,0 - 6,0 x N. Creatinin-Clearence: 20 - 39. Proteinuria (g/i): > 10,0. Hematuria: macroscopic with clot passage
- ☐ > 6,0 x N. Creatinin-Clearence: < 19. Proteinuria (g/i): Nephrotic Syndrome. Hematuria: Transfusion necessary.
- ☐ Not Applicable
- ☐ Data missing

**If Creatinin (mg%) Creatinin-Clearence Proteinuria (g/i) Hematuria are > N - 1,5 x N. Creatinin-Clearence: 60 - 89. Proteinuria (g/i): < 3. Hematuria: microscopic, > 1,5 - 3,0 x N. Creatinin-Clearence: 40 -59. Proteinuria (g/i): 3 - 10,0. Hematuria: macroscopic without clot passage, > 3,0 - 6,0 x N. Creatinin-Clearence: 20 - 39. Proteinuria (g/i): > 10,0. Hematuria: macroscopic with clot passage, > 3,0 - 6,0 x N. Creatinin-Clearence: 20 - 39. Proteinuria (g/i): > 10,0. Hematuria: macroscopic with clot passage, > 6,0 x N. Creatinin-Clearence: < 19. Proteinuria (g/i): Nephrotic Syndrome. Hematuria: Transfusion necessary or necrosis please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Urethra and bladder** (One option)

- ☐ Normal
- ☐ Mild mucosa atrophy, small area of teleangi-ectasiae, microscopic hematuria, mild strengthened urinary urge
- ☐ Moderate altered urinary urge (>6 times / day), generalized teleangiectasiae, sometimes macrohematuria
- ☐ Severe altered urinary urge, (>1/hour), dysuria, often hematuria
- ☐ Necrosis, perforation, fistula, severe bladder contracture
- ☐ Not Applicable
- ☐ Data missing

**If Urethra and bladder are Mild mucosa atrophy, small area of teleangi-ectasiae, microscopic hematuria, mild strengthened urinary urge, Moderate altered urinary urge (>6 times / day), generalized teleangiectasiae, sometimes macrohematuria, Severe altered**

**urinary urge, (>1/hour), dysuria, often hematuria or Necrosis, perforation, fistula, severe bladder contracture please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Bones** (One option)

- ☐ Normal
- ☐ No symptoms, no growth retardation, mild reduced bone density
- ☐ Moderate pain or tension; moderate growth impairment, irregular bone sclerosis
- ☐ Severe pain or tension, complete growth inhibition, thick bone sclerosis
- ☐ Necrosis, osteoradionecrosis, spontaneous fracture
- ☐ Not Applicable
- ☐ Data missing

**If Bones are No symptoms, no growth retardation, mild reduced bone density, Moderate pain or tension; moderate growth impairment, irregular bone sclerosis, Severe pain or tension, complete growth inhibition, thick bone sclerosis or Necrosis, osteoradionecrosis, spontaneous fracture please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Joints** (One option)

- ☐ Normal
- ☐ Mild joint stiffness, no symptoms or mild function impairment
- ☐ Moderate joint stiffness, intermediate joint pain, moderate function impairment
- ☐ Severe joint stiffness, severe joint pain, severe function impairment
- ☐ Necrosis, complete ancylosis, complete function impairment
- ☐ Not Applicable
- ☐ Data missing

**If Joints are Mild joint stiffness, no symptoms or mild function impairment, Moderate joint stiffness, intermediate joint pain, moderate function impairment, Severe joint stiffness, severe joint pain, severe function impairment , thick bone sclerosis or Necrosis, complete ancylosis please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**CNS (Brain)** (One option)

- ☐ Normal
- ☐ Complete functional status with mild neurological impairment; no specific therapy necessary
- ☐ Moderate neurological impairment; supportive care and medication (incl. steroids or anticonvulsives) necessary
- ☐ Severe neurological impairment, high-dose steroids necessary, need for hospitalization
- ☐ Life-threatening neurological impairment, >3 seizures per week despite of medication
- ☐ Not Applicable
- ☐ Data missing

**If CNS (Brain) are Complete functional status with mild neurological impairment; no specific therapy necessary, Moderate neurological impairment; supportive care and medication (incl. steroids or anticonvulsives) necessary , Severe neurological impairment, high-dose steroids necessary, need for hospitalization Life-threatening neurological impairment, >3 seizures per week despite of medication please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Peripheral nerves incl. spinal cord** (One option)

- ☐ Normal
- ☐ Mild L hermitte s sign, paraesthesiae
- ☐ Marked L hermitte s sign with paraesthesiae and muscle weakness
- ☐ Objective segmental neurological function loss, with paresis or paraesthesiae
- ☐ Mono-, para- or tetraplegia
- ☐ Not Applicable
- ☐ Data missing

**If Peripheral nerves incl. spinal cord are Mild L hermitte s sign, paraesthesiae, Marked L hermitte s sign with paraesthesiae and muscle weakness, Objective segmental neurological function loss, with paresis or paraesthesiae or Mono-, para- or tetraplegia please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Eyes** (One option)

- ☐ No change
- ☐ Mild conjunctivitis with or without scleral injection/increased tearing
- ☐ Moderate conjunctivitis with or without keratitis requiring steroids &/or antibiotics/dry eye requiring artificial tears/iritis with photophobia
- ☐ Severe keratitis with corneal ulceration/objective decrease in visual acuity or in visual fields/ acute glaucoma/ panophthalmitis
- ☐ Loss of vision (unilateral or bilateral)
- ☐ Not Applicable
- ☐ Data missing

**If Eyes are Mild conjunctivitis with or without scleral injection/increased tearing, Moderate conjunctivitis with or without keratitis requiring steroids &/or antibiotics/dry eye requiring artificial tears/iritis with photophobia, Severe keratitis with corneal ulceration/objective decrease in visual acuity or in visual fields/ acute glaucoma/ panophthalmitis or Loss of vision (unilateral or bilateral) please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Ears** (One option)

- ☐ No change or baseline
- ☐ Mild external otitis with erythema, pruritis, secondary to dry desquamation not requiring medication. Audiogramm unchanged from baseline
- ☐ Moderate external otitis requiring topical medication / serous otitis medius / hypoacusis on testing only
- ☐ Severe external otitis with discharge or moist desquamation / symptomatic hypoacusis/tinnitus, not drug related
- ☐ Deafness
- ☐ Not Applicable
- ☐ Data missing

**If Ears are Mild external otitis with erythema, pruritis, secondary to dry desquamation not requiring medication. Audiogramm unchanged from baseline, Moderate external otitis requiring topical medication / serous otitis medius / hypoacusis on testing only, Severe external otitis with discharge or moist desquamation / symptomatic hypoacusis/tinnitus, not drug related or Deafness please fill in Relation below:**

**Relation** (One option)

- ☐ Not related
- ☐ Unlikely
- ☐ Combination of reasons
- ☐ Most probably
- ☐ Definitive
- ☐ Data missing

**Comment:**

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