Svenska barncancerregistret – VCTB
Relapse/SMN - formulär

Report date: | 2 | 0 |___|___|___|___|___|___|
Forename:
Surname:
Date of Birth: | 2 | 0 |___|___|___|___|___|___| - |___|___|___|___|
Gender: ☐ Female ☐ Male
Home adress:
City:
Country:

Relapse/progression

Relapse

☐ Yes ☐ No ☐ Data missing

If yes, please fill in below

Date

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

Relapse localisation (several option)

- ☐ Metastas(es)
- ☐ Local (primary tumor location)
- ☐ Leptomeningeal
- ☐ Tumor cells in CSF
- ☐ Outside CNS
- ☐ Unknown localization

If Outside CNS, please specify location

_____

Relapse diagnosis verified with pathology

☐ Yes ☐ No ☐ Data missing

Pathology laboratory

_____

Pathology nr

_____

Comment:

_____
_____
_____
_____

First relapse treatment

Only fill in if Relapse is Yes

First relapse treatment

☐ Yes ☐ No ☐ Data missing

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
- ☐ Further treatment not indicated
- ☐ Treatment protocol without registration
- ☐ No protocol, treatment without program/individual treatment
- ☐ Other

If Clinical study with option to randomize or Clinical study without option to randomize (observational study) but with registration has been choosen, please fill in below

First relapse/progression study protocol (One option)

- ☐ MEMMAT 2018
- ☐ Other

If Other, please Specify

_____

Surgery

Only fill in if First relapse treatment is Yes

Surgery

☐ Yes ☐ No ☐ Data missing

If Yes, please fill in below

Surgery date

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

Comment treatment

_____
_____
_____
_____

Radiotherapy

Only fill in if First relapse treatment is Yes
Radiotherapy

☐ Yes ☐ No ☐ Data missing

RT technique (several option)

- ☐ Photons
- ☐ Protons
- ☐ Stereotaxi

If Stereotaxi has chosen, please fill in below

Stereotaxi, method

☐ Linear acceleration ☐ Gamma knife ☐ Other technique

If Other technique, please specify other

_____

RT total dose (Gy) to primary tumor

☐ Yes ☐ No ☐ Data missing

If yes, please fill in below

Gy: _____ ☐ Data missing

Fraction, Gy: _____ ☐ Data missing

RT total dose (Gy) to craniospinal axis

☐ Yes ☐ No ☐ Data missing

If yes, please fill in below

Gy: _____ ☐ Data missing

Fraction, Gy: _____ ☐ Data missing

RT total dose (Gy) to ventricles

☐ Yes ☐ No ☐ Data missing

If yes, please fill in below

Gy: _____ ☐ Data missing

Fraction, Gy: _____ ☐ Data missing

RT total dose (Gy) to metastasis

☐ Yes ☐ No ☐ Data missing

If yes, please fill in below

Gy: _____ ☐ Data missing

Fraction, Gy: _____ ☐ Data missing

RT total dose (Gy), Other

☐ Yes ☐ No ☐ Data missing

If yes, please fill in below

Specify location: _____ ☐ Data missing

Comment:

_____
_____
_____
_____

Chemotherapy

<u>Only fill in if First relapse treatment is Yes</u>

Chemotherapy

☐ Yes ☐ No ☐ Data missing

If yes, please fill in below

Drugs (several options)

- ☐ Cisplatin
- ☐ Carboplatin
- ☐ Etoposide
- ☐ Cyclofosfamide
- ☐ Ifosfamide
- ☐ Methotrexate
- ☐ Vincristine
- ☐ Vinblastine
- ☐ CCNU
- ☐ Temozolomide
- ☐ Other

If Other, please specify

_____

HDSCR

☐ Yes ☐ No ☐ Data missing

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

_____

Comment:

_____
_____
_____
_____

Response to first relapse treatment

Only fill in if First relapse treatment is Yes

Response to first relapse treatment (One option)

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

Comment:

_____
_____
_____
_____

Second relapse

Only fill in if Relapse is Yes

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
- ☐ Immune therapy
- ☐ No treatment

If Targeted therapy, please specify targeted therapy

_____

Comment:

_____
_____
_____
_____

Third relapse

Only fill in if Second relapse is Yes

Third relapse

☐ Yes ☐ No ☐ Data missing

If Yes, please fill in below

Date third relapse

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

Second relapse treatment (several option)

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

If Targeted therapy, please specify targeted therapy

_____

Comment:

_____
_____
_____
_____

Further relapse

Only fill in if Third relapse is Yes

Further relapse

☐ Yes ☐ No ☐ Data Missing

Second malignant neoplasm

Second malignant neoplasm

☐ Yes ☐ No ☐ Data Missing

If Yes, please fill in below

Date

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

Microscopic SMN diagnosis

_____

Pathology laboratory

_____

Pathology nr

_____

Comment:

_____
_____
_____
_____