Svenska barncancerregistret – VCTB
Relapse/SMN - formulär

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

Follow up

Date current FU
| 2 | 0 |___|___|___|___|___|___|

Status current FU (one option)

- ☐ Too early for evaluation
- ☐ Alive CR-1
- ☐ Alive with primary tumor
- ☐ Alive UNS relapse not reported
- ☐ Alive under treatment for relapse
- ☐ Alive in CR-2
- ☐ Dead before CR
- ☐ Dead in CR-1
- ☐ Dead after relapse(s)
- ☐ Dead UNS relapse not reported
- ☐ Dead progressive disease relapse not reported
- ☐ Dead unknown reason/status
- ☐ Lost to FU

If lost to FU, specify date
| 2 | 0 |___|___|___|___|___|___|

If lost to FU, please specify reason

_____

Primary event

☐ Yes ☐ No ☐ Data missing

Event date
| 2 | 0 |___|___|___|___|___|___|

Type of event

☐ Progression/relapse ☐ Death ☐ SMN ☐ Other

Comment

_____

Follow up hospital

Follow up hospital (one option)

_____

Transition year

_____

Death

Only fill in if Type of event is Death

Death date

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

Death (one option)

- ☐ Death before CR
- ☐ Death in CR
- ☐ Death after progressive disease/relapse
- ☐ Death from SMN
- ☐ Death unknown cause, progressive disease not reported

Comment

_____
_____
_____
_____

Dead in CR, treatment related cause

☐ Yes ☐ No ☐ Data missing

If Yes, please specify

_____

Dead in CR, treatment related cause

☐ Yes ☐ No ☐ Data missing

If Yes, please specify

_____