Svenska barncancerregistret – VSTB

Diagnosis – formulär

Version 210921

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

Personal information

Age at diagnosis:

_____

Body height at diagnosis (cm):

_____

Body weight at diagnosis (kg):

_____

Staging

If ICCC3-diagnosis is group IV (410-420) please fill in below

Stage (One option)

- ☐ L1
- ☐ L2
- ☐ M
- ☐ Ms

Risk group (One option)

- ☐ LR
- ☐ IR
- ☐ HR

Revised stage:

_____

_____

If ICCC3-diagnosis is group V (500, Retinoblastoma) please fill in below

Stage (One option)

- ☐ A
- ☐ B
- ☐ C1
- ☐ C2
- ☐ C3
- ☐ D1
- ☐ D2
- ☐ D3
- ☐ E

If ICCC3-diagnosis is group VI (611-630) please fill in below

Preop stage (One option)
- ☐ I-III
- ☐ IV
- ☐ V

Postop stage (One option)
- ☐ I
- ☐ II
- ☐ III
- ☐ V
- ☐ IV

Pathologic risk group (One option)
- ☐ Low
- ☐ Intermediate
- ☐ High

Reference pathology performed

☐ Yes ☐ No ☐ Data missing

If ICCC3-diagnosis is group VII (710-730) please fill in below

PRETEXT (Preoperative tumor extension) (One option)
- ☐ I
- ☐ II
- ☐ III
- ☐ V

If ICCC3-diagnosis is group VIII (810-850) please fill in below

Stage (One option)
- ☐ Localized
- ☐ Metastatic

FDG-PET performed

☐ Yes ☐ No ☐ Data missing

If ICCC3-diagnosis is group IX (910-950) please fill in below

Stage (One option)
- ☐ Localized
- ☐ Metastatic

Post-surgical stage (One option)
- ☐ I
- ☐ II
- ☐ III

FDG-PET performed

☐ Yes ☐ No ☐ Data missing

Tumor group (One option)
- ☐ RMS
- ☐ RMS-Like
- ☐ Non-RMS

RMS treatment group (One option)
- ☐ LR
- ☐ SR
- ☐ HR
- ☐ VHR

If ICCC3-diagnosis is group X (1011-1050) please fill in below

Clinical stage (One option)
- ☐ I
- ☐ II
- ☐ III
- ☐ V

Post-surgical stage (One option)
- ☐ I
- ☐ II
- ☐ III
- ☐ V

Post-surgical stage missing

☐ Yes ☐ No

Risk group (One option)
- ☐ Low
- ☐ Intermediate
- ☐ High

If ICCC3-diagnosis is group XI (1111-1169) please fill in below

Clinical stage (One option)
- ☐ Localized
- ☐ Metastatic

Post-surgical stage

_____

If ICCC3-diagnosis is group XII (1211-1220) please fill in below

Clinical stage (One option)
- ☐ Localized
- ☐ Metastatic

Post-surgical stage

_____

Primary tumor tissue

Tumor markers pathologically elevated

If ICCC3-diagnosis is group X (1011-1050) please fill in below

AFP

☐ Yes ☐ No ☐ Data missing

b-HCG

☐ Yes ☐ No ☐ Data missing

CA-125

☐ Yes ☐ No ☐ Data missing

PLAP

☐ Yes ☐ No ☐ Data missing

Estradiol

☐ Yes ☐ No ☐ Data missing

If ICCC3-diagnosis is IVa Neuroblastom and ganglioneuroblastom (410) please fill in below

u-HVA

☐ Yes ☐ No ☐ Data missing

u-VMA

☐ Yes ☐ No ☐ Data missing

u-Dopamin

☐ Yes ☐ No ☐ Data missing

p-chromogranin

☐ Yes ☐ No ☐ Data missing

p-NSE

☐ Yes ☐ No ☐ Data missing

If ICCC3-diagnosis is VIIa Hepatoblastom (710) please fill in below

AFP<100

☐ Yes ☐ No ☐ Data missing

AFP value (mg/L):

_____

If ICCC3-diagnosis is XIa Adrenocortical carcinomasm (1110) please fill in below

Cortisol

☐ Yes ☐ No ☐ Data missing

Other steroids

☐ Yes ☐ No ☐ Data missing

LDH

☐ Yes ☐ No ☐ Data missing

Ferritin

☐ Yes ☐ No ☐ Data missing

Other

☐ Yes ☐ No ☐ Data missing

If Other, please specify other tumor marker:

_____

Biomarkers

If ICCC3-diagnosis is IVa Neuroblastom and ganglioneuroblastom (410) please fill in below

NCA (numerical chromosomal abnormalities)

☐ Yes ☐ No ☐ Data missing

SCA (segmental chromosomal abnormalities)

☐ Yes ☐ No ☐ Data missing

MYCN-amplification

☐ Yes ☐ No ☐ Data missing

ALK-mutation/-amplification

☐ Yes ☐ No ☐ Data missing

If ICCC3-diagnosis is IXa Rhabdomyosarkom (910) please fill in below

PAX3/7-FOXO1 fusion

☐ Yes ☐ No ☐ Data missing

MYOD1-mutation

☐ Yes ☐ No ☐ Data missing

Other mutation

☐ Yes ☐ No ☐ Data missing

If Other, please specify other mutation:

_____

DNA-methylation array

☐ Yes ☐ No ☐ Data missing

Confirming WHO diagnosis? (*If DNA-methylation array is Yes*)

☐ Yes ☐ No ☐ Not applicable ☐ Data missing

Comment:

_____
_____
_____
_____

Whole genome or exome sequencing of tumour tissue

☐ Yes ☐ No ☐ Data missing

Tumor tissue sent to the Swedish Childhood Tumor Bank

☐ Yes ☐ No ☐ Data missing

If yes, please specify (several options)

- ☐ Fresh frozen
- ☐ Formaline fixed
- ☐ Blood
- ☐ Unknown

Has genomwide sequencing of the tumor material been performed?

☐ Yes ☐ No ☐ Data missing

Metastatis site

Metastatis at diagnosis

☐ Yes ☐ No ☐ Data missing

If yes, please specify (several options)

Metastatis site

- ☐ Liver
- ☐ Skeleton
- ☐ Skin
- ☐ Lung
- ☐ Lgl local
- ☐ Lgl distant
- ☐ Bone marrow
- ☐ Other

If Other, please specify:

_____

Comment:

_____
_____
_____
_____