Svenska barncancerregistret – VSTB

Treatment – formulär

Version 210921

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

Treatment first line

Intention

☐ Active tumor treatment ☐ Palliative tumor treatment ☐ Active expectancy

If Palliative tumor treatment, please specify:

_____

Date start of treatment:

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

Date treatment stopped:

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

Comment:

_____
_____
_____
_____

Protocol/Study

Included (registered) in clinical treatment study

☐ Yes ☐ No

If Included (registered) in clinical treatment study Is Yes, please fill in below:

Specify treatment (One option)

- ☐ Clinical trial with option to randomize
- ☐ Clinical trial without option to randomize (observational study) but with registration

Comment treatment:

_____

Protocol name (*One option*)**:**

- ☐ CWS-guidance
- ☐ EURAMOS 1
- ☐ Euronet-PHL-LP1
- ☐ Ewing 2008
- ☐ SIOPEN HR-NBL-1
- ☐ LINES
- ☐ SIOP WILMS 2001
- ☐ EU-RHAB
- ☐ Euro-Net PHL-C1
- ☐ Euro-Net PHL-C2
- ☐ SIOP RTSG-2016 Umbrella
- ☐ GC III
- ☐ SIOPEL 3
- ☐ SIOPEL 4
- ☐ PHITT
- ☐ OMS/DES 2011
- ☐ CWS
- ☐ SSG
- ☐ ENSG
- ☐ EpSSG
- ☐ Euro-Ewing 99
- ☐ ISG/SSG
- ☐ NB 99
- ☐ ROSEN
- ☐ SIOP-93
- ☐ SIOPEL 2
- ☐ SIOPEL 5
- ☐ SIOPEL 6
- ☐ GPOH

Comment (specify e.g. riskgroup, protocol arm/stratum, randomization arm etc.):

_____

Registration in other studies

☐ Yes ☐ No ☐ Data missing

If yes, please fill in below studies

- ☐ NOPHO-CARE
- ☐ NOPHO-MATCH
- ☐ INFORM
- ☐ Other

If Other, please specify. Registration in other studies:

_____

If Included (registered) in clinical treatment study Is No, please fill in below:

Reason for not participating

- ☐ Clinical treatment trial NOT available
- ☐ Clinical trial available, but patient not included

If Clinical trial available, but patient not included, please fill in below:

Reason for non-inclusion in trial

- ☐ Patient related reason
- ☐ Health care related reason
- ☐ Other reason

If Other reason, please specify:

_____

Specify treatment (One option):

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

If Other, please specify below:

_____

Comment treatment:

_____

Comment (specify e.g. riskgroup, protocol arm/stratum, randomization arm etc.):

_____

Registration in other studies

☐ Yes ☐ No ☐ Data missing

If yes, please fill in below studies

- ☐ NOPHO-CARE
- ☐ NOPHO-MATCH
- ☐ INFORM
- ☐ Other

If Other, please specify. Registration in other studies:

_____

Primary tumor surgery

Primary tumor surgery

☐ Yes ☐ No ☐ Data missing

If Yes, please fill in below:

Date of tumor surgery

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

Hospital:

_____

Type of surgical procedure

- ☐ Open surgery
- ☐ Minimally invasive surgery
- ☐ Percutaneous biopsy

Biopsy only (open or laparoscopic, but no attempt at radical surgery)

☐ Yes ☐ No ☐ Data missing

If Biopsy only is No, please fill in below

Surgical treatment of metastases

☐ Yes ☐ No ☐ Data missing

If Surgical treatment of metastases is Yes, please specify:

_____

Surgery: macroscopically radical

☐ Yes ☐ No ☐ Data missing

Pathology: microscopically radical

☐ Yes ☐ No ☐ Data missing

Imaging: residual tumor on first post-op CT/MRI

☐ Yes ☐ No ☐ Data missing

Surgical complications

☐ Yes ☐ No ☐ Data missing

Grade (If Surgical complications is Yes, please fill in option below)

- ☐ I
- ☐ II
- ☐ III
- ☐ IV
- ☐ V

Radiotherapy

Radiotherapy

☐ Yes ☐ No ☐ Data missing

If yes, please fill in below

Start RT

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

End RT

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

RT technique

- ☐ Photons
- ☐ Protons
- ☐ Stereotactic

Stereotactic, method

☐ Linear acceleration ☐ Gamma knife ☐ Other technique

If Other technique, please specify other:

_____

Chemotherapy

Chemotherapy

☐ Yes ☐ No ☐ Data missing

If yes, please fill in below

Start Chemotherapy

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

Stop Chemotherapy

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

Substances (Drugs)

1. _____
2. _____
3. _____

High dose chemotherapy with stem cell rescue (HDSCR)

☐ Yes ☐ No ☐ Data missing

First HDSCR (If High dose chemotherapy with stem cell rescue is Yes, please fill in below)

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

Second HDSCR (If High dose chemotherapy with stem cell rescue is Yes, please fill in below)

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

Comment:

_____

Other therapy

Intrathecal treatment

☐ Yes ☐ No ☐ Data missing

If Yes, please specify

_____

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:

_____
_____
_____
_____

Treatment response

Response to first line treatment (One option)

- ☐ Complete response (CR)
- ☐ Partial response (PR)
- ☐ Stable disease (SD
- ☐ Progressive disease (PD)
- ☐ Death during first line treatment

First line therapy stopped

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

First line therapy stopped due to (One option)

- ☐ Planned treatment completed
- ☐ Tumor progression/relapse
- ☐ Side effects
- ☐ Death
- ☐ Other cause

If Other cause, please specify

_____

Comment:

_____
_____
_____
_____

Second line treatment

Second line treatment

☐ Yes ☐ No ☐ Data missing

If Yes, please fill in below

Start

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

Stop

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

Second line treatment started due to

☐ Relapse/progression ☐ Toxicity ☐ Other cause

If Other cause, please specify

_____

Access to clinical study for second line 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
- ☐ Compassionate use program
- ☐ Other

Comment:

_____
_____
_____
_____

Surgery

Only fills in if Second line treatment is Yes

Second line surgery

☐ Yes ☐ No ☐ Data missing

If Yes, please fill in below

Surgery date

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

Comment:

_____
_____
_____
_____

Radiotherapy

Only fills in if Second line treatment is Yes

Radiotherapy

☐ Yes ☐ No ☐ Data missing

If yes, please fill in below

RT technique (Several options)

- ☐ Photons
- ☐ Protons
- ☐ Stereotaxi

Comment:

_____
_____
_____

Chemotherapy

Only fills in if Second line treatment is Yes

Second line chemotherapy

☐ Yes ☐ No ☐ Data missing

If yes, please fill in below

Substances (Drugs)

1. _____
2. _____
3. _____

HDSCR

☐ Yes ☐ No ☐ Data missing

Second line targeted therapy

☐ Yes ☐ No ☐ Data missing

If Yes, please specify:

_____

Comment:

_____
_____
_____
_____

Other therapy

Only fills in if Second line treatment is Yes

Second line immunotherapy

☐ Yes ☐ No ☐ Data missing

If Yes, please specify:

_____

Second line other therapy

☐ Yes ☐ No ☐ Data missing

If Yes, please specify:

_____

Response second line treatment

Only fills in if Second line treatment is Yes

Response to second line treatment

- ☐ Complete response (CR)
- ☐ Partial response (PR)
- ☐ Stable disease (SD)
- ☐ Progressive disease (PD)
- ☐ Death

Comment:

_____
_____
_____
_____