Svenska barncancerregistret – VSTB

Relapse/SMN – formulär

Version 210921

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

Relapse/progression

Relapse

☐ Yes ☐ No ☐ Data missing

If yes, please fill in below

Date

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

Relapse localisation (several option)

- ☐ Local
- ☐ Distant
- ☐ Unknown

Molecular profiling

☐ Yes ☐ No ☐ Data missing

Relapse diagnosis verified with pathology

☐ Yes ☐ No ☐ Data missing

Pathology laboratory:

_____

Pathology nr:

_____

Comment:

_____

_____

_____

_____

First relapse treatment

Fill in below if Relapse is Yes

First relapse treatment

☐ Yes ☐ No ☐ Data missing

If First relapse treatment is Yes, fill in below

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

Surgery

If First relapse treatment is Yes, fill in below

Surgery

☐ Yes ☐ No ☐ Data missing

If Yes, please fill in below

Surgery date

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

Comment:

_____
_____
_____
_____

Radiotherapy

If First relapse treatment is Yes, fill in below

Radiotherapy

☐ Yes ☐ No ☐ Data missing

If yes, please fill in below

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:

_____

Chemotherapy

If First relapse treatment is Yes, fill in below

Chemotherapy

☐ Yes ☐ No ☐ Data missing

If yes, please fill in below

Substances (Drugs):

1. _____
2. _____
3. _____

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

If First relapse treatment is Yes, fill in below

Response to first relapse treatment (One option)

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

Comment:

_____
_____
_____
_____

Second relapse

If first relapse treatment is Yes, please fill in below

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

If second relapse is Yes, please fill in below

Third relapse

☐ Yes ☐ No ☐ Data missing

If Yes, please fill in below

Date third relapse

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

Third relapse treatment (several option)

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

If Targeted therapy, please specify targeted therapy:

_____

Comment:

_____
_____
_____
_____

Further relapse

If Third relapse is Yes, please fill in below

Further relapse

☐ Yes ☐ No ☐ Data Missing