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SOLID TUMOURS

DISEASE

Note: complete this form only if this diagnosis was the indication for the HCT/CT or if it was specifically requested. Consult the manual for further information.

Date of diagnosis: ____/____/____ (YYYY/MM/DD)

Classification:

<input type="checkbox"/> Bone sarcoma (excluding Ewing sarcoma/PNET)
<input type="checkbox"/> Breast
<input type="checkbox"/> Central nervous system tumours (include CNS PNET)
<input type="checkbox"/> Ewing sarcoma (ES)/PNET, extra-skeletal
<input type="checkbox"/> Ewing sarcoma(ES)/PNET, skeletal
<input type="checkbox"/> Ewing sarcoma(ES)/PNET, not classified
<input type="checkbox"/> Germ cell tumour, extragonadal only
<input type="checkbox"/> Germ cell tumour, gonadal
<input type="checkbox"/> GI tract and Hepatopancreatic cancer
<input type="checkbox"/> Kidney cancer excluding Wilm's tumour
<input type="checkbox"/> Lung cancer, non-small cell (NSCLC)
<input type="checkbox"/> Lung cancer, small cell
<input type="checkbox"/> Medulloblastoma
<input type="checkbox"/> Melanoma
<input type="checkbox"/> Nasopharyngeal carcinoma
<input type="checkbox"/> Neuroblastoma
<input type="checkbox"/> Ovarian (carcinoma)
<input type="checkbox"/> Prostate
<input type="checkbox"/> Retinoblastoma
<input type="checkbox"/> Rhabdomyosarcoma
<input type="checkbox"/> Soft tissue sarcoma (excluding Rhabdo and extra-skeletal ES)
<input type="checkbox"/> Thymoma
<input type="checkbox"/> Wilm's tumour
<input type="checkbox"/> Other; specify: _____

TNM classification:

<u>Type:</u>	<u>Tumour:</u>	<u>Nodes:</u>	<u>Metastases:</u>
<input type="checkbox"/> Clinical	<input type="checkbox"/> TX	<input type="checkbox"/> NX	<input type="checkbox"/> MX
<input type="checkbox"/> Pathological	<input type="checkbox"/> T0	<input type="checkbox"/> N0	<input type="checkbox"/> M0
	<input type="checkbox"/> T1	<input type="checkbox"/> N1	<input type="checkbox"/> M1
	<input type="checkbox"/> T2	<input type="checkbox"/> N2	<input type="checkbox"/> Not evaluated
	<input type="checkbox"/> T3	<input type="checkbox"/> N3	<input type="checkbox"/> Unknown
	<input type="checkbox"/> T4	<input type="checkbox"/> Not evaluated	
	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Unknown		

DISEASE continued

Disease-specific staging:

- I
 II
 III
 IV
 Not evaluated
 Unknown

Breast carcinoma risk factors and staging at diagnosis (*Breast carcinoma only*):

Receptor status:	Estrogen (ER):	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive: ER values: _____	<input type="checkbox"/> Not evaluated
	Progesterone (PgR):	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive: PgR values: _____	<input type="checkbox"/> Not evaluated
	HER2/neu (c-erb-B2):	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Not evaluated
Defined by:		<input type="checkbox"/> IHC 3+	<input type="checkbox"/> IHC 1/2+ and FISH+	

 Axillary lymph nodes at surgery: N^o positive / N^o examined = ____ / ____ Not evaluated

 Sentinel Node: Negative Positive Not evaluated

 Carcinoma type (*tick only one*): Ductal carcinoma Lobular carcinoma Other; specify: _____

Proliferation index (activity by Ki67 or MiB1 immunostaining): _____ % of positive cells

 Inflammatory breast cancer: Yes No

Germ cell tumour risk factors and staging at diagnosis (*Germ cell tumours only*):

 Histological classification: Seminoma Non-seminoma

(Note: mixed tumours to be considered as non-seminoma)

 Site of origin: Gonadal
 Extra-gonadal: Retroperitoneal
 Mediastinal
 Other sites; specify: _____