

Childhood Cancer Survivor Study Initial Treatment Period

Medical Record Abstraction Worksheet 2008

Name of Patient: _____
(Please print)

Institutional Patient Identification Number: _____

Date of Diagnosis:

M	M

 /

D	D

 /

Y	Y	Y	Y

Diagnosis: _____

If the current diagnosis is "NOS", is there a more detailed diagnosis in the medical record?
 Yes, more detailed diagnosis is: _____
 No

Person Completing this Worksheet: _____
(Please print)

Institutional Password:

--	--	--	--	--	--	--	--

CCSS ID#:

--	--	--	--	--	--	--	--	--	--

Today's Date:

M	M

 /

D	D

 /

Y	Y	Y	Y

The Medical Record Abstraction Worksheet begins with a "disease diagnosis" section, followed by a single "treatment collection" section.

In this treatment collection section, please record chemotherapy, surgery and radiotherapy received by this patient. In the event there was a period of six months or more where the patient did not receive any treatment, you will be asked to provide any subsequent treatment periods on the Medical Record Abstraction Worksheet ADDENDUM (2nd treatment, 3rd treatment, 4th treatment). The definition of a "treatment period" is continuous therapy with no gap in therapy (chemotherapy, radiation, or surgery) greater than six months.


Is this treatment for the initial treatment period?

Yes

No **→ If no, do not use this worksheet. Please use Medical Record Abstraction Worksheet ADDENDUM.**

Has the patient had a gap in therapy of greater than 6 months?

No

Yes 

If yes, complete one Medical Record Abstraction Worksheet ADDENDUM for each additional treatment period.

This Medical Record Abstraction Worksheet is 1 of total abstraction worksheets.

A. PRIMARY SITE, LATERALITY, AND STAGE

Mark the box beside the appropriate diagnosis. Check only one response for each category under diagnosis (i.e. Primary Tumor Site, Laterality, and Tumor Stage).

1. LEUKEMIA

2. CNS TUMOR

Primary Tumor Site

(Select only one)

- Cerebrum
- Frontal lobe
- Temporal lobe
- Parietal lobe
- Occipital lobe
- Brain stem
- Spinal cord
- Cauda equina
- Cerebral meninges
- Spinal meninges
- Brain, NOS
- Meninges, NOS
- Ventricle, NOS
- Cerebellum, NOS
- Other

Specify

Laterality

(Select only one)

- Right
- Left
- Bilateral
- Not Available

Tumor Stage

(Select only one)

- Localized, completely resected
- Localized, incompletely resected
- Disseminated within the CNS, brain only
- Disseminated within the CNS, spine only
- Disseminated within the CNS, brain and spine
- Disseminated outside of the CNS
- Not Available

Continue on next page.

3. HODGKIN LYMPHOMA

Primary Tumor Site

Not Required

Laterality

Not Required

Tumor Stage

(Ann Arbor Staging System)

(Select only one)

Stage I

Not Available

Stage II

Other staging system

Stage III

Stage IV

If Other, please specify staging system and stage.

4. NON-HODGKIN LYMPHOMA

Primary Tumor Site

Not Required

Laterality

Not Required

Tumor Stage

(Murphy Staging System)

(Select only one)

Stage I

Not Available

Stage II

Other staging system

Stage III

Stage IV

If Other, please specify staging system and stage.

5. KIDNEY TUMOR

Primary Tumor Site

Kidney, NOS

Laterality

(Select only one)

Right

Left

Bilateral

Not Available

Tumor Stage

(National Wilms Tumor Study (NWTS) Staging System)

(Select only one)

Stage I

Not Available

Stage II

Other staging system

Stage III

Stage IV

Stage V

If Other, please specify staging system and stage.

6. NEUROBLASTOMA

Primary Tumor Site

Not Required

Laterality

Not Required

Tumor Stage

(International Neuroblastoma Staging System (INSS))

(Select only one)

Stage 1

Not Available

Stage 2A

Other staging system

Stage 2B

Stage 3

Stage 4

Stage 4S

If Other, please specify staging system and stage.

□ 7. SOFT TISSUE SARCOMA

Primary Tumor Site (Select only one)

Head, face, neck or spine

- Lip, NOS
- Tongue, NOS
- Base of tongue, NOS
- Gum, NOS
- Floor of mouth, NOS
- Palate, NOS
- Mouth, NOS
- Parotid gland
- Major salivary gland, NOS
- Tonsil, NOS
- Oropharynx, NOS
- Nasopharynx, NOS
- Nasal cavity
- Middle ear
- Maxillary sinus
- Ethmoid sinus
- Frontal sinus
- Sphenoid sinus
- Bones of skull and face and associated joints
- Vertebral column
- Orbit, NOS
- Head, face or neck, NOS
- Spinal cord
- Brain, NOS
- Other

Specify

Thorax

- Heart
- Mediastinum, NOS
- Rib, sternum, clavicle and associated joints
- Connective, subcutaneous and other soft tissues of thorax
- Thorax, NOS
- Pleura, NOS
- Lung, NOS
- Other

Specify

Abdomen

- Gallbladder
- Pancreas, NOS
- Spleen
- Intrahepatic bile duct
- Anus, NOS
- Retroperitoneum
- Connective, subcutaneous and other soft tissues of abdomen
- Kidney
- Abdomen, NOS
- Liver (Hepatic NOS)
- Gastrointestinal tract, NOS
- Peritoneum
- Other

Specify

Pelvis

- Pelvic bones, sacrum, coccyx and associated joints
- Connective, subcutaneous and other soft tissues of pelvis
- Vagina
- Prostate gland
- Testis, NOS
- Uterus, NOS
- Ovary
- Vulva, NOS
- Female genital tract, NOS
- Bladder, NOS
- Pelvis, NOS
- Other

Specify

Upper limb

- Long bones of upper limb, scapula and associated joints
- Short bones of upper limb and associated joints
- Connective, subcutaneous and other soft tissues of upper limb and shoulder
- Upper limb, NOS
- Other

Specify

Lower limb

- Long bones of lower limb and associated joints
- Short bones of lower limb and associated joints
- Connective, subcutaneous and other soft tissues of lower limb and hip
- Lower limb, NOS
- Other

Specify

Other

- Lymph node, NOS
- Connective, subcutaneous and other soft tissues, NOS
- Bone, NOS
- Bone marrow
- Other

Specify

7. SOFT TISSUE SARCOMA . . .(Continued)

Laterality

(Select only one)

- Right
- Left
- Bilateral
- Not Available

Tumor Group

(Select only one)

- IA
- IB
- IIA
- IIB
- IIC
- IIIA
- IIIB
- IV
- Not Available

Tumor Stage

(Intergroup Rhabdomyosarcoma Study (IRS) Staging System)
(Select only one)

- Stage I
- Stage II
- Stage III
- Stage IV
- Localized (Stage not available)
- Disseminated (Stage not available)
- Other staging system

If Other, please specify staging system and stage.

8. BONE TUMOR

Primary Tumor Site

(Select only one)

- Long bones of upper limb, scapula and associated joints
- Short bones of upper limb and associated joints
- Long bones of lower limb and associated joints
- Short bones of lower limb and associated joints
- Bones of skull and face and associated joints
- Vertebral column
- Rib, sternum, clavicle and associated joints
- Pelvic bones, sacrum, coccyx and associated joints
- Liver (Hepatic NOS)
- Connective, subcutaneous and other soft tissues, NOS
- Bone, NOS
- Bone marrow
- Brain, NOS
- Lung, NOS
- Other

Specify

Laterality

(Select only one)

- Right
- Left
- Bilateral
- Not Available

Tumor Stage

(Select only one)

- Localized
- Disseminated
- Not Available

B. BONE MARROW TRANSPLANT

1. Has this patient received a hematopoietic stem cell infusion during this treatment period?

Yes

No → **Go to Protocol Information section C.**

2. What was the donor source(s) of this infusion?

(Check all that apply)

- Allogeneic related marrow
- Allogeneic unrelated marrow
- Autologous marrow (marrow harvest)
- Autologous stem cells (pheresis)
- Cord blood

3. Date of first hematopoietic stem cell infusion:

(Please report date of the first infusion if multiple infusions were received.)

M	M	/	D	D	/	Y	Y	Y	Y

C. PROTOCOL INFORMATION

Indicate all standard protocols this patient was placed on during this treatment period.

<p>Protocol 1</p> <p>Study Group (Select only one)</p> <p><input type="checkbox"/> CCG <input type="checkbox"/> St. Jude</p> <p><input type="checkbox"/> POG <input type="checkbox"/> None</p> <p><input type="checkbox"/> SWOG <input type="checkbox"/> Other</p> <p><input type="checkbox"/> CALGB <input style="border: 1px solid black; padding: 2px 5px;" type="text" value="Specify group"/></p> <p>Protocol #</p> <table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													<p>Protocol 2</p> <p>Study Group (Select only one)</p> <p><input type="checkbox"/> CCG <input type="checkbox"/> St. Jude</p> <p><input type="checkbox"/> POG <input type="checkbox"/> None</p> <p><input type="checkbox"/> SWOG <input type="checkbox"/> Other</p> <p><input type="checkbox"/> CALGB <input style="border: 1px solid black; padding: 2px 5px;" type="text" value="Specify group"/></p> <p>Protocol #</p> <table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													<p>Protocol 3</p> <p>Study Group (Select only one)</p> <p><input type="checkbox"/> CCG <input type="checkbox"/> St. Jude</p> <p><input type="checkbox"/> POG <input type="checkbox"/> None</p> <p><input type="checkbox"/> SWOG <input type="checkbox"/> Other</p> <p><input type="checkbox"/> CALGB <input style="border: 1px solid black; padding: 2px 5px;" type="text" value="Specify group"/></p> <p>Protocol #</p> <table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>												

D. CHEMOTHERAPY

Any gap in therapy of greater than 6 months will require a separate treatment section found in the Medical Record Abstraction Worksheet ADDENDUM.

1. Did this individual receive any chemotherapy during this treatment period?

Yes

No → **Go to Surgical Procedures section E, page 13.**

2. Date first chemotherapy initiated:

M	M	/	D	D	/	Y	Y	Y	Y

3. Date all chemotherapy completed:

M	M	/	D	D	/	Y	Y	Y	Y

Chemotherapy information (exposure)

Please check all chemotherapies received and route of administration where indicated.

Actinomycin-D <input type="checkbox"/>	G-CSF (Filgrastim) <input type="checkbox"/>	Taxotere <input type="checkbox"/>
Anti-Thymocyte Globulin (ATG). . . <input type="checkbox"/>	Gemcitabine (Gemzar) <input type="checkbox"/>	Temozolomide (Temodar) <input type="checkbox"/>
Àra-G (Nelarabine) <input type="checkbox"/>	Gleevec (Imatinib mesylate) <input type="checkbox"/>	6-Thioguanine (6-TG) <input type="checkbox"/>
5-Azacytadine <input type="checkbox"/>	GM-CSF (Sargramostim) <input type="checkbox"/>	Thiotepa <input type="checkbox"/>
BCNU (Carmustine) <input type="checkbox"/>	Hydroxyurea (Hydrea) <input type="checkbox"/>	<div style="border: 1px solid black; padding: 2px;">If yes, specify route. <input type="checkbox"/> IV/IM <input type="checkbox"/> IT</div>
Bleomycin <input type="checkbox"/>	Idarubicin <input type="checkbox"/>	Topotecan (Hycamtin) <input type="checkbox"/>
<div style="border: 1px solid black; padding: 2px;">If yes, specify route. <input type="checkbox"/> IV/IM <input type="checkbox"/> Sub-Q</div>	Ifosfamide <input type="checkbox"/>	Vinblastine (Velban) <input type="checkbox"/>
Busulfan <input type="checkbox"/>	Interferon <input type="checkbox"/>	Vincristine <input type="checkbox"/>
<div style="border: 1px solid black; padding: 2px;">If yes, specify route. <input type="checkbox"/> IV/IM <input type="checkbox"/> PO</div>	Interleukin-2 (Aldesleukin) <input type="checkbox"/>	Vinorelbine (Navelbine) <input type="checkbox"/>
Campath (Alemtuzumab) <input type="checkbox"/>	Irinotecan (Camptosar) <input type="checkbox"/>	VM-26 (Teniposide) <input type="checkbox"/>
Carboplatin <input type="checkbox"/>	L-Asparaginase <input type="checkbox"/>	VP-16 (Etoposide) <input type="checkbox"/>
CCNU (Lomustine) <input type="checkbox"/>	Melphalan <input type="checkbox"/>	<div style="border: 1px solid black; padding: 2px;">If yes, specify route. <input type="checkbox"/> IV/IM <input type="checkbox"/> PO</div>
Chlorambucil <input type="checkbox"/>	<div style="border: 1px solid black; padding: 2px;">If yes, specify route. <input type="checkbox"/> IV/IM <input type="checkbox"/> PO</div>	Zinecard (Dexrazoxane) <input type="checkbox"/>
Cis-platinum <input type="checkbox"/>	6-Mercaptopurine (6-MP) <input type="checkbox"/>	Other drug 1 <input type="checkbox"/>
Cyclophosphamide (Cytosan) <input type="checkbox"/>	Mesna <input type="checkbox"/>	<div style="border: 1px solid black; padding: 2px;">Specify</div>
<div style="border: 1px solid black; padding: 2px;">If yes, specify route. <input type="checkbox"/> IV/IM <input type="checkbox"/> PO</div>	Methotrexate <input type="checkbox"/>	Other drug 2 <input type="checkbox"/>
Cyclosporine (CSA) <input type="checkbox"/>	<div style="border: 1px solid black; padding: 2px;">If yes, specify route. <input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> IT/Ommaya</div>	<div style="border: 1px solid black; padding: 2px;">Specify</div>
Cytosine arabinoside (Ara-C) <input type="checkbox"/>	Mitoxantrone (Novantrone) <input type="checkbox"/>	Other drug 3 <input type="checkbox"/>
Daunorubicin (Daunomycin) <input type="checkbox"/>	Mycophenolate (CellCept) <input type="checkbox"/>	<div style="border: 1px solid black; padding: 2px;">Specify</div>
Dexamethasone <input type="checkbox"/>	Mylotarg (Gemtuzumab) <input type="checkbox"/>	Other drug 4 <input type="checkbox"/>
Doxil <input type="checkbox"/>	Nitrogen mustard (Mechlorethamine) <input type="checkbox"/>	<div style="border: 1px solid black; padding: 2px;">Specify</div>
Doxorubicin (Adriamycin) <input type="checkbox"/>	Prednisone <input type="checkbox"/>	Other drug 5 <input type="checkbox"/>
DTIC (Dacarbazine) <input type="checkbox"/>	Procarbazine <input type="checkbox"/>	<div style="border: 1px solid black; padding: 2px;">Specify</div>
Epirubicin <input type="checkbox"/>	Retinoic Acid <input type="checkbox"/>	<div style="border: 1px solid black; padding: 2px;">Specify</div>
Erythropoetin (EPO) <input type="checkbox"/>	Rituximab (Rituxan) <input type="checkbox"/>	
Fludarabine <input type="checkbox"/>	Sirolimus <input type="checkbox"/>	
5-FU (Fluorouracil) <input type="checkbox"/>	Tacrolimus <input type="checkbox"/>	
	Taxol <input type="checkbox"/>	

Specific Agents

Use the following codes for abstracting cumulative dose for selected drugs.

Codes for Specific Agents:

1 BCNU (Carmustine) IV/IM	13 Doxil IV/IM	25 Nitrogen mustard (Mechlorethamine) IV/IM
2 Bleomycin IV/IM	14 Doxorubicin (Adriamycin) IV/IM	26 Procarbazine PO
3 Bleomycin Sub-Q	15 DTIC (Dacarbazine) IV/IM	27 Temozolomide (Temodar) PO
4 Busulfan IV/IM	16 Epirubicin IV/IM	28 Thiotepa IV/IM
5 Busulfan PO	17 Idarubicin IV/IM	29 Thiotepa IT
6 Carboplatin IV/IM	18 Ifosfamide IV/IM	30 Vincristine IV/IM
7 CCNU (Lomustine) PO	19 Melphalan IV/IM	31 VM-26 (Teniposide) IV/IM
8 Chlorambucil PO	20 Melphalan PO	32 VP-16 (Etoposide) IV/IM
9 Cis-platinum IV/IM	21 Methotrexate IV	33 VP-16 (Etoposide) PO
10 Cyclophosphamide (Cytosan) IV/IM	22 Methotrexate IM	34 Zinecard (Dexrazoxane) IV/IM
11 Cyclophosphamide (Cytosan) PO	23 Methotrexate IT/Ommaya	
12 Daunorubicin (Daunomycin) IV/IM	24 Mitoxantrone (Novantrone) IV/IM	

For the agents listed above, please supply the following information:

Note: The web-based abstraction will only prompt you for a single start date, stop date, BSA, etc., per drug. If multiple routes for a single drug are used, please use the earliest start date and the latest stop date for your web-based entry. Please enter BSA, weight, and height at the time of earliest start date for the drug.

<p>1. Drug #</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <p>Specify:</p> <p><input type="checkbox"/> Total dose abstracted</p> <p><input type="checkbox"/> Total dose, some estimated</p> <p><input type="checkbox"/> Incomplete or Partial dose</p> <p><input type="checkbox"/> No dose data</p>	<p>Date Started</p> <p>M M D D Y Y Y Y</p> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
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3 Bleomycin Sub-Q	15 DTIC (Dacarbazine) IV/IM	27 Temozolomide (Temodar) PO
4 Busulfan IV/IM	16 Epirubicin IV/IM	28 Thiotepa IV/IM
5 Busulfan PO	17 Idarubicin IV/IM	29 Thiotepa IT
6 Carboplatin IV/IM	18 Ifosfamide IV/IM	30 Vincristine IV/IM
7 CCNU (Lomustine) PO	19 Melphalan IV/IM	31 VM-26 (Teniposide) IV/IM
8 Chlorambucil PO	20 Melphalan PO	32 VP-16 (Etoposide) IV/IM
9 Cis-platinum IV/IM	21 Methotrexate IV	33 VP-16 (Etoposide) PO
10 Cyclophosphamide (Cytoxan) IV/IM	22 Methotrexate IM	34 Zinecard (Dexrazoxane) IV/IM
11 Cyclophosphamide (Cytoxan) PO	23 Methotrexate IT/Ommaya	
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3. Drug

Specify:

- Total dose abstracted
 Total dose, some estimated
 Incomplete or Partial dose
 No dose data

Date Started

M M D D Y Y Y Y
 / /

Last Dose

M M D D Y Y Y Y
 / /

Cumulative Total Dose

Indicate Dosage

- microgram gram
 milligram International Units

Body Surface Area .

Weight (kg) .

Height (cm) .

4. Drug

Specify:

- Total dose abstracted
 Total dose, some estimated
 Incomplete or Partial dose
 No dose data

Date Started

M M D D Y Y Y Y
 / /

Last Dose

M M D D Y Y Y Y
 / /

Cumulative Total Dose

Indicate Dosage

- microgram gram
 milligram International Units

Body Surface Area .

Weight (kg) .

Height (cm) .

5. Drug #

Specify:

Total dose abstracted
 Total dose, some estimated
 Incomplete or Partial dose
 No dose data

Date Started
 M M D D Y Y Y Y
 / /

Last Dose
 M M D D Y Y Y Y
 / /

Cumulative Total Dose

Indicate Dosage
 microgram gram
 milligram International Units

Body Surface Area .

Weight (kg) .

Height (cm) .

6. Drug #

Specify:

Total dose abstracted
 Total dose, some estimated
 Incomplete or Partial dose
 No dose data

Date Started
 M M D D Y Y Y Y
 / /

Last Dose
 M M D D Y Y Y Y
 / /

Cumulative Total Dose

Indicate Dosage
 microgram gram
 milligram International Units

Body Surface Area .

Weight (kg) .

Height (cm) .

7. Drug #

Specify:

Total dose abstracted
 Total dose, some estimated
 Incomplete or Partial dose
 No dose data

Date Started
 M M D D Y Y Y Y
 / /

Last Dose
 M M D D Y Y Y Y
 / /

Cumulative Total Dose

Indicate Dosage
 microgram gram
 milligram International Units

Body Surface Area .

Weight (kg) .

Height (cm) .

8. Drug #

Specify:

Total dose abstracted
 Total dose, some estimated
 Incomplete or Partial dose
 No dose data

Date Started
 M M D D Y Y Y Y
 / /

Last Dose
 M M D D Y Y Y Y
 / /

Cumulative Total Dose

Indicate Dosage
 microgram gram
 milligram International Units

Body Surface Area .

Weight (kg) .

Height (cm) .

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For the agents listed above, please supply the following information:

Note: The web-based abstraction will only prompt you for a single start date, stop date, BSA, etc., per drug. If multiple routes for a single drug are used, please use the earliest start date and the latest stop date for your web-based entry. Please enter BSA, weight, and height at the time of earliest start date for the drug.

<p>9. Drug #</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <p>Specify:</p> <p><input type="checkbox"/> Total dose abstracted</p> <p><input type="checkbox"/> Total dose, some estimated</p> <p><input type="checkbox"/> Incomplete or Partial dose</p> <p><input type="checkbox"/> No dose data</p>	<p>Date Started</p> <p>M M D D Y Y Y Y</p> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<p>Body Surface Area <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></p> <p>Weight (kg) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></p> <p>Height (cm) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></p>
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	<p>Cumulative Total Dose</p> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<p>Indicate Dosage</p> <p><input type="checkbox"/> microgram <input type="checkbox"/> gram</p> <p><input type="checkbox"/> milligram <input type="checkbox"/> International Units</p>

<p>10. Drug #</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <p>Specify:</p> <p><input type="checkbox"/> Total dose abstracted</p> <p><input type="checkbox"/> Total dose, some estimated</p> <p><input type="checkbox"/> Incomplete or Partial dose</p> <p><input type="checkbox"/> No dose data</p>	<p>Date Started</p> <p>M M D D Y Y Y Y</p> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<p>Body Surface Area <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></p> <p>Weight (kg) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></p> <p>Height (cm) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></p>
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Please use a separate sheet of paper for additional treatments

E. SURGICAL PROCEDURES

1. Did this individual undergo any surgical procedures during this treatment period?

(This does not include placement of vascular access devices such as Broviac Catheters, Hickmans, Port-a-Caths, etc.) Include biopsies identified under general anesthesia. Do not include bone marrow aspirates, lumbar punctures, or needle biopsies. If more than one procedure was done during a surgery, enter each procedure separately.

No → Go to Radiation section F, page 14.

Yes ↓

Please complete a copy of the Surgery Data Checklist and photocopy all operative notes.

a. Biopsy/Resection

1. Was there a biopsy or resection of the primary tumor?

Yes

No

b. Amputation

If diagnosis type is Bone Tumor or Soft Tissue Sarcoma:

1. Did the patient have an amputation of an extremity for any reason?

No → Go to c. Limb Sparing Procedure.

Yes ↓

2. Amputation Site

Right Upper Extremity

Left Upper Extremity

Right Lower Extremity

Left Lower Extremity

3. Amputation Date

M M / D D / Y Y Y Y
□ □ / □ □ / □ □ □ □

c. Limb Sparing Procedure

If diagnosis type is Bone Tumor or Soft Tissue Sarcoma:

1. Did the patient have a limb sparing procedure?

No → Go to Radiation section F, page 14.

Yes ↓

2. Limb Sparing Site

Right Upper Extremity

Left Upper Extremity

Right Lower Extremity

Left Lower Extremity

3. Limb Sparing Date

M M / D D / Y Y Y Y
□ □ / □ □ / □ □ □ □

d. Splenectomy

If diagnosis type is Hodgkin Lymphoma:

1. Did the patient have a splenectomy?

No → Go to Radiation section F, page 14.

Yes ↓

2. Splenectomy Date

M M / D D / Y Y Y Y
□ □ / □ □ / □ □ □ □

F. RADIATION

1. Did this individual receive radiation therapy during this treatment period?

No → **Abstraction for Initial Treatment Period complete.**

Yes

Unclear → **If Unclear, use Comments section on back of form to specify reason.**

Record start and stop dates for each radiation treatment (course). If the time gap between the stop date of one course of radiation therapy and the start date of another course of radiation is more than 3 months begin a new entry with the next start date. Each brachytherapy treatment is considered a separate treatment or entry.

Remember, if a period of 6 months or more without ANY treatment occurs, any subsequent therapy (Chemotherapy, Surgery, Radiation) will be entered into the Medical Records Abstraction Worksheet ADDENDUM.

Please complete a copy of the Radiotherapy and/or Brachytherapy Data Checklist and copy radiation information for all date entries.

<p>1. a. Date Start Radiotherapy</p> <p style="text-align: center;">M M D D Y Y Y Y</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p>b. Date Stop Radiotherapy</p> <p style="text-align: center;">M M D D Y Y Y Y</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p>	<p>c. Body Site for Radiotherapy (Check ALL that apply.)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Brain</td> <td><input type="checkbox"/> Pelvis</td> </tr> <tr> <td><input type="checkbox"/> Head other</td> <td><input type="checkbox"/> Limb</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Total body irradiation</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Spine</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Abdomen</td> <td></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p><i>If Other, please specify.</i></p> </div>	<input type="checkbox"/> Brain	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Head other	<input type="checkbox"/> Limb	<input type="checkbox"/> Neck	<input type="checkbox"/> Total body irradiation	<input type="checkbox"/> Chest	<input type="checkbox"/> Unknown	<input type="checkbox"/> Spine	<input type="checkbox"/> Other	<input type="checkbox"/> Abdomen	
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3. a. Date Start Radiotherapy

M	M	D	D	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

b. Date Stop Radiotherapy

M	M	D	D	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

c. Body Site for Radiotherapy (Check ALL that apply.)

- | | |
|-------------------------------------|---|
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If Other, please specify.

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(If different from above)

Radiotherapy facility phone number
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b. Date Stop Radiotherapy

M	M	D	D	Y	Y	Y	Y
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b. Date Stop Radiotherapy

M	M	D	D	Y	Y	Y	Y
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Comments: