SARCOMA OF EXTREMITY AND TRUNK WALL REGISTRATION FORM

Date of birth |__|__|__|__|__|__|__|__| – |__|__|__|__|
Year Month Day Country specific id no

Reporting clinic / Hospital / Country

Name

Doctor

Sex ☐ Male ☐ Female

Diagnosis

Referral date |__|__|__|__|__|__| year month day

Date 1st visit at sarcoma center |__|__|__|__|__|__| year month day

Date of diagnosis |__|__|__|__|__|__| year month day

Date when the patient was 1st informed |__|__|__|__|__|__| year month day

Antecedents *(more than one can be checked)*
☐ None ☐ Previous cancer ☐ Chemotherapy ☐ Radiotherapy ☐ Li-Fraumeni syndrome ☐ Maffucci syndrome
☐ Mb Ollier ☐ Recklinghausen ☐ Multiple hereditary exostoces ☐ Pagets disease ☐ Retinoblastoma ☐ Other

Referral pattern to sarcoma center
☐ Not referred ☐ Virgin ☐ FNA ☐ Core biopsy ☐ Excision ☐ Local recurrence

Preoperative diagnostic procedures, either before referral or at the sarcoma center *(more than one can be checked)*
☐ None ☐ FNA ☐ Core biopsy ☐ Incisional biopsy

Basis of diagnosis
1. ☐ Clinical examination
2. ☐ X-ray, scintigraphy, ultrasound, MR, CT or equvialent exam.
3. ☐ Excision or surgery with histopathologic examination
4. ☐ Autopsy with histopathologic examination
5. ☐ Cytology
6. ☐ Surgery without histopathologic examination
7. ☐ Autopsy without histopathologic examination
8. ☐ Other laboratory examination

Reporting pathology/cytology dep…….…….. **Id no for the specimen** (incl. year) ..... - ……..

Morphological diagnosis, histotype
☐ Alveolar sarcoma
☐ Angiosarcoma
☐ Chondrosarcoma
☐ Clear cell chondrosarcoma
☐ Extraskeletal myxoid chondrosarcoma
☐ Mesen. chondrosarcoma
☐ Chordoma
☐ Clear cell sarcoma
☐ Dermatofibrosarcoma
☐ Epithelioid sarcoma
☐ Ewing´s/PNET
☐ Fibrosarcoma
☐ GCT (benign)
☐ GCT (malign)
☐ High grade pleomorphic sarcoma/MFH
☐ Leiomyosarcoma
☐ Liposarcoma
☐ Low grade mal. fibromyxoid sarcoma
☐ MFH (Malignant fibrous histocytoma)
☐ Myxofibrosarcoma/Myxoid MFH
☐ Mal granular cell tumor
☐ MPNST
☐ Classic osteosarcoma
☐ Extraskeletal osteosarcoma
☐ Parosteal osteosarcoma
☐ Other osteosarcoma
☐ Phyllodes
☐ Rhabdomyosarcoma
☐ Solitary fibr. tumor/Hemangiopericytoma
☐ Synovial sarcoma
☐ Unclassified
☐ Other, please specify Morphological diagnosis

.....

Site of primary tumor *(free text)*

.....

ICD-code, site: |__|__|__|__|__|

Side *(applicable for bilateral organs and body parts)*
☐ Right ☐ Left ☐ Not applicable

Bone tumor, site
☐ Skull/facial bones
☐ Vertebra
☐ Rib
☐ Clavicle
☐ Sacrum
☐ Pelvis, not sacrum
☐ Scapula
☐ Humerus
☐ Radius
☐ Ulna
☐ Hand
☐ Femur
☐ Tibia
☐ Fibula
☐ Foot

Location
☐ Intraosseus
☐ Extraosseus extension
☐ Unclassified

Pathologic fracture
☐ No ☐ Yes

Long bone
☐ Proximal
☐ Mid
☐ Distal

Soft tissue tumor, site
☐ Head & neck
☐ Mamma
☐ Upper trunk
☐ Lower trunk
☐ Shoulder
☐ Upper arm
☐ Elbow
☐ Lower arm
☐ Hand
☐ Gluteal
☐ Groin
☐ Thigh
☐ Knee
☐ Lower leg
☐ Foot

Location
☐ Cutaneous
☐ Subcutaneous
☐ Intramuscular
☐ Extramuscular (deep)
☐ Unclassified

Size of primary *(largest diameter)*
|__|__| cm ☐ Not determinable

Malignancy grade
FNCLCC (3 grade scale) |__| 4-grade scale |__| ☐ Not applicable

Metastasis at time of the diagnosis of primary tumor ☐ No ☐ Yes **TNM-stage**: **T:** |__|__| **N:** |__| **M:** |__|