

SARCOMA OF EXTREMITY AND TRUNK WALL FOLLOW-UP FORM
Reporting clinic / Hospital / Country
Doctor

Date of birth -- Year Month Day Country specific id no

Name

Status at follow-up

<input type="checkbox"/> Follow-up ended prematurely	Reason: <input type="checkbox"/> Medical reason <input type="checkbox"/> Patients choice <input type="checkbox"/> Unplanned lost to follow-up
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Follow-up date <input type="text"/> <small>year</small> <input type="text"/> <small>month</small> <input type="text"/> <small>day</small>
<input type="checkbox"/> No evidence of disease (NED) Persistent disease <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Date of diagnosis LR (if not previously reported): <input type="text"/> <small>year</small> <input type="text"/> <small>month</small> <input type="text"/> <small>day</small>
<input type="checkbox"/> Date of diagnosis of distance metastasis (if not previously reported): <input type="text"/> <small>year</small> <input type="text"/> <small>month</small> <input type="text"/> <small>day</small>
Site of distant metastasis: <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Lymph node <input type="checkbox"/> Skeletal <input type="checkbox"/> Multiple <input type="checkbox"/> Other
Date when the patient was informed about new local recurrence / distant metastasis <input type="text"/> <small>year</small> <input type="text"/> <small>month</small> <input type="text"/> <small>day</small>

Treatment of local recurrence

Size of tumor, local recurrence (largest diameter) <input type="text"/> <small>cm</small> <input type="checkbox"/> Not determinable	
Surgery for local recurrence <input type="checkbox"/> No <input type="checkbox"/> Yes, surgery date <input type="text"/> <small>year</small> <input type="text"/> <small>month</small> <input type="text"/> <small>day</small>	
Surgery performed <input type="checkbox"/> At center <input type="checkbox"/> Outside	Surgical procedure <input type="checkbox"/> Local excision <input type="checkbox"/> Amputation
Surgical margin <input type="checkbox"/> R0=No residual tumor <input type="checkbox"/> R1=Intralesional <input type="checkbox"/> R2=Gross tumor left <input type="checkbox"/> Rx=Surgical margin not assessable	Shortest margin (mm) except unengaged fascia <input type="text"/> Assessed final RO margin on MDT <input type="checkbox"/> R0=With marginal margins <input type="checkbox"/> R0=With wide margins
Other treatment for local recurrence <input type="checkbox"/> None <i>More than one alternative may be ticked</i> <input type="checkbox"/> Radiotherapy <input type="checkbox"/> Medical antitumor treatment <input type="checkbox"/> Other	

Treatment of distant metastases

<input type="checkbox"/> None <i>More than one alternative may be ticked</i> <input type="checkbox"/> Liver surgery <input type="checkbox"/> Lung surgery <input type="checkbox"/> Other surgery <input type="checkbox"/> Medical antitumor treatment <input type="checkbox"/> Radiotherapy

Death

<input type="checkbox"/> Deceased, please specify Date of death <input type="text"/> <small>year</small> <input type="text"/> <small>month</small> <input type="text"/> <small>day</small> and Cause of death	<input type="checkbox"/> From tumor <input type="checkbox"/> With tumor <input type="checkbox"/> Without tumor <input type="checkbox"/> Unknown
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