

NPC-2016 Registry - Form for MRI-images

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Reference radiological evaluation during and after treatment

Patient: _____	Date of birth: _____
Date of imaging studies: _____	
Time point of imaging:	<input type="checkbox"/> after neoadjuvant chemotherapy, before radiotherapy <input type="checkbox"/> 6 weeks after radiotherapy <input type="checkbox"/> at end of therapy <input type="checkbox"/> follow-up

Imaging sufficient
 not sufficient Tumor region not completely depicted
 missing sequences

Primary tumor

Maximal size _____ cm x _____ cm x _____ cm

KM-Enhancement strong medium weak none
 homogenous inhomogenous
 increasing unchanged decreasing none

Lymph nodes increasing in number and / or size
 unchanged
 decreasing in number and / or size
 normal / not pathological

Response CR (complete remission)
 VGPR (very good partial response)
 PR (partial response)
 SD (stable disease)
 PD (progressive disease)

Remarks

Date

Signature