Nasopharyngeal Carcinoma NPC – 2016 Registry

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In cooperation with the German Children's Cancer Registry at IMBEI, D-**55101 Mainz,**
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Name, Surname |_____| Sex |__| (1=m,2=f) Date of birth |__|__|.|__|__|.|__|__|__|__|(DD.MM.YYYY)

Pat.No. |_____|

Please note that informed consent for transfer of data to be obtained by patient and/or custodian before submitting this form to the study center

Circumstances of tumor diagnosis:
- o Tumor-related symptoms leading to physician contact
- o Regular health check
- o Result of investigation instigated for other reason (incidental)

Familial predisposition (malignancy, immunodeficiency, syndrome, infectious mononucleosis, chron. active EBV-infection, multiple sclerosis)
- o No
- o Yes, Parents: which: _____
- o Yes, Siblings:which: _____
- o Yes, others: which: _____

Number of patient's siblings |__|__| **Twin:** o No o Yes, ident. o Yes, non-ident.

Parents's year of birth: Mother: |__|__|__|__| (Year) Father: |__|__|__|__| (Year)

Ethnic origin: _____

Past tumor diagnosis: o No o Yes, which: _____

Date of diagnosis: |__|__|.|__|__|.|__|__|

Chemotherapy o No o Yes, which:_____
Radiotherapy o Np o Yes, Dose_____ Field:_____

Congenital malformations: o No o Yes, which_____

General condition at diagnosis:
- o Normal activity, no restrictions
- o Mild restrictions, however, no support necessary
- o Major limitation of age-specific activities (e.g. no regular attendance of kindergarten or school possible)
- o Confined to bed, permanent care needed
- o Intensive treatment necessary, severely ill, moribund

Initial symptoms: o Lymph node swelling o Nasal obstruction o Epistaxis o Hearing problems o Headache
o Cranial nerve palsy, if yes, which:_____ o Other: _____

Pretreatment:
- o No o Yes, where: _____
- o Chemotherapy, which: _____
- o Radiotherapy: Dose:_____ Field:_____
- o Surgery, Type:_____

Date of definite diagnosis: |__|__|.|__|__|.|__|__|__|__| (DD.MM.YYYY)

Initial imaging of primary tumor: o **MRI** o**CT** **Date:** |__|__|.|__|__|.|__|__|__|__| (DD.MM.YYYY)

Tumor size: |__|__|,|__|cm x |__|__|,|__|cm x |__|__|,|__|cm **Suspicious LN:** o No o Left o Right o Bilateral

Metastases at diagnosis: o Yes: o Lymph nodes o Lung o Liver o Bone
o No o Other:_____

TNM-Classification: Classification of nasopharyngeal carcinoma (AJCC* 8th Edition 2018) (s. Registry, p13)

- o **T 1** Tumor confined to nasopharynx or extends to oropharynx and /or nasal cavity
- o **T 2** Tumor with parapharyngeal extension, prevertebral, medial and lateral pterygoid muscles
- o **T 3** Tumor involves bony structures (skull base, cervical vertebra and/or paranasal sinuses)
- o **T 4** Tumor with intracranial extension, and/or involvement of cranial nerves, hypopharynx, or orbit, or involvement beyond the lateral surface of the lateral pterygoid muscle, parotid gland

- o **N 0** No regional lymph node (LN) metastasis
- o **N 1** Ipsilat. LN(s), ≤ 6 cm, above caudal border cricoid cartilage, ipsi/bilateral retropharyng. LN(s) ≤ 6 cm
- o **N 2** Bilateral LN ≤ 6 cm, above caudal border cricoid of cartilage
- o **N 3** Lymph node(s) > 6 cm and/or below caudal border cricoid of cartilage (regardless of laterality)

- o **M 0** No evidence for distant metastases
- o **M 1** Distant metastases present (lung, bone, liver, other localisation)

o Low-risk group:	o Stage I	T1	N0	M0						
o High-risk group:	o Stage II	T1	N1	M0	or	T2	N0-1	M0		
	o Stage III	T1-2	N2	M0	or	T3	N0-2	M0		
	o Stage IV	T1-4	N3	M0	or	T4	N0-2	M0	or	T1-4 N0-3 M1

**) American Joint Commitee on Cancer*

Diagnostic imaging studies before start of treatment:

	N.p.R.	P.r.	Questionable	N.d.	(N.p.R. = no patholog. result, P.r. = patholog. result, N.d.= not done)
MRI/CT-local	o	o	o	o	Result: _____
PET	o	o	o	o	Result: _____
CT-Thorax	o	o	o	o	Result: _____
MRI-Abdomen	o	o	o	o	Result: _____
Other: _____	o	o	o	o	Result: _____

Reference evaluation: o No o Yes

Epstein-Barr Virus Diagnostics: o Local diagnostics o Reference diagnostics (Hannover)

	Negative	Positive	Conc. / Titer	Not done
EBV-DNA (PCR): o IU/ml o _____	o	o	_____	o
Anti-VCA-IgA:	o	o	_____	o
Anti-EA-IgA:	o	o	_____	o
Others:_____	o	o	_____	o

Reference histology: Date of examination: |__|__|.|__|__|.|__|__|__|__| (DD.MM.YYYY)

Institute: _____ **Journal-No.:**_____

Histological result:

- Squamous cell carcinoma, keratinizing — o Type I
- Squamous cell carcinoma, non-keratinizing
  - without lymphoid infiltration — o Type II a
  - with lymphoid infiltration — o Type II b
- Undifferentiated (anaplastic) carcinoma
  - without lymphoid infiltration — o Type III a
  - without lymphoid infiltration — o Type III b

Please attach histological report(s)

Surgery:

Biopsy performed: o No o Yes: Date: |__|__|.|__|__|.|__|__|__|__| (DD.MM.YYYY)

Site of biopsy: o Primary tumor o Lymph node o Tumor metastasis

Other surgical procedures: o No o Yes, which: _____

Complications: o No o Yes, which: _____

Organ function at diagnosis:

Audiometry: o Normal o Abnormal: _____

Renal function: o Normal o Abnormal: _____

Cardiac function: o Normal o Abnormal: _____

Remarks:

o Patient alive on: |__|__|.|__|__|.|__|__|__|__| (DD.MM.YYYY)

o Patient deceased on: |__|__|.|__|__|.|__|__|__|__| (DD.MM.YYYY)

Cause of death:

o Tumor o Relapse o Therapy
o Other cause: _____

_____ _____ _____
Stamp Date Signature

Information provided by:

Name: _____ **Phone:** _____

FAX: _____ **Email:** _____