

Childhood Cancer Registry notification form



Kinderkrebsregister
Registre du cancer de l'enfant
Registro dei tumori pediatrici
Childhood Cancer Registry

<input type="checkbox"/> First report	<input type="checkbox"/> Follow-up treatment/course of disease	<input type="checkbox"/> Late effects
Date of patient information <input type="text"/>	Hospital/Institute <input type="text"/>	<input type="text"/>
	Clinic/ Unit <input type="text"/>	<input type="text"/>
Filled out by (name) <input type="text"/>		
e- mail <input type="text"/>		
General patient information		
Surname <input type="text"/>	Date of birth <input type="text"/>	
First name(s) <input type="text"/>	Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> other	
Address <input type="text"/>		
Postcode <input type="text"/>		
Town <input type="text"/>		
AHV number <input type="text"/>		
Details of first diagnosis		
Date of first diagnosis <input type="text"/>		
Diagnosis <input type="text"/>		
Metastases <input type="checkbox"/> yes <input type="checkbox"/> no	Location of the metastases <input type="text"/>	
Tumour predisposition <input type="text"/>		
Treatment information		
Start of treatment <input type="text"/>	Treatment objective <input type="checkbox"/> Curative <input type="checkbox"/> Palliative	
Date of tumour board <input type="text"/>		
Treatment <input type="checkbox"/> Neoadjuvant chemotherapy <input type="checkbox"/> Adjuvant chemotherapy <input type="checkbox"/> Radiotherapy		
<input type="checkbox"/> Immunotherapies <input type="checkbox"/> Surgical therapy <input type="checkbox"/> Wait and watch		
<input type="checkbox"/> Stem cell transplantation <input type="checkbox"/> Other		
Comment <input type="text"/>		
Progression of treatment		
Start of treatment <input type="text"/>	Treatment objective <input type="checkbox"/> Curative <input type="checkbox"/> Palliative	
Treatment <input type="checkbox"/> Adjuvant chemotherapy <input type="checkbox"/> Radiotherapy <input type="checkbox"/> Immunotherapies		
<input type="checkbox"/> Surgical therapy <input type="checkbox"/> Wait and watch <input type="checkbox"/> Stem cell transplantation <input type="checkbox"/> Other		
Comment <input type="text"/>		
Evolution of the disease		
Date of event <input type="text"/>	New event <input type="checkbox"/> Relapse <input type="checkbox"/> Progression <input type="checkbox"/> Metastases	

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Follow- up

Type of event Follow- up Therapy Death

Date of event

Remission status

Additional information concerning further treatment/change of treatment following the event

Late effects

Date of diagnosis

Diagnosis specification

Comment

Study information

Treatment according to Protocol Yes No

Study patient Yes No

Study protocol

Regime/arm

Comments

If available, please attach the following reports:

- Pathology reports
- Imaging reports
- Tumour board reports
- Operation reports
- Hospital discharge reports
- Initial notification of study
- Laboratory reports (cytology, haematology, molecular analysis, etc.)
- Therapeutic treatments (radiotherapy, chemotherapy, etc.)
- Consent forms
- Treatment reports
- Autopsy report

The Cancer Registration Act (KRG) and its Ordinance (KRV) came into force on 01 January 2020. The doctor who initiated the diagnosis is responsible for providing information on cancer registration/right of objection, space missing responsible for providing information regarding cancer registration/right of objection (CRR, Art. 13). Compliance with these legal reporting obligations and duty to provide information is a professional duty within the meaning of Art. 40 of the Medical Profession Act (MedBG; SR 811.11).