

SARCOMA BOARD MEETING REGISTRATION

Number and type of items to be filled in:

Informed consent of patient available

You only can proceed if thi question is answeere with yes

Name & First Name

Date of birth

Sex

Date of sarcomaboard presentation

Reason for presentation

first time

no prior treatment

prior treatment outside SwissSarcomaNetwork

after unplanned excision (whoops)

partial therapy for primary sarcoma, to be continued through
SSN

completed therapy for primary

initial diagnosis

date of diagnosis?

local recurrence

date of diagnosis?

systemic reurrence

date of diagnosis?

follow-up presentation

in the context of primary therapy

first **local** recurrence (established through imaging or biopsy)

first **systemic** recurrence (established through imaging or biopsy)

in context of treatment for first recurrence

2 and more recurrences (both local and systemic)

other reasons:

Main referral diagnosis incl other diagnosis

Anatomic location

Side

Patient history – clinics- therapy – up to now

Pathology report

Radiology reports

Questions tot he Sarcomaboard

Presenting physician

Institution

Remarks?