

SARCOMA OF EXTREMITY AND TRUNK WALL TREATMENT FORM
Reporting clinic / Hospital / Country
Doctor

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

Name

Treatment for primary tumor

Treatment decided at MDT <input type="checkbox"/> No <input type="checkbox"/> Yes	Assigned contact nurse <input type="checkbox"/> No <input type="checkbox"/> Yes	Date when the patient was informed about the treatment plan year month day <input type="text"/> - <input type="text"/> - <input type="text"/>
Number of surgeries for primary tumor (0=None) <input type="text"/> Report details below		
Oncologic treatment given for primary tumor (more than one alternative may be ticked) Report details below <input type="checkbox"/> None <input type="checkbox"/> Radiotherapy <input type="checkbox"/> Medical antitumor treatment <input type="checkbox"/> Other,specify.....		

Surgical treatment for primary tumor

Date of first surgery year month day <input type="text"/> - <input type="text"/> - <input type="text"/>	
First surgery for primary tumor performed <input type="checkbox"/> At sarcoma center <input type="checkbox"/> Outside	Surgical procedure, first surgery <input type="checkbox"/> Local excision <input type="checkbox"/> Amputation
Surgical margin, first surgery <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	
Date of last surgery year month day <input type="text"/> - <input type="text"/> - <input type="text"/>	
Last surgery for primary tumor performed <input type="checkbox"/> At sarcoma center <input type="checkbox"/> Outside	Surgical procedure, last surgery <input type="checkbox"/> Local excision <input type="checkbox"/> Amputation
Surgical margin, last surgery <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	
Complications due to surgery (more than one alternative may be ticked)	
No complications due to surgery for primary tumor <input type="checkbox"/>	
Re-operation within 30 days due to complications <input type="checkbox"/> No <input type="checkbox"/> Yes	
Deep infection <input type="checkbox"/> No <input type="checkbox"/> Yes	

Pathology

Mitotic rate <input type="checkbox"/> <10/10 HPF <input type="checkbox"/> 10-19/10 HPF <input type="checkbox"/> ≥20/10 HPF <input type="checkbox"/> Not determined	
Growth pattern <input type="checkbox"/> Pushing <input type="checkbox"/> Infiltrative <input type="checkbox"/> Not determined	
Vascular invasion <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not determined	Necrosis percentage in primary tumor <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not determined If yes <input type="checkbox"/> <50% <input type="checkbox"/> ≥50%

Oncological treatment for primary tumor

Included in a clinical study <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: <input type="checkbox"/> EURAMOS-I <input type="checkbox"/> EUROBOSS <input type="checkbox"/> SSGXX <input type="checkbox"/> Other, specify:		
Radiotherapy start date year month day <input type="text"/> - <input type="text"/> - <input type="text"/>	Dose/fraction <input type="text"/> Gy	Number of fractions <input type="text"/>
Chemotherapy start date year month day <input type="text"/> - <input type="text"/> - <input type="text"/>		
If several variables are missing or not logical it can be explained here		