

Hospital	Patient gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Reporter	Patient identifier _____

PRIMARY DATA

Primary tumor (only one primary tumor can be chosen)

- Breast**
- Lung:** Non-small cell* Small cell Unknown
- Prostate gland**
- Kidney**
- Myeloma**
- Lymphoma:** Lymph node of head, face and neck Intrathoracic lymph nodes Intra-abdominal lymph nodes
 Lymph nodes of axilla or arm Lymph nodes of inguinal region or leg Pelvic lymph nodes
 Lymph nodes of multiple regions Lymph node, NOS Unknown
- Liver**
- Gastric:** Esophagus Stomach Unknown
- Thyroid gland**
- Melanoma:** Skin melanoma Connective, subcutaneous and other soft tissues Unknown
- Colorectal:** Colon Rectosigmoid junction Rectum Unknown
- Bladder**
- Female genital organs:** Cervix uteri Corpus uteri Ovary Unknown
- Sarcoma**
- Squamous cell carcinoma**
- Unknown**
- Other, specify:** _____

*Answer only if non-small cell lung cancer is chosen as primary tumor:

- Anaplastic Lymphoma Kinase (ALK)** No Yes
- Epidermal Growth Factor Receptor (EGFR)** No Yes

Date of birth _____

Date of diagnosis _____

Biological therapy

- Checkpoint inhibition
- Targeted therapy for a genetic mutation
- Adaptive immunotherapy
- Other: _____

Drug / Medicine: _____**Biological response** Responder Non-responder Equivocal

Date last seen _____

Answer only if patient is deceased:

Date of death _____

Cause of death Due to cancer Other reason**METASTASIS LOCATION****Bone and location**

- Femur:** Head Neck Intertrochanteric Subtrochanteric Diaphysis Distal
- Humerus:** Head Neck Diaphysis Distal
- Tibia:** Epiphysis Metaphysis Diaphysis Distal
- Pelvis:** Acetabulum Os ileum Os pubis
- Scapula:** Body/Spine Coracoid Acromion Glenoid
- Spine:** Cervical Thoracic Lumbar
- Other, specify:** _____ Proximal Diaphysis Distal Not applicable

Side

- Right Left Not applicable

COMMENT

Comment date _____

Commented by _____

Comment:

LAB DATA

Date	ALB (g/L)	ALP (U/L)	CRP (mg/L)	ESR (mm/hr)	HB (g/L)	ALC (10 ⁹ cells/L)
ALB	Preoperative Albumin (ALB) in g/L, within one week before the procedure; typical range (~34-45). For USA centers in which g/dL is used, multiply by 10 to convert to g/L. For instance an ALB value of 4 g/dL = 40 g/L					
ALP	Preoperative Alkaline Phosphatase (ALP) in U/L, within one week before the procedure; typical range (~50-500)					
CRP	Preoperative C-Reactive Protein (CRP) in mg/L, within one week before the procedure; typical range (~0-100)					
ESR	Preoperative Erythrocyte Sedimentation Rate (ESR) in mm/hour, within one week before the procedure; typical range (~0-50)					
HB	Preoperative Hemoglobin (HB) in g/L, within one week before the procedure; typical range (~70-160). For USA centers in which g/dL is used, multiply by 10 to convert to g/L. For instance a HB Value of 10 g/dL = 100 g/L					
ALC	Preoperative Absolute Lymphocyte Count in 10 ⁹ cells / L, which is equivalent to other units commonly used in the USA such as K/mm ³ or K/ μ L, within one week before the procedure; typical range (~0-9)					

PROMIS

Date _____

Type
 Preop One month postop (\pm 7 days) Six months postop (\pm 14 days) 12 months postop (\pm 30 days)

Mobility	Physical function	Upper extremity	Pain behavior	Pain inference

PERFORMANCE STATUS

Date _____

ASA 1 2 3 4 5

ECOG 0 1 2 3 4 5

Karnofsky 100 90 80 70 60 50 40 30 20 10 0

ASA

- 1 A normal healthy patient
- 2 A patient with mild systemic disease
- 3 A patient with severe systemic disease
- 4 A patient with severe systemic disease that is a constant threat to life
- 5 A moribund patient who is not expected to survive without the operation

ECOG

- 0 Fully active, able to carry on all pre-disease performance without restriction
- 1 Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature
- 2 Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours
- 3 Capable of only limited selfcare, confined to bed or chair more than 50 % of waking hours
- 4 Completely disabled. Cannot carry on any selfcare. Totally confined to bed or chair.
- 5 Dead

Karnofsky

- 100 Normal, no complaints
- 90 Able to carry on normal activities. Minor signs or symptoms of disease
- 80 Normal activity with effort
- 70 Care for self. Unable to carry on normal activity or to do active work
- 60 Requires occasional assistance, but able to care for most of their needs
- 50 Requires considerable assistance and frequent medical care
- 40 Disabled. Requires special care and assistance
- 30 Severly disabled. Hospitalisation indicated though death nonimminent
- 20 Very sick. Hospitalisation necessary. Active supportive treatment necessary
- 10 Moribund
- 0 Dead

SURGERY

Main surgery Reoperation

Surgeon _____

Surgery date _____

Patient's age at surgery _____

Patient's BMI _____

Metastases at the time of surgery (multiple locations can be chosen)

Skeletal: Multiple Solitary Unknown

Brain

Liver

Lung

Lymph node

Other, specify: _____

Unknown

Surgeon's estimation of survival pre surgery _____ months

Main indication (only one indication can be chosen)

Complete fracture, non-spinal

Impending fracture, non-spinal

Complete fracture, neurological compromise

Impending fracture, neurological compromise

Complete fracture, other reason

Impending fracture, other reason

Operation method (only one method can be chosen)

Hemi prosthesis

Prosthesis, total joint replacement

Prosthesis & acetabular reconstruct

Mega/tumor prosthesis

Glide screw plate

Plate

Recon nail (cervical screw)

Intramedullary nail

Laminectomy & posterior stabilization

Laminectomy & anterior stabilization

Laminectomy without stabilization

Closed prosthetic reduction (*Only valid for reoperation*)

Other method, specify: _____

Reason for reoperation (*Only valid for reoperation*) (only one reason can be chosen)

Non-union

Local tumor progression

Stress fracture of bone

Poor initial fixation (within 6 wks)

Implant failure

Technical error

Prosthetic dislocation

Wound infection

Deep infection

Other, specify: _____

Operation strategy (only one strategy can be chosen)

Curettage

Curettage + cement

Stabilization without tumor removal

Marginal excision

Excision with wide margins

Other, specify: _____

Local adjuvant treatment Yes (specify below) No

Type of local adjuvant treatment (only one treatment can be chosen)

Thermalablation

Cryoablation

Electrochemotherapy

Arterial Embolization

Phenol

Bisphosphonates

Combination

Other, specify: _____

COMPLICATION

Complication date _____

Complication type (only one type can be chosen)

- Wound infection only
 Deep infection
 Stroke
 Nerve injury
 Myocardial infarction
 Pulmonary embolism
 Pneumonia
 Respiratory failure
 DVT
 Other, specify: _____

RADIOTHERAPY

Physician _____

Radiotherapy date _____

Patient's age at radiotherapy _____

Patient's BMI _____

Metastases at the time of radiotherapy (multiple locations can be chosen)

Skeletal: Multiple Solitary Unknown

- Brain
 Liver
 Lung
 Lymph node
 Other, specify: _____
 Unknown

Physicians estimation of survival pre radiotherapy _____ months

Pre op radiotherapy

Yes No Unknown

Start date _____

Stop date _____

Total dose _____

Number of fractions _____

Post op radiotherapy

Yes No Unknown

Start date _____

Stop date _____

Total dose _____

Number of fractions _____

Radiotherapy alone

Yes No Unknown

Main indication (only one indication can be chosen)

- Complete fracture, non-spinal
 Impending fracture, non-spinal
 Complete fracture, neurological compromise
 Impending fracture, neurological compromise
 Complete fracture, other reason
 Impending fracture, other reason

Start date _____

Stop date _____

Total dose _____

Number of fractions _____