TUMOR ARISING WITHIN IRRADIATION FIELD

LOCATION .....

HISTOLOGICAL TYPE

MFH **o**
OSTEOSARCOMA **o**
ANGIOSARCOMA **o**
LEIOMYOSARCOMA **o**
OTHER, PLEASE SPECIFY ..... **o**

GRADING WELL **o** MODERATE **o** POOR **o**

DATE OF FIRST DIAGNOSIS OF RIS .....

SYMPTOMATIC **o** ASYMPTOMATIC **o** SCREEN-DETECTED **o**

TIME INTERVAL from IRRADIATION to SARCOMA .....

TUMOR MATERIAL available for further analysis ? YES **o** NO **o**
PARAFFIN EMBEDDED **o**
FRESH-FROZEN **o**

TUMOR LOCATION WITH REGARD TO IRRADIATED AREA

In-field **o**
partly in-field **o**
at the border of radiation field **o**
close to radiation field **o**

TREATMENT OF SARCOMA WITHIN IRRADIATION FIELD

1 SURGERY (PLEASE SPECIFY) .....

PLEASE CLASSIFY : LOCAL EXCISION **o** WIDE EXCISION **o**

COMPARTMENTAL **o** EXTENDED **o**

(MYO-) CUTANEOUS FLAP REQUIRED **o**

WOUND HEALING PROBLEMS **o** YES **o** NO

TREATMENT RESULT :

RESECTION CLASSIFIED R0 **o** R1 **o** R2 **o**

2 CHEMOTHERAPY (PLEASE SPECIFY DRUGS AND SCHEDULES)

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TREATMENT RESULT : PD **o** NC **o** PR **o** CR **o** PCR **o**

DURATION OF RESPONSE (IF ACHIEVED):

3 **RADIATION THERAPY** (IF YES, PLEASE SPECIFY)

4 ISOLATED LIMB PERFUSION (IF YES, PLEASE SPECIFY)

DURATION OF TUMOR CONTROL ..... MONTHS

FREE OF RECURRENCE (please tick) **o**

FREE FROM PROGRESSION (please tick) **o**

TIME LAST SEEN THE PATIENT…….

DISTANT METASTASES **o** YES **o** NO

LOCATION: .....

C) REASON FOR PRIOR RADIOTHERAPY

MALIGNANT DISEASE (PLEASE SPECIFY) .....

BENIGN DISEASE (PLEASE SPECIFY) .....

TYPE OF IRRADIATION (IF KNOWN)

ELECTRONS **o**

COBALT **o**

NEUTRONS **o**

OTHER……**o**

RADIATION DOSE .....

SIZE OF IRRRADIATION FIELD (IF KNOWN) .....

FRACTIONATION (IF KNOWN) .....

D) Case reported by :

(PLEASE GIVE YOUR ADDRESS INCL. TELEPHONE NUMBER, FAX, OR E-MAIL):

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PLEASE SEND FORM TO:

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