

HADRON

Registration form

Dataset approved by the “Wetenschappelijke Raad voor de begeleiding van patiënten voor Hadrontherapie - Conseil Scientifique pour l’accompagnement de patients pour Hadronthérapie “ on 24/06/2019.



All variables are 'necessary' variables and are obliged to fill in unless stated otherwise.
The variables with a 'O' are single-select variables; only one answer can be selected.

1. Administrative patient data

Name radiotherapy centre with Hadron therapy convention:

National number for social security (INSZ/NISS):

Last name:

First name:

Date of birth:/...../..... (dd/mm/yyyy)

Sex: Male

Female

2. Details primary tumour/relapse

Did the Hadron treatment concern a primary tumour or a relapse?

Primary tumour

- Incidence date:/...../..... (dd/mm/yyyy)

- Clinical TNM (if possible): cT: cN: cM:

- Pathological TNM (if possible): pT: pN: pM:

Relapse

- Date of diagnosis of current relapse:/...../..... (dd/mm/yyyy)

- Clinical TNM of the relapse (if possible): rcT: rcN: rcM:

3. Details therapy

3.1 General

Did the patient effectively receive Hadron therapy?

Intention-to-treat, but therapy was not initiated

- Reason why Hadron therapy was not initiated:

(If this option is selected, please only fill out sections §3.1 and §3.2, not §3.3)

Hadron therapy was prematurely discontinued

- Reason for discontinuing Hadron treatment:

Patient effectively received complete Hadron treatment

RT centre responsible for performing the Hadron therapy:

- HIT Heidelberg, Germany
- WPE Essen, Germany
- Institut Curie Orsay, France
- PSI Villigen, Switzerland
- ParTICLe, Belgium
- Other, please specify:

Which Hadron therapy has (or would have) been selected for the patient?

- Protons
- Protons + photons
- Carbon ions
- Carbon ions + photons
- Protons + carbon ions

3.2 Indication

If '**Protons**' or '**Protons + photons**' therapy was selected, please indicate the type of patient:

- Child (<20 years)
 - Indication:
 - Skull base and (para)spinal chordoma
 - Skull base chondrosarcoma
 - Spinal or paraspinal "Adult soft tissue" sarcoma
 - Pelvic sarcoma
 - Rhabdomyosarcoma
 - Ewing's sarcoma
 - Retinoblastoma
 - "Low-grade" glioma (e.g. of "optic pathway")
 - Ependymoma
 - Craniopharyngioma
 - Pineal parenchymal tumours ("not pineoblastoma")
 - Esthesioneuroblastoma
 - Medulloblastoma / primitive neuroectodermal tumour (PNET)
 - Central nervous system germinoma
 - Non-resectable osteosarcoma
 - Benign tumour of the central nervous system
 - Other, please specify:

Adult

- Indication:

- Ocular melanoma
- Skull base, paraspinal or sacral chordoma
- Skull base, paraspinal or sacral chondrosarcoma/sarcoma
- Meningioma
- Intracerebral arteriovenous malformations (AVM)
- Medulloblastoma
- Benign tumour of the central nervous system
- Other, please specify:

If '**Carbon ions**' or '**Carbon ions + photons**' therapy was selected, please indicate the type of patient:

Child (<20 years)

- Indication:

- Non-resectable or incompletely resected high-grade osteosarcoma
- Other, please specify:

Adult

- Indication:

- "Malignant mucosal melanoma"
- "Adenoid cystic carcinoma"
- Salivary gland carcinoma (except spinocellular carcinoma)
- Skull base, paraspinal or sacral chordoma
- Skull base, paraspinal or sacral chondrosarcoma/sarcoma
- Other, please specify:

If '**Protons + carbon ions**' therapy was selected, please indicate the type of patient and indication only once, either in the list associated with proton therapy or with carbon ion therapy (see above), whichever is most appropriate.

3.3 Treatment

Did the patient undergo surgery for the current tumour prior to the Hadron therapy?

- No
- Unknown
- Yes

- Resection margins of the latest surgery (if available):

- R0
- R1
- R2

Did the patient receive concomitant chemotherapy?

- No
- Unknown
- Yes

For all types of proton therapy ('Protons', 'Protons + photons' or 'Protons + carbon ions'), please fill out the following variables concerning the **proton** therapy:

- Start date of proton treatment:/...../..... (dd/mm/yyyy)
- End date of proton treatment:/...../..... (dd/mm/yyyy)
- What was the planned total dose of proton therapy (Gray Equivalent)? (Unknown: -99)
- What was the effectively delivered total dose of proton therapy (GyE)? (Unknown: -99)
- Number of fractions effectively delivered for the proton therapy? (Unknown: -99)

For all types of carbon ion therapy ('Carbon ions', 'Carbon ions + photons' or 'Protons + carbon ions'), please fill out the following variables concerning the **carbon ion** therapy:

- Start date of carbon ion treatment:/...../..... (dd/mm/yyyy)
- End date of carbon ion treatment:/...../..... (dd/mm/yyyy)
- What was the planned total dose of carbon ion therapy (GyE)? (Unknown: -99)
- What was the effectively delivered total dose of carbon ion therapy (GyE)? (Unknown: -99)
- Number of fractions effectively delivered for the carbon ion therapy? (Unknown: -99)

For all types of photon therapy ('Protons + photons' or 'Carbon ions + photons'), please fill out the following variables concerning the **photon** therapy:

- Start date of photon treatment:/...../..... (dd/mm/yyyy)
- End date of photon treatment:/...../..... (dd/mm/yyyy)
- What was the planned total dose of photon therapy (Gy)? (Unknown: -99)
- What was the effectively delivered total dose of photon therapy (Gy)? (Unknown: -99)
- Number of fractions effectively delivered for the photon therapy? (Unknown: -99)
- Was the planned photon therapy prematurely discontinued?
 - No
 - Unknown
 - Yes
- Was the photon therapy performed in Belgium?
 - No
 - Yes