

**MEDICAL ABSTRACTION FORM**

Danish Cancer Society Research Center  
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**Contact:**  
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Country  1 = DK, 2 = FI, 3 = ISL, 4 = NO, 5 = SE

Patient ALiCCS-study no.\*:

\* please remember to write the study no.on each page.

Gender  1 = male, 2 = female

Comments:

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Any missing information concerning different aspects of the childhood cancer treatment?

Chemotherapy?  0 = no missing information, 1 = yes, minor information missing, 2 = yes, major information missing or records incomplete, 3 = yes, records missing, destroyed or unobtainable

Radiotherapy?  0 = no missing information, 1 = yes, minor information missing, 2 = yes, major information missing or records incomplete, 3 = yes, records missing, destroyed or unobtainable

Surgery?  0 = no missing information, 1 = yes, minor information missing, 2 = yes, major information missing or records incomplete, 3 = yes, records missing, destroyed or unobtainable

Radiotherapy records copied\*\*:    /    /

\*\* copied WITHOUT any personal identifications; Write "00 / 00 / 0000" if not relevant.

Data extraction accomplished by: \_\_\_\_\_ (name, institute)  
\_\_\_\_\_

Date of extraction:    /    /

**MEDICAL ABSTRACTION FORM**

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Country  1 = DK, 2 = FI, 3 = ISL, 4 = NO, 5 = SE

Patient ALiCCS-study no.:

Gender  1 = male, 2 = female

Age at cancer diagnosis:  years

Name: \_\_\_\_\_

Personal ID-number:  -

PAD-number:

Department of pathology: \_\_\_\_\_

Treating hospital(-s) and department, chemotherapy: \_\_\_\_\_  
\_\_\_\_\_

Treating hospital(-s) and department, radiotherapy: \_\_\_\_\_

Radiotherapy records copied:  /  /   
\*\* copied WITHOUT any personal identifications; Write "00 / 00 / 0000" if not relevant.

Treating hospital(-s) and department, surgery: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Data extraction accomplished by: \_\_\_\_\_ (name, institute)  
\_\_\_\_\_

Date of extraction:  /  /

Patient ALiCCS-study no.:

**Before the childhood cancer diagnosis**

Chronic diseases of importance before cancer diagnosis \*  0 = No diseases of importance  
 1 = Cardiac disease, please specify to the left \*  
 2 = Diabetes mellitus or other endocrine disease \*  
 3 = Gastrointestinal disease \*  
 4 = Other disease, please specify to the left \*  
 \* See instructions for examples

If yes, please specify\*: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Chromosomal disorder  0 = No 1 = Yes, Down's syndrome  
 If yes, other than Down's syndrome, please specify: \_\_\_\_\_  
 2 = Yes, other than Down's syndrome \*  
 \* See instructions (and appendix III) for examples

Immune deficiency  0 = No 1 = Yes \*  
 Congenital anomaly  0 = No 1 = Yes \*  
 Neurofibromatosis  0 = No 1 = Yes \*  
 Other familial cancer syndromes  0 = No 1 = Yes \*  
 If yes, please specify \_\_\_\_\_ \* See instructions for examples

Cancer in the family, in a first-degree relative \*\*  0 = No 1 = Yes 9 = Unknown  
 \*\* First-degree relative = parents, siblings or possible offspring of the childhood cancer patient.  
 If yes, specify both relation, and type of cancer: \_\_\_\_\_

Previous surgical procedures  0 = No 1 = Yes \*  
 If yes, please specify \_\_\_\_\_ \* See instructions for examples

Previous radiation therapy  0 = No 1 = Yes  
 If yes, specify (for what, when, where and dose): \_\_\_\_\_  
 \_\_\_\_\_

**FIRST PRIMARY CANCER**

**Diagnosis** \_\_\_\_\_ (Please write the diagnosis as it is written in the medical record)

Date of diagnosis    /    /     Please see definition of the date of diagnosis in the instructions.

Please fill out the corresponding number for the first primary cancer type:

- |   |  |                          |  |
|---|--|--------------------------|--|
| <input type="text"/> <input type="text"/> | 1 = Leukemia   | 6 = Renal tumor          | 10 = Hepatic tumor                       |
|   | 2 = Hodgkin lymphoma                                 | 7 = Malignant bone tumor | 11 = Carcinoma                           |
|   | 3 = Non-Hodgkin lymphoma                             | 8 = Soft tissue sarcoma  | 12 = Germ cell tumors and gonadal tumors |
|   | 4 = CNS tumor  | 9 = Retinoblastoma       | 13 = Other                               |
|   | 5 = Neuroblastoma (sympathetic nervous system tumor) |                          |  |

Please **select on page 3-8 the relevant cancer type** and fill out more details.  
 Remember to **fill out the ALiCCS-study number**.

## FIRST PRIMARY CANCER

Patient ALiCCS-study no.:

### 1. Leukemia

Please, only choose one option.

Subtype

1 = ALL, unspecified

2 = pre-B cell ALL

3 = B-cell ALL, mature

4 = T-cell ALL

5 = AML

6 = MDS

7 = CML

8 = JMML

9 = Leukemia, not specified

ALL = Acute Lymphoblastic Leukemia

AML = Acute Myeloid Leukemia

MDS = Myelodysplastic disorder

CML = Chronic Myelocytic Leukemia

JMML = Juvenile Myelomonocytic Leukemia

### 2. Hodgkin Lymphoma (HL, Hodgkin disease, HD)

Please, only choose one option.

Subtype

1 = Nodular sclerosis (NS)

2 = Lymphocytic predominance

3 = Lymphocytic depletion

4 = Mixed cellularity (MC)

9 = Not specified

### 3. Non-Hodgkin Lymphoma (NHL)

Please, only choose one option.

Subtype

1 = pre-B-lymphoblastic

2 = B-cell or Burkitt lymphoma (BL)

3 = T-cell

4 = Anaplastic large cell lymphoma (ALCL or LCAL, large cell anaplastic lymphoma)

9 = Other\* or not specified.

\* Other e.g. primary mediastinal lymphoma, follicular lymphoma, nodular marginal zone lymphoma, peripheral T-cell.

## FIRST PRIMARY CANCER

Patient ALiCCS-study no.:

### 4. CNS tumor

Please, only choose one option within each category (tumor type, site and laterality).

Histological type

Primary tumor site

Laterality

- 1 = Astrocytoma, juvenile
- 2 = Astrocytoma, NOS
- 3 = **Primitive** neuroectodermal tumor (PNET) = Medulloblastoma
- 4 = Plexus papilloma (Choroid plexus tumor)
- 5 = Meningioma
- 6 = Glioma
- 7 = Other gliomas
- 8 = Ependymoma
- 9 = Craniopharyngioma
- 10 = Pituitary adenoma (hypophyseal adenoma)
- 12 = Histological type not confirmed (no biopsy, only radiological diagnosis)
- 13 = Other or not specified

- 01 = Cerebrum
- 02 = Frontal lobe
- 03 = Temporal lobe
- 04 = Parietal lobe
- 05 = Occipital lobe
- 06 = Pituitary (hypophysis)
- 07 = Corpus pineale
- 08 = Brain stem
- 09 = Spinal cord
- 10 = Cauda equina
- 11 = Cerebral meninges
- 12 = Spinal meninges
- 13 = Brain, NOS (not otherwise specified)
- 14 = Meninges, NOS
- 15 = Ventricles, NOS
- 16 = Cerebellum, NOS
- 17 = Cranial nerves, other than:
  - 18 = n.opticus
  - 19 = n.accusticus
- 20 = Other, specify:

- 1 = Right
- 2 = Left
- 3 = Bilateral
- 4 = Midline
- 9 = Not available

Please note that **Germinomas** in the CNS are **listed in group 12** (Germ cell and other gonadal tumors)

Do not confuse: PNET = **Primitive** neuroectodermal tumor with PNET = **Peripheral** neuroectodermal tumor which is a Ewing sarcoma or belongs to Ewing family of tumors.

## FIRST PRIMARY CANCER

Patient ALiCCS-study no.:

### 5. Neuroblastoma (Sympathetic nervous system tumor)

Please, only choose one option within each category (tumor site and laterality).

Primary tumor site

1 = Adrenal gland

2 = Head and/or neck

3 = Thorax

4 = Abdomen

5 = Other

9 = Unknown / Not available

Laterality

1 = Right

2 = Left

3 = Bilateral

9 = Not available

Metastasis at diagnosis

0 = No

1 = Yes

9 = Unknown /  
not investigated

### 6. Renal tumor

Please, only choose one option within each category (tumor type and laterality).

Tumor type

1 = Wilms' tumor = Nephroblastoma

2 = Rhabdoid or clear cell sarcoma

3 = Mesoblastic nephroma (congenital)

9 = Other, please specify (free text)

Laterality

1 = Right

2 = Left

3 = Bilateral

9 = Unknown

Metastasis at diagnosis

0 = No

1 = Yes

9 = Unknown /  
not investigated

## FIRST PRIMARY CANCER

Patient ALiCCS-study no.:

### 7. Malignant bone tumor

Please, only choose one option within each category (tumor type, site and laterality).

Tumor type

- 1 = Osteosarcoma  
 2 = Ewing sarcoma \*  
 9 = Other, specify (free text)
- 

Laterality

- 1 = Right  
 2 = Left  
 3 = Bilateral  
 4 = Midline  
 9 = Unknown

Metastasis at diagnosis

- 0 = No  
 1 = Yes  
 9 = Unknown /  
not investigated

Primary tumor site

- 1 = Long bones of upper limb, scapula and associated joints (Proximal to the wrist)  
  2 = Short bones of upper limb and associated joints (Distal to the wrist)  
  3 = Long bones of lower limb and associated joints (Proximal to the ankle)  
  4 = Short bones of lower limb and associated joints (Distal to the ankle)  
  5 = Bones of skull and face and associated joints  
  6 = Vertebral column  
  7 = Rib, sternum, clavicle and associated joints  
  8 = Pelvic bones, sacrum, coccyx and associated joints  
  9 = Connetive, subcutaneous and other soft tissue, NOS (applies to Ewing sarcomas only)  
  10 = Bone, NOS  
  11 = Other, please specify:
- 

\* PNET = **Peripheral** neuroectodermal tumor, belong to Ewing sarcoma family of tumors, including Askin tumor and Ewing sarcoma soft-tissue.

## FIRST PRIMARY CANCER

Patient ALiCCS-study no.:

### 8. Soft-tissue sarcomas \*

Please, only choose one option within each category (tumor type, site and laterality).

Tumor type

- 1 = Embryonal Rhabdomyosarcoma (ERMS)  
 2 = Alveolar Rhabdomyosarcoma (ARMS)  
 3 = Fibrosarcoma  
 4 = Synovial sarcoma  
 5 = Non-specified soft-tissue sarcoma  
 9 = Other, please specify:  
\_\_\_\_\_

Laterality

- 1 = Right  
 2 = Left  
 3 = Bilateral  
 9 = Unknown

*\* Soft-tissue sarcomas **not** including Ewing sarcoma*

Primary tumor site

- 1 = Head  
 2 = Neck  
 3 = Thorax, anterior  
 4 = Thorax, posterior  
 5 = Abdomen/Pelvic area  
 6 = Lumbosacral  
 7 = Upper extremities  
 8 = Lower extremities  
 9 = Other, please specify:  
\_\_\_\_\_

Metastasis at diagnosis

- 0 = No  
 1 = Yes  
 9 = Unknown / not investigated



## FIRST PRIMARY CANCER

Please, choose only one option within each category (tumor type, site and laterality)

Patient ALiCCS-study no.:

### 9. Retinoblastoma

Laterality

- 1 = Right      3 = Bilateral  
 2 = Left      9 = Not available

### 10. Hepatic tumor

Tumor type

- 1 = Hepatoblastoma (HB)  
 2 = Hepatocellular carcinoma (HCC)  
 9 = Not specified

### 11. Carcinomas

Tumor type

- 1 = Thyroid  
 2 = Nasopharyngeal  
 3 = Adrenocortical  
 4 = Malignant melanoma  
 5 = Other skin carcinomas  
 9 = Other, specify: \_\_\_\_\_

Laterality

- 1 = Right  
 2 = Left  
 3 = Bilateral  
 9 = Not available

Metastasis at diagnosis

- 0 = No  
 1 = Yes  
 9 = Unknown /  
 not investigated

### 12. Germ cell tumors and gonadal tumors GCT = Germ cell tumor

Tumor type

- 1 = Gonadal germ cell tumor  
 2 = Gonadal **non**-germ cell tumor  
 3 = Intracranial germ cell tumor  
 (Germinoma, including pineal)  
 4 = Intraspinal germ cell tumor  
 5 = Extragonadal germ cell tumor, excluding CNS  
 (sacral, mediastinal, retroperitoneal, other)

Laterality

- 1 = Right  
 2 = Left  
 3 = Bilateral  
 4 = Midline  
 9 = Not available

Metastasis at diagnosis

- 0 = No  
 1 = Yes  
 9 = Unknown /  
 not investigated

### 13. Other

Tumor type

- 1 = Histiocytosis (Langerhans  
 Cell Histiocytosis =LCH)  
 9 = Other, specify: \_\_\_\_\_

Primary tumor site

- 1 = Head  
 2 = Neck  
 3 = Thorax  
 4 = Abdomen/Pelvic area  
 5 = Lumbosacral  
 6 = Upper extremities  
 7 = Lower extremities  
 8 = Skin  
 9 = Other, please specify: \_\_\_\_\_

Patient ALiCCS-study no.:

**RADIOTHERAPY**

0 = no 1 = yes 9 = unknown.  
If no radiotherapy was given proceed to the next page.

**External beam radiotherapy**

0 = no 1 = yes

Date of start:    /    /

Date of completion:    /    /

Treating hospital(-s) and department, radiotherapy:

---

**Radiotherapy records AND relevant text in the medical record copied\*:**

/    /

\*copied WITHOUT any personal identifications, only including a front page (i.e. with the ALiCCS study number). This RT front page can be found in the joint dropbox folder.

**Brachytherapy**

0 = no 1 = yes

Date of start:    /    /

Date of completion:    /    /

Treating hospital(-s) and department, radiotherapy:

---

**Radiotherapy records AND relevant text in the medical record copied\*:**

/    /

\*copied WITHOUT any personal identifications, only including a front page (i.e. with the ALiCCS study number). This RT front page can be found in the joint dropbox folder.

**Internal (metabolic) radiotherapy**

0 = no 1 = yes

Date of start:    /    /

Treating hospital(-s) and department, radiotherapy:

---

**Radiotherapy records AND relevant text in the medical record copied\*:**

/    /

\*copied WITHOUT any personal identifications, only including a front page (i.e. with the ALiCCS study number). This RT front page can be found in the joint dropbox folder.

Patient ALiCCS-study no.:

**SURGERY**

0 = no 1 = yes, one surgery 2 = yes, two 3 = yes, three... etc.  
If no tumor surgery please proceed to the next page.

Date of FIRST surgery     /     /

Type of surgery  1 = Biopsy only  
2 = Partial excision  
3 = Complete excision  
4 = Amputation or enucleation  
9 = Unknown

Radicality  1 = Microscopically radical  
2 = Macroscopically radical  
3 = Questionable radicality  
5 = Not radical  
9 = Unknown

Complete removal of hormone producing organ?  0 = no 1 = yes

Specify  1 = Ovaries 2 = Testicles 3 = Pituitary gland (hypophysis)  
4 = Thyroid 5 = Adrenal gland 6 = Other  
 1 = Right 2 = Left 3 = Bilateral 4 = Not applicable

Date of SECOND surgery     /     /

Type of surgery  1 = Biopsy only  
2 = Partial excision  
3 = Complete excision  
4 = Amputation or enucleation  
9 = Unknown

Radicality  1 = Microscopically radical  
2 = Macroscopically radical  
3 = Questionable radicality  
5 = Not radical  
9 = Unknown

Complete removal of hormone producing organ?  0 = no 1 = yes

Specify  1 = Ovaries 2 = Testicles 3 = Pituitary gland (hypophysis)  
4 = Thyroid 5 = Adrenal gland 6 = Other  
 1 = Right 2 = Left 3 = Bilateral 4 = Not applicable

Patient ALiCCS-study no.:

**CHEMOTHERAPY**  0 = No 1 = Yes

and other relevant drugs (see instructions and drug codes in Appendix I)

Date of initiation of chemotherapy:  /  /

Date of all chemotherapy completed:  /  /

Body surface (m<sup>2</sup>) at diagnosis  ,  m<sup>2</sup> = √((height x weight) / 3600)

Weight at diagnosis (kg)  ,  kg

Height at diagnosis (cm)  ,  cm

Was body surface estimated?  0 = No 1 = Yes

If cancer treatment extends through out more than one year please give a **yearly body surface** (m<sup>2</sup>) (+/-3months):

Body surface at **second year** of treatment  ,  m<sup>2</sup> = √((height x weight) / 3600)

Date at measurement  /  /

Weight (kg)  ,  kg

Height (cm)  ,  cm

Was body surface estimated?  0 = No 1 = Yes

Body surface at **third year** of treatment  ,  m<sup>2</sup> = √((height x weight) / 3600)

Date at measurement  /  /

Weight (kg)  ,  kg

Height (cm)  ,  cm

Was body surface estimated?  0 = No 1 = Yes

	Cytostatic drug (name)	Code	Total cumulated dose (mg/m <sup>2</sup> or units/m <sup>2</sup> )	Dose quality *	Anthracyclines: bolus vs. inf.**
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Please note that cumulative doses of intrathecal drugs (e.g. MTX it.) are in **ml** only, not per m<sup>2</sup>.

\* 1 = Total dose extracted 2 = Total dose, some estimated 3 = Incomplete or partial dose 4 = No dose data

**In case of anthracycline use:**

\*\* Please give the average rate of administration for the **majority** of anthracycline doses given.

1 = bolus <30min., 2 = infusion for >30min. and <6hours, 4 = inf. for ≥6hours, 9 = Not known

Anthracyclines: **doxorubicin**, Adriamycin®, Adria®; **daunorubicin**, Daunomycin®, Cerubidine®; **idarubicin**, Idamycin®; mitoxantrone, Novantrone®; **epirubicin**

Were cardioprotectants used?  0 = no, 1 = yes.

Cardioprotectants: Cardioxane, Zinecard or Dexrazoxane

**Treatment protocol (if applicable)** \_\_\_\_\_

9 = Not known

If the patient is treated (more or less) according to a protocol, please write the name of the protocol.

Patient ALiCCS-study no.: 

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**CHEMOTHERAPY, continued**

**Central venous catheter (CVC)**

CVC inserted? 

--

 0 = No, 1 = Yes, 9 = not known

If yes, how many in total were inserted during the treatment period? 

--

 1 = 1, 2 = 2, etc.; 0 = number not known

Date (month/year) of insertion of the first CVC: 

M	M
---	---

 / 

Y	Y	Y	Y
---	---	---	---

Date of permanent removal: 

M	M
---	---

 / 

Y	Y	Y	Y
---	---	---	---

Patient ALiCCS-study no.:

**Relapse / Recurrent disease**

0 = no 1 = yes, one relaps 2 = yes, two replapses, 3 = yes, three... etc.

If yes, please fill out an other treatment form for each relapse/recurrence

Total number of relapses:

Date of diagnosis relapse no 1    /    /

Date of diagnosis relapse no 2    /    /

Date of diagnosis relapse no 3    /    /

Remission status (according to med.records)  CR = complete remission; \*

1 = CR1 (= no recurrent disease), 2 = CR2,

3 = CR3, 4 = >CR4, 5 = remaining disease

\* See instructions

**After the cancer treatment**

Date of last doctors visit:    /    /

Status at last doctors visit:  0 = Healthy, no permanent complications noted  
 1 = Permanent complications influencing quality of life  
 9 = unknown

If permanent complications, please specify in free text and note any disabilities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient ALiCCS-study no.:

**Bone marrow transplantation**

(BMT, Stem cell transplant, SCT)

0 = no 1 = yes, one BMT 2 = yes, two BMTs 3 = yes, three... etc.  
If yes, please fill out this page, otherwise proceed to page 9.

Date of **first** transplantation

If more than one BMT, please add a new page (page 14) on bone marrow transplantation (as many as needed) to the abstraction form.

/   /

Autologous

0 = No 1 = Yes

Allogeneic

0 = No 1 = Yes

Donor

1 = matched sibling 2 = unmatched sibling 3 = parent 4 = matched unrelated donor  
5 = mismatched unrelated donor 9 = unknown

Source

1 = Bone marrow 2 = Peripheral blood 3 = Cord blood 9 = Unknown

**Conditioning regimes:**

**Radiotherapy**

Please note. Radiotherapy given in relation to BMT is registered here, NOT at page 4.

Total body irradiation (TBI):

0 = No 1 = Yes

Date of start:

/   /

Date of completion:

/   /

Radiotherapy records copied

0 = No 1 = Yes

**Chemotherapy (conditioning)**

0 = No 1 = Yes

If yes –please fill out information on conditioning chemotherapy below.

Date of initiation:

/   /

Date of completion:

/   /

Body surface (m<sup>2</sup>) at conditioning

,   m<sup>2</sup> = √((height x weight) / 3600)

Weight at conditioning (kg)

,  kg

Height at conditioning (cm)

,  cm

	Cytostatic drug (name)	Code	Total cumulated dose (mg/m <sup>2</sup> or units/m <sup>2</sup> )	Dose quality *	Anthracyclines: bolus vs. inf.**
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

\* 1 = Total dose extracted 2 = Total dose, some estimated 3 = Incomplete or partial dose 4 = No dose data

In case of anthracycline use: \*\* Please give the rate of administration for the majority of anthracyclin doses given.

1 = bolus <30min., 2 = infusion for >30min.and <6hours, 4 = inf.for ≥6hours, 9 = Not known

Anthracyclines: **doxorubicin**, Adriamycin®, Adria®; **daunorubicin**, Daunomycin®, Cerubidine®; **idarubicin**, Idamycin®; mitoxantrone, Novantrone®; **epirubicin**

Were cardioprotectants used?  0 = no, 1 = yes.

Cardioprotectants: Cardioxane, Zinecard or Dexrazoxane

Treatment protocol (if applicable)

9 = Not known

If the patient is treated (more or less) according to a protocol, please write the name of the protocol.

Patient ALiCCS-study no.:

**Bone marrow transplantation**

(BMT, Stem cell transplant, SCT)

Date of **SECOND** transplantation    /    /

If more than two BMT, please add a new page (page 14, as many as needed) to the abstraction form.

Autologous  0 = No 1 = Yes  
 Allogeneic  0 = No 1 = Yes  
 Donor  1 = matched sibling 2 = unmatched sibling 3 = parent 4 = matched unrelated donor  
 5 = mismatched unrelated donor 9 = unknown  
 Source  1 = Bone marrow 2 = Peripheral blood 3 = Cord blood 9 = Unknown

**Conditioning regimes:**

**Radiotherapy**

Please note. Radiotherapy given in relation to BMT is registered here, but NOT in page 4.

Total body irradiation (TBI):  0 = No 1 = Yes  
 Date of start:    /    /      
 Date of completion:    /    /      
 Radiotherapy records copied  0 = No 1 = Yes

**Chemotherapy (conditioning)**

0 = No 1 = Yes  
 If yes –please fill out information on conditioning chemotherapy below.  
 Date of initiation:    /    /      
 Date of completion:    /    /      
 Body surface (m<sup>2</sup>) at conditioning   ,   m<sup>2</sup> = √((height x weight) / 3600)  
 Weight at conditioning (kg)   ,  kg  
 Height at conditioning (cm)   ,  cm

	Cytostatic drug (name)	Code	Total cumulated dose (mg/m <sup>2</sup> or units/m <sup>2</sup> )	Dose quality *	Anthracyclines: bolus vs. inf.**
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

\* 1 = Total dose extracted 2 = Total dose, some estimated 3 = Incomplete or partial dose 4 = No dose data

**In case of anthracycline use:** \*\* Please give the rate of administration for the majority of anthracyclin doses given.  
 1 = bolus <30min., 2 = infusion for >30min.and <6hours, 4 = inf.for ≥6hours, 9 = Not known  
 Anthracyclines: **doxorubicin**, Adriamycin®, Adria®; **daunorubicin**, Daunomycin®, Cerubidine®; **idarubicin**, Idamycin®; mitoxantrone, Novantrone®; **epirubicin**  
 Were cardioprotectants used?  0 = no, 1 = yes.  
 Cardioprotectants: Cardioxane, Zinecard or Dexrazoxane

Treatment protocol (if applicable) \_\_\_\_\_  9 = Not known  
 If the patient is treated (more or less) according to a protocol, please write the name of the protocol.