Stereotactic Radiotherapy (SRT) - Registration form

Please register all SRT treatments started in a certain year by June 30th of the following year at the latest.

Please note that by the terms ‘current’ or ‘currently’, it is meant: ‘at the time of start of the SRT treatment that is being registered’.
**Administrative patient data**

Hospital **REQ:** .................................................................
Health insurance institution **REQ:** ......................................................
National number for social security (INSZ/NISS)* **REQ:** .........................

*If filled out in the WBCR application, the following variables will be completed automatically:

- Last name **REQ:** .................................................................
- First name **REQ:** .................................................................
- Postal code **REQ:** .................................................................
- City **REQ:** .................................................................
- Country **REQ:** .................................................................
- Health insurance number: .................................................................
- Date of birth **REQ:** ........../........../............ (dd/mm/yyyy)
- Date of death: ........../........../............ (dd/mm/yyyy)
- Sex **REQ:** ☐ Male
  ☐ Female

**1. Diagnostics**

Lesion to treat **REQ:** ☐ Primary tumour or relapse of primary tumour (Complete sections: 1A, 2A, 3A)
  - Metastasis (Complete sections: 1B, 2B, 3B)
  - Cranial arteriovenous malformation (AVM) (Complete sections: 1C, 2, 3)

**A. Primary tumour or relapse of primary tumour**

Indication **REQ:** ☐ Primary tumour

- Incidence date primary tumour **REQ:** ........../........../............ (dd/mm/yyyy)
- Clinical stage primary tumour (cTNM): cT: ........... cN: ........... cM: ...........
- Pathological stage primary tumour (pTNM): pT: ........... pN: ........... pM: ...........

☐ Relapse of primary tumour

- Incidence date initial primary tumour **REQ:** ........../........../............ (dd/mm/yyyy)
- Date of diagnosis of current relapse **REQ:** ........../........../............ (dd/mm/yyyy)
- Clinical stage of the relapse (rcTNM): rcT: ........... rcN: ........... rcM: ...........

Basis for diagnosis primary tumour/relapse **REQ:** ☐ 1 - Autopsy

☐ 2 - Histology of primary tumour
☐ 3 - Histology metastasis
☐ 4 - Cytology/haematology
☐ 5 - Technical (e.g. CT scan, endoscopy, ...)
☐ 6 - Clinical
☐ 7 - Tumour marker (e.g. PSA, HCG, AFP, Ig, ...)
☐ Unknown
WHO score at start SRT treatment primary tumour/relapse \textsuperscript{REQ}: 
- 0 - Asymptomatic, normal activity
- 1 - Symptomatic, but ambulant
- 2 - Symptomatic, bedbound < 50\% day
- 3 - Symptomatic, bedbound > 50\% day
- 4 - Completely dependent, 100\% bedbound
- Unknown

Primary tumour/relapse localisation \textsuperscript{REQ}: .................................................................

Laterality primary tumour/relapse \textsuperscript{REQ}: 
- Left
- Right
- Unpair organ
- Unknown

Histological diagnosis primary tumour/relapse \textsuperscript{REQ}: .................................................................

B. Metastasis

Incidence date primary tumour \textsuperscript{REQ}: ...... / ...... / ....... (dd/mm/yyyy)

Localisation primary tumour \textsuperscript{REQ}: 
- Bladder
- Breast
- Cervix
- Colon
- Head and neck
- Kidney
- Lung
- Melanoma
- Oesophagus
- Pancreas
- Prostate
- Rectum
- Soft tissue
- Uterus
- Unknown
- Other; Specify \textsuperscript{REQ}: ........................................

Current status primary tumour \textsuperscript{REQ}: 
- Controlled
- Not controlled
Prior metastatic event \textsuperscript{REQ}?
- Unknown
- No
- Yes, oligometastatic disease (≤ 5 metastases)
- Yes, polymetastatic disease (> 5 metastases)

- Was prior metastases-directed treatment performed \textsuperscript{REQ}?
  - Unknown
  - No
  - Yes *
  - Yes, but information only partially available *

* - How many types of treatment did the patient receive for which information is available \textsuperscript{REQ}?
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10

\textsuperscript{*} Specify the following variables for each of the received treatments (pop-up):
  - Type of treatment \textsuperscript{REQ}:
    - Chemotherapy
    - Hormonal therapy
    - Immunotherapy
    - Targeted therapy
    - Surgery
    - Radical radiotherapy
    - Radiofrequency ablation (RFA)
    - Other; Specify \textsuperscript{REQ}: ........................................

  - Start date \textsuperscript{REQ}: ...... / ...... / ........ (dd/mm/yyyy)
  - End date \textsuperscript{REQ}: ...... / ...... / ........ (dd/mm/yyyy)

  (When an exact date is not known, please enter 15/mm/yyyy if only month and year are known, or 1/07/yyyy if only the year is known.)

Date of diagnosis of current metastasis, treated within the currently administered dosimetric plan \textsuperscript{REQ}:
  ...... / ...... / ........ (dd/mm/yyyy)

Number of currently active oligometastatic lesion(s) \textsuperscript{REQ}: ........................................
Localisation of currently active oligometastatic lesion(s) \( \text{REQ} \):

- Adrenal metastases
- Bone (non-spinal) metastases
- Brain metastases
- Hepatic metastases
- Lung metastases
- Lymph node metastases
- (Para-) spinal metastases
- Other (oligo)metastatic lesion(s)
  Specify \( \text{REQ} \): ………………………………………………………………………………

WHO score at start SRT treatment of the current metastasis \( \text{REQ} \):

- 0 - Asymptomatic, normal activity
- 1 - Symptomatic, but ambulant
- 2 - Symptomatic, bedbound < 50% day
- 3 - Symptomatic, bedbound > 50% day
- 4 - Completely dependent, 100% bedbound
- Unknown

C. Cranial AVM

Date of diagnosis of the AVM treated within the currently administered dosimetric plan \( \text{REQ} \):

...... / ...... / ........ (dd/mm/yyyy)

WHO score at start SRT treatment of the AVM \( \text{REQ} \):

- 0 - Asymptomatic, normal activity
- 1 - Symptomatic, but ambulant
- 2 - Symptomatic, bedbound < 50% day
- 3 - Symptomatic, bedbound > 50% day
- 4 - Completely dependent, 100% bedbound
- Unknown

2. Lesion specifications

Number of lesions in total to treat with SRT and/or SRS (cerebral lesions included) \( \text{REQ} \): .................

Number of lesions treated within the currently administered dosimetric plan \( \text{REQ} \): .................

Maximum diameter of the lesion(s) treated within the currently administered dosimetric plan \( \text{REQ} \):

.............. mm   (this is the sum of the (largest) diameters of all the lesions treated within the current plan)
A. Primary tumour or relapse of primary tumour

Localisation of (the relapse of) the primary tumour lesion treated within the currently administered dosimetric plan \( ^{\text{REQ}} \):
- Primary brain lesion
- Primary head & neck lesion
- Primary hepatic lesion
- Primary lung (peripheral) lesion
- Primary lung (central and/or >5 cm) lesion
- Primary pancreatic lesion
- Primary (para-) spinal lesion
- Primary prostate lesion
- Primary renal lesion
- Other primary lesion
  Specify \( ^{\text{REQ}} \): ........................................................................................................

B. Metastasis

Localisation of the metastatic lesion(s) treated within the currently administered dosimetric plan \( ^{\text{REQ}} \):
- Adrenal metastases
- Bone (non-spinal) metastases
- Brain metastases
- Hepatic metastases
- Lung metastases
- Lymph node metastases
- (Para-) spinal metastases
- Other (oligo)metastatic lesion
  Specify \( ^{\text{REQ}} \): ........................................................................................................

3. Treatment specifications

Total dose delivered for the currently administered dosimetric plan \( ^{\text{REQ}} \): .......... Gy

Number of fractions delivered \( ^{\text{REQ}} \): ............

Start date of RT for the currently administered dosimetric plan \( ^{\text{REQ}} \): ...... / ...... / ......... (dd/mm/yyyy)

End date of RT for the currently administered dosimetric plan \( ^{\text{REQ}} \): ...... / ...... / ......... (dd/mm/yyyy)

Centre where the RT was performed \( ^{\text{REQ}} \): ........................................................................

Centre that referred the patient to RT \( ^{\text{REQ}} \): ........................................................................
A. Primary tumour or relapse of primary tumour

Other treatment for the currently active locoregional primary lesion, administered within 90 days before or after SRT:\n
☐ No
☐ Yes; Specify:\n  - Chemotherapy
  - Hormonal therapy
  - Immunotherapy
  - Targeted therapy
  - Surgery
  - Radical radiotherapy
  - Radiofrequency ablation (RFA)
  - Other; Specify:\n
B. Metastasis

Current status primary tumour:\n
☐ Controlled (complete 3B1)
☐ Not controlled (complete 3B2)

B1. Metastasis with controlled primary tumour

Other treatment for all currently active metastatic lesions, administered within 90 days before or after SRT:\n
☐ No
☐ Yes; Specify:\n  - Chemotherapy
  - Hormonal therapy
  - Immunotherapy
  - Targeted therapy
  - Surgery
  - Radical radiotherapy
  - Radiofrequency ablation (RFA)
  - Other; Specify:\n
B2. Metastasis with uncontrolled primary tumour

Other treatment for the currently active locoregional primary lesion and/or all currently active oligometastatic lesions, administered within 90 days before or after SRT:\n
☐ No
☐ Yes; Specify:\n  - Chemotherapy
  - Hormonal therapy
  - Immunotherapy
  - Targeted therapy
  - Surgery
  - Radical radiotherapy
  - Radiofrequency ablation (RFA)
  - Other; Specify:\n