Fanconi Anemia Registry 01 FAR01

Malignancy history

Patient initials (first name / last name)					
Quarter and year of birth (q/yyyy)	/ _	_ / _ _			
Sex:	□ male	☐ female			
Please enclose all reports					
MDS/AML	□ no □ yes, Date	e of onset _ _ _			
	Resolution of condition	□ no □ yes, Date of resolution _ _ _			
	Treatment:	☐ chemo ☐ radiation ☐ HSCT ☐ other			
	Specify treatment I	I			
Oral cavity malignancy	□ no □ yes, Date	e of onset _ _ _			
	Resolution of condition	□ no □ yes, Date of resolution _ _ _			
	Treatment:	\square chemo \square radiation \square surgery \square other			
	Specify treatment: I				
Malignancy of the pharynx/larynx □ no □ yes, Date of onset _ _					
manghancy of the pharynxharyn	•	□ no □ yes, Date of resolution _ _ _			
		☐ chemo ☐ radiation ☐ surgery ☐ other			
	opecity treatment: I				
Malignancy of the gastrointestinal tract □ no □ yes, Date of onset _ _ _					
	Resolution of condition	□ no □ yes, Date of resolution _ _ _			
	Treatment:	☐ chemo ☐ radiation ☐ surgery ☐ other			
	Specify treatment: I				
Malignancy of the reno-urogenital tract □ no □ yes, Date of onset _ _ _					
malignancy of the reno-urogenit	_				
	Resolution of condition				
		☐ chemo ☐ radiation ☐ surgery ☐ other			
Specify treatment: II					
Breast cancer	□ no □ yes, Date	e of onset _ _ _			
	Resolution of condition	□ no □ yes, Date of resolution _ _ _			
	Treatment:	☐ chemo ☐ radiation ☐ surgery ☐ other			
	Specify treatment: I	J			
Ovarian cancer	-	e of onset _ _ _			
		□ no □ yes, Date of resolution _ _			
		☐ chemo ☐ radiation ☐ surgery ☐ other			
	Specify treatment: I	J			

Malignancy of the cervix	☐ no ☐ yes, Date	of onset _	- _
	Resolution of condition	□ no □ y	yes, Date of resolution _ _ _ _
	Treatment:	□ chemo □ i	radiation □ surgery □ other
	Specify treatment: I		
Malignancy of the vagina	☐ no ☐ yes, Date	of onset _	_
	Resolution of condition	□ no □ y	yes, Date of resolution _ _ _
	Treatment:	□ chemo □ i	radiation □ surgery □ other
	Specify treatment: I		
Malignancy of the vulva	☐ no ☐ yes, Date	of onset _	-
	Resolution of condition	□ no □ y	es, Date of resolution _ _ _ _
	Treatment:	□ chemo □ i	radiation □ surgery □ other
	Specify treatment: I		
Malignancy of the anus	☐ no ☐ yes, Date	of onset _	-
	Resolution of condition	□ no □ y	yes, Date of resolution _ _ _
	Treatment:	□ chemo □ i	radiation □ surgery □ other
	Specify treatment: I		
Malignancy of the skeletal syste	m tract □ no □ y	es, Date of onse	et
	Resolution of condition	□ no □ y	es, Date of resolution _ _ _
	Treatment:	□ chemo □ i	radiation □ surgery □ other
	Specify treatment: I		
Malignancy of brain/eyes	□ no □ yes, Date		
Malignancy of brain/eyes	Resolution of condition	□ no □ y	yes, Date of resolution _ _ _
Malignancy of brain/eyes	Resolution of condition Treatment:	□ no □ y	yes, Date of resolution _ _ _ radiation □ surgery □ other
Malignancy of brain/eyes	Resolution of condition Treatment:	□ no □ y	yes, Date of resolution _ _ _
	Resolution of condition Treatment: Specify treatment: I	□ no □ y □ chemo □ ı	yes, Date of resolution _ _ _
Malignancy of brain/eyes Malignancy of the ears	Resolution of condition Treatment: Specify treatment: I no upwes, Date	□ no □ y □ chemo □ i of onset _	yes, Date of resolution _ _ _
	Resolution of condition Treatment: Specify treatment: I no	of onset _	yes, Date of resolution _ _ _
	Resolution of condition Treatment: Specify treatment: I no yes, Date Resolution of condition Treatment:	□ no □ y □ chemo □ i of onset _ _ □ no □ y □ chemo □ i	yes, Date of resolution _ _ _
	Resolution of condition Treatment: Specify treatment: I no yes, Date Resolution of condition Treatment:	□ no □ y □ chemo □ i of onset _ _ □ no □ y □ chemo □ i	yes, Date of resolution _ _ _
Malignancy of the ears	Resolution of condition Treatment: Specify treatment: I no yes, Date Resolution of condition Treatment: Specify treatment: I	of onset one on one one one one one one one one	yes, Date of resolution _ _ _
	Resolution of condition Treatment: Specify treatment: I no	of onset _ _ of onset _ of onset	yes, Date of resolution _ _ _
Malignancy of the ears	Resolution of condition Treatment: Specify treatment: I no yes, Date Resolution of condition Treatment: Specify treatment: I no yes, Date Resolution of condition	□ no □ y □ chemo □ i of onset _ □ no □ y □ chemo □ i of onset _ □ no □ y	yes, Date of resolution _ _ _ _ radiation
Malignancy of the ears	Resolution of condition Treatment: Specify treatment: I no ges, Date Resolution of condition Treatment: Specify treatment: I no ges, Date Resolution of condition Treatment: Treatment:	□ no □ y □ chemo □ □ of onset _ _ □ no □ y □ chemo □ □ of onset _ _ □ no □ y □ chemo □ y	yes, Date of resolution _ _ _ _ radiation
Malignancy of the ears	Resolution of condition Treatment: Specify treatment: I no ges, Date Resolution of condition Treatment: Specify treatment: I no ges, Date Resolution of condition Treatment: Treatment:	□ no □ y □ chemo □ □ of onset _ _ □ no □ y □ chemo □ □ of onset _ _ □ no □ y □ chemo □ y	yes, Date of resolution _ _ _ _ radiation
Malignancy of the ears	Resolution of condition Treatment: Specify treatment: I	□ no □ y □ chemo □ □ of onset _ _ □ no □ y □ chemo □ □ of onset _ _ □ no □ y □ chemo □ y	yes, Date of resolution _ _ _ _ _ radiation
Malignancy of the ears Malignancy of the skin	Resolution of condition Treatment: Specify treatment: I no ges, Date Resolution of condition Treatment: Specify treatment: I no ges, Date Resolution of condition Treatment: Specify treatment: I	of onset _ of onset _ of onset _ _ of onset _ of onset _ of onset _ of onset _	yes, Date of resolution _ _ _ _ _ radiation
Malignancy of the ears Malignancy of the skin	Resolution of condition Treatment: Specify treatment: I	□ no □ y □ chemo □	yes, Date of resolution _ _ _ _ _ radiation

Other malignancy	□ no □ yes, Date of onset			
	Resolution of condition	□ no □ yes, Date	of resolution _ _ _	
	Treatment:	\square chemo \square radiation	☐ surgery ☐ other	
	Specify treatment: I			
□Other, specify				
Further comments:				
Referring physician name and insti	tution I			
Address	I			
Telephone and fax	I			
email	I			
Date IIIII	Sig	nature		