

PMT3-B-2 — SUBJECT VISIT PLAN RECORD

Inclusion Criteria

Patients with definite pheochromocytoma or paraganglioma (PPGLs)

Male and female patients (all ages, including children above 5 years) with definite diagnosed PPGLs are included on the basis of the following:

Patients with definite diagnosed PPGLs.

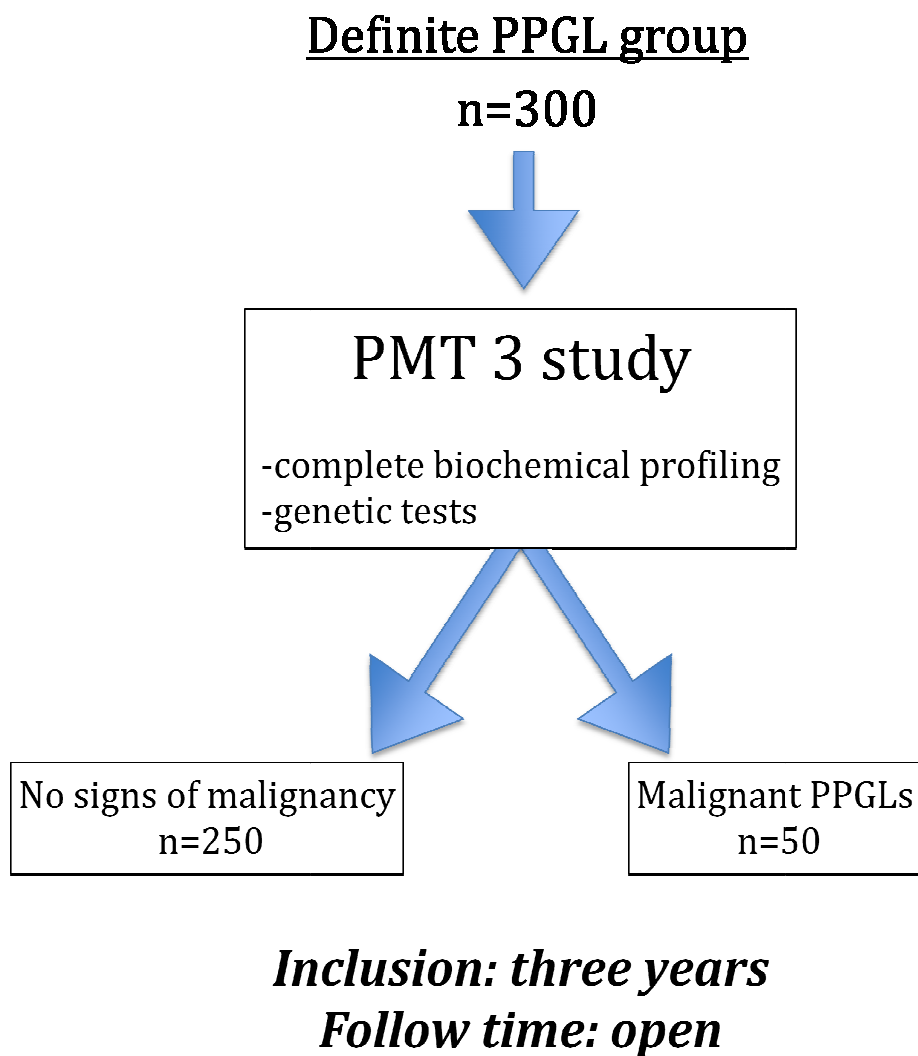
- (i) based on histological examination of resected or biopsied tumor material.
- (ii) when tumor material is not available for histological examination, (i.e., patients with metastatic disease) inclusion may be based on imaging evidence of metastatic disease (including functional imaging evidence) combined with either a past history of a pathologically proven PPGL or biochemical evidence of excess catecholamine production definitive for a PPGL.

Exclusion Criteria

- (i) Subjects with impaired mental capacity that precludes informed consent.
- (ii) Subjects who require medications that would interfere with or invalidate primary outcome parameters (e.g., tricyclic antidepressants).

Flow chart for patients with definite PPGLs

(the numbers of patients expected to participate through study)

**Comment [NQ1]:** Also refer the flowchart for A1 in powerpoint file.

PMT3

1. Last Name: _____ 2. First Name: _____

3. Gender: _____ 4. DOB: _____

5. Address: _____

6. Tel (home): _____ 7. Mobile: _____

8. Next of kin:

A: Last Name: _____ B: First Name: _____

C: Address: _____

F: Tel (home): _____ G: Mobile: _____

9. Referring or Personal Physician: _____

10. Study Center: _____

11. Date: H&P Performed: _____

12. Date: consent obtained: _____

13. Main inclusion criterion:

Suspicion based primarily on signs and symptoms/family history

Therapy resistant hypertension

Incidental finding on imaging for unrelated condition

Routine screening due to known mutation or hereditary syndrome

Routine screening due to previous history of pheochromocytoma

Other: _____

Unique patient
identifier and Date
Consent signed

Affix
HEP MET/CAT
Record Label with
date of sample

Affix
EDTA DNA Record
Label with date of
sample

Affix
URIN 24 Record
Label with date of
sample

Specific questions:

Medical History

Patient has history of previous PPGL

If YES, number of tumors

	Date diagnosed		tumor	Tumor location		Dimensions (cm)		
	Year	Month	resected	A or E	Details	x	y	z
1								
2								
3								
4								
5								

Patient has residual disease

Residual disease is metastatic

If YES, locations and No. of lesions

Bones	Lymph nodes	Lungs	Liver

Patient has other disease

If YES, detail what disease

disease	Diagnosed year	medication	dose/day

Hereditary PPGL syndrome									
Patient has evidence of hereditary syndrome y/n									
Evidence includes family history of PPGL`s y/n									
Indicate number of 1e degree relatives with PPGL`s									
Indicate number of 2e defree relatives with PPGL`s									
Evidence includes clinical stigmata y/n									
if YES, detail									
Indicate syndrome									
Specific details									
Specific agected gene(s)									