



## SUMMARY OF CANCER TREATMENT

This "Survivorship Passport" is a short summary extracted from the information reported in the medical record. It describes the disease and its clinical course as well the treatments you received. This document does not replace the medical record that is always available at our center. This document does not replace the medical record which is always available at the treatment center in case of need

Passport Number:

### PERSONAL DATA

Name		Lastname	
Date of birth	13/09/2001	Sex	Female
Email	anonimo@example.com		
Mobile phone	000000000		

### DIAGNOSIS

Date of diagnosis	15/07/2015
Institution	Fundacion Para La Investigacion Del Hospital Universitario La Fe
Classification	3 - Malignant, primary site
Diagnosis	Ewing sarcoma
Diagnosis (morphology)	Ewing sarcoma
Site	Connective, subcutaneous and other soft tissues of thorax
Site description	Paravertebral torácico
Laterality	Left
Metastatic	No
Genetic markers	EWSR1 positivo
Stage/Risk	Alto riesgo

### OTHER DISEASES

Hereditary Cancer Predisposition Syndrome or medical condition cancer associated	No
Other medical conditions, not cancer associated	- Broncoespasmos de repetición en primera infancia. Valorada por alergología sin hallazgos. - Ingreso a los 4 - 5 años por meningitis linfocitaria - Extirpación de nevus melanocítico atípico en región lumbar derecha con AP de nevus melanocítico intradérmico. - IVE julio 2020

### FIRST-LINE TREATMENTS

The treatment has been executed following	A trial/protocol: SEHOP 2001		
Group/Arm/Randomization	ALTO RIESGO		
Summary of major treatments	Chemotherapy		Yes
	HSCT		No
	Radiotherapy		Yes
	Major Surgery		Yes
Progression/Relapse during first-line treatment	No		
Date of first elective end of treatment	04/06/2016		

### CHEMOTHERAPY

FIRST LINE			
Start date	15/07/2015	End date	04/06/2016
ANTINEOPLASTIC AGENTS			
Drug name	Total cumulative dose		Measure unit
Ifosfamide	101563 (Dose given)		mg/m2
Vincristine	17.83 (Dose given)		mg/m2
Etoposide	2898.85 (Dose given)		mg/m2
Dactinomycin	6.44 (Dose given)		mg/m2
Doxorubicin	382.4 (Dose given)		mg/m2
Pegfilgrastim	23.5 (Dose given)		mg/m2
Intrathecal injections ( 0 )	No		
OTHER TREATMENTS			
Other treatments	No		

## RADIATION THERAPY EPISODE

### FIRST LINE

Type of radiotherapy	External beam: Linac (Linear Accelerator) megavoltage MV X Rays/photons		
Start date	26/02/2016	End date	06/04/2016
Site (1)	HEMITÓRAX IZQUIERDO	Dose	15 Gy
Position	NK		
Shieldin	No		
Site (2)	Thoracic / Dorsal spine	Dose	45 Gy
Position	NK		
Shieldin	No		

## MAJOR SURGERY

### FIRST LINE

Date of surgery	09/07/2015
Surgery description	Laminectomía urgente ante clínica de compresión medular T10- T12
Date of surgery	06/08/2015
Surgery description	Criopreservación corteza ovárica por laparoscopia
Date of surgery	11/12/2015
Surgery description	Laminoplastia T10-T12 + exéresis cuerpo vertebral T12

## OTHER RELEVANT CLINICAL INFORMATION AND EVENTS

### CLINICAL COURSE

Important toxicity during treatment	Yes
Toxicity number	8
<b>First toxicity</b>	
Date of event	15/07/2015
Description	Compresión medular: Tetraplejía completa durante 12 horas Actualmente discapacidad 37% por paraparesia y 7 puntos de movilidad reducida
Resolved	No
<b>Second toxicity</b>	
Date of event	16/07/2015
Description	Derrame pleural que precisa de drenaje torácico hasta el 21/07/2015
Resolved	Yes
<b>Third toxicity</b>	
Date of event	16/05/2016
Description	Toxicidad tubular renal proximal que obliga a suspender los últimos 2 ciclos de ifosfamida
Resolved	No
<b>Forth toxicity</b>	
Date of event	15/08/2015
Description	Fiebre y neutropenia
Resolved	Yes
<b>Fifth toxicity</b>	
Date of event	29/09/2015
Description	Fiebre y neutropenia
Resolved	Yes
<b>Sixth toxicity</b>	
Date of event	20/10/2015
Description	Fiebre y neutropenia
Resolved	Yes
<b>Seventh toxicity</b>	
Date of event	11/11/2015
Description	Fiebre y neutropenia
Resolved	Yes
<b>Eighth toxicity</b>	
Date of event	20/06/2016
Description	Fiebre y neutropenia
Resolved	Yes
Hypogonadal	Yes
Growth hormone deficiency	No
Hydrocephalus	No
Chronic viral hepatitis	No
Sinusoidal obstruction syndrome	No
CVC positioning	Yes (Removed)
If yes, specify the site	Yugular interna derecha
Catheter-related thrombosis	No
Last transfusion date	11/12/2015
Fertility preservation	Criopreservación de corteza ovárica
Storage institution	Hospital UyP La Fe

- Nefropatía tubular
- Discapacidad 37% por paraparesia y 7 puntos de movilidad reducida

## RECOMMENDATIONS FOR FOLLOW-UP

### FOLLOW-UP RECOMMENDATIONS:

Here below are listed personalized follow-up recommendations, based on the treatments you received.

These advices are based on international experience with people who received similar treatments as you. They are meant to prevent and/or diagnose at an early stage possible future complications.

#### General recommendations:

A healthy lifestyle helps to maintain physical and mental wellbeing, as well as preventing possible diseases such as cardiovascular complications, tumors, and psychological problems. We therefore recommend you to:

- Maintain a normal body weight and engage in regular physical activity
- Eat plenty of fruits and vegetables, and reduce fat, sugar, and salt intake
- Maintain proper dental hygiene
- Avoid excessive sun exposure and remember to use high-protection sunscreen
- Don't smoke and avoid excessive alcohol intake
- Monitorare saltuariamente la pressione sanguigna
- Report to your health care provider any experience of chronic pain, excessive fatigue and/or deterioration of performance in your daily activities (study, work and/or exercise)
- Adhere to all cancer screening programs that will be offered by the health system

The treatment plan created by the "SurPass" Class 1 Medical Device developed from Cineca.

You could be at risk of	Since you was treated with	Therefore it is recommended that
Premature ovarian insufficiency	- Alkylating agents	<p>In girls: Perform at least once a year a clinical check-up to assess height, weight and pubertal development (breast growth). In case of abnormal or no pubertal development, check FSH and 17betaestradiol levels.</p> <p>In women who have already had their first menstrual cycle: Monitor the regularity of menstrual cycles. In case of irregular cycles (less than 21 days or more than 35 days) or if you have not had a cycle for at least 4 months, we recommend a blood test for FSH and estradiol and an endocrine/gynaecological check-up. These examinations are also recommended if you wish to find out about your fertility status. <b>Comments:</b> 2021 Seguimiento por Reproducción</p>
Hypertension	- RT to a vol exposing the kidneys, heart and associated large vessels - Ifosfamide	<p>Check blood pressure at least every 2 years and at every medical examination. <b>Comments:</b> En seguimiento por Nefrología</p>
Cardiac problems (Cardiomyopathy and/or Valvular disease and/or Cardiac ischemia)	- Anthracyclines (doxorubicin isotoxic equivalents)>= 250 mg/m2 - RT >= 15 Gy to a vol exposing the heart AND Anthracyclines (doxorubicin isotoxic equivalents)>= 100 mg/m2	<p>Perform: Cardiological evaluation at the end of treatment and every 2-3 years thereafter; Electrocardiogram (ECG) at the end of treatment, to be repeated at the age of 18 and cardiological evaluation in case of palpitations, dizziness and/or fainting/loss of consciousness. Echocardiogram 2 years after the end of treatment, to be repeated every 2-3 years; If female, echocardiogram in the first trimester of pregnancy. <b>Comments:</b> 2018 Normal</p>
Reduced bone mineral density	- Gonadal failure	<p>Maintain an adequate intake of calcium and vitamin D. Sunlight exposure and regular physical activity. Bone densitometry (DEXA) should be performed at least once. In prepubertal or pubertal children, consider postponing DEXA until the end of puberty. Report any persistent back pain and/or accidental fractures to your doctor.</p>
Osteonecrosis	- High dose RT	Report any persistent bone pain (particularly joint pain) to your doctor.
Subsequent breast cancer	- RT >= 10 Gy to a vol exposing the breasts	<p>Perform Mammography and Breast magnetic resonance imaging (MRI) should be performed annually from the eighth year after the end of radiotherapy, but not before the age of 25. These examinations should be continued until at least age 60.</p>

You could be at risk of	Since you was treated with	Therefore it is recommended that
<b>Renal problems</b> (Glomerular dysfunction - Tubular dysfunction)	- Ifosfamide Any dose	<p>Perform every 5 years: Urinalysis for creatinuria, proteinuria, glycosuria and phosphaturia; Blood test for creatinine, ionogram, albumin, and calculation of glomerular filtration rate (GFR). <b>Comments:</b> En seguimiento por Nefrología</p>
<b>Pulmonary problems</b>	- RT to a vol exposing the lungs	<p>Avoid active and passive smoking; Get annual flu and pneumococcal vaccines as indicated by your pediatrician/general practitioner; Perform a spirometry and carbon monoxide diffusion assessment (DLCO) at least once after the end of treatment and to be repeated in case of abnormalities; A clinical chest check-up must be performed by your pediatrician/ general practitioner at least every 5 years.</p>
<b>Liver problems</b>	- Dactinomycin	<p>Regular clinical evaluation for signs and symptoms of liver dysfunction (e.g. hepatomegaly, spider nevi or pruritus). Transaminases, gammaGT and alkaline phosphatase should be measured at least once after treatment ends. In case of an increase in liver enzyme values: if between 1-2 times the normal value: repeat the test within 1 year. If more than 2 times the normal value: repeat the test within 2 months. In case of persistent liver abnormalities: Ask a hepatologist or gastroenterologist for further indications. If there is no obvious explanation (alcohol, medication, obesity) Avoid or use with caution potentially hepatotoxic drugs and supplements Consider immunisation against hepatitis A and B, if not already immune in case of chronic HBV / HCV infections discuss precautions to reduce viral transmission to family and sexual partners</p>
<b>Iron overload</b>	- Multiple red blood cell transfusions	<p>Perform the serum ferritin assay at least once after the end of treatment. Repeat test within 6 months if serum ferritin is above 500 ng/ml. In case of persistent hyperferritinemia, perform an MRI scan to quantify the iron content in the liver. If the latter is confirmed, ask a haematologist about the appropriate treatment (such as phlebotomy or chelation therapy).</p>
<b>Spine scoliosis and kyphosis</b>	- RT to a vol exposing the spine	<p>Perform a clinical assessment of the spine at every medical evaluation and at least every year during pubertal development. Consult an orthopaedic specialist only if abnormalities are detected. <b>Comments:</b> Alta Trauma 12/2023</p>
<b>Dental and oral problems</b>	- Chemotherapy	<p>Careful dental hygiene, and a dental examination in case of oral problems such as caries (tooth decay), abnormal tooth development or dry mouth.</p>
<b>Lower urinary tract problems</b>	- Ifosfamide - Spinal cord surgery	<p>Watch out for urinary symptoms (e.g. frequent urination, painful urination, urinary retention or blood in urine). If any of these symptoms occur, perform a urine test and urine culture and, if necessary, a urine cytology test. If the tests are pathological, a urological evaluation should be performed. <b>Comments:</b> En seguimiento por Nefrología</p>
<b>Gastro-intestinal problems</b>	- Abdominal surgery	<p>A gastroenterological evaluation should be performed in case of persistent abdominal symptoms such as abdominal pain, nausea, vomiting or bowel evacuation disorders. <b>Comments:</b> Estreñimiento y digestión pesada</p>
<b>Subsequent melanoma and non-melanoma skin cancer</b>	- Any RT including TBI (predominantly in the RT field)	<p>Protect yourself from the sun rays with highly protective sunscreen, especially on areas of the body that have been exposed to radiotherapy. Constantly check your skin paying attention to the appearance of new moles and/or changes in colour and size of those already present. Perform a dermatological check-up for mole mapping at least every 2 years.</p>

	Planned for
Premature ovarian insufficiency	08.03.2024 a Planificación familiar
Hypertension	2024
Cardiac problems (Cardiomyopathy and/or Valvular disease and/or Cardiac ischemia)	2025
Renal problems (Glomerular dysfunction - Tubular dysfunction)	2024
Liver problems	2025
Iron overload	2025

Data are updated to the date of issue of the passport or the date of the last clinical examination certified by the physician.

Passport issued by  
Institution

Date of issue



Signature of the doctor in charge: