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	05/05/2014	**Sex**	Female
Place of birth	ALBANIA		
Email			
Mobile phone			

DIAGNOSIS

Date of diagnosis	09/10/2017
Institution	U.O. ONCOEMATOLOGIA PEDIATRICA, PISA
Date of arrival to our institution	15/10/2020
Classification	3 - Malignant, primary site
Diagnosis	Precursor cell lymphoblastic leukemia, NOS
Diagnosis (morphology)	Precursor cell lymphoblastic leukemia, NOS
Site	Bone marrow
Laterality	Not applicable (Tumor in a not paired site)
Metastatic	No
Stage/Risk	SR
Notes	zia paterna: k mammella

OTHER DISEASES

Hereditary Cancer Predisposition Syndrome or medical condition cancer associated	No
Other medical conditions, not cancer associated	Eruzione orticariode agli AAII dopo somministrazione di Ceftriaxone

FIRST-LINE TREATMENTS

The treatment has been executed following	A trial/protocol: PRETRATTA SECONDO PROTOCOLLO AIEOP 9502 (ALBANIA) + AIEOP LAL 2009	
Group/Arm/Randomization	PB/NON-HR	
Summary of major treatments	Chemotherapy	Yes
	HSCT	No
	Radiotherapy	No
	Major Surgery	No
Progression/Relapse during first-line treatment	No	
Date of first elective end of treatment	09/10/2019	

CHEMOTHERAPY

FIRST LINE

Institution		U.O. ONCOEMATOLOGIA PEDIATRICA, PISA	
Start date	10/10/2017	**End date**	01/10/2019

ANTINEOPLASTIC AGENTS

Drug name	**Total cumulative dose**	**Measure unit**
Cyclophosphamide	3000 (Dose estimated)	mg/m2
Methotrexate	21180 (Dose estimated)	mg/m2
Mercaptopurine	NC	-
Thioguanine	NC	-
Cytarabine	1800 (Dose estimated)	mg/m2
Vincristine	12 (Dose estimated)	mg/m2
Doxorubicin	120 (Dose estimated)	mg/m2
Daunorubicin	120 (Dose estimated)	mg/m2
Pegaspargase	7500 (Dose estimated)	UI/m2
Intrathecal injections (11)	MTX	

OTHER TREATMENTS

Other treatments	NK

OTHER RELEVANT CLINICAL INFORMATION AND EVENTS

CLINICAL COURSE

Important toxicity during treatment	Yes
Toxicity number	1
First toxicity	
Date of event	24/01/2018
Description	Reazione (orticaria + tosse stizosa) a trasfusione di PLT
Resolved	Yes
CVC positioning	Yes (Removed)
If yes, specify the site	non nota
Catheter-related thrombosis	No
Transfusion	Yes
Last transfusion date	
Fertility preservation	No

• Reazione (orticaria + tosse stizzosa) a trasfusione di PLT in data 24/01/2018 • Eruzione orticariode agli AAII dopo somministrazione di Ceftriaxone • Enuresi notturna

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*
- *Check your blood pressure periodically*
- *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**	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. 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.
Cardiac problems (standard risk) Cardiomyopathy and/or Valvular disease and/or Cardiac ischemia	- **Anthracyclines (doxorubicin isotoxic equivalents) between 100 and 250 mg/m2**	Perform: Cardiological examination at the end of treatment and every 5 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 5 years; If female, echocardiogram in the first trimester of pregnancy. **Comments:** Ultimo controllo 2024

You could be at risk of	Since you was treated with	Therefore it is recommended that
Reduced bone mineral density	- **Prolonged (at least 4 weeks, continuously) corticosteroids as anti-cancer treatment**	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.
Liver problems	- **Methotrexate** - **Mercaptopurine or Thioguanine**	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 **Comments:** AST/ALT nella norma, UC 2024

	Planned for
Premature ovarian insufficiency	Monitoraggio semestrale peso e altezza
Cardiac problems (standard risk) Cardiomyopathy and/or Valvular disease and/or Cardiac ischemia	Prossimo controllo 2029
Reduced bone mineral density	Prossimi controlli esecuzione DXA
Liver problems	Prossimo controllo a discrezione del curante

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: