



## 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	05/09/2007	Sex	Male
Place of birth			
Email			
Mobile phone			

### DIAGNOSIS

Date of diagnosis	07/01/2014
Institution	UKSH LÜBECK
Date of arrival to our institution	07/01/2014
Classification	1 - Uncertain behaviour
Diagnosis	Craniopharyngioma
Diagnosis (morphology)	Craniopharyngioma
Diagnosis description	Kraniopharyngeom
Site	Cerebrum
Site description	Zerebrum
Laterality	NK
Metastatic	NK

### OTHER DISEASES

Hereditary Cancer Predisposition Syndrome or medical condition cancer associated	NK
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### FIRST-LINE TREATMENTS

The treatment has been executed following	A trial/protocol: KRANIOPHARYGEOM 2007		
Group/Arm/Randomization	NK		
Summary of major treatments	Chemotherapy		No
	HSCT		No
	Radiotherapy		Yes
	Major Surgery		Yes
Progression/Relapse during first-line treatment	No		
Date of first elective end of treatment	23/03/2015		
Complete remission	NK		

### RADIATION THERAPY EPISODE

#### FIRST LINE

Institution	PROTONENZENTRUM ESSEN		
Type of radiotherapy	External beam: Proton Beam		
Start date	09/02/2015	End date	23/03/2015
Site (1)	Pituitary	Dose	-9922 Gy
Details	Bestrahlung des Kraniopharyngeoms Schädelbasis/ Hypophyse		
Position	NK		
Shieldin	NK		

### MAJOR SURGERY

#### FIRST LINE

Institution	UKSH LÜBECK
Date of surgery	10/01/2014
Surgery description	Subtotale Entfernung eines Kraniopharyngeoms über einen rechts fronto-temporal Zugang am 10.01.2014

## 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
Overweight and obesity	- RT to a volume exposing the hypothalamus or pituitary gland - Hypothalamic or pituitary tumour	Check your weight and height and then calculate your BMI (body mass index) every 2 years (normal adult values 18.5-24.9).
Hypothalamic-pituitary (HP) axis problems (High risk) Growth hormone deficiency (GHD) TSH deficiency (TSHD) LH/FSH deficiency (LH/FSHD) ACTH deficiency (ACTHD)	- CNS tumours near or within the HP region	Follow any indications already proposed by the endocrinologist; otherwise, perform an endocrinological examination as soon as possible.
Hypothalamic-pituitary (HP) axis problems (Standard risk) Growth hormone deficiency (GHD) TSH deficiency (TSHD) LH/FSH deficiency (LH/FSHD) ACTH deficiency (ACTHD)	- Radiotherapy to a vol exposing the HP region < 30 Gy	In prepubertal period: Perform clinical check-up every 6 months to assess growth velocity and pubertal development. Measure fT4, TSH, and cortisol levels early in the morning every year; in case of lack of progression of pubertal development also check FSH and LH levels.  In the post-pubertal period: - Perform a clinical check-up every year and in women also check the regularity of the menstrual cycle. - Check blood values of fT4, TSH, LH, FSH, iGF1 and cortisol early in the morning every year. - In men, also check total and free testosterone. - In women also check 17-beta estradiol Continue these check-ups for at least 15 years after diagnosis.
Thyroid function problems	- RT to a vol exposing the thyroid gland	Thyroid hormones (fT4 and TSH) should be tested at least once a year until the age of 18 and every 2-3 years after 18. If female, these tests should also be performed before and during pregnancy. In case of a total thyroidectomy, it is recommended to follow the endocrinologist's indications.
Subsequent thyroid cancer	- RT to a vol exposing the thyroid gland	Perform appropriate thyroid screening from the fifth year after the end of radiotherapy. Discuss with your doctor whether to schedule: Clinical thyroid examination every 1-2 years; or Thyroid ultrasound every 3-5 years.

You could be at risk of	Since you was treated with	Therefore it is recommended that
<b>Reduced bone mineral density</b>	<b>- Cranial and/or spinal RT</b>	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.
<b>Osteonecrosis</b>	<b>- High dose RT</b>	Report any persistent bone pain (particularly joint pain) to your doctor.
<b>Subsequent CNS neoplasms</b>	<b>- RT to a vol exposing the head or brain</b>	Pay attention to the appearance of any neurological symptoms (e.g. persistent headache, visual disturbances, strength deficits) and report them to your doctor to discuss whether a neuro-radiological examination is necessary.

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:

