



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: 1

PERSONAL DATA

Name	Lastname
Date of birth	28/02/2002
Sex	Female
Email	privacy@gmail.com

DIAGNOSIS

Date of diagnosis	05/11/2018
Institution	UZ Leuven
Classification	3 - Malignant, primary site
Diagnosis	Alveolar rhabdomyosarcoma
Diagnosis (morphology)	Alveolar rhabdomyosarcoma
Diagnosis description	Fusie negatief
Site	Connective, subcutaneous and other soft tissues of pelvis
Site description	Adenopathieën inguinaal links, geen andere lokalisaties
Laterality	Left
Metastatic	No

OTHER DISEASES

Hereditary Cancer Predisposition Syndrome or medical condition cancer associated	NK
Other medical conditions, not cancer associated	Chronische migraine; CKD2 (chronische nierziekte) met discrete proteïnurie

FIRST-LINE TREATMENTS

The treatment has been executed following	A trial/protocol: VERY HIGH RISK PROTOCOL RMS 2005
Group/Arm/Randomization	9 KUREN (4 X IVADO, 5 X IVA), ONDERHOUDSTHERAPIE MET CYCLOFOSFAMIDE EN VINOELBINE
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	16/07/2020
Complete remission	Yes

CHEMOTHERAPY

FIRST LINE

Start date	26/11/2018	End date	16/07/2020
ANTINEOPLASTIC AGENTS			
Drug name	Total cumulative dose		Measure unit
Cyclophosphamide	5438.77 (Dose given)		mg/m2
Ifosfamide	54000 (Dose given)		mg/m2
Vincristine	15.3503 (Dose given)		mg/m2
Vinorelbine	613.411 (Dose given)		mg/m2
Dactinomycin	9.44259 (Dose given)		mg/m2
Doxorubicin	270 (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	23/04/2019	End date	24/05/2019
Site (1)	Iliac area/nodes (left)	Dose	41.4 Gray
Position	NK		
Shieldin	No		
Additional description	Bestraling op de liesstreek (inguinaal) tot een totale dosis van 41.4 Gy in 23 fracties van 1.8 Gy. Tegelijkertijd chemotherapie (Ifosfamide, Vincristine)		

MAJOR SURGERY

FIRST LINE

Date of surgery	20/02/2019
Surgery description	Inguinaal klierevidement links

OTHER RELEVANT CLINICAL INFORMATION AND EVENTS

CLINICAL COURSE

Important toxicity during treatment	Yes
Toxicity number	1
First toxicity	
Date of event	24/07/2020
Description	Perifere sensibele neuropathie tgv chemotherapie (Vincristine) met fors gestoorde proprioceptie en zwakke peesreflexen ter hoogte van de benen
Resolved	Yes
CVC positioning	Yes (Removed)
If yes, specify the site	Vena Cephalica links
Catheter-related thrombosis	No
Transfusion	Yes
Last transfusion date	28/05/2019
Fertility preservation	No

- Chronische migraine waarvoor Exedrin, opvolging neurologie
- Gastritis en vermoedelijk oesofagitis
- Lymfoedeem linker been, steunkous
- Chronische nierziekte graad 2: nefrotoxische medicatie te vermijden

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

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Premature ovarian insufficiency	- Alkylating agents - RT to a vol exposing the ovaries	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.
Hypertension	- Ifosfamide	Check blood pressure at least every 2 years and at every medical examination.
Cardiac problems (high risk) Cardiomyopathy and/or Valvular disease and/or Cardiac ischemia	- Anthracyclines (doxorubicin isotoxic equivalents)>= 250 mg/m2	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.
Osteonecrosis	- High dose RT	Report any persistent bone pain (particularly joint pain) to your doctor.
Renal problems (Glomerular dysfunction - Tubular dysfunction)	- Ifosfamide Any dose	Perform every 5 years: Urinalysis for creatinuria, proteinuria, glycosuria and phosphaturia; Blood test for creatinine, ionogram, albumin, and calculation of glomerular filtration rate (GFR). In case of nephrectomy, non-steroidal anti-inflammatory drugs should be used with caution.
Liver problems	- Dactinomycin	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
Dental and oral problems	- Chemotherapy	Careful dental hygiene, and a dental examination in case of oral problems such as caries (tooth decay), abnormal tooth development or dry mouth.
Lower urinary tract problems	- Cyclophosphamide - Ifosfamide - RT to a vol exposing the bladder	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.
Subsequent melanoma and non-melanoma skin cancer	- Any RT including TBI (predominantly in the RT field)	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.
Subsequent acute myeloid leukaemia or myelodysplasia	- Alkylating agents - Anthracyclines and/or Mitoxantrone	Check blood count in case of petechiae, intense pallor, persistent bone pain and/or fatigue.
Subsequent bladder cancer	- Ciclofosfamide, Ifosfamide (particularly if they have a history of severe hemorrhagic cystitis) - RT to a vol exposing the bladder	If there is blood in urine or burning sensation during urination, a cytological and chemical urinalysis should be performed. If pathological, perform a urological examination. Comments: Blaas kreeg wat dosis maar niet de volledige blaas

You could be at risk of	Since you was treated with	Therefore it is recommended that
Subsequent Bone Cancer	- Any radiotherapy including TBI	X-ray should be performed if swelling and/or persistent bone pain appears.

Chronische nierziekte graad 2: nefrotoxische medicatie te vermijden

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:

