IGG - CINECA

[Indirizzo posta elettronica]

Sunto

ENGLISH VERSION TO BE TRANSLATED IN OTHER LANGUAGES

pASSPORT RECOMMENDATIONS, RISK FACTORS AND CARE PLAN

ENGLISH VERSION

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# INTRODUCTION

This document contains all the (English) wording needed to generate the individualized Care Plan for each survivors receiving the Survivorship Passport. The English part of this document reflects the wording developed and agreed within the PanCareFollowUp (PCFU) project.

Beside each cell containing text to be translated you will find an empty cell in which you are kindly asked to incorporate the corresponding wording in your language.

**There are three sections which need to be translated:**

INTRODUCTORY and FINAL TEXT (page 5**)**:

This part contains general recommendations which fit to any childhood cancer survivor, they will then appear in all the SurPasses as introductory part of personalized the Survivorship Care Plan (SCP) section

RECOMMENDATIONS TITLES AND RELATED RISK FACTORS (page 6)

This section will allow the system to complete the part of the Care Plan stating “You might be at risk of …..” … “because you were treated with ….”

The SurPass platform will automatically generate the proposed care plan based on built-in algorithms which will link the survivor treatment exposures to the risk factor identified by the PCFU recommenadions. In case that more than one risk factor may activate the same recommendation, the system will “perosonalize” the SCP by reporting the treatment exposure which activarted that specific recommendation for the specific survivor.

Since for few of the 41 PCFU recommendations more than one algorithm was generated in order to accommodate different “risk stratifications” you will find 47 sections referring to 47 algorithms developed in order to activate the corresponding recomemndations.

Please use colum C and E for the translation of columns B and D, respectively.

**Note: Please do not edit/change column A which is important for Cineca in order to transfer your translations into the platform!!**

PCFU Recommendations wordings, CARE PLAN and INDIVIDUALIZED DECISION (SUGGESTION) (Page 30)

In this section is reported the wording for each recommendation as from PCFU (column F). Column G reports the text as from the PCFU manuscript (still under peer review); column H and I report the wording as proposed in the PCFU SCP (paper version). **Please note that both texts (for the manuscript as well for the SCP should be used confidentially since they are either under under peer review or part of an ongoing project**).

In Colum K we have reported the Italian text for each recommendation which is printed in the SurPass Italian version. This text mostly summarizes the content of column H and I taking into consideration also few other issues as from column G and further adapted in few circumstances to the Italain NHS organization. If you are interested in this text you may use to use Deepl (<https://www.deepl.com/translator>) as a first step to translate the text, so you only have to adjust where needed. **We suggest to include the translation in column L (please remember to use only one cell for each recommendation.**

**Please Note**: You will find out that PCFU recommendations in which only Awareness +/- Physical exam is suggested are not included in the PCFU SCP. However, you will find an Italain text for these recommendations. This text (if will be translated in your language) will be visible (on screen) by the HCP at the moment of the SurPass delivery and it will be up to the HCP to decide if to include also those recommendations or not.

**Note: Please do not edit/change column A which is important for Cineca in order to transfer your translations into the platform!!**

Please do not hesitate to contact us in case you need further clarification on how to mange the translations.

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# Translation language and Recommendation Awareness type

**Please specify Translation language here: … … …**

Colour legend that identify Recommendation Awareness type (Recommendation title is coloured according to the following legend):

|  |  |
| --- | --- |
| *AW + Phys + potential test* |  |
| *AW+ Phys* |  |
| *AW only* |  |

# INTRODUCTORY and FINAL TEXT

|  |  |  |
| --- | --- | --- |
| *ENGLISH* | *ITALIAN* | *Translation Language: …* |
| ***Initial text in the document*** |  |  |
| This Survivorship Passport is a summary extracted from the information reported in your medical record. It describes the disease for which you have been treated, its clinical course and provides details on the treatments you received. This document does not replace the medical record which is always available at our center. | In questo “Passaporto” sono riassunti i dati clinici più importanti riguardanti il tumore per cui è stato curato/a, e sono riportati dettagli sulle terapie utilizzate. Questo documento non sostituisce la cartella clinica che è comunque sempre a disposizione presso il centro di cura, in caso di necessità. |  |
| ***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.  It is possible that over time these recommendations will be updated according to new clinical situations and/or new data in the scientific literature. We will make all possible efforts in order to update about any new update.  We encourage you to report to your doctor any persistent symptom you might have, in order to allow an early identification of its cause. | E’ possibile che le terapie usate per curare il tumore possano aumentare il rischio di sviluppare alcuni problemi di salute.  Sulla base dei trattamenti da lei ricevuti e riassunti nel suo Passaporto, sono riportati qui sotto i nostri suggerimenti per un programma di follow-up personalizzato da seguire nei prossimi anni. Con questo programma pensiamo di poter prevenire e/o diagnosticare in stadio precoce possibili complicanze legate ai trattamenti ricevuti Queste raccomandazioni si basano sull'esperienza italiana e di altri centri internazionali su soggetti che hanno ricevuto trattamenti simili ai suoi. Queste potranno essere aggiornate nel tempo secondo nuove situazioni cliniche e/o a nuovi dati nella letteratura scientifica.  E’ importante comunicare al medico curante l’eventuale comparsa di sintomi persistenti in modo da permettere di identificarne precocemente la causa. |  |
| **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. * Don't smoke and avoid excessive alcohol intake. * Maintain proper dental hygiene. * Avoid excessive sun exposure and remember to use high-protection sunscreen. * 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. | **Raccomandazioni generali**  E' noto che uno stile di vita sano aiuta a mantenere il benessere fisico e mentale, oltre a prevenire possibili malattie quali ad esempio complicazioni cardiovascolari, tumori, e problemi psicologici.  Si consiglia pertanto di :   * Mantenere il peso corporeo nella norma e praticare regolare attività fisica. * Mangiare molta frutta e verdura, e ridurre l'assunzione di grassi, zuccheri e sale. * Mantenere una corretta igiene dentale. * Evitare esposizione eccessiva al sole e utilizzare creme solari ad alta protezione. * Non fumare ed evitare l'assunzione eccessiva di alcol. * Controllare periodicamente la pressione sanguigna. * Segnalare al proprio curante l'eventuale comparsa di dolore cronico, eccessiva stanchezza e/o peggioramento del rendimento nelle attività quotidianamente svolte (studio, lavoro e/o attività sportiva). * Si consiglia di aderire a tutti i programmi di screening contro il tumore che le verranno proposti dal sistema sanitario. |  |
| ***Text prior to signatures*** |  |  |
| Data are updated to the date of issue of the passport or the date of the last clinical examination certified by the physician | I dati riportati in questo documento sono aggiornati alla data di emissione del passaporto o alla data dell'ultimo esame clinico certificato dal medico. |  |

# RECOMMENDATIONS TITLES AND RELATED RISK FACTORS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A  System IDs - Please do not change | *B*  *Recommendation (English)* | *C*  *Recommendation (TRANSLATION)* | *D*  *Risk factors (English)* | *E*  *Risk factors (TRANSLATION)* |
| Algorithm 1 | | | | | |
| passport\_n.GUIDELINE\_T1\_TXT.GUIDELINE\_T1\_1\_TXT | **Subsequent thyroid cancer** |  | RT to a vol exposing the thyroid gland |  |
| passport\_n.GUIDELINE\_T1\_TXT.GUIDELINE\_T1\_2\_TXT | TBI |  |
| passport\_n.GUIDELINE\_T1\_TXT.GUIDELINE\_T1\_3\_TXT | MIBG therapy (I-131 MIBG therapy) |  |
| Algorithm 2 | | | | |
| passport\_n.GUIDELINE\_T2\_TXT.GUIDELINE\_T2\_1\_TXT | **Subsequent breast cancer** |  | RT >= 10 Gy to a vol exposing the breasts |  |
| passport\_n.GUIDELINE\_T2\_TXT.GUIDELINE\_T2\_2\_TXT | OR upper abdominal field radiation that can extend above the diaphragm likely exposing breast tissue at a young age |  |
| Algorithm 3 | | | | |
| passport\_n.GUIDELINE\_T3 \_TXT.GUIDELINE\_T3 \_1\_TXT | **Cardiac problems (High risk)**  *Cardiomyopathy and/or*  *Valvular disease and/or*  *Cardiac ischemia* |  | RT >= 35 Gy to a vol exposing the heart |  |
| passport\_n.GUIDELINE\_T3 \_TXT.GUIDELINE\_T3 \_2\_TXT | Anthracyclines (doxorubicin isotoxic equivalents)>= 250 mg/m2 |  |
| passport\_n.GUIDELINE\_T3 \_TXT.GUIDELINE\_T3 \_3\_TXT | RT >= 15 Gy to a vol exposing the heart AND Anthracyclines (doxorubicin isotoxic equivalents)>= 100 mg/m2 |  |
| Algorithm 4 | | | | |
| passport\_n.GUIDELINE\_T46 \_TXT.GUIDELINE\_T46 \_1\_TXT | **Cardiac problems (standard risk)**  *Cardiomyopathy and/or*  *Valvular disease and/or*  *Cardiac ischemia* |  | RT between 15 and 35 Gy to a vol exposing the heart |  |
| passport\_n.GUIDELINE\_T46 \_TXT.GUIDELINE\_T46 \_2\_TXT | Anthracyclines (doxorubicin isotoxic equivalents) between 100 and 250 mg/m2 |  |
| Algorithm 5 | | | | |
| passport\_n.GUIDELINE\_T31\_TXT.GUIDELINE\_T31\_1\_TXT | **Arrhythmia** |  | Anthracyclines (doxorubicin isotoxic equivalents) <100 mg/m2 |  |
| Algorithm 6 | | | | |
| passport\_n.GUIDELINE\_T4 \_TXT.GUIDELINE\_T4 \_1\_TXT | **Male fertility problems and sexual dysfunction** Impaired fertility Impaired spermatogenesis |  | Alkylating agents |  |
| passport\_n.GUIDELINE\_T4 \_TXT.GUIDELINE\_T4 \_2\_TXT | RT to a vol exposing the testes |  |
| passport\_n.GUIDELINE\_T4 \_TXT.GUIDELINE\_T4 \_3\_TXT | Including TBI |  |
| Algorithm 7 | | | | |
| passport\_n.GUIDELINE\_T5\_TXT.GUIDELINE\_T5\_1\_TXT | **Male fertility problems and sexual dysfunction** Testosterone deficiency |  | RT >= 12 Gy to a vol exposing the testes |  |
| Algorithm 8 | | | | |
| passport\_n.GUIDELINE\_T6\_TXT.GUIDELINE\_T6\_1\_TXT | **Male fertility problems and sexual dysfunction** Physical sexual dysfunction |  | RT to a vol exposing the testes or pelvis |  |
| passport\_n.GUIDELINE\_T6\_TXT.GUIDELINE\_T6\_2\_TXT | Including TBI |  |
| passport\_n.GUIDELINE\_T6\_TXT.GUIDELINE\_T6\_3\_TXT | Surgery to the spinal cord, sympathetic nerves or pelvis |  |
| passport\_n.GUIDELINE\_T6\_TXT.GUIDELINE\_T6\_4\_TXT | Hypogonadal |  |
| Algorithm 9 | | | | |
| passport\_n.GUIDELINE\_T7 \_TXT.GUIDELINE\_T7 \_1\_TXT | **Premature ovarian insufficiency** Impaired fertility Amenorrhea Premature menopause |  | Alkylating agents |  |
| passport\_n.GUIDELINE\_T7 \_TXT.GUIDELINE\_T7 \_2\_TXT | RT to a vol exposing the ovaries |  |
| passport\_n.GUIDELINE\_T7\_TXT.GUIDELINE\_T7\_3\_TXT | Including TBI |  |
| Algorithm 10 | | | | |
| passport\_n.GUIDELINE\_T8\_TXT.GUIDELINE\_T8\_1\_TXT | **Ear problems** Hearing loss Tinnitus |  | RT >= 30 Gy to a vol exposing the head or the brain |  |
| passport\_n.GUIDELINE\_T8\_TXT.GUIDELINE\_T8\_3\_TXT | Cisplatin (with or without carboplatin > 1500 mg/m2) |  |
| Algorithm 11 | | | | |
| passport\_n.GUIDELINE\_T9\_TXT.GUIDELINE\_T9\_1\_TXT | **Impaired glucose metabolism and diabetes melitus** |  | RT to a vol exposing the pancreas |  |
| passport\_n.GUIDELINE\_T9\_TXT.GUIDELINE\_T9\_2\_TXT | Including TBI |  |
| Algorithm 12 | | | | |
| passport\_n.GUIDELINE\_T10\_TXT.GUIDELINE\_T10\_1\_TXT | **Dyslipidemia** |  | TBI |  |
| passport\_n.GUIDELINE\_T10\_TXT.GUIDELINE\_T10\_2\_TXT | HSCT |  |
| Algorithm 13 | | | | |
| passport\_n.GUIDELINE\_T11\_TXT.GUIDELINE\_T11\_1\_TXT | **Overweight and obesity** |  | RT to a volume exposing the hypothalamus or pituatary gland |  |
| passport\_n.GUIDELINE\_T11\_TXT.GUIDELINE\_T11\_2\_TXT | Including TBI |  |
| passport\_n.GUIDELINE\_T11\_TXT.GUIDELINE\_T11\_3\_TXT | Hypothalamic or pituitary tumour |  |
| passport\_n.GUIDELINE\_T11\_TXT.GUIDELINE\_T11\_4\_TXT | Neurosurgery of the hypothalamus or pituitary gland |  |
| Algorithm 14 | | | | |
| passport\_n.GUIDELINE\_T12\_TXT.GUIDELINE\_T12\_1\_TXT | **Hypertension** |  | RT to a vol exposing the kidneys, heart and associated large vessels |  |
| passport\_n.GUIDELINE\_T12\_TXT.GUIDELINE\_T12\_2\_TXT | Including TBI |  |
| passport\_n.GUIDELINE\_T12\_TXT.GUIDELINE\_T12\_3\_TXT | Nephrectomy |  |
| passport\_n.GUIDELINE\_T12\_TXT.GUIDELINE\_T12\_4\_TXT | Ifosfamide |  |
| passport\_n.GUIDELINE\_T12\_TXT.GUIDELINE\_T12\_5\_TXT | Platinium based chemotherapy |  |
| passport\_n.GUIDELINE\_T12\_TXT.GUIDELINE\_T12\_6\_TXT | Nitrosureas |  |
| passport\_n.GUIDELINE\_T12\_TXT.GUIDELINE\_T12\_7\_TXT | Immunosuppressives treatment and prolonged steroids as anticancer treatment (at least 4 weeks, continuously) |  |
| Algorithm 15 | | | | |
| passport\_n.GUIDELINE\_T13\_TXT.GUIDELINE\_T13\_1\_TXT | **Reduced bone mineral density** |  | Cranial and/or spinal RT |  |
| passport\_n.GUIDELINE\_T13\_TXT.GUIDELINE\_T13\_2\_TXT | TBI |  |
| passport\_n.GUIDELINE\_T13\_TXT.GUIDELINE\_T13\_3\_TXT | Methotrexate |  |
| passport\_n.GUIDELINE\_T13\_TXT.GUIDELINE\_T13\_4\_TXT | Gonadal failure |  |
| passport\_n.GUIDELINE\_T13\_TXT.GUIDELINE\_T13\_5\_TXT | Growth hormone deficiency |  |
| passport\_n.GUIDELINE\_T13\_TXT.GUIDELINE\_T13\_6\_TXT | Prolonged (at least 4 weeks, continuously) corticosteroids as anti-cancer treatment |  |
| passport\_n.GUIDELINE\_T13\_TXT.GUIDELINE\_T13\_7\_TXT | HSCT, especially with an history of GVHD |  |
| Algorithm 16 | | | | |
| passport\_n.GUIDELINE\_T14\_TXT.GUIDELINE\_T14\_1\_TXT | **Osteonecrosis (**Avascular necrosis) |  | Prolonged (at least 4 weeks, continuously) corticosteroids as anti-cancer treatment |  |
| passport\_n.GUIDELINE\_T14\_TXT.GUIDELINE\_T14\_2\_TXT | HSCT, especially with an history of GVHD |  |
| passport\_n.GUIDELINE\_T14\_TXT.GUIDELINE\_T14\_3\_TXT | High dose RT |  |
| Algorithm 17 | | | | |
| passport\_n.GUIDELINE\_T15 \_TXT.GUIDELINE\_T15 \_1\_TXT | **Hypothalamic-pituitary (HP) axis problems (High 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 |  |
| passport\_n.GUIDELINE\_T15 \_TXT.GUIDELINE\_T15 \_2\_TXT | Surgery near or within the HP region |  |
| passport\_n.GUIDELINE\_T15 \_TXT.GUIDELINE\_T15 \_3\_TXT | CNS tumours near or within the HP region |  |
| Algorithm 18 | | | | |
| passport\_n.GUIDELINE\_T16 \_TXT.GUIDELINE\_T16 \_1\_TXT | **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 |  |
| passport\_n.GUIDELINE\_T16 \_TXT.GUIDELINE\_T16 \_2\_TXT | hydrocephalus or cerebrospinal fluid shunt (Risk factor for GHD) |  |
| Algorithm 19 | | | | |
| passport\_n.GUIDELINE\_T17\_TXT.GUIDELINE\_T17\_1\_TXT | **Central precocious puberty (CPP)** For girls with age below 8 years |  | Radiotherapy to a vol exposing the HP region |  |
| passport\_n.GUIDELINE\_T17\_TXT.GUIDELINE\_T17\_2\_TXT | including TBI |  |
| passport\_n.GUIDELINE\_T17\_TXT.GUIDELINE\_T17\_3\_TXT | Surgery near or within the HP region |  |
| passport\_n.GUIDELINE\_T17\_TXT.GUIDELINE\_T17\_4\_TXT | CNS tumours near or within the HP region |  |
| passport\_n.GUIDELINE\_T17\_TXT.GUIDELINE\_T17\_5\_TXT | hydrocephalus or cerebrospinal fluid shunt |  |
| Algorithm 20 | | | | |
| passport\_n.GUIDELINE\_T18\_TXT.GUIDELINE\_T18\_1\_TXT | **Central precocious puberty (CPP)** For boys with age below 9 yearss |  | Radiotherapy to a vol exposing the HP region |  |
| passport\_n.GUIDELINE\_T18\_TXT.GUIDELINE\_T18\_2\_TXT | including TBI |  |
| passport\_n.GUIDELINE\_T18\_TXT.GUIDELINE\_T18\_3\_TXT | Surgery near or within the HP region |  |
| passport\_n.GUIDELINE\_T18\_TXT.GUIDELINE\_T18\_4\_TXT | CNS tumours near or within the HP region |  |
| passport\_n.GUIDELINE\_T18\_TXT.GUIDELINE\_T18\_5\_TXT | hydrocephalus or cerebrospinal fluid shunt |  |
| Algorithm 21 | | | | |
| passport\_n.GUIDELINE\_T19\_TXT.GUIDELINE\_T19\_1\_TXT | **Thyroid function problems** Hypothyroidism Hyperthyroidism |  | RT to a vol exposing the thyroid gland |  |
| passport\_n.GUIDELINE\_T19\_TXT.GUIDELINE\_T19\_2\_TXT | Including TBI |  |
| passport\_n.GUIDELINE\_T19\_TXT.GUIDELINE\_T19\_3\_TXT | Radioiodine therapy (I-131 ablation therapy) |  |
| passport\_n.GUIDELINE\_T19\_TXT.GUIDELINE\_T19\_4\_TXT | MIBG therapy (I-131 MIBG therapy) |  |
| passport\_n.GUIDELINE\_T19\_TXT.GUIDELINE\_T19\_5\_TXT | Allogenic HSCT |  |
| passport\_n.GUIDELINE\_T19\_TXT.GUIDELINE\_T19\_6\_TXT | Total thyroidectomy |  |
| Algorithm 22 | | | | |
| passport\_n.GUIDELINE\_T20 \_TXT.GUIDELINE\_T20 \_1\_TXT | **Cerebrovascular problem**  Carotid artery disease Cerebrovascular accidents Aneurysm Cavernomas |  | RT to a vol exposing the head, brain or neck |  |
| passport\_n.GUIDELINE\_T20 \_TXT.GUIDELINE\_T20 \_2\_TXT | Including TBI |  |
| Algorithm 23 | | | | |
| passport\_n.GUIDELINE\_T21 \_TXT.GUIDELINE\_T21 \_1\_TXT | **Neurocognitive problems** Academic and school performance Attention Executive functions Intelligence Language Memory Processing speed Visual-motor integration Risk especially if the survivor was treated at a young age |  | History of a central nervous system tumor |  |
| passport\_n.GUIDELINE\_T21 \_TXT.GUIDELINE\_T21 \_2\_TXT | RT to a vol exposing the brain ANY DOSE |  |
| passport\_n.GUIDELINE\_T21 \_TXT.GUIDELINE\_T21 \_3\_TXT | Including TBI |  |
| passport\_n.GUIDELINE\_T21 \_TXT.GUIDELINE\_T21 \_4\_TXT | Brain surgery |  |
| passport\_n.GUIDELINE\_T21 \_TXT.GUIDELINE\_T21 \_5\_TXT | High dose cytarabine IV (intravenous) |  |
| passport\_n.GUIDELINE\_T21 \_TXT.GUIDELINE\_T21 \_6\_TXT | High dose MTX IV |  |
| passport\_n.GUIDELINE\_T21 \_TXT.GUIDELINE\_T21 \_7\_TXT | Any Chemotherapy IT (intrathecal) |  |
| Algorithm 24 | | | | |
| passport\_n.GUIDELINE\_T22\_TXT.GUIDELINE\_T22\_1\_TXT | **Peripheral neuropathy** Sensory peripheral neuropathy Motor peripheral neuropathy |  | Vinca-Alkaloids |  |
| passport\_n.GUIDELINE\_T22\_TXT.GUIDELINE\_T22\_2\_TXT | Cisplatin or carboplatin |  |
| Algorithm 25 | | | | |
| passport\_n.GUIDELINE\_T23 \_TXT.GUIDELINE\_T23 \_1\_TXT | **Cataract** |  | RT to a vol exposing the lens |  |
| passport\_n.GUIDELINE\_T23 \_TXT.GUIDELINE\_T23 \_2\_TXT | Including TBI |  |
| passport\_n.GUIDELINE\_T23 \_TXT.GUIDELINE\_T23 \_3\_TXT | Prolonged (at least 4 weeks, continuously) corticosteroids as anti-cancer treatment |  |
| Algorithm 26 | | | | |
| passport\_n.GUIDELINE\_T24\_TXT.GUIDELINE\_T24\_1\_TXT | **Eye problems** Lacrimal duct atrophy (risk with radioiodine therapy) Xerophtalmia Keratitis Telangiectasias Retinopathy Optic chiasm neuropathy Chronic painful eye Maculopathy Papillopathy Visual field deficits Glaucoma |  | RT to a vol exposing the eye and orbit |  |
| passport\_n.GUIDELINE\_T24\_TXT.GUIDELINE\_T24\_2\_TXT | Including TBI |  |
| passport\_n.GUIDELINE\_T24\_TXT.GUIDELINE\_T24\_3\_TXT | Radioiodine therapy (I-131 ablation therapy) |  |
| Algorithm 27 | | | | |
| passport\_n.GUIDELINE\_T25\_TXT.GUIDELINE\_T25\_1\_TXT | **Craniofacial growth problems** Craniofacial growth disturbance Orbital hypoplasia Psychological adjustment difficulties due to craniofacial growth problems |  | RT to a vol exposing the craniofacial area, especially after high doses and at a young age |  |
| passport\_n.GUIDELINE\_T25\_TXT.GUIDELINE\_T25\_2\_TXT | Including TBI |  |
| passport\_n.GUIDELINE\_T25\_TXT.GUIDELINE\_T25\_3\_TXT | Surgery to the face, especially at a young age |  |
| Algorithm 28 | | | | |
| passport\_n.GUIDELINE\_T26\_TXT.GUIDELINE\_T26\_1\_TXT | **Spine scoliosis and kyphosis** Spine scoliosis Spine kyphosis |  | Surgery of the spine |  |
| passport\_n.GUIDELINE\_T26\_TXT.GUIDELINE\_T26\_2\_TXT | Surgery of the chest (Does not include CVC pose) |  |
| passport\_n.GUIDELINE\_T26\_TXT.GUIDELINE\_T26\_3\_TXT | RT to a vol exposing the spine |  |
| passport\_n.GUIDELINE\_T26\_TXT.GUIDELINE\_T26\_4\_TXT | Spinal or paraspinal malignancies |  |
| Algorithm 29 | | | | |
| passport\_n.GUIDELINE\_T27\_TXT.GUIDELINE\_T27\_1\_TXT | **Lower urinary tract problems** Hemorrhagic cystitis Bladder fibrosis Dysfunctional voiding Vesicoureteral reflux Neurogenic bladder  Hydronephrosis |  | Cyclophosphamide |  |
| passport\_n.GUIDELINE\_T27\_TXT.GUIDELINE\_T27\_2\_TXT | Ifosfamide |  |
| passport\_n.GUIDELINE\_T27\_TXT.GUIDELINE\_T27\_3\_TXT | RT to a vol exposing the bladder |  |
| passport\_n.GUIDELINE\_T27\_TXT.GUIDELINE\_T27\_4\_TXT | Including TBI |  |
| passport\_n.GUIDELINE\_T27\_TXT.GUIDELINE\_T27\_5\_TXT | Cystectomy |  |
| passport\_n.GUIDELINE\_T27\_TXT.GUIDELINE\_T27\_6\_TXT | Hysterectomy |  |
| passport\_n.GUIDELINE\_T27\_TXT.GUIDELINE\_T27\_7\_TXT | Pelvic surgery |  |
| passport\_n.GUIDELINE\_T27\_TXT.GUIDELINE\_T27\_8\_TXT | Spinal cord surgery |  |
| Algorithm 30 | | | | |
| passport\_n.GUIDELINE\_T28\_TXT.GUIDELINE\_T28\_1\_TXT | **Obstetric problems** Miscarriage Premature birth Low birth weight |  | RT to a vol exposing the uterus  only female |  |
| Algorithm 31 | | | | |
| passport\_n.GUIDELINE\_T29\_TXT.GUIDELINE\_T29\_1\_TXT | **Dental and oral problems** Dental caries Dental developmental problems (especially if treated at a young age or having experienced a poor nutritional condition) Xerostomia Periodontal disease |  | RT to a vol exposing the oral cavity or salivary glands |  |
| passport\_n.GUIDELINE\_T29\_TXT.GUIDELINE\_T29\_2\_TXT | Including TBI |  |
| passport\_n.GUIDELINE\_T29\_TXT.GUIDELINE\_T29\_3\_TXT | Allogenic HSCT |  |
| passport\_n.GUIDELINE\_T29\_TXT.GUIDELINE\_T29\_4\_TXT | CT |  |
| Algorithm 32 | | | | |
| passport\_n.GUIDELINE\_T2\_TXT.GUIDELINE\_T2\_\_TXT | **Gastro-intestinal problems** Bowel stenosis or obstruction Cholelithiasis Chronic enterocolitis Faecal incontinence Gastro-intestinal fistula Malabsorption Oesophageal stenosis or sticture Neurogenic bowel |  | RT to a vol exposing the gastro-intestinal tract |  |
| passport\_n.GUIDELINE\_T30\_TXT.GUIDELINE\_T30\_1\_TXT | Including TBI |  |
| passport\_n.GUIDELINE\_T30\_TXT.GUIDELINE\_T30\_2\_TXT | Oesophageal surgery |  |
| passport\_n.GUIDELINE\_T30\_TXT.GUIDELINE\_T30\_3\_TXT | Abdominal surgery |  |
| passport\_n.GUIDELINE\_T30\_TXT.GUIDELINE\_T30\_4\_TXT | With a history of chronic GVHD |  |
| Algorithm 33 | | | | |
| passport\_n.GUIDELINE\_T2\_TXT.GUIDELINE\_T2\_\_TXT | **Pulmonary problems** Pulmonary dysfunction |  | RT to a vol exposing the lungs |  |
| passport\_n.GUIDELINE\_T32 \_TXT.GUIDELINE\_T32 \_1\_TXT | Including TBI |  |
| passport\_n.GUIDELINE\_T32 \_TXT.GUIDELINE\_T32 \_2\_TXT | Bleomycin |  |
| passport\_n.GUIDELINE\_T32 \_TXT.GUIDELINE\_T32 \_3\_TXT | Busulfan |  |
| passport\_n.GUIDELINE\_T32 \_TXT.GUIDELINE\_T32 \_4\_TXT | BCNU Carmustine |  |
| passport\_n.GUIDELINE\_T32 \_TXT.GUIDELINE\_T32 \_5\_TXT | CCNU Lomustine |  |
| passport\_n.GUIDELINE\_T32 \_TXT.GUIDELINE\_T32 \_6\_TXT | Thoracic surgery |  |
| passport\_n.GUIDELINE\_T32 \_TXT.GUIDELINE\_T32 \_7\_TXT | Allogenic HSCT |  |
| Algorithm 34 | | | | |
| passport\_n.GUIDELINE\_T2\_TXT.GUIDELINE\_T2\_\_TXT | **Renal problems** Glomerular dysfunction Tubular dysfunction |  | Cisplatin Any dose |  |
| passport\_n.GUIDELINE\_T33\_TXT.GUIDELINE\_T33\_1\_TXT | Ifosfamide Any dose |  |
| passport\_n.GUIDELINE\_T33\_TXT.GUIDELINE\_T33\_2\_TXT | Carboplatin Any dose |  |
| Algorithm 35 | | | | |
| passport\_n.GUIDELINE\_T47\_TXT.GUIDELINE\_T47\_1\_TXT | **Renal problems** Tubular dysfunction |  | RT to a vol exposing the kidney or urinary tract |  |
| passport\_n.GUIDELINE\_T47\_TXT.GUIDELINE\_T47\_2\_TXT | Including TBI |  |
| passport\_n.GUIDELINE\_T47\_TXT.GUIDELINE\_T47\_3\_TXT | HSCT |  |
| passport\_n.GUIDELINE\_T47\_TXT.GUIDELINE\_T47\_4\_TXT | Nephrectomy |  |
| Algorithm 36 | | | | |
| passport\_n.GUIDELINE\_T2\_TXT.GUIDELINE\_T2\_\_TXT | **Liver problems** Liver fibrosis or cirrhosis Hepatocellular liver injury  Hepatobiliary dysfunction  Biliary tract injury  Liver synthetic dysfunction |  | RT to a volume exposing the liver |  |
| passport\_n.GUIDELINE\_T34 \_TXT.GUIDELINE\_T34 \_1\_TXT | Including TBI |  |
| passport\_n.GUIDELINE\_T34 \_TXT.GUIDELINE\_T34 \_2\_TXT | HSCT (irrespective of GVHD) |  |
| passport\_n.GUIDELINE\_T34 \_TXT.GUIDELINE\_T34 \_3\_TXT | Methotrexate |  |
| passport\_n.GUIDELINE\_T34 \_TXT.GUIDELINE\_T34 \_4\_TXT | Mercaptopurine Thioguanine |  |
| passport\_n.GUIDELINE\_T34 \_TXT.GUIDELINE\_T34 \_5\_TXT | Dactinomycin |  |
| passport\_n.GUIDELINE\_T34 \_TXT.GUIDELINE\_T34 \_6\_TXT | Busulfan |  |
| passport\_n.GUIDELINE\_T34 \_TXT.GUIDELINE\_T34 \_7\_TXT | Chronic viral hepatitis |  |
| passport\_n.GUIDELINE\_T34 \_TXT.GUIDELINE\_T34 \_8\_TXT | Sinusoidal obstruction syndrome |  |
| passport\_n.GUIDELINE\_T34 \_TXT.GUIDELINE\_T34 \_9\_TXT | Chronic GVHD |  |
| passport\_n.GUIDELINE\_T34 \_TXT.GUIDELINE\_T34 \_10\_TXT | Liver surgery |  |
| Algorithm 37 | | | | |
| passport\_n.GUIDELINE\_T35 \_TXT.GUIDELINE\_T35 \_1\_TXT | **Iron overload** |  | HSCT (irrespective of GVHD) |  |
| passport\_n.GUIDELINE\_T35 \_TXT.GUIDELINE\_T35 \_2\_TXT | Multiple red blood cell transfusions |  |
| Algorithm 38 | | | | |
| passport\_n.GUIDELINE\_T36 \_TXT.GUIDELINE\_T36 \_1\_TXT | **Spleen problems** |  | Splenectomy |  |
| passport\_n.GUIDELINE\_T36 \_TXT.GUIDELINE\_T36 \_2\_TXT | RT >= 10 Gy to a vol exposing the spleen |  |
| passport\_n.GUIDELINE\_T36 \_TXT.GUIDELINE\_T36 \_3\_TXT | Allogenic HSCT (with or without TBI) |  |
| passport\_n.GUIDELINE\_T36 \_TXT.GUIDELINE\_T36 \_4\_TXT | Autologus HSCT conditioned with TBI |  |
| Algorithm 39 | | | | |
| passport\_n.GUIDELINE\_T37\_TXT.GUIDELINE\_T37\_1\_TXT | **Tumor predisposition** |  | Hereditary cancer sd |  |
| Algorithm 40 | | | | |
| passport\_n.GUIDELINE\_T38\_TXT.GUIDELINE\_T38\_1\_TXT | **Subsequent melanoma and non-melanoma skin cancer** Basal cell carcinoma Squamous cell carcinoma Melanoma |  | Any RT including TBI (predominantly in the RT field) |  |
| passport\_n.GUIDELINE\_T38\_TXT.GUIDELINE\_T38\_2\_TXT | HSCT Especially with a history of skin GvHD |  |
| Algorithm 41 | | | | |
| passport\_n.GUIDELINE\_T39\_TXT.GUIDELINE\_T39\_1\_TXT | **Subsequent colorectal cancer** |  | RT to a vol exposing the colon and rectum |  |
| passport\_n.GUIDELINE\_T39\_TXT.GUIDELINE\_T39\_2\_TXT | Including TBI |  |
| Algorithm 42 | | | | |
| passport\_n.GUIDELINE\_T40\_TXT.GUIDELINE\_T40\_1\_TXT | **Subsequent Oral Cancer** |  | RT to a vol exposing the oral cavity |  |
| passport\_n.GUIDELINE\_T40\_TXT.GUIDELINE\_T40\_2\_TXT | Including TBI |  |
| Algorithm 43 | | | | |
| passport\_n.GUIDELINE\_T41\_TXT.GUIDELINE\_T41\_1\_TXT | **Subsequent acute myeloid leukaemia or myelodysplasia** |  | Alkylating agents |  |
| passport\_n.GUIDELINE\_T41\_TXT.GUIDELINE\_T41\_2\_TXT | Anthracyclines and/or Mitoxantrone |  |
| passport\_n.GUIDELINE\_T41\_TXT.GUIDELINE\_T41\_3\_TXT | Epipodophyllotoxins or autologous |  |
| passport\_n.GUIDELINE\_T41\_TXT.GUIDELINE\_T41\_4\_TXT | Autologous haematopoietic stem cell transplant |  |
| Algorithm 44 | | | | |
| passport\_n.GUIDELINE\_T42\_TXT.GUIDELINE\_T42\_1\_TXT | **Subsequent bladder cancer** |  | Ciclofosfamide, Ifosfamide (particularly if they have a history of severe hemorrhagic cystitis) |  |
| passport\_n.GUIDELINE\_T42\_TXT.GUIDELINE\_T42\_2\_TXT | RT to a vol exposing the bladder |  |
| passport\_n.GUIDELINE\_T42\_TXT.GUIDELINE\_T42\_3\_TXT | Including TBI |  |
| Algorithm 45 | | | | |
| passport\_n.GUIDELINE\_T43\_TXT.GUIDELINE\_T43\_1\_TXT | **Subsequent Bone Cancer** |  | Any radiotherapy including TBI |  |
| Algorithm 46 | | | | |
| passport\_n.GUIDELINE\_T44\_TXT.GUIDELINE\_T44\_1\_TXT | **Subsequent lung cancer** |  | RT to a vol exposing the lungs |  |
| passport\_n.GUIDELINE\_T44\_TXT.GUIDELINE\_T44\_2\_TXT |  |  | Including TBI |  |
| Algorithm 47 | | | | |
| passport\_n.GUIDELINE\_T45\_TXT.GUIDELINE\_T45\_1\_TXT | **Subsequent CNS neoplasms** Meningiomas (High-grade) gliomas Other CNS neoplasms (Pituitary tumors, neurilemmoma/schwannoma, opticus glioma, craniopharyngioma, medulloblastoma, pineal tumors, pilocytic astrocytoma, choroid plexus tumors, ependymoma, supratentorial tumor, oligodendroglioma, ganglioglioma) |  | RT to a vol exposing the head or brain |  |
| passport\_n.GUIDELINE\_T45\_TXT.GUIDELINE\_T45\_2\_TXT | Including TBI |  |

# PCFU Recommendations wordings, CARE PLAN and INDIVIDUALIZED DECISION (SUGGESTION)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A**  **Systen Ids - Please do not change** | **F**  **Recommendation**  **Title** | **G**  **Recommendation as from PCFU (English)** | **H**  **Care Plan PCFU** | **I**  **Individualized decision (suggestion) SCP Care Plan PCFU** | **K**  **Recommendation - Printed text in the Passport (TRANSLATION: Italian)**  *(i.e. mix of the three previous columns)* | **L**  **Recommendation – Printed text in the Passport**  **Lithuanian** |
| **passport\_n.GUIDELINE\_T1.GUIDELINE\_T1** | **Subsequent thyroid cancer** | Counselling regarding the increased risk for developing differentiated thyroid to inform their HCP if they detect a thyroid mass (independent of the presence or absence of associated symptoms), every 5 years - Physical examination of the neck as part of a complete physical examination, whenever a survivor is assessed by a HCP - Counselling regarding options for differentiated thyroid carcinoma surveillance, at least every 5 years If the decision to commence surveillance is made, make a shared decision for one of these two surveillance modalities: - Neck palpation, every 1-2 years, starting 5 years after radiotherapy, or - Thyroid ultrasonographyw, every 3-5 years, starting 5 years after radiotherapy | A neck palpation every 1-2 years. An ultrasound of your thyroid gland every 3-5 years. | Neck palpation 1x/1-2 years OR - Thyroid ultrasound 1x/3-5 years  Note: start surveillance 5 years after exposure | - Eseguire un appropriato screening tiroideo a partire dal quinto anno dopo la fine della radioterapia.  Discutere col proprio medico curante se programmare:  - Esame clinico della tiroide ogni 1-2 anni; oppure  - Ecografia della tiroide ogni 3-5 anni. |  |
| **passport\_n.GUIDELINE\_T2.GUIDELINE\_T2** | **Subsequent breast cancer** | Mammography and breast MRI every year if ≥ 25 years of age or ≥ 8 years from radiation, whichever occurs last | A mammography and a breast MRI every year | Mammography 1x/year  Breast MRI 1x year  Note: start at age ≥ 25 years or ≥ 8 years from radiation, whichever occurs last | - Eseguire mammografia e risonanza magnetica del seno ogni anno a partire dall'ottavo anno dopo la fine della radioterapia e comunque non prima dei 25 anni di età. Tali esami vanno proseguiti almeno fino a 60 anni di età.. |  |
| **assport\_n.GUIDELINE\_T3 .GUIDELINE\_T3** | **Cardiac problems (High risk)**  Cardiomyopathy and/or  Valvular disease and/or  Cardiac ischemia | A physical cardiac examination at every LTFU visit, at least every 5 years. Screening for modifiable cardiovascular risk factors (hypertension, diabetes, dyslipidaemia, obesity, smoking and low levels of physical activity).  - ECG once at entry into LTFU. Repeat ECG once after the age of 18 years if entry into LTFU was at a younger age. - Echocardiogram with specific attention to left ventricular systolic function, to valvular structure and function and to the pericardium, starting 2 years after treatment and at least every 2-3 years; Echocardiogram with specific attention to left ventricular function, prior to pregnancy or in the first trimester, if female  - Refer to a cardiologist if an abnormal ejection fraction or if other abnormalities are identified - Refer for interventions to help avert the risk of symptomatic cardiomyopathy if modifiable cardiovascular risk factors are identified Refer to a cardiologist if an abnormal ejection fraction or if other abnormalities are identified - Refer for interventions to help avert the risk of symptomatic cardiomyopathy if modifiable cardiovascular risk factors are identified | An ECG once and an echo of your heart at least every 2-3 years [and prior to attempting pregnancy or in the first trimester] | ECG 1x at entry LTFU - Echo heart: left ventricular systolic function at least 1x/2-3 years  - Echo heart: left ventricular systolic function prior to pregnancy or in the first trimester (if female)  Note: start echo 2 years after exposure. | Eseguire:   - Valutazione cardiologica alla fine delle terapie e successivamente **ogni 2-3 anni;**   - Elettrocardiogramma (ECG) alla fine delle terapie, da ripetersi dopo aver compiuto i 18 anni di età ed effettuare una valutazione cardiologica in caso di comparsa di palpitazioni, vertigini e/o svenimenti/perdita di coscienza.  - Ecocardiogramma dopo 2 anni dalla fine delle cure, e da ripetere ogni 2-3 anni;  - Se donna, ecocardiogramma nel primo trimestre di gravidanza. |  |
| **passport\_n.GUIDELINE\_T46 .GUIDELINE\_T46** | **Cardiac problems (standard risk)**  Cardiomyopathy and/or  Valvular disease and/or  Cardiac ischemia | A physical cardiac examination at every LTFU visit, at least every 5 years. Screening for modifiable cardiovascular risk factors (hypertension, diabetes, dyslipidaemia, obesity, smoking and low levels of physical activity).  ECG once at entry into LTFU. Repeat ECG once after the age of 18 years if entry into LTFU was at a younger age.  - Echocardiogram with specific attention to left ventricular systolic function, to valvular structure and function and to the pericardium, starting 2 years after treatment and at least every 5 years; -Echocardiogram with specific attention to left ventricular function, prior to pregnancy or in the first trimester, if female  - Refer to a cardiologist if an abnormal ejection fraction or if other abnormalities are identified - Refer for interventions to help avert the risk of symptomatic cardiomyopathy if modifiable cardiovascular risk factors are identified | An ECG once and an echo of your heart at least every 5 years [and prior to attempting pregnancy or in the first trimester] | ECG 1x at entry LTFU - Echo heart: left ventricular systolic function + pericardium + valvular structure and function at least 1x/5 years  - Echo heart: left ventricular systolic function prior to pregnancy or in the first trimester (if female)  Note: start echo 2 years after exposure. | Eseguire:   - Visita cardiologica alla fine delle terapie e successivamente **ogni 5 anni;**   - Elettrocardiogramma (ECG) alla fine delle terapie, da ripetersi dopo aver compiuto 18 anni di età ed effettuare una valutazione cardiologica in caso di comparsa di palpitazioni, vertigini e/o svenimenti/perdita di coscienza.  - Ecocardiogramma dopo 2 anni dalla fine delle cure, da ripetere ogni 5 anni;  - Se donna, ecocardiogramma nel primo trimestre di gravidanza. |  |
| **passport\_n.GUIDELINE\_T31.GUIDELINE\_T31** | **Arrhythmia** | A cardiac history at every LTFU visit, at least every 5 years  A physical cardiac examination at every LTFU visit, at least every 5 years  - ECG once at entry into LTFU - Repeat ECG once after the age of 18 years if entry into LTFU was at a younger age | NO/ included in cardiac problems |  | - Eseguire un ECG dopo la fine delle cure e comunque ripeterlo dopo i 18 anni di età ed effettuare una valutazione cardiologica in caso di comparsa di palpitazioni, vertigini e/o svenimenti/perdita di coscienza. |  |
| **passport\_n.GUIDELINE\_T4 .GUIDELINE\_T4** | **Male fertility problems and sexual dysfunction** Impaired fertility Impaired spermatogenesis | All survivors at risk: - Counseling regarding the risk of impaired spermatogenesis and its implications for future health and fertility at the request of the survivor after informed discussion or when paternity is desired in the forseeable future, at least every 5 years  Post-pubertal survivors at risk that desire assessment of potential for future fertility: - Semen analysis | Have discussed the possibility to test your semen and get to know your fertility status | Semen analysis (if desired) | - Eseguire uno spermiogramma dopo il completamento della pubertà (se lo si desidera e se si vuole valutare la potenzialità di paternità futura). |  |
| **passport\_n.GUIDELINE\_T5.GUIDELINE\_T5** | **Male fertility problems and sexual dysfunction** Testosterone deficiency | All survivors at risk: - Counseling regarding the risk of impaired testosterone deficiency and its implications for future health and fertility at the request of the survivor after informed discussion or when paternity is desired in the forseeable future, at least every 5 years  Pre- and peri-pubertal survivors at risk: - Growth (height) and pubertal development and progression (Tanner stage) at least every year, with increasing frequency as clinically indicated depending on growth and pubertal progress  Note: Regular growth and pubertal monitoring should be started by no later than 12 years (and no earlier than 10 years) of age.  Post-pubertal survivors at risk: - Early morning testosterone at clinically appropriate time intervals - LH in addition to (early morning) testosterone if clinical signs of hypogonadism, previous low or borderline testosterone concentrations, or if an early morning testosterone sample cannot be obtained, at least every 2-3 years | Monitoring of your growth and pubertal development at least every year in currently pre-pubertal and peri-pubertal male survivors.  Blood tests every […] years and have discussed the possibility to test your semen and get to know your fertility status in currently post-pubertal male survivors | Growth and Tanner stage at least 1x/year (more often if clinically indicated)  Semen analysis (if desire) - Early morning testosterone at clinically appropriate intervals  - LH 1x/2-3 years (if clinically indicated or early morning testosterone not possible) | Fino al completamento della pubertà: - Effettuare un controllo clinico annuale (se clinicamente necessario, ogni sei mesi) per la valutazione della velocità di accrescimento e dello sviluppo puberale.   Dopo il completamento della pubertà: - Dosare la testosteronemia al mattino presto ogni 2-3 anni. Se non è possibile, effettuare il dosaggio ematico dell'LH. |  |
| **passport\_n.GUIDELINE\_T6.GUIDELINE\_T6** | **Male fertility problems and sexual dysfunction** Physical sexual dysfunction | All survivors at risk: - Counseling regarding the risk of physical sexual dysfunction (including erectile and ejaculatory dysfunction), and its implications for future health and fertility at the request of the survivor after informed discussion or when paternity is desired in the forseeable future, at least every 5 years  Post-pubertal survivors at risk - Sexual history every 5 years | Not included (see impaired fertility) | Not included (see impaired fertility) | - Effettuare una visita andrologica in caso di comparsa di sintomi attribuibili a disfunzione sessuale. |  |
| **passport\_n.GUIDELINE\_T7 .GUIDELINE\_T7** | **Premature ovarian insufficiency** Impaired fertility Amenorrhea Premature menopause | All survivors at risk:  - Counselling regarding the risk of premature ovarian insufficiency and its implications for future fertility, at least every 5 years - Not recommended: measurement of AMH as primary surveillance modality Pre- and peri-pubertal survivors at risk: - Monitoring of growth (height) and pubertal development and progression (Tanner stage) at least every year, with increasing frequency as clinically indicated based on growth and pubertal progression - FSH and oestradiolt in case of failure to initiate or progress through puberty at least for girls ≥ 11 years of age, and for girls with primary amenorrhoea (16 years of age) Post-pubertal survivors at risk: - History and physical examination with specific attention to premature ovarian insufficiency symptoms (amenorrhoea, irregular cycles) every 5 years - FSH and oestradiolt,u in case of menstrual cycle dysfunction suggesting premature ovarian insufficiency, or if assessment of potential for future fertility is desired | Monitoring of your growth and pubertal development every year in currently pre-pubertal or peri-pubertal female survivors  Monitoring of related symptoms and your menstrual cycle every 5 years in currently post-pubertal female survivors | Growth and Tanner stage 1x/year (more often if clinically indicated) - FSH and oestradiol (if clinically indicated)  Menstrual cycle 1x/5 years - FSH and oestradiol (if clinically indicated) | Nelle bambine/ragazze:   - Eseguire almeno una volta all'anno un controllo clinico per valutare altezza, peso e sviluppo pubere (crescita del seno).  - In caso di mancato o alterato sviluppo della pubertà eseguire un controllo di FSH e 17betaestradiolo.   Nelle donne che hanno già avuto il primo ciclo mestruale:  - Tenere sotto controllo la regolarità dei cicli mestruali.   - In caso di cicli irregolari (frequenza inferiore a 21 giorni o superiore a 35) o di assenza dei cicli per almeno 4 mesi si consiglia un controllo del sangue per dosaggio di FSH ed estradiolo e un controllo endocrino/ginecologico.  Tali approfondimenti sono indicati anche nel caso si abbia il desiderio di conoscere il proprio stato di fertilità. |  |
| **passport\_n.GUIDELINE\_T8.GUIDELINE\_T8** | **Ear problems** Hearing loss  Tinnitus | Survivors < 6 years of age at risk: - Extensive testing by audiologist every year, to begin no later than the end of treatment  Survivors ≥ 6 years of age at risk - Pure tone conventional audiometry testing at 1000-8000 Hz - Additional testing with high frequency audiometry > 8000 Hz (whenever equipment is available), to begin no later than the end of treatment - every other year if 6-12 years of age - every 5 years for adolescents and young adults ≥ 12 years of age | not included under 12 Y  A hearing test every 5 years in survivors currently 12 years or older | Audiometry 1000-8000 Hz 1x/5 years  - Audiometry > 8000 Hz 1x/5 years (if available)  Note: initiate surveillance no later than end of treatment. | - Eseguire una valutazione audiometrica:   - ogni anno fino ai 6 anni di età  - ogni 2 anni fino ai 12 anni di età   - successivamente ogni 5 anni.   - Effettuare inoltre una valutazione otorinolaringoiatrica in caso di comparsa di acufeni (fischi/ronzii nell'orecchio). |  |
| **passport\_n.GUIDELINE\_T9.GUIDELINE\_T9** | **Impaired glucose metabolism and diabetes melitus** | - Fasting blood glucose with or without HbA1c at least every 5 years | A blood glucose test at least every 5 years | Fasting blood glucose with or without HbA1c at least 1x/5 years | Controllare la glicemia e l'emoglobina glicosilata almeno ogni 5 anni. |  |
| **passport\_n.GUIDELINE\_T10.GUIDELINE\_T10** | **Dyslipidemia** | - Fasting lipid profile starting no later than at the age of 40 years, and at least every 5 years subsequentlyq | A blood lipid profile at least every 5 years | Fasting lipid profile at least 1x/5 years | - Controllare il colesterolo totale, HDL, LDL e trigliceridi (profilo lipidico) almeno ogni 5 anni. |  |
| **passport\_n.GUIDELINE\_T11.GUIDELINE\_T11** | **Overweight and obesity** | - Height, weight and BMI at least every 2 years and at every LTFU visit | A height and weight measurement at least every 2 years | Height, weight, BMI at least 1x/2 years | - Controllare il peso e l'altezza e calcolare quindi il BMI (body mass index) ogni 2 anni (valori normali nell'adulto 18,5-24,9). |  |
| **passport\_n.GUIDELINE\_T12.GUIDELINE\_T12** | **Hypertension** | - Blood pressure measurement at least every 2 years and at every LTFU visit | A blood pressure measurement at least every 2 years and at every long-term follow-up visit | Blood pressure at least 1x/2 years and at every LTFU visit | - Controllare la pressione arteriosa almeno ogni 2 anni e ad ogni visita medica. |  |
| **passport\_n.GUIDELINE\_T13.GUIDELINE\_T13** | **Reduced bone mineral density** | A history with specific attention to risk factors (poor vitamin D and/or calcium intake, minimal weight-bearing exercise, comorbidities) and symptoms (back pain, fractures) of reduced bone mineral density at least every 5 years - DXA scan once, if possible, and thereafter as clinically indicated  Note: It might be considered to postpone the DXA-scan in pre-pubertal and pubertal survivors.  Other advice to be given: - Recommend adequate calcium and vitamin D intake, and adequate physical activity according to guidelines for the general population | A DXA scan once | DXA scan 1x at entry LTFU | - Mantenere un'adeguata assunzione di calcio e di vitamina D.   - Esporsi al sole e svolgere regolare attività fisica.  - Eseguire una densitometria ossea (DEXA) almeno una volta. Nei bambini prepuberi o ancora in fase di sviluppo puberale valutare se posticipare la DEXA al completamento della pubertà.  - Comunicare al medico curante l'eventuale comparsa di dolori alla schiena persistenti, e/o fratture accidentali. |  |
| **passport\_n.GUIDELINE\_T14.GUIDELINE\_T14** | **Osteonecrosis**  Avascular necrosis | - A history for symptoms of osteonecrosis at least every 5 years. Suspicion of osteonecrosis should always be followed by a timely referral to an orthopaedic surgeon | Not included |  | - Riferire al medico curante l'eventuale presenza di dolori ossei persistenti (in particolare alle articolazioni). |  |
| **passport\_n.GUIDELINE\_T15 .GUIDELINE\_T15** | **Hypothalamic-pituitary (HP) axis problems (High risk)** Growth hormone deficiency (GHD) TSH deficiency (TSHD) LH/FSH deficiency (LH/FSHD) ACTH deficiency (ACTHD) | refer directly to (paediatric) endocrinologist or see in multidisciplinary team) |  |  | - Proseguire le eventuali indicazioni già proposte dallo specialista endocrinologo; altrimenti effettuare appena possibile una visita specialistica endocrinologica. |  |
| **passport\_n.GUIDELINE\_T16 .GUIDELINE\_T16** | **Hypothalamic-pituitary (HP) axis problems (Standard risk)** Growth hormone deficiency (GHD) TSH deficiency (TSHD) LH/FSH deficiency (LH/FSHD) ACTH deficiency (ACTHD) | Pre-pubertal and peri-pubertal survivors at risk: - Relevant clinical history for HP axis problems - Physical examination for symptoms and signs suggestive of HP axis problems - Height velocity in relation to parental height  - Tanner stage (note: boys exposed to gonadotoxic therapy (e.g. alkylating agents and radiotherapy to the testes) may have testes small for pubertal stage while in puberty) every 6 months, starting 6-12 months after completion of radiotherapy or directly after hydrocephalus or CSF shunt occurrence - fT4, TSH, morning cortisol every year, starting 6-12 months completion of radiotherapy or directly after hydrocephalus or CSF shunt occurrence Post-pubertal survivors at risk: - Relevant clinical history for HP axis problems - Physical examination for symptoms and signs suggestive of HP axis problems - Evaluation of menstrual cycle (females) - fT4, TSH, morning cortisol, IGF-1 - Morning testosterone, or free testosterone if overweight, and LH (males) - Estradiol, FSH and LH (females) every year, starting 6-12 months from the end of radiotherapy or directly after hydrocephalus or CSF shunt occurrence  Note: an IGF-1 level even as high as 0 SDS does not rule out GHD. Note: continue surveillance at least 15 years from exposure. Continuation of surveillance should be a shared decision between survivor and HCP considering available health care resources. If surveillance is terminated, the survivor should be educated about possible signs and symptoms of HP axis problems. | Monitoring of your growth and pubertal development every 6 months and blood tests every year in currently pre-pubertal and peri-pubertal male and female survivors  Monitoring of your menstrual cycle and blood tests every year– in currently post-pubertal **female** survivors  Blood tests every year in currently post-pubertal **male** survivors | Height velocity, Tanner stage 1x/6 months -  - fT4, TSH, morning cortisol 1x/year  Note: initiate surveillance at ≥ 6 months after radiotherapy, even in the absence of symptoms. Continue up to 15 years after radiotherapy exposure. Afterwards, continuation of surveillance is a shared decision.  fT4, TSH, morning cortisol, IGF-1 1x/year   Note: initiate surveillance at ≥ 6 months after diagnosis, even in the absence of symptoms. Continue up to 15 years after diagnosis. Afterwards, continuation of surveillance is a shared decision.  fT4, TSH, morning cortisol, IGF-1 1x/year  Morning testosterone or free testosterone 1x/year (in overweight **males**)  Note: initiate surveillance at ≥ 6 months after radiotherapy, even in the absence of symptoms. Continue up to 15 years after radiotherapy exposure. Afterwards, continuation of surveillance is a shared decision | In epoca pre-pubere:  - Eseguire un controllo clinico ogni 6 mesi per la valutazione della velocità di crescita e dello sviluppo puberale.  - Dosare ogni anno fT4, TSH, e cortisolo al mattino presto;   - in caso di mancata progressione dello sviluppo puberale controllare anche FSH e LH.  In epoca post-pubere:  - Eseguire ogni anno un controllo clinico e nelle donne controllare anche la regolarità del ciclo mestruale.  - Controllare ogni anno i valori nel sangue di fT4, TSH, LH, FSH, iGF1 e cortisolo al mattino presto.   - Negli uomini controllare anche testosterone totale e libero.  - Nelle donne controllare anche 17-beta estardiolo.  Proseguire tali controlli per almeno 15 anni dopo la diagnosi. |  |
| **passport\_n.GUIDELINE\_T17.GUIDELINE\_T17** | **Central precocious puberty (CPP)** For girls with age below 8 years | Relevant clinical history for symptoms of central precocious puberty - Physical examination for signs of central precocious puberty - Height velocity in relation to parental height - Tanner stage every 6 starting 6-12 months after completion of radiotherapy or directly after hydrocephalus or CSF shunt occurrence  Note: Continue surveillance until the age of 8 years for girls  - Refer to a paediatric endocrinologist if there are clinical symptoms and signs suggestive for central precocious puberty, or if morning testosterone is abnormal - Counsel survivors with (a suspicion of) central precocious puberty on overall health as well as the risk for short stature associated with untreated central precocious puberty, and assist them with coordinating and obtaining an early referral when appropriate |  |  | Effettuare ogni 6 mesi un controllo clinico per la valutazione della velocità di crescita e dello sviluppo puberale (tanner), fino all'età di 8 anni. |  |
| **passport\_n.GUIDELINE\_T18.GUIDELINE\_T18** | **Central precocious puberty (CPP)** For boys with age below 9 yearss | Relevant clinical history for symptoms of central precocious puberty - Physical examination for signs of central precocious puberty - Height velocity in relation to parental height - Tanner stage every 6 months, starting 6-12 months after completion of radiotherapy or directly after hydrocephalus or CSF shunt occurrence - Morning testosterone every year, starting 6-12 months after completion of radiotherapy or directly after hydrocephalus or CSF shunt occurrence Note: Continue surveillance until the age of 9 years for boys. Boys exposed to radiotherapy to the testes may have testes small for pubertal stage while in puberty. Instead, morning testosterone (before 10:00 AM) should be used as screening modality as testicular volume may be unreliable |  |  | - Effettuare un controllo clinico ogni 6 mesi fino all'età di 9 anni per la valutazione della velocità di crescita e dello sviluppo puberale (tanner).   - Dosare la testosteronemia al mattino prima delle 10:00 una volta all'anno fino ai 9 anni. |  |
| **passport\_n.GUIDELINE\_T19.GUIDELINE\_T19** | **Thyroid function problems** Hypothyroidism Hyperthyroidism | A history with specific attention to hypothyroidism and/or hyperthyroidism  - TSH and fT4 measurement  - every year in survivors ≤ 18 years of age - at least every 2-3 years in survivors > 18 years of age Female survivors at risk of hypothyroidism: - Discuss the importance of measuring TSH and fT4 prior to attempting pregnancy and periodically during pregnancy at least every 5 years - Measure TSH and fT4 prior to attempting pregnancy and periodically during pregnancy | Blood tests of your thyroid gland function [every year] [at least every 2-3 years] [, before attempting pregnancy and periodically during pregnancy] | TSH, fT4 1x/year ( if ≤ 18 years)- -TSH, fT4 1x/2-3 years (if > 18 years)  -TSH, fT4 prior to attempting pregnancy and periodically during pregnancy (if female) | - Effettuare il dosaggio degli ormoni tiroidei (fT4 e TSH) almeno una volta all'anno fino ai 18 anni di età e ogni 2-3 anni dopo i 18 anni.   - Se donna, eseguire tali esami anche prima e durante un eventuale gravidanza.  - In caso di tiroidectomia totale, si raccomanda di proseguire le indicazioni dello specialista endocrinologo. |  |
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| **passport\_n.GUIDELINE\_T20 .GUIDELINE\_T20** | **Cerebrovascular problem**  Carotid artery disease Cerebrovascular accidents Aneurysm Cavernomas | Discuss the importance of controlling cardiovascular and stroke risk factors (hypertension, diabetes, dyslipidaemia, obesity, smoking and low levels of physical activity) - Perform imaging as appropriate and/or refer to a neurologist, neurosurgeon or vascular specialist | Not included |  | - Mantenere uno stile di vita sano e avvertire immediatamente il medico in caso di comparsa improvvisa di sintomi neurologicici (ad esempio: cefalea acuta e/o persistente, disturbi visivi, deficit di forza) |  |
| **passport\_n.GUIDELINE\_T21 .GUIDELINE\_T21** | **Neurocognitive problems** Academic and school performance Attention Executive functions Intelligence Language Memory Processing speed Visual-motor integration Risk especially if the survivor was treated at a young age | A history with specific attention to educational and/or vocational progress or decline  - at least every 2 years in survivors ≤ 18 years of age - at least every 5 years in survivors > 18 years of age  - Refer to a (neuro)psychologist for a formal neuropsychological evaluation in case of abnormalities | Not included |  | - Prestare attenzione ai seguenti eventuali disturbi: dell'attenzione, del linguaggio, dell'apprendimento, della coordinazione visivo-motoria, della memoria o del comportamento. Nel qual caso effettuare una valutazione neuropsicologica. |  |
| **passport\_n.GUIDELINE\_T22.GUIDELINE\_T22** | **Peripheral neuropathy** Sensory peripheral neuropathy Motor peripheral neuropathy | Refer to the appropriate HCP - Consider medication for painful neuropathy | Not included |  | - Contattare il proprio medico curante in caso di persistenti dolori, formicolii, riduzione di forza e/o della sensibiltà agli arti. |  |
| **passport\_n.GUIDELINE\_T23 .GUIDELINE\_T23** | **Cataract** | A history with specific attention to symptoms of cataract at least every 5 years - Refer to an ophthalmologist or ocular specialist in case of abnormalities | Not included |  | - Eseguireun controllo oculistico ogni 5 anni |  |
| **passport\_n.GUIDELINE\_T24.GUIDELINE\_T24** | **Eye problems** Lacrimal duct atrophy (risk with radioiodine therapy) Xerophtalmia Keratitis Telangiectasias Retinopathy Optic chiasm neuropathy Chronic painful eye Maculopathy Papillopathy Visual field deficits Glaucoma | A history with specific attention to symptoms of problems of the eye and orbit at least every 5 years - A physical eye examination for external eye abnormalities at least every 5 years - Refer to an ophthalmologist or ocular specialist in case of abnormalities | Not included |  | - Eseguire un controllo oculistico ogni 5 anni almeno, e comunque in caso di comparsa di sensazione di secchezza o dolore o irritazione agli occhi e/o disturbi della vista. |  |
| **passport\_n.GUIDELINE\_T25.GUIDELINE\_T25** | **Craniofacial growth problems** Craniofacial growth disturbance Orbital hypoplasia Psychological adjustment difficulties due to craniofacial growth problems | A physical examination for craniofacial growth problems at least every 5 years Refer to a reconstructive craniofacial surgeon if craniofacial growth problems are identified - Perform a psychosocial history with specific attention to adjustment difficulties and refer to a psychologist if clinically indicated | Not included |  | - Eseguire una valutazione dal chirurgo maxillo-faciale in caso di eventuale presenza di anomalie estetiche o funzionali della testa e/o del viso. |  |
| **passport\_n.GUIDELINE\_T26.GUIDELINE\_T26** | **Spine scoliosis and kyphosis** Spine scoliosis Spine kyphosis | A physical examination of the spine every year until growth is completed; the surveillance frequency may be increased during puberty. - Perform imaging and/or refer to an orthopaedic surgeon or physical therapist as clinically indicated in case of abnormalities | Not included |  | - Eseguire una valutazione clinica della colonna vertebrale ad ogni visita medica ed almeno ogni anno durante lo sviluppo puberale. Consultare lo specialista ortopedico solo in caso si evidenzino anomalie. |  |
| **passport\_n.GUIDELINE\_T27.GUIDELINE\_T27** | **Lower urinary tract problems** Hemorrhagic cystitis Bladder fibrosis Dysfunctional voiding Vesicoureteral reflux Neurogenic bladder  Hydronephrosis | A history with specific attention to urinary tract symptoms at least every 5 years. Perform a urinalysis including cytology and urine culture - Refer to a urologist if the urinalysis results are abnormal | Not included |  | - Prestare attenzione all'eventuale comparsa di sintomi urinari (es. minzioni frequenti, dolore alla minzione, ritenzione urinaria o sangue nelle urine).   - In caso di comparsa di uno di questi sintomi eseguire esame urine e urinocoltura ed eventuale esame citologico su urine. Se gli esami risultassero patologici effettuare una valutazione urologica. |  |
| **passport\_n.GUIDELINE\_T28.GUIDELINE\_T28** | **Obstetric problems** Miscarriage Premature birth Low birth weight | All female survivors at risk of reproductive age: - Discuss the risk of adverse obstetric outcomes (miscarriage, premature birth, low birth weight; but not congenital anomalies) - High-risk obstetric surveillance during pregnancy | Not included |  | - Eseguire un appropriato follow-up ostetrico In caso di gravidanza, |  |
| **passport\_n.GUIDELINE\_T29.GUIDELINE\_T29** | **Dental and oral problems** Dental caries Dental developmental problems (especially if treated at a young age or having experienced a poor nutritional condition) Xerostomia Periodontal disease | Refer to specialist dental care or orthodontist if there are significant dental problems related to previous treatment | Not included |  | - Avere un'accurata igiene dentale, ed eseguire una visita dal dentista in caso di problematiche al cavo orale quali ad esempio: carie, anomalie dello sviluppo dei denti o secchezza della bocca. |  |
| **passport\_n.GUIDELINE\_T30.GUIDELINE\_T30** | **Gastro-intestinal problems** Bowel stenosis or obstruction Cholelithiasis Chronic enterocolitis Faecal incontinence Gastro-intestinal fistula Malabsorption Oesophageal stenosis or sticture Neurogenic bowel | Perform appropriate diagnostic tests and/or Refer to A surgeon or gastro-enterologist | Not included |  | - Eseguire una valutazione gastroenterologica in caso di sintomi addominali persistenti quali ad esempio: dolore addominale, nausea, vomito o disturbi dell'evacuazione. |  |
| **passport\_n.GUIDELINE\_T32 .GUIDELINE\_T32** | **Pulmonary problems** Pulmonary dysfunction | History with specific attention to pulmonary dysfunction at least every 5 years - Physical pulmonary examination at least every 5 years - Pulmonary function tests, including spirometry and diffusing capacity for carbon monoxide (DLCO), once at entry into LTFU  - Consider pneumococcal vaccination status according to local or national guidelines  Other advice: - Avoid tobacco, quit smoking and/or reduce exposure to environmental smoke If initial pulmonary function test is abnormal: - Consult with or refer to pulmonologist  If any abnormalities are identified during subsequent follow-up visits - Repeat pulmonary function tests - Consult with or refer to pulmonologist if they are abnormal | Lung tests once, get a yearly influenza vaccination and avoid smoking - Pulmonary function tests including spirometry and DLCO 1x at entry LTFU - Influenza vaccination 1x/year - Check pneumococcal vaccination status according to local or national guidelines |  | - Astenersi dal fumo attivo e passivo;   - Eseguire vaccinazione antiinfluenzale ogni anno e quella antipneumococcica secondo le indicazioni del medico;  - Eseguire una spirometria e una valutazione della diffusione del monossido di carbonio (DLCO) almeno una volta dopo la fine delle cure e ripeterli in caso di anomalie;  - Eseguire un controllo clinico del torace dal medico curante almeno ogni 5 anni. |  |
| **passport\_n.GUIDELINE\_T33.GUIDELINE\_T33** | **Renal problems** Glomerular dysfunction Tubular dysfunction | Glomerular function testing including blood testing (creatinine), urine testing (creatinine, proteinuria), eGFR calculation, at least every 5 years - Additional tubular function testing including blood testing (Na, K, Mg, P, Ca, phosphate, albumin) and urine testing (glucose, phosphate) at least every 5 years Other advice: - Education about caution in the use of NSAIDs - Counselling about single kidney-related health risks - Electrolyte supplementation as guided by serum biochemistry if an electrolyte imbalance is detected - Refer to nephrologist if proteinuria and/or chronic kidney disease are identified | Blood and urine tests of the kidney at least every 5 years: | - Urine creatinine, proteinuria, glucose, P at least 1x/5 years - eGFR at least 1x/5 years | Eseguire ogni 5 anni:  - Esame urine per creatininuria, proteinuria, glicosuria e fosfaturia;  - Esame del sangue per dosaggio della creatininemia, dello ionogramma, dell'albumina, e calcolo della velocità di filtrazione glomerulare (GFR). |  |
| **passport\_n.GUIDELINE\_T47.GUIDELINE\_T47** | **Renal problems** Tubular dysfunction | Glomerular function testing including blood testing (creatinine), urine testing (creatinine, proteinuria), eGFR calculation, at least every 5 years | Blood and urine tests of the kidney at least every 5 years | - Blood creatinine at least 1x/5 years - Urine creatinine, proteinuria at least 1x/5 years - eGFR at least 1x/5 years | Eseguire ogni 5 anni:  - Esame urine per creatininuria, proteinuria.  - Esame del sangue per dosaggio della creatininemia e calcolo della velocità di filtrazione glomerulare (GFR).  - In caso di nefrectomia, si consiglia di usare con cautela i farmaci anti-infiammatori non steroidei. |  |
| **passport\_n.GUIDELINE\_T34 .GUIDELINE\_T34** | **Liver problems** Liver fibrosis or cirrhosis Hepatocellular liver injury  Hepatobiliary dysfunction  Biliary tract injury  Liver synthetic dysfunction | Physical examination for height, weight, BMI and signs of liver disease or bile duct injury (i.e. hepatosplenomegaly, spider naevi or pruritus)  - Serum liver enzyme concentrations (ALT, AST, gGT, ALP) once at entry into LTFU - Physical examination for height, weight, BMI and signs of liver disease or bile duct injury (i.e. hepatosplenomegaly, spider naevi or pruritus)  - Serum liver enzyme concentrations (ALT, AST, gGT, ALP) once at entry into LTFU  In case of increased liver enzyme values: - Between 1-2 x ULN: repeat the test within 1 year. - > 2x ULN: repeat the test within 2 months. In case of persistent liver abnormalities (> ULN): - Refer to a hepatologist or gastroenterologist for further examination if there is no obvious explanation (alcohol, medication, obesity) - Avoid or prescribe with caution potentially hepatotoxic medications and supplements - Evaluate body mass index and discuss healthy weight goals, especially in those with evidence of metabolic syndrome - Consider immunization against hepatitis A and B if not already immune - Counsel about importance of measures to maintain liver health: Cautious use or avoidance of alcohol intake Maintain a healthy weight and lifestyle Precautions to reduce viral transmission to household and sexual contacts in survivors with chronic HBV/HCV infection | Blood tests of the liver once | ALT, AST, gGT, ALP 1x at entry LTFU.  In case of chronic viral hepatitis: - Follow-up by an appropriate specialist (e.g. hepatologist or infectious diseases specialist) according to the local or national hepatitis clinical practice guidelines. | - Eseguire una periodica valutazione clinica per individuare segni e sintomi di disfunzione epatica (es. epatomegalia, spider nevi o prurito). Eseguire il dosaggio delle transaminasi, gammaGT e fosfatasi alcalina almeno una volta dopo la fine delle cure. In caso di aumento dei valori degli enzimi epatici: - Tra 1-2 volte il valore normale: ripetere il test entro 1 anno. - Se superiore a 2 volte il valore di norma: ripetere il test entro 2 mesi. In caso di anomalie epatiche persistenti: - Fare riferimento a un epatologo o gastroenterologo per ulteriori esami se non c'è una spiegazione ovvia (alcol, farmaci, obesità) - Evitare o utilizzare con cautela farmaci e integratori potenzialmente epatotossici - Considerare l'immunizzazione contro l'epatite A e B se non già immune - in caso di infezione cronica da HBV / HCV discutere sulle precauzioni per ridurre la trasmissione virale a contatti familiari e partner sessuali |  |
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| **passport\_n.GUIDELINE\_T35 .GUIDELINE\_T35** | **Iron overload** | Serum ferritin, once at entry into LTFU In case of increased serum ferritin (>500 ng/ml): - Repeat test within 6 months  If persistent abnormal serum ferritin levels (>500 ng/ml): - Perform a MRI T2\* to quantify the liver iron content  If confirmed elevated liver iron content: - Refer to a hematologist or other specialist to start treatment, such as phlebotomy or chelation therapy | Blood tests of iron levels once | - Serum ferritin 1x at entry LTFU | Eseguire il dosaggio della ferritina sierica almeno una volta dopo la fine delle cure. Ripetere il test entro 6 mesi se la ferritina sierica risultasse superiore a 500 ng/ml. -In caso di iperferritinemia persistente eseguire una risonanza magnetica per quantificare il contenuto di ferro nel fegato. -Se quest'ultima condizione venisse confermata rivolgersi a un ematologo per iniziare un appropriato trattamento (quali la flebotomia o la terapia chelante). |  |
| **passport\_n.GUIDELINE\_T36 .GUIDELINE\_T36** | **Spleen problems** | Educate about events that necessitate immediate start of therapeutic antibiotics and prompt evaluation by a HCPb - Ensure that therapeutic antibiotics are readily available - Advise wearing medical bracelet or carrying patient card - Discuss importance of seeking expert advice when travelling to endemic areas. In case of fever > 38.3 °C, infective or septic symptoms, or animal or human bite with skin break: - Arrange prompt evaluation by a HCP including a physical examination, blood count and blood culture - Immediately treat with therapeutic antibiotics according to local and national policies until blood culture results are available | Access to immediate medical help when you: • have a fever of > 38.3 °C (even if you do not have any other symptoms) • feel ill • have been bitten by a person or animal with skin break.  You might need antibiotics very soon after any of these events.  If you consider travelling to areas where malaria or other infectious diseases are endemic, it is recommended to seek advice from experts at the long-term follow-up clinic or at the travel clinic. They can advise you on the travel vaccines and anti-malarial medications that you might need. | Counsel about spleen-related risks and precautions  - Perform a blood count, blood culture and immediately treat with therapeutic antibiotics until blood culture results are available, in case of fever > 38.3 °C, illness or a bite mark with skin break | - Completare il calendario vaccinale obbligatorio e sottoporsi a vaccinazioni contro Pneumococco, Meningococco e Haemophilus Influenzae.   - Iniziare al più presto terapia antibiotica ad ampio spettro in caso di: febbre >38.3°C, morso di animali con lesione della cute, o di altri sintomi di infezione grave (sepsi) quali freddo/brividi, bassa pressione, confusione mentale e segni di rigidità.  In questi casi, se possibile eseguire immediatamente emocromo ed emocoltura.  - In caso di viaggi all'estero, contattare il servizio d'igiene della propria ASL per informazioni sulla necessità di eventuali vaccinazioni profilattiche. |  |
| **passport\_n.GUIDELINE\_T37.GUIDELINE\_T37** | **Tumor predisposition** | Surveillance strategy in survivors with, or with a suspicion of, a hereditary cancer syndromem: - Additional consultation by a clinical geneticist to determine individualised surveillance methods and frequency at entry into LTFU | Not included |  | - Eseguire una consulenza genetica (se non già effettuata), al fine di determinare eventulali ulteriori esami di screening. |  |
| **passport\_n.GUIDELINE\_T38.GUIDELINE\_T38** | **Subsequent melanoma and non-melanoma skin cancer** Basal cell carcinoma Squamous cell carcinoma Melanoma | Self-examination for new spots and changing moles, at least every 6 months - History at least every 2 years - Skin examination at least every 2 years - Refer to a dermatologist in case of abnormalities | Not included |  | - Proteggersi dai raggi solari con creme altamente protettive specialmente nelle zone del corpo che sono state esposte alla radioterapia.  - Controllarsi costantemente i propri nei facendo attenzione alla comparsa di nuovi e/o alla modifica di colore e dimensioni di quelli già presenti.  - Eseguire un controllo dermatologico per mappatura dei nei almeno ogni 2 anni |  |
| **passport\_n.GUIDELINE\_T39.GUIDELINE\_T39** | **Subsequent colorectal cancer** | FOBT every 3 years  - As an alternative surveillance method, colonoscopy might be considered every 5 years  starting 5 years after radiation or at the age of 30 years, whichever occurs last - Positive FOBT should always be followed by a timely colonoscopy | [A stool sample test for hidden blood (FOBT) every 3 years] [a colonoscopy every 5 years] | FOBT 1x/3 years OR - Colonoscopy 1x/5 years  Note: start 5 years after radiation or at the age of 30 years, whichever occurs last | - Eseguire il controllo del sangue occulto nelle feci ogni 3 anni a partire dai 30 anni di età.   - In caso di esame positivo, effettuare una colonscopia. |  |
| **passport\_n.GUIDELINE\_T40.GUIDELINE\_T40** | **Subsequent Oral Cancer** | Discuss the importance of prompt reporting of new symptoms or masses - Discuss healthy lifestyle ecommendations - Encourage reduction of risk behaviour (smoking, alcohol consumption, drug use, sun exposure) - Encourage HPV vaccination (according to national guidelines) and consider advising safe sexual practices - Encourage participation in the national cancer screening programmes, unless more intensive or earlier surveillance is specified in the guidelinesl Surveillance strategy in all survivors: - Family history of malignancies, at least every 5 years. In survivors with, or with a suspicion of, a hereditary cancer syndromem: - Additional consultation by a clinical geneticist to determine individualised surveillance methods and frequency at entry into LTFU | Not included |  | - Avere una corretta igiene dentale e prestare attenzione alla comparsa di eventuali lesioni all'interno della bocca. |  |
| **passport\_n.GUIDELINE\_T42.GUIDELINE\_T42** | **Subsequent bladder cancer** | General advice: - Discuss the importance of prompt reporting of new symptoms or masses - Discuss healthy lifestyle recommendations - Encourage reduction of risk behaviour (smoking, alcohol consumption, drug use, sun exposure) - Encourage participation in the national cancer screening programmes, unless more intensive or earlier surveillance is specified in the guidelinesl  Surveillance strategy in all survivors: - Family history of malignancies, at least every 5 years  Surveillance strategy in survivors with, or with a suspicion of, a hereditary cancer syndromem: - Additional consultation by a clinical geneticist to determine individualised surveillance methods and frequency at entry into LTFU | Not included |  | - Effettuare un esame urine chimico fisico e citologico in caso di presenza di sangue nelle urine o bruciore alla minzione. - Se patologici eseguire una visita urologica. |  |
| **passport\_n.GUIDELINE\_T43.GUIDELINE\_T43** | **Subsequent Bone Cancer** | General advice: - Discuss the importance of prompt reporting of new symptoms or masses - Discuss healthy lifestyle recommendations - Encourage reduction of risk behaviour (smoking, alcohol consumption, drug use, sun exposure) - Encourage HPV vaccination (according to national guidelines) and consider advising safe sexual practices - Encourage participation in the national cancer screening programmes, unless more intensive or earlier surveillance is specified in the guidelinesl  Surveillance strategy in all survivors: - Family history of malignancies, at least every 5 years  Surveillance strategy in survivors with, or with a suspicion of, a hereditary cancer syndromem: - Additional consultation by a clinical geneticist to determine individualised surveillance methods and frequency at entry into LTFU | Not included |  | - Effettuare un esame radiografico in caso di comparsa di tumefazioni e/o dolori ossei persistenti. |  |
| **passport\_n.GUIDELINE\_T44.GUIDELINE\_T44** | **Subsequent lung cancer** | General advice: - Discuss the importance of prompt reporting of new symptoms or masses - Discuss healthy lifestyle recommendations - Encourage reduction of risk behaviour (smoking, alcohol consumption, drug use, sun exposure) - Encourage participation in the national cancer screening programmes, unless more intensive or earlier surveillance is specified in the guidelinesl Surveillance strategy in all survivors: - Family history of malignancies, at least every 5 years Surveillance strategy in survivors with, or with a suspicion of, a hereditary cancer syndromem: - Additional consultation by a clinical geneticist to determine individualised surveillance methods and frequency at entry into LTFU | Not included |  | - Effettuare un esame radiografico del torace in caso di comparsa di disturbi respiratori persistenti. |  |
| **passport\_n.GUIDELINE\_T45.GUIDELINE\_T45** | **Subsequent CNS neoplasms** Meningiomas (High-grade) gliomas Other CNS neoplasms (Pituitary tumors, neurilemmoma/schwannoma, opticus glioma, craniopharyngioma, medulloblastoma, pineal tumors, pilocytic astrocytoma, choroid plexus tumors, ependymoma, supratentorial tumor, oligodendroglioma, ganglioglioma) | Inform about symptoms and sign that may be related to a subsequent CNS neoplasm - Neurologic history at every LTFU visit, which may be at 1-5 year intervals - Neurologic examination at every LTFU visit, which may be at 1-5 year intervals Note: No recommendation can be formulated for routine MRI surveillance for asymptomatic survivors. The decision to undertake MRI surveillance should be made by the CAYA cancer survivor and HCP after careful consideration of the potential harms and benefits of MRI surveillance. | Discussed the advantages and disadvantages of regular MRIs with your doctor | Discuss potential harms and benefits of MRI surveillance | - Prestare attenzione alla comparsa di eventuali sintomi neurologici (ad esempio: cefalea persistente, disturbi visivi, deficit di forza) e di riferirli al medico curante col quale discutere l'eventuale necessità di eseguire un esame neuro-radiologco. |  |