



## **Antineoplastic Drugs / National Cancer Registry**

### **PEDIATRIC FORM**

NCR ID<sup>(1)</sup>:

Karantina ID:

#### **❖ Patient Information**

اسم المريض: \_\_\_\_\_ اسم الاب: \_\_\_\_\_  
الجنس: ذكر ☐ انثى ☐ تاريخ الولادة: \_\_\_\_\_ اسم الام: \_\_\_\_\_  
محل الولادة/ البلد: \_\_\_\_\_ البلية: \_\_\_\_\_  
السكن الدائم/ البلد: \_\_\_\_\_ البلية: \_\_\_\_\_  
الجنسية: \_\_\_\_\_ الإقامة في لبنان: ☐ مقيم ☐ زائر ☐ عامل اجنبي ☐ لاجئ منذ ١٠ سنوات او اكثر ☐ لاجئ منذ اقل من ١٠ سنوات

#### **❖ Tumor Registry Information**

Primary site (text): \_\_\_\_\_ Date first diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_  
ICD10: C | \_\_\_\_ | ICD03-Topo: C | \_\_\_\_ |  
Laterality: ☐ Right ☐ Left ☐ Bilateral ☐ Not applicable ☐ Unspecified  
Pathology (text): \_\_\_\_\_ ICD03-Morphology: M | \_\_\_\_/\_\_\_\_ |  
Pathology center: \_\_\_\_\_ Pathologist: \_\_\_\_\_  
Classification: **TNM<sup>(2)</sup>**: T | \_\_\_\_ | N | \_\_\_\_ | M | \_\_\_\_ | **Stage<sup>(3)</sup>**: \_\_\_\_ | **Grade**: \_\_\_\_ | Other Staging: \_\_\_\_ |  
Type of report: ☐ New case → ☐ Response to Induction treatment  
☐ Phase of Treatment: ☐ Induction ☐ Consolidation ☐ Maintenance  
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☐ Known case → ☐ Renewal<sup>(4)</sup>  
☐ Progression  
☐ Relapse → ☐ Local ☐ Regional ☐ Distal  
☐ Change of treatment

#### **❖ Treatment**

Height: \_\_\_\_ cm Weight: \_\_\_\_ kg BSA: \_\_\_\_ m<sup>2</sup>  
Protocol: \_\_\_\_\_ Expected duration of treatment: \_\_\_\_\_  
Finality of treatment: ☐ Palliative ☐ Other  
Prior chemotherapy treatment: ☐ No ☐ Yes<sup>(4)</sup> Specify: \_\_\_\_\_  
Type of treatment planned: Surgery: ☐ No ☐ Yes  
Chemotherapy<sup>(5)</sup>: ☐ No ☐ Yes  
Radiotherapy: ☐ No ☐ Yes  
Targeted therapy: ☐ No ☐ Yes  
Immunotherapy: ☐ No ☐ Yes  
Hormone therapy: ☐ No ☐ Yes

#### **❖ Physician Information**

Physician name: \_\_\_\_\_ Treating hospital: \_\_\_\_\_  
Specialty: \_\_\_\_\_ Date: \_\_\_\_\_  
LOP registration No.: \_\_\_\_\_ Signature & stamp: \_\_\_\_\_  
Telephone: \_\_\_\_\_

#### **❖ Documents to be submitted for antineoplastic drugs**

- ☐ صورة الهوية او اخراج القيد/ ID
- ☐ تقرير الطبيب / Detailed medical report
- ☐ نتيجة الزرع / Pathology report (solid tumor)
- ☐ Laboratory report (blood tumor)
- ☐ صورة عن تقارير الصور الشعاعية
- ☐ الوصفة الطبية / Oncology prescription with exact dosage & duration
- ☐ صورة عن بطاقة مركز توزيع الادوية (اذا وجدت) / Copy of Drug Dispensing Center Patient Card (if available)

(1) For reporting to National Cancer Registry, form is sent to Epidemiological Surveillance Program. Tel: 01-614194. Fax: 01-610922. Email: [esumoh@moph.gov.lb](mailto:esumoh@moph.gov.lb). Postal mail: Ministry of Public Health, museum square, Beirut. Data on cancer statistics is available on [www.moph.gov.lb](http://www.moph.gov.lb) (→ prevention, → surveillance, → cancer)

(2) TNM classification is based on pathology results.

(3) Documented evidence should be submitted for stage IV.

(4) Copy of Drugs Dispensing Center Patient Card should be submitted (if applicable).

(5) If neoadjuvant chemotherapy, please specify date of treatment.

**N.B.:** This form must be completed by the Doctor. All documents should be attached. All attached reports and studies should be original and official.