

## **J Long-Term Follow-up Flowsheets**

### J.1 Follow-up schedule nonheritable retinoblastoma

name: \_\_\_\_\_ DOB (dd.mm.yyyy): \_\_\_\_\_

right eye: IRSS \_\_\_\_\_ ICRB \_\_\_\_\_ left eye: IRSS \_\_\_\_\_ ICRB \_\_\_\_\_

- enucleation: date \_\_\_\_\_  brachytherapy  laser treatment  cryotherapy  
 neo/adjuvant chemotherapy  chemoreduction  EBRT, localization: \_\_\_\_\_

end of treatment: \_\_\_\_\_ human genetics: \_\_\_\_\_

total doses	
carboplatin	_____ /m <sup>2</sup>
etoposide	_____ /m <sup>2</sup>
vincristine	_____ /m <sup>2</sup>
cyclophosphamide	_____ /m <sup>2</sup>
EBRT	_____ Gy

age	ophthalmology	analysis of vision (1x/yr)	pediatric oncology (every 3 months in the 1 <sup>st</sup> year, every 6 months 2 <sup>nd</sup> year after chemotherapy)	physical examination height/ weight/ Tanner staging	blood tests* <sup>c</sup>	ear nose throat audiogram/OAE	radiology cranial/ orbital MRI	human genetics counseling	radiotherapy follow-up <sup>RT</sup>	clinical exam	den-tal exam	quality of life questionn aire for parents
0-12 months	at least 6 monthly _____	_____ 1x/yr <sup>c</sup>	_____ 1x/yr <sup>c</sup>	_____ 1x/yr <sup>c</sup>		_____ 1x/yr <sup>c</sup>						
1 year old	at least 6 monthly _____	_____ 1x/yr <sup>c</sup>	_____ 1x/yr <sup>c</sup>	_____ 1x/yr <sup>c</sup>		_____ 1x/yr <sup>c</sup>						
2 years old	at least 6 monthly _____	_____ 1x/yr <sup>c</sup>	_____ 1x/yr <sup>c</sup>	_____ 1x/yr <sup>c</sup>		_____ 1x/yr <sup>c</sup>						2x/yr
3 years old	at least 6 monthly _____	_____ 1x/yr <sup>c</sup>	_____ 1x/yr <sup>c</sup>	_____ 1x/yr <sup>c</sup>		_____ 1x/yr <sup>c</sup>						2x/yr
4 years old	at least 6 monthly _____	_____ 1x/yr <sup>c</sup>	_____ 1x/yr <sup>c</sup>	_____ 1x/yr <sup>c</sup>		_____ 1x/yr <sup>c</sup>						2x/yr
5 years old	_____ 1x/yr <sup>c</sup>	_____ 1x/yr <sup>c</sup>	_____ 1x/yr <sup>c</sup>	_____ 1x/yr <sup>c</sup>		_____ 1x/yr <sup>c</sup>						2x/yr

age	ophthalmology	pediatric oncology	blood tests* <sup>c</sup>	ear nose throat	radiology	human genetics	radiotherapy follow-up <sup>RT</sup>	dent al exam	quality of life
6 years old	indirect ophthalmoscopy (GA until about 5 <sup>th</sup> year of age)	physical examination height/ weight/ Tanner staging		audiogram/OAE	cranial/ orbital MRI		clinical exam	dent al exam	question naire for parents
7 years old									
8 years old									
9 years old									
10 years old									
11 years old			every 5 yrs	every 5 yrs			every 5 yrs <sup>c</sup>	2x/yr	
12 years old								2x/yr	
13 years old								2x/yr	
14 years old								2x/yr	
15 years old								2x/yr	
16 years old			every 5 yrs	every 5 yrs			every 5 yrs <sup>c</sup>	2x/yr	
17 years old								2x/yr	

\*vaccination titers 6 months after Chemotherapy

<sup>c</sup> only after Chemotherapy

<sup>RT</sup> only after Radiotherapy

Authorized by \_\_\_\_\_ Date \_\_\_\_\_.\_\_\_\_\_

## J.2 Follow-up schedule heritable retinoblastoma

name: \_\_\_\_\_ DOB (dd.mm.yyyy): \_\_\_\_\_

unilateral  bilateral

right eye: IRSS \_\_\_\_\_ ICRB \_\_\_\_\_ left eye: IRSS \_\_\_\_\_ ICRB \_\_\_\_\_

enucleation: date \_\_\_\_\_  brachytherapy  laser treatment  cryotherapy

neo/adjuvant chemotherapy  chemoreduction  EBRT, localization: \_\_\_\_\_

end of treatment: \_\_\_\_\_ human genetics: \_\_\_\_\_

<b>total doses</b>	_____ /m <sup>2</sup>
carboplatin	_____ /m <sup>2</sup>
etoposide	_____ /m <sup>2</sup>
vincristine	_____ /m <sup>2</sup>
cyclophosphamide	_____ /m <sup>2</sup>
EBRT	_____ Gy

age	ophthalmology	analysis of vision (1x/yr)	pediatric oncology (every 3 months in the 1 <sup>st</sup> year, every 6 months 2 <sup>nd</sup> year after chemotherapy)	blood tests* <sup>c</sup>	ear nose throat	radiology	human genetics	radiotherapy follow-up <sup>Rt</sup>	quality of life	
0-12 months	indirect ophthalmoscopy (GA until about 5 <sup>th</sup> year of age)	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____	cranial/ orbital MRI	counseling	clinical exam	dent al exam	question naire for parents
1 year old	4 monthly	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr <sup>c</sup> _____					
2 years old	6 monthly	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr <sup>c</sup> _____				2x/yr	
3 years old	6 monthly	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr <sup>c</sup> _____				2x/yr	
4 years old	6 monthly	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr <sup>c</sup> _____				2x/yr	
5 years old	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr <sup>c</sup> _____				2x/yr	

	ophthalmology		pediatric oncology		ear nose throat	radiology	human genetics	radiotherapy follow-up <sup>RT</sup>	dental exam	quality of life
<b>age</b>	indirect ophthalmoscopy	analysis of vision (1x/ yr)	physical examination height/ weight/ Tanner staging	blood tests* <sup>c</sup>	audiogram/OAE	cranial/ orbital MRI	genetics counseling	clinical exam <sup>RT</sup>	dental exam	question naire for parents
<b>6 years old</b>	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____		_____ every 5 yrs _____			_____ every 5 yrs <sup>RT</sup> _____	2x/yr	at 6 yrs of age
<b>7 years old</b>	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____						2x/yr	
<b>8 years old</b>	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____						2x/yr	
<b>9 years old</b>	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____						2x/yr	
<b>10 years old</b>	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____						2x/yr	
<b>11 years old</b>	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____		_____ every 5 yrs _____			_____ every 5 yrs <sup>RT</sup> _____	2x/yr	
<b>12 years old</b>	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____						2x/yr	
<b>13 years old</b>	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____						2x/yr	
<b>14 years old</b>	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____						2x/yr	
<b>15 years old</b>	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____						2x/yr	
<b>16 years old</b>	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____		_____ every 5 yrs _____			_____ every 5 yrs <sup>RT</sup> _____	2x/yr	
<b>17 years old</b>	_____ 1x/yr _____	_____ 1x/yr _____	_____ 1x/yr _____				_____ at 17 yrs of age _____		2x/yr	

\*vaccination titers 6 months after Chemotherapy  
<sup>c</sup> only after Chemotherapy  
<sup>RT</sup> only after Radiotherapy

Authorized by \_\_\_\_\_ Date \_\_\_\_\_