

**Multicenter-Study****„Clear-Cell-Sarcoma of Soft-Tissue (Clear-Ce-Sa)“ –****initiated by „Arbeitskreis “Tumoren des Haltungs- und Bewegungsapparates“ of the****German orthopaedic Society (DGOOC) in cooperation with the****European Musculoskeletal Tumor Society (EMSOS)****Professor Dr. med. J. Bruns,****Dept. of Orthopedic Surgery, AGAPLESION Diakonieklinikum Hamburg****Time period: Include only patients with an initial diagnosis of a  
clearcell-sarcoma between****January 1<sup>st</sup> 1990- December 31<sup>st</sup>2012****and with a follow-up period of up to June 30<sup>th</sup> 2015****DEADLINE for contribution: September 30<sup>th</sup> , 2015****IF YOU HAVE ANY QUESTIONS OR COMMENTS:****PLEASE DO NOT HESITATE TO CONTACTASK ME****VIA E-MAIL: [juergen-b-bruns@web.de](mailto:juergen-b-bruns@web.de)**

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Institution:

Country:

Institution identification

(will be done by the study centre)

**Patients identification:**

Initials (Surname, First name):

Date of Birth (day,day,month,month,year,year)

Male/Female,

Ethnic origin: known / unknown,

if possible specify your answer

European, Asian, Hispanic, Jewish, Armenian, Afro-American, other:

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**Symptoms:**

- Pain
- Swelling
- Limited range of motion
- Neurological deficit
- Restriction of blood circulation
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**Initial diagnosis:    when            /            how:**

- Date
- By MRI
- By incisional biopsy with suspicion of Clearcell-Sa.
- Histology after excisional biopsy with no suspicion of Clearcell-Sa.
- Others
- By Accident (unplanned)

**Duration of symptoms (months/years):**

**Tumor localizaion:**

- Upper extremity (Region):
  - Shoulder
  - Upper arm
  - Elbow
  - lower arm
  - Hand
  
- Lower extremity: (Region)
  - Hip joint / Buttocks
  - Thigh
  - Knee joint
  - Lower leg
  - Foot
  
- Trunk: (Region)
  - Neck
  - Thorax
  - Abdomen
  - Pelvic ring

**Initial stage (MSTS (Enneking)-classification):**

- I A/B
- II A/B
- III: distant Metastases:

Localization of mets:

Number of mets.:

**Involvement of lymph nodes:**      yes / no / unknown

- Lymph-node mapping (search for sentinel lymph-node)    yes / no
- Localization:
- Lymph-node resection:      yes / no: , if yes: result

**Grading:**

G 1, G 2, G3 ,

Other (please grading specify system):

**Previous surgery (same localization)**

Reasons for surgery:

When? (Date)

With any histopathological analysis yes / no:

- Result of pathological examination: probably diagnosis of melanoma?

**Other diseases incl. tumors:**

Particular history of melanoma ?

(Because differentiation of Clear-Ce-Sa was difficult or even impossible in former times)

**Referential pathological analysis including differentiation from melanoma by:**

Institution,

Method

Result





**Other therapy (if any): yes / no**

- Lymphnode resection yes / no if yes : result
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**Current status of patient:****Dead of Disease (DOD)**

- Duration of survival after initial diagnosis: years,month:
- cause of death:
- Metastasis where ?: number of mets:
- Recurrence ? when ? (duration after initial diagnosis):

**No evidence of disease (NED)**

- current duration of survival:

**Alive with disease (AWD): duration of survival**

- Metastasis: yes / no
  - when? (period after initial diagnosis):
  - where ?:
  - number of mets.?:
- Recurrence: yes / no
  - when ? (period after initial diagnosis):

**Stable disease (SD): time of survival**

- Metastasis: yes / no
  - when ? (period after initial diagnosis):
  - where ?:
  - number of mets.?:
- Recurrence: yes / no
  - when ? (period after initial tumor therapy for Clear-Ce-Sa)

**Progressive disease (PG): duration of survival:**

- Metastasis: yes / no
  - when ? : years/months after initial diagnosis
  - where ?:
  - number of mets.?:
- Recurrence: yes/no
  - when ? (period after initial diagnosis):

**Lost to follow up (LTFU):**

**Dead of unrelated disease (DUD) (period of survival ?**      years, months:

Cause of death:



**Recurrence: yes / no**

Modality of detection of recurrences:

Clinical symptoms? :

At follow-up?:

Duration of the detection of recurrence after initial diagnosis: years months:

**Therapy for recurrence: yes / no****- Surgery: yes / no**

- kind of surgery? :

- margins:

**- Chemotherapy: yes / no**

Substances?

Protocol?:

Application:

-neoadjuvant (before surgery for recurrence).

-adjuvant (before surgery for recurrence).

**- Radiotherapy: yes / no**

-Dosis: \_\_\_\_\_Gy      fractionated

-neoadjuvant (before surgery for recurrence):

-adjuvant (before surgery for recurrence):

-Type of application:      percutaneously,      Brachytherapy

**- Other therapy : yes / no**

Type? :

- Lymphnode resection yes / no      if yes : result

**Success of therapy for recurrence (duration after begin of therapy for recurrence)**

DOD                      NED                      AWD                      SD                      PG                      LTFU

**Metastases: yes / no**

Modality of detection of recurrences:

Clinical symptoms? :

At follow-up?:

Duration of the detection of recurrence after initial diagnosis: years months:

Localization of mets:

Number of mets?:

**Therapy for metastases: yes / no**

- **Surgery: yes / no**

- kind of surgery? :

- margins:

- **Chemotherapy: yes / no**

Substances?

Protocol?:

Application:

-neoadjuvant (before surgery for recurrence).

-adjuvant (before surgery for recurrence).

- **Radiotherapy: yes / no**

-Dosis: \_\_\_\_\_Gy      fractionated

-neoadjuvant (before surgery for recurrence):

-adjuvant (before surgery for recurrence):

-Type of application:      percutaneously,      Brachytherapy

- **Other therapy : yes / no**

Type? :

**Success of therapy for metastasis (duration after begin of therapy for metastasis)**

DOD

NED

AWD

SD

PG

LTFU

**Course after therapy for recurrence or metastasis:**

Second metastasis?      Yes      No

When ?

Where ?

Treatment ?

Second recurrence?      Yes      No

When ?

Where ?

Treatment ?

Others

**Further comments:**

Any further recurrences or mets

**Thank You for Your contribution**

**After deadline I will evaluate the data of this multi-center follow-up and prepare a paper for publication including all contributing hospitals/institutions and mention all contributing colleagues. Thus, you should give me the usual information about the particular person who should be named as Co-author.**

**Co-author:**

**Affiliation:**

**E-mail-address:**

