Register-PC ID:

Doctor:

Blood sample code:

Saliva sample code:

1. Personal data:

Health insurance number:

Name:

Date of birth:

Date of the current visit:

Location of the current visit: Univ. Pécs ENT Clinic/ Other:

2. Oncology

Date of the first presentation at the Oncology (year, month, day):

Oncological treatment before surgery? Yes/ no

Radiotherapy: yes / no

If yes, the starting date (year, month, day):

End (year, month, day):

Purpose: definitive / adjuvant / neoadjuvant / palliative

Number of fractions:

Dose/ fraction:

The best response (if not adjuvant):

The date of the progression/ recurrence:

Side effects? Yes/ no

If yes, the type (multiple choice)? mucositis/ candidiasis/ dysgeusia/ osteoradionecrosis/ soft tissue necrosis/ trismus/ xerostomia/ edema/ compromised swallowing/ other:

Chemotherapy: yes/ no

If yes, the starting date (year, month, day):

End (year, month, day):

Purpose: definitive / adjuvant / neoadjuvant / palliative

Protocol:

Used substance (multiple choice): cisplatin/ fluorouracil/ methotrexate/ carboplatin/ paclitaxel/ docetaxel/ cetuximab/ nivolumab/ pembrolizumab/ other:

Dose:

Dose reduction: yes/ no

If yes, the cause:

Number of cycles:

The best response (if not adjuvant):

The date of the progression/ recurrence:

Side effects? Yes/ no

If yes, the type (multiple choice)? mucositis/ hearing loss/ renal failure/ nausea- vomiting/ skin lesions/ hair loss/ fatigue/ peripheral neuropathy/ diarrhea/ constipation/ neutropenia/ anemia/ appetite loss/ bleeding disorders/ thrombosis/ sexual disorders/ memory disorder/ other:

Radiochemotherapy: yes/ no

If yes, the starting date (year, month, day):

End (year, month, day):

Purpose: definitive / adjuvant / neoadjuvant / palliative

Number of fractions in radiotherapy:

Dose/ fraction in radiotherapy:

Chemotherapeutic protocol:

Used substance in chemotherapy (multiple choice): cisplatin/ fluorouracil/ methotrexate/ carboplatin/ paclitaxel/ docetaxel/ cetuximab/ nivolumab/ pembrolizumab/ other:

Dose:

Dose reduction: yes/ no

If yes, the cause:

Number of cycles:

The best response (if not adjuvant):

The date of the progression/ recurrence:

Side effects? Yes/ no

If yes, the type (multiple choice)? mucositis/ candidiasis/ dysgeusia/ osteoradionecrosis/ soft tissue necrosis/ trismus/ xerostomia/ edema/ compromised swallowing / hearing loss/ renal failure/ nausea- vomiting/ skin lesions/ hair loss/ fatigue/ peripheral neuropathy/ diarrhea/ constipation/ neutropenia/ anremia/ appetite loss/ bleeding disorders/ thrombosis/ sexual disorders/ memory disorder/ other:

Saliva sample: yes/ no

Date of the sampling:

The need of acute surgical intervention during the oncological treatment? Yes/ no

If yes, what kind of operation? tracheotomy/ External carotid artery ligature/ other:

Supportive treatment:

Pain management: yes/ no

Used drug:	Dose:	Duration of the application:
Used drug:	Dose:	Duration of the application:
Used drug:	Dose:	Duration of the application:

(multiple drugs can be inserted)

In case of dysphagia: NGT insertion yes/ no

The necessity of PEG: yes/ no

Infusion: yes/ no

If yes, the amount (ml):

Transfusion: yes/ no

If yes, how many units?