

Filling the D form is performed at the patient's control visits.

Beside the D form, filling the QoL questionnaires are necessary!

Register-PC ID:
Doctor:
Blood sample code:
Saliva sample code:
Hystolgical sample code:

1. Personal data

Health insurance number:

Name:

Date of birth:

Sex: Male / Female

Date of the current visit:

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

2. Changes in the anamnesis

Alcohol consumption: currently: yes/ no

If yes, the frequency: occasionally/ monthly/ weekly/ daily

Quantity (g/ day):

For how long (years):

The consumed quantity of alcohol in the last two weeks:

If no, earlier? Yes/ no/ no data

If yes, the frequency? occasionally/ monthly/ weekly/ daily

Quantity (g/ day):

For how many years?

For how long did You stop the alcohol consumption?

Quantity guide:

1 dl beer (4.5 vol. %) = ~3.5 g alcohol

1 dl wine (12.5 vol. %) = ~10 g alcohol

1 dl spirit (50 vol. %) = ~40 g alcohol

Mouthwash: Yes/ no

If yes, for how long: for months, how many months? / for years, how many years?....

Which type? natural mouthwash/ with fluoride/ with chlorhexidine gluconate

How often? Few times a day/ once a day/ weekly/ occasionally/ rarely

Smoking: currently: yes/ no

If yes, quantity (cigarette/ day):

For how many years?

If no, earlier? Yes/ no/ no data

Quantity (cigarette/ day):

For how many years?

For how long did You stop smoking?

Use of E-cigarette currently: yes/ no

If yes, for how long (years)?

Frequency: daily/ weekly/ monthly/ less frequently

With smoking/ Only use of e-cigarette

The purpose of the use of the e-cigarette is to quit smoking? Yes/ no

If no, use of e-cigarette earlier? Yes/ no/ no data

If yes, for how long (years)?

The purpose of the use of the e-cigarette is to quit smoking? Yes/ no

Pipe-smoking, cigar: currently Yes/ no

If yes, for how long (years)?

Frequency: daily/ weekly/ monthly/ less frequently

Quantity:

If no, earlier? Yes/ no/ no data

If yes, for how long (years)?

For how long did he/ she quit?

New smoking habits: currently: yes/ no

If yes, the type (**multiple choice**): snus/ iqos/ other:

For how long (years)?

Quantity (/ day)

Frequency: daily/ weekly/ occasionally/ rarely

The purpose of the use is to quit smoking? Yes/ no

If no, earlier? Yes/ no/ no data

If yes, for how long (years)?

Quantity (/day):

For how long did he/ she quit?

Caffeine consumption: yes/ no

If yes, in what form does he/ she consume caffeine?

Currently: yes / no

If yes, frequency: daily/ weekly/ monthly/ occasionally

Quantity:

(1 dose= one espresso or long coffee)

Instant coffee consumption currently: yes/ no

If yes, frequency: daily/ weekly/ monthly/ occasionally

Quantity:

(1 dose= 1 packet)

Tee (black or green) consumption, currently: yes/ no

If yes, frequency: daily/ weekly/ monthly/ occasionally

Quantity:

(1 dose= 2 dl)

Energy drink consumption currently: yes/ no

If yes, frequency: daily/ weekly/ monthly/ occasionally

Quantity:

(1 dose= 1 can or 2.5 dl)

Fizzy, sweetened drink consumption: currently: yes/ no

If yes, frequency: daily/ weekly/ monthly/ occasionally

Quantity:

(1 dose= 1 can or 3.3 dl)

Caffeine tablette consumption currently: yes/ no

If yes, frequency: daily/ weekly/ monthly/ occasionally

Quantity:

(1 dose= one piece of 100 mg tablette)

Drug use earlier or currently: yes/ no

If yes, what kind of drug?

Party drugs (pl. Amphetamine, Ecstasy, Gina, Mefedrone): yes/ no

If yes, quantity:For how many years?.....

Light drugs (LSD, Marihuana, Hasis): yes/ no

If yes, quantity:For how many years?.....

Hard drugs (Crack, Heroin, Cocaine, Opium): yes/ no

If yes, quantity:For how many years?.....

Medical drugs (Diazepam, Ketamine, Codeine): yes/ no

If yes, quantity:For how many years?.....

Designer drugs (Mefedron, synthetic cannabinoids): yes/ no

If yes, quantity:For how many years?.....

Heavy metal, organic solvent exposition: yes/ no

If yes, what kind of agent?

Currently? Yes/ no

For how long?

Physical activity: none / occasionally / regularly / intensely

None: no exercise or exercise for < 3 hours/week for < 2 years

Occasionally: < 3 hours/week for >= 2 years

Regularly: > 3 hours/week for >= 2 years

Intensely: > 7 hours/week for >= 2 years

Diet: yes / no

if yes (**multiple choice**): diabetic / gluten-free / vegetarian / paleolit / lactose-free / other:.....

Frequent consumption of hot drinks: yes/ no/ no data

Consumption of potable water containing nitrate: yes/ no/ no data

Consumption of marinated, grilled meat: yes/ no/ no data

Regularly used medication:

Name of the drug:

Active agent:

Dose (just number)

Unit: g/ mg/ UI

In case of liquid, concentration (ex: 10%, 1g/2ml):

Daily frequency (ex. 3)

Administration: p.o./ i.v./ s.c./

Other comment:

3. Newly diagnosed diseases

Myocardial infarct

Yes/ no

If yes, when (year)?

Congestive heart failure (diagnosed heart failure, EF under 40% or cardiomyopathy, symptoms are not enough)

Yes/ no

If yes, since when (year)?

Peripheral vascular disease (confirmed atherosclerosis, lower extremity arteriopathy disease, confirmed atherosclerotic plaque of the big vessels, aorta aneurysm or dissection, thrombangitis obliterans Bürger, intravascular prosthesis, earlier angioplasty, stent insertion or vessel reconstruction, vessel graft implantation)

Yes/ no

If yes, since when (year)?

Cerebrovascular disease (TIA, stroke, non-traumatic intracranial bleeding, hypertensive or vascular encephalopathy, sinus thrombosis, cerebral vasculitis)

Yes/ no

If yes, when (year)?

Dementia (any dementia, including the alcohol induced neurodegenerative complications)

Yes/ no

If yes, since when (year)?

Chronic pulmonary disease (COPD, chr. bronchitis, asthma bronchial, bronchiectasis, silicosis, pulmonary fibrosis)

Yes/ no

If yes, since when (year)?

Rheumatoid disease (Rheumatoid arthritis, Sjögren syndrome, spondylitis ankylopoietica etc.)

Yes/ no

If yes, since when (year)?

Mild liver disease (chr. hepatitis, steatosis hepatis, Child-Pugh A cirrhosis, NAFLD, liver transplantation, liver cyst and hemangioma are not included here)

Yes/ no

If yes, since when (year)?

Intermediary/ sever liver disease (esophageal varix, stomach varix, any kind of liver failure, portal hypertension, Child-Pugh B, C cirrhosis)

Yes/ no

If yes, since when (year)?

DM without chr. complications (1, 2 or other type, DKA or HHS, gestational diabetes not included here)

Yes/ no

If yes, since when (year)?

DM with chr. Microvascular complication (nephropathy, diabetic foot, eye involvement or neuropathy)

Yes/ no

If yes, since when (year)?

Hemiplegia (mono-, hemi, para, di-, tetraplegia or paresis, regardless of the etiology)

Yes/ no

If yes, since when (year)?

Renal disease (chr. glomerulonephritis, RPGN, chr. renal failure, uremia, dialysis, diabetic nephropathy and acute, reversible renal failure are not included here)

Yes/ no

If yes, since when (year)?

Malignant tumors (any tumor, except the non- melanocyter skin tumors: basalioma, planocellular cc.; also in the case of surgical excision)

Yes/ no

What kind of malignancy?

If yes, since when (year)?

Metastatic solid tumor (lymphomas, leukemia not included)

Yes/ no

If yes, since when (year)?

AIDS/HIV (beside the infection, the presence of chr. complications are needed)

Yes/ no

If yes, since when (year)?

Other infectious disease:

Epstein-Barr virus: Yes/ no

If yes, when (year)?

Herpes simplex virus Yes/ no

If yes, since when (year)?

Varicella Zoster virus: Yes/ no

If yes, since when (year)?

Cytomegalovirus (CMV): Yes/ no

If yes, since when (year)?

Other:

Other disease: Yes/ no

If yes, what?

If yes, since when (year)?

4. Symptoms, complains:

ECOG Performance Status:

0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
2	Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours
3	Capable of only limited selfcare; confined to bed or chair more than 50% of waking hours
4	Completely disabled; cannot carry on any selfcare; totally confined to bed or chair
5	Death

Current body weight (kg):

Changes in body weight: yes/ no

If yes: gain/ loss

How much time (weeks)?

How many (kg)?:

Height (m):

Swallowing difficulty right now? Yes/ no

What can You swallow? Solid food (in unlimited amount)/ Solid food (small amount)/ masher/ liquid/
nothing

NGT insertion became necessary? Yes/ no

PEG became necessary? Yes/ no

Surgical gastrostomy became necessary? Yes/ no

Dysphagia right now: yes/ no

Pain irradiating to the ear: yes/ no

Suffocation or compromised breathing: yes/ no

Tracheotomy: yes/ no

Foreign body sensation: yes/ no

Appetite: yes/ no

Phonation: unmodified/ hoarse/ unable to speak

Splitting blood: yes/ no

Trismus: yes / no

Nausea: yes/ no

Vomiting: yes/ no

How many times?

Fever: yes/ no

If yes, for how long?

Temperature: °C (axillary/ rectal)

Stool: normal / diarrhea / constipation / fatty / putrid / undigested food/ bloody /mucus

How often: daily once/ daily twice/ more:...../every second /third day/other.....

Night sweats: yes/ no

HPV: positive / negative/ no testing

5. Physical status

Mouth opening unimpeded, painless, the movement of the mandible not limited: yes/ no

Oral cavity: intact, cared for / deficient / neglected, rotten denture/ complete tooth loss/ upper and lower prosthesis/
teeth residue at

Tongue: stuck out no deviation, no palpable suspicious lesion/ abnormality present, description:.....

Hard palate: no abnormality/ abnormality present, description:....

Base of the mouth and cheeks: covered with intact mucosa/ abnormal, description:.....

Epipharynx free: yes / no, description:

Mesopharynx: Symmetrical anterior pharyngeal pillars/ asymmetry, description..

Uvula not deviated/ deviated (left/ right)

Tonsils: Grade ..., symmetrical palatine tonsils/ tons. facta/ asymmetrical palatine tonsils, description:

Tonsilo-lingual transition: without abnormality/ abnormal, description:.....

Movement of the soft palate: free/ reduced, description:.....

Base of the tongue: no palpable abnormality/ palpable abnormality, description:...

Vallecules free/ filled (left/ right/ both), description:....

The lingual surface of the epiglottis: covered with intact mucosa/ abnormal, description:.....

On the posterior and lateral wall of the pharynx: no visible abnormality, no asymmetry/ abnormal (posterior/ left
side/ right side), description:.....

Hypopharynx: Pharyngoepiglottic fold without abnormality/ abnormal, description:.....

Piriform sinuses: free, opening well/ filled (left, right, both), description:

Saliva congestion: yes/ no

(Retrocricoid region free/ affected, description:

Esophageal opening: free/ affected, description)*

* *in case direct laryngoscopy was performed*

Larynx: The laryngeal surface of the epiglottis: without abnormality/ abnormal, description:.....

Aryepiglottic folds: without abnormality/ abnormal, description:.....

Laryngeal mobility: normal, symmetrical/ impaired mobility (left/ right)/ fixated laryngeal half (left/ right), description:

Vocal cords: intact/ abnormal (left/ right/ both), description:

If abnormal, it affects the third of the vocal cord/ anterior commissure/ posterior commissure

Phonatory gap: wide/ narrow/ cannot be defined, description:

Inspiratory stridor absent/ present.

Subglottic region without abnormality/ abnormal, description:.....

Neck: no palpable abnormality/ palpable abnormality, description:

Local recurrence? Yes/ no

If yes, sampling? Local/ Direct laryngoscopy

Date:

6. Control investigations

6.1.Laboratory examination

The date of the blood draw (year, month, day):

CRP (mg/l)	
Complete Blood Count	
Red blood cells (T/l)	
White blood cells (G/l)	
Thrombocytes (G/l)	
Monocytes (G/l)	
Lymphocytes (G/L)	
Hgb (g/l)	
Htc (%)	
MCV (fl)	
Ions	
Sodium (mmol/l)	
Potassium (mmol/l)	
Calcium (mmol/l)	
Iron (umol/l)	
Pancreas	

Glucose (mmol/l)	
Amylase (U/l)	
Lipase (U/l)	
Renal function	
Urea (mmol/l)	
Creatinine (umol/l)	
eGFR	
Liver function	
Total bilirubin(umol/l)	
Conjugated bilirubin (umol/l)	
Unconjugated bilirubin (umol/l)	
ASAT/GOT (U/l)	
ALAT/GPT (U/l)	
Gamma GT (U/l)	
Alkaline phosphatase (U/l)	
Lactate dehydrogenase LDH (U/l)	
Prothrombin INR	
Metabolism	
Cholesterine (mmol/l)	
Triglyceride (mmol/l)	
HgbA1C (%)	
Proteins	
Total protein (g/l)	
Albumin (g/l)	
Other:	

Saliva sample: yes/ no

Date:

Other blood sample (native tube): yes/ no

Date:

6.2. Imaging examination

Exams from another centrum is available? Yes/ no

Imaging for the neck:

Neck US ? yes/ no

Date:

Description:

Abnormal lymph node: yes/ no

If yes: ipsilateral / contralateral/ bilateral

solitary/ multiple

<3 cm/ 3-6 cm/ >6 cm

Invades the surrounding tissues: yes/ no

If yes, what? (multiple choice) VJI/ ACI/ ACE/ ACC/ other:...

If yes, FNAB? Yes/ no

Description:

Malignancy: yes/ no

(multiple examinations can be added) Neck CT with contrast/ neck MR/ PET CT/ none

Date:

Description:

The tumor's largest diameter:

Invades the surrounding tissues: yes/ no

If yes, (multiple choice): extrinsic muscle of the tongue/ mandible/
hard palate/ skull base/ larynx (in case of oropharyngeal tu.)/ thyroid cartilage/ cricoid
cartilage/ hyoid bone/ thyroid gland/ soft tissues of the anterior compartment/
prevertebral fascia/ mediastinum/ carotid artery

Abnormal lymph node: yes/ no

If yes: ipsilateral / contralateral/ bilateral

solitary/ multiple

3 cm/ 3-6 cm/ >6 cm

Invades the surrounding tissues: yes/ no

If yes, what? (multiple choice) VJI/ ACI/ ACE/ ACC/ MSCM other:...

Imaging for distant metastases (multiple choice): chest CT- abdominal US/ chest- abdominal CT/ only CT/ PET- CT/
none/ other:

Date:

Description:

Distant metastases: yes/ no

If yes, localization:

solitary/ multiple

Invades the surrounding tissues: yes/ no

6.3. Histology

Exams from another centrum is available? Yes/ no

The description of the histological findings:

Sampling date (year, month, day):

The time passed between the sampling and processing (hours):

BIOPTATE:

The method of the sampling: local/ direct laryngoscopy

How many pieces?

The localization of the sampling: mesopharynx/ hypopharynx/ larynx

Exact localization:

Histological type: keratinized/ non keratinized

Differentiation (grade 1-4):

Photo documentation? Yes/ no

p16 + / p16 –

Specific morphological findings for HPV:

Tumor mapping? Yes/ no

If yes: cytobrush / multiple prex

7. Tumor diagnosis

The date of the clinical diagnosis (year, month, day):

The date of the histological diagnosis (year, month, day):

The date of the detection of the recurrence (year, month, day):

Histological classification:

Grade:

Tumor localization: mesopharynx/ hypopharynx/ larynx

Exact localization:

TNM¹:

	Clinical			Pathological		
	T	N	M	T	N	M

¹ See Recommendation of the American Joint Committee on Cancer (AJCC) , (8. version, 2017)

At the first visit						
Control 1.						
Control 2.						

If M1, the localization of the distant metastases:

Stadium:

8. Therapy

Oncoteam’s decision:

Oncological treatment: yes/ no

If yes, denomination:

Purpose: curative /palliative

Surgical treatment: yes/ no

If yes, denomination:

Purpose: curative /palliative

Other service (ex. palliation, BSC) yes/ no

If yes, denomination:

9. Epicrisis

The patient has accepted the proposed treatment: yes/ no

The starting date of the planned treatment:

Death occurred before starting the treatment: yes/ no

If yes, date:

Date of the control visit: