**Clinical information form**

**Please include in this form additional information on your patients’ clinical course and the uploaded MRI series.**

Please upload the completed form as a word document in the CPMS “*files*” section with the name: *date(yyyy.mm.dd)* clinical information (for example “2025.05.07 clinical information”)

Patient Nickname:

Date of presentation:

**Clinical information**

|  |  |
| --- | --- |
| **Sex** |  |
| **Age** (in years or months) **at diagnosis** |  |
| **Initial pathological diagnosis** |  |
| **Pathological diagnosis / molecular results** |  |
| **Integrated histological/molecular diagnosis** |  |
| **Histological assessment**  |  |
| **Molecular information** |  |
| **Classification of DNA methylation profile** (Classifier used, result/score) |  |
| **Additional information** |  |
| **Primary diagnosis/treatment** |  |
| **Location of primary tumor** |  |
| **Metastases** (Chang stage) |  |
| **Location of Metastases**  |  |
| **Was a CSF cytology staging performed?**  |  |
| **Result of CSF cytology** (if positive, please confirm that CSF was taken d14 or later) |  |
| **Date of first MR diagnosis of primary tumor** |  |
| **Date of first tumor surgery** |  |
| **Extent of initial resection** (please described based on early postop MR) |  |
| **Comments/further information on the initial resection?** |  |
| **Was a re-resection performed** (before or while on primary treatment)**?** |  |
| **Date of re-resection** |  |
| **Extent of re-resection** (please described based on early postop MR) |  |
| **Please describe applied treatment protocol and treatment sequence** |  |
| **Chemotherapy applied in primary treatment** (yes/no) |  |
| **Chemotherapy courses/drugs** (names) |  |
| **Intraventricular or intrathecal chemotherapy applied in primary treatment** (yes/no) |  |
| **Intraventricular or intrathecal chemotherapy drugs used** (names) |  |
| **Start date of chemotherapy** |  |
| **Response evaluation after chemotherapy** (please describe the response, used response criteria, and the date of response assessment) |  |
| **High-dose chemotherapy applied** (yes/no) |  |
| **High-dose chemotherapy courses/drugs**  |  |
| **Start date of high-dose chemotherapy** |  |
| **Response evaluation after high-dose chemotherapy** (please describe the response, used response criteria, and the date of response assessment) |  |
| **Radiotherapy applied within primary treatment** (yes/no) |  |
| **Radiotherapy field** (tumor bed / CSI+boost / other) |  |
| **Start date of radiotherapy**  |  |
| **Radiotherapy dose to tumor bed**  |  |
| **Radiotherapy dose to CSI**  |  |
| **Response evaluation after radiotherapy**(please describe the response, used response criteria, and the date of response assessment) |  |
| **Further treatment** (within primary treatment) |  |
| **Date of end of primary treatment** |  |
| **Reason for end primary treatment** (scheduled end of treatment / relapse/progression) |  |
| **Evaluation/Staging at end of treatment** |  |
| **Relapse/progression** |  |
| **Date first relapse/progression** (and/or time in months from initial diagnosis) |  |
| **Pattern of relapse/progression** (Please describe the location: local and/or distant to primary tumour? Within/outside RT field?) |  |
| **Metastases at relapse** (Chang stage) |  |
| **Describe metastases** (MRT / CSF) |  |
| **Date surgery of first relapse/progression** |  |
| **Extent of resection of first relapse/progression:** (please described based on early postop MR) |  |
| **Please describe applied treatment protocol for first relapse/progression** |  |
| **Start date of therapy for first relapse/progression** |  |
| **Chemotherapy applied for first relapse/progression** (yes/no) |  |
| **Chemotherapy courses/drugs** (names) |  |
| **Start date of chemotherapy for first relapse progression** |  |
| **Response evaluation after chemotherapy for first relapse/progression** (please describe the response, used response criteria, and the date of response assessment) |  |
| **Radiotherapy applied for relapse/progression**(yes/no) |  |
| **Radiotherapy field** (tumor bed / CSI+boost / other) |  |
| **Start date of radiotherapy**  |  |
| **Radiotherapy dose to tumor bed**  |  |
| **Radiotherapy dose to CSI**  |  |
| **Targeted treatment** |  |
| **Further relapses, treatments and response to treatment** (please describe) |  |
| **Current status** |  |
| **Current status** (please describe: e.g. persistent disease after end of initial planned treatment, or first relapse etc.) |  |

**Uploaded MRI series**

Please upload DICOM images for the timepoints mentioned below. Please insert here the respective dates and add further relevant information.

|  |  |  |
| --- | --- | --- |
| **Date** | **Imaging timepoint** | **Relevant further information**  |
|  | **Preoperative MRI** |  |
|  | **Postoperative MRI** |  |
|  | **Spinal MRI** |  |
|  | **Further staging evaluations** (in case of suspicion or evidence of metastatic disease) |  |
|  | **Further relevant follow-up MRI** |  |
|  | **Further relevant follow-up MRI** |  |
|  | **Further relevant follow-up MRI** |  |
|  | **MRI in case/suspicion of relapse** |  |
|  | **Relevant current MRI** |  |