

Chest Wall Data Collection

Record ID

Institution

Date of diagnosis

Age at diagnosis (year)

Treatment of primary chest wall lesion (click all that apply)

- Surgical excision
 Chemotherapy
 Radiation

Tumor type

- Osteosarcoma
 Ewing Sarcoma
 Rhabdomyosarcoma
 Other soft tissue sarcoma

Please give diagnosis

Tumor side

- Right
 Left

Location of tumor on rib

- Anterior
 Middle
 Posterior

Rib number

- 1 to 3
 4 to 8
 9 to 12

Radiation (initial dose only)

- Preoperative
 Postoperative
 Both
 Definitive radiation without surgery

Total radiation dose

Timing of surgery

- Upfront
 After Neoadjuvant Chemotherapy
 Other or none

Number of ribs resected (total or partial)

Number of ribs completely resected

Number of ribs partially resected

Margins

- R0
 R1
 R2
-

Initial reconstruction material

- None
 Muscle Flap
 Mesh (marlex dacron etc)
 Biologic mesh
 Methyl methacrylate (+/- mesh)
-

Local recurrence?

- Yes
 No
 Unknown
-

Recurrence date

Chest reoperation performed

- Yes
 No
-

Type

- Oncologic Resection
 Additional Reconstruction
 Procedure for complication (e.g. infection)
-

Describe

Date of reoperation

Death

- Yes
 No
 Unknown
-

Date of death

Scoliosis

- Yes
 No
 Unknown
-

Cobb angle (most recent)

Cobb angle date

Scoliosis surgery

- Yes
 No
 Unknown
-

Date of most recent follow up
