

<b>Diagnosedatum:</b>	. . . . .				
<b>Tumordiagnose (ICD-10):</b>	<b>C</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span>				
<b>Tumorlokalisation (ICD-O):</b>	<b>C</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span>				
<b>Seitenangabe:</b>	<input type="checkbox"/> Links <input type="checkbox"/> Rechts <input type="checkbox"/> Beidseitig <input type="checkbox"/> Mittig <input type="checkbox"/> Unbekannt				
<b>TNM:</b>	<span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span> <b>T</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span>	<b>N</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span>	<b>M</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span>	<b>Stadium</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span>	
	y/r    c/p	c/p	c/p	<b>AJCC</b> <input type="checkbox"/> <b>UICC</b> <input type="checkbox"/> Auswahl    Klassifikation	
<b>Histologische Sicherung:</b>	<input type="checkbox"/> Ja <input type="checkbox"/> Nein <input type="checkbox"/> Unbekannt			<b>Tumordicke in mm:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 80px;"></span>	
<b>Histologiedatum:</b>				<b>Histologie: M</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 40px;"></span>	
<b>Histologie Freitext:</b>					
<b>Histopathol. Grading:</b>	<input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G3 <input type="checkbox"/> G4 <input type="checkbox"/> Unbekannt				
<b>Therapie:</b>	Ja	Beginn	Beschreibung	Nein	Unbekannt
<b>Operation:</b>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Bestrahlung:</b>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Chemotherapie:</b>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Immuntherapie:</b>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>sonstige Therapie:</b>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>keine Therapie:</b>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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