Genetic Screening of Pheochromocytoma/Paraganglioma

For any question please contact Pr. Alexandre Persu
(alexandre.persu@uclouvain.be)

1.Patient

Name: …	Birthdate: …
Surname: …	Ethnicity: …
Gender: M ☐ - F ☐	Index patient: YES ☐ - NO ☐

2.Medical history

- Year of discovery of the (first) tumour: ☐☐☐☐

- Date of surgery: ☐☐/☐☐/☐☐☐☐

- Size (largest tumour if several): ☐ ☐ mm

- *Localisation(s):*

	YES	NO	
• *Adrenal pheochromocytoma*	☐	☐	If YES: left ☐, right ☐ or bilateral ☐

	YES	NO	
• *Extra-adrenal pheochromocytoma / paraganglioma*	☐	☐	
- Abdominal	☐	☐	
- Thoracic	☐	☐	If other please
- Other	☐	☐	specify: …….

	YES	NO	If YES please specify:		
• *Head-and-neck paraganglioma*	☐	☐	Left	Right	Bilateral
- Carotid body	☐	☐	☐	☐	☐
- Jugular	☐	☐	☐	☐	☐
- Tympanic	☐	☐	☐	☐	☐
- Vagal	☐	☐	☐	☐	☐
- Other	☐	☐			

3.Behaviour

	YES	NO	If YES please specify:
• Recurrent	☐	☐	...
• Locally invasive	☐	☐	…
• Metastatic	☐	☐	…
• Familial	☐	☐	…

4.Paraclinical examinations

			Not done
- Urinary metanephrines	Elevated ☐	Normal ☐	☐
- I^{123} MIBG	Positive ☐	Negative ☐	☐
- Octreotide scintigraphy	Positive ☐	Negative ☐	☐
- PET-scan	Positive ☐	Negative ☐	☐

5.Hypertension

	YES	NO
Permanent	☐	☐
Hypertension crisis	☐	☐

- Blood pressure before surgery:
  - systolic arterial pressure: ☐☐☐ mmHg
  - diastolic arterial pressure: ☐☐☐ mmHg

- Year of discovery of HTN: ☐☐☐☐

- Number of antihypertensive drug classes before surgery: ☐

6.Other associated conditions

	YES	NO	If YES please specify:
- Signs/symptoms suggestive of Von-Hippel Lindau, multiple endocrine neoplasia or neurofibromatosis	☐	☐	…
- Renal tumour	☐	☐	…
- Thyroid tumour	☐	☐	…
- Other tumour	☐	☐	…
- Polycythemia	☐	☐	…
- Other	☐	☐	…

Referring physician:

Name: …
Phone: …
E-mail: …

Date: (Day/Month/Year)

Signature

…….