

Please mark this way:

correction: In the interest of optimal data collection, please note the information given on the left when filling out the form.

1. General

1.1 Please enter your postcode: (to check the response rate)

2. General tumor passport

2.1 Do you use a tumor pass?

YES

NO

2.2 If yes:

general execution

especially for head and neck/oropharyx tumors

3. General tumor center

3.1 Is it a head and neck tumor center certified by the German Cancer Society?

YES

NO

4. Preoperative staging (multiple answers possible)

Which diagnostics do you use?

CT head

CT chest

CT neck

CT abdomen

PET-CT

MRI

neck sonography

abdomen sonography

4.2 Trial backup

histopathological

using tumor markers (immunohistochemical)

other procedures

4.3 if other procedures, which?

5. (peri)operatively

5.1 Therapy according to the german guidelines for oral-squamous-cell-carcinoma? YES NO

5.2 since when have you been working according to the guidelines? (please indicate the year)

5.3 further / escalating therapeutic approaches? YES NO

5.4 if YES, which?:

6. postoperative follow-up care (multiple answers possible)

6. postoperative follow-up care (multiple answers possible) [continuation]

- 6.1 Re-Staging
 - CT head
 - CT abdomen
 - neck sonography
 - CT thorax
 - PET-CT
 - abdomen sonography
 - CT neck
 - MRI

7. Postoperative follow-up intervals
(please enter the number in the free box and examinations; multiple answers: - w- (quotation marks) possible)

- 7.1 monthly in / from the th year after the initial diagnosis
- 7.2 what investigation?:
- 7.3 every two months in / from the th year after the initial diagnosis
- 7.4 what investigation?:
- 7.5 quarterly in / from the th year after the initial diagnosis
- 7.6 what investigation?:
- 7.7 every six months in / from the th year after the initial diagnosis
- 7.8 what investigation?:
- 7.9 annually in / from the th year after the initial diagnosis
- 7.10 what investigation?:

- 7.11 Do you have a special tumor dispensary consultation hour? YES NO

8. Palliative care

- 8.1 YES NO

8. Palliative care (continuation)

8.2 if YES, to what extent?: (palliative ward, outpatient palliative network, ...)

8.3 Do you have palliative care cooperation partners? YES NO

8.4 if YES, which?: