Children's Neuroblastoma Cancer Foundation

Name:

Monitoring Disease Response to Treatment

BRIEF SUMMARY OF TREATMENT		
Dates	**Course**	**Chemo and dose, radiation location and dose, other**
	1	
	2	
	Stem cell Harvest	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	Stem Cell Rescue	
	Radiation	
	Retinoid	
	Antibodies	

MONITORING DISEASE RESPONSE TO TREATMENT			
List test, scan, tumor marker, results, and indicate what treatment was finished before test was performed (example: after chemo course #2 MIBG I-123 scan showed reduced primary tumor >50% and bone lesions cleared)			
Date	Performed *after course #*	Test	Results
	Performed at diagnosis		