 Réunion de Concertation Pluridisciplinaire Tumeurs Endocrines HUS

Responsable de la RCP : Pr GOICHOT

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| --- | --- | --- |
| Le patient est informé de son passage en RCP | OUI | NON |
| Le patient a été informé de l’enregistrement de ses données anonymisées dans la base du GTE et n’a pas formulé d’opposition | OUI | NON |

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| **Type de RCP :** | | | | | **Motif de RCP** : | | | | | | | | | | | | | | | | | | | | | **Date RCP :** | |
| T ENDOCRINES | | | | | Avis diagnostique | | |  | Décision TTT | | | |  | Surveillance | | | | | |  | Modif TTT./autre | | | |  |  | |
| Type de tumeur | | | | | Phéo/paragangliome | | | Cortico-surrénalome malin | | | | TE Digestive | | | | | Cancer médullaire thyroïde/NEM 2 | | | | | Carcinome Parathyroïdien | | | | Autre : | |
| Syndrome de prédisposition | | | | | OUI : | | | | | | | NON | | | | | | | | | | INCONNU | | | | | |
| Médecin présentant | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Médecin référent**  **(Obligatoire)** | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Médecin traitant** | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Adresser Fiche à** | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **Nom de famille** | | | | |  | | | | | | | | | | | | | | **NIP :** | | | |  | | | | |
| **Nom de jeune fille** | | | | |  | | | | | | | | | | | | | | **Né(e) le :** | | | |  | | | | |
| **Prénom** | | | | |  | | | | | | | | | | | | | | **Service :** | | | |  | | | | |
| **Adresse :** | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **RCP antérieure(s) :** | | | | | **OUI** | | | | | | | | | | | | | **NON** | | | | | | | | | |
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| Comorbidités/antécédents | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Histoire de la maladie | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **OMS (0-4)** : |  | | | | | | **Poids :** | | | |  | | | | | | | | **Taille**: | |  | | | | | | |
| Statut endocrinien | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non sécrétante  Sécrétante non symptomatique  Syndromes sécrétoires : | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Traitement spécifique : | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | |
| **Si syndrome carcinoïde** | | | Atteinte cardiaque spécifique : | | | | |  | | Evaluation cardiaque à faire | | | | |  | Discussion chirurgie cardiovasculaire | | | | |  | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diagnostic anatomopathologique-Stade-Grade-Date intervention/biopsie | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Tumorothèque | |  | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Génétique | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fait 🞏 Non fait 🞏 Non indiqué 🞏  Laboratoire  Consultation onco-génétique :  Enquête familiale : faite 🞏 à faire 🞏 à discuter en COG 🞏 sans indication 🞏 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Discussion et proposition RCP- Lieu de traitement-Médecin responsable | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date de début du traitement | | | | | |  | | | | | | | | | Date de fin du traitement | | | | | | | | |  | | | |
| **Type traitement :** | | | Application référentiel | | | | |  | | Hors référentiel | | | | |  | Essai clinique | | | | |  | | | Recours RCP régionale | | |  |

Liste des participants :

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| **LISTE DES PARTICIPANTS** | | |
| **NOM et Prénom** | **Spécialité** | **Service ou adresse** |
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