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| **Paragangliom formulär**  **Långtidsuppföljning** |

**sqrtpa**

**Patient Information (Fyll i eller använd patientetikett)**

|  |  |
| --- | --- |
| **Personnummer:** | **-** |
| **Uppföljningsdatum** | -- (ÅÅÅÅ-MM-DD) |

**1. Sjukdomsfri**

Ja

Nej

**2. Onkologisk behandling (tidigare eller pågående )**

|  |  |  |
| --- | --- | --- |
| Ja  Nej |  | *Om* ***Ja,*** *välj lämpligt alternativ*  MIBG  External beam radiation  Chemoembolisation liver metastasis  Somatostatin analogs  Octreotide  Kemoterapi (cytostatika)  Tyrosinkinehämmare |

**4. Om avliden, dödsdatum** -- (ÅÅÅÅ-MM-DD)

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