

SurveyGrid	Survey in cranio-maxillofacial-surgery as a part of a doctoral thesis	Electric Paper
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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/
oropharynx
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?: