

Legend for the Spreadsheet

1	CODE ID	Institution and progressive number
2	Sex (Category)	Male/Female
3	AGE at diagnosis (Continuous)	Years
4	Comorbidity (Category)	Yes/No/Unknown
5	Comorbidity specify (String)	
6	Date of Birth (Date)	Day/Month/year
7	Date of Tumor Diagnosis	Day/Month/year
8	Date of the admission to the Study Institution	Day/Month/year
9	Status of disease at the admission to the Study Institution (Category)	Localized/Metastatic/Local Recurrence/Distant Recurrence
10	Histology (String)	According to Local Pathologist
11	Site of T Description (String)	
12	Site of M (Category)	Lung/Bone/Visceral no lung/Multiple sites/Not Applicable
13	Was the Primary Tumor Surgically treated? (Category)	Yes/No/Unknown
14	Date of Surgery of Primary Tumor	Day/Month/year
15	Type of Surgery (Primary Tumor) (Category)	Resection/Amputation/Other/Unknown/NotApplicable
16	Surgical Margins (Primary Tumor) (Category)	Wide/Marginal/Intralesional/Unknown/NotApplicable
17	Surgery of Metastases (Category)	Yes/No/Unknown
18	Date of Surgery of Metastases	Day/Month/year
19	Radiotherapy of Primary Tumor (Category)	Yes/No/Unknown
20	Radiotherapy of T (Dose) (Continuous)	
21	Radiotherapy of Metastasis/Metastases (Category)	Yes/No/Unknown/NotAplicable
22	Radiotherapy of Metastases (Dose) (Continuous)	

23	Notes to Radiation Therapy (String)	
24	Had the patient a surgical complete remission? (Category)	Yes/No/Unknown
25	Date of Surgical complete remission	Day/Month/year
26	Did the patient receive Chemotherapy ? (Category)	Yes/No/Unknown
27	Primary Chemotherapy ? (Category)	Yes/No/Unknown/NotApplicable
28	Adjuvant Chemotherapy? (Category)	Yes/No/Unknown/NotApplicable
29	Date of Start Chemotherapy	Day/Month/year
30	Type of Chemotherapy (Category)	Doxorubicin/Ifosfamide and Doxorubicin/Osteo-Like/Taxol/Gemcitabine
31	Notes to Chemotherapy (String)	
32	Best RECIST response (metastatic only) (Category)	Complete Response/Partial Response/Stable Disease/Progressive Disease
33	Date of Best Response	Day/Month/year
34	Primary Tumor Pathological Response (Category)	UnKnown/NotApplicable/Good Response/Poor Response
35	System of Pathological Response adopted (Category)	Huvos/%of Tumor Necrosis/SK/Other
36	Had the patient a disease recurrence ? (Only patients with Complete Surgical Remission) (Category)	Yes/No/Unknown
37	Date of recurrence	Day/Month/year
38	Type of Recurrence (Category)	Local Recurrence/Lung Metastases/Bone Metastases/Unknown
39	Did the patient achieve a second complete remission ?	Yes/No/Unknown
40	Date of Death or Last Follow-Up	Day/Month/year
41	Status at Last Follow-up (Category)	No Evidence of Disease/Alive With Disease/Died Of Disease/Died of Other Cause/Unknown
42	Notes	