NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH
NATIONAL CANCER REGISTRY PROGRAMME
Indian Council of Medical Research
PATTERNS OF CARE AND SURVIVAL STUDIES
PROFORMA FOR GALLBLADDER CANCER

A. IDENTIFYING INFORMATION

1. Name of Participating Centre ..... Centre Code ☐☐☐

2. HBCR Registration Number ☐☐☐☐☐☐☐☐☐
(First 2 digits are for year of registration and the next 5 digits for actual registration number) *Year* *Reg. No.*

3.1 (a) Name of Source of Registration..... Code ☐☐☐
(Reporting Institution (RI) / Hospital)

(b) Name of Department / Unit etc. ..... Code ☐☐☐

(c) Name of Physician.....Mobile No.....

3.2 Hospital Registration Number .....

3.3 Date of Registration at Source of Registration / Date of Reporting at this Hospital ☐☐☐☐☐☐☐☐
dd *mm* *yyyy*

3.4 Case Registered ☐
(1) Out-patient (OP) (2) In-patient (IP) (3) OP and IP
(4) Not Registered – Clinical Consultation / Opinion (5) Not Registered – Pathology Consultation / Opinion (8) Others (*specify*).....

4. Other Sources of Registration / Referral *(Hospitals, Laboratories, Nursing Homes etc.)*:

4.1 Name.....
☐☐☐ ☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐
Code *Hospital / LAB / N.H. No.* *dd* *mm* *yyyy*

4.2 Name.....
☐☐☐ ☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐
Code *Hospital / LAB / N.H. No.* *dd* *mm* *yyyy*

5. Date of First Diagnosis ☐☐☐☐☐☐☐☐
(Date of first attendance to any hospital for this disease)*
*(*generally the earliest of the dates in 3.3 or 4 above)*
dd *mm* *yyyy*

6.1 Full Name of Patient *(at least one name is compulsory)*

....
First Second Last

6.2 Aadhaar (Unique Identification) No. ☐☐☐☐☐☐☐☐☐☐☐☐

7.1 Name of Relative / Next of Kin *(including parent)* / Accompanying Person:
Father..... ..... Mother..... .....
Mobile No. *Mobile No.*
Spouse..... ..... Son ....
Mobile No. *Mobile No.*

■ = *Mandatory;* ■ = *Recommended;* ■ =*Optional*

Daughter..... .....

Mobile No.

Others *(Friend / accompanying person)*..... .....

Mobile No.

7.2 Code of Relative / Next of Kin *(including parent)* / Accompanying Person ☐

(1) Father	(2) Mother	(3) Husband
(4) Wife	(5) Son	(6) Daughter
(7) Other Relative / Friend / Neighbor	(8) Others	(9) Unknown

8. Place of Residence: Place of Usual Residence *(where the patient has been residing for the past one year (at least))*

***Urban Areas** (Town / cities)*

House No. .....

Road / Street Name .....

Area / Locality .....

Ward / Corporation /Division ☐☐☐

Name of City / Town .....

Non-urban / Rural Areas

House No. and Ward .....

Name of Gram Panchayat / Village, etc:

.....

Name of Sub-Unit of District (Taluk / Tehsil / Other):

.....

Name of PHC / Sub Centre .....

Name of District *(in Capitals)* ..... Postal Pin Code ☐☐☐☐☐☐

Telephone No(s): Off. ..... Res. .....

Mobile No. ..... Email ID .....

9. Duration of Stay *(at the permanent place of residence (in years))* ☐☐

10. Other Address:

10.1 Local Address

.....

.....

Name of City/Town/District.....

Pin Code ☐☐☐☐☐☐

10.3 Native Place Address

.....

.....

Name of City/Town/District.....

Pin Code ☐☐☐☐☐☐

10.2 Second (Office / Caretaker / Family Doctor) Address

.....

.....

Name of City/Town/District.....

Pin Code ☐☐☐☐☐☐

11. Place of Birth

.....

.....

Name of City / Town / District.....

Pin Code ☐☐☐☐☐☐

Date of Birth ☐☐☐☐☐☐☐☐ *dd mm yyyy*

12. Age *(in years)* ☐☐

13. Age Estimated By: ☐

(1) Patient (2) Person Accompanying Patient (3) Social Investigator (8) Others (*specify*)..... (9) Unknown

14. Sex (1) Male (2) Female (8) Others ☐

B. BASIC DEMOGRAPHIC PARAMETERS

1. Marital Status

(1) Unmarried (2) Married (3) Widowed (4) Divorced (5) Separated (8) Others (*specify*)..... (9) Unknown

2. Mother Tongue

(01) Assamese (02) Bengali (03) Guajarati (04) Hindi (05) Kannada (06) Kashmiri (07) Malayalam
(08) Marathi (09) Oriya (10) Punjabi (11) Sanskrit (12) Sindhi (13) Tamil (14) Telugu
(15) Urdu (16) English (17) Konkani (18) Bhutia (19) Manipuri (20) Mizo (21) Nepali
(22) Lepcha (23) Rajasthani (88) Others (*specify*)..... (99) Unknown

3. Religion

(1) Hindu (2) Muslim (3) Christian (4) Sikh
(5) Jain (6) Neo-Budhist (7) Parsi (8) Indigenous Faith / Others (*specify*) ..... (9) Unknown

4. Cultural Group / Background *(Refer procedure manual for codes)*

5. Education

(1) Illiterate (2) Literate (3) Primary (4) Middle (5) Secondary
(6) Technical after matric (7) College & Above (8) Others (*specify*)..... (9) Unknown

C. DIAGNOSTIC DETAILS

1. Diagnostic Status at Registration at Source of Registration / Reporting Institution (RI)

(0) Not Registered at RI
(1) Microscopically Confirmed
(2) Suspected (Microscopically/Radiologically)
(3) Unequivocal clinical Diagnosis
(4) Suspected clinically/ To rule out Malignancy
(8) Others (*specify*).....
(9) Unknown

2. Method of Diagnosis

(1) Clinical Only (2) Microscopic (3) X-Ray / Imaging Techniques
(8) Others (*specify*)..... (9) Unknown

Microscopic (if 2 above)
(1) Histology of Primary
(2) Histology of Metastasis
(4) Bone Marrow
(5) Blood film
(6) Cytology of Primary
(7) Cytology of Metastasis
(10) Flowcytometry
(11) Cytogenetics
(12) IHC
(8) Others (*specify*).....

X-Ray / Imaging Techniques (if 3 above)
(1) X-Ray
(2) Isotopes
(3) Angiography
(4) Ultrasonogram
(5) CT
(6) MRI
(7) PET scan
(8) All Others (*Specify*).....

Others (if 8 above)
(1) Endoscopy
(2) Surgery without Histology
(3) Specific Biochemical and/or Immunological Tests
Specify Test(s).....
(8) Others (*specify*).....

3. Anatomical Site of Specimen / Biopsy / smear .....

4. Complete Pathological Diagnosis: *(With complete of Primary Site of Tumour and Morphological Diagnosis)*

4.1. Primary Site of Tumour – Topography .....

4.2. Morphology / Histology .....

4.3. Pathology Slide No. Date

dd mm yyyy

5. Coding According to ICD- O- 3:

5.1 Primary Site of Tumor - Topography ..... **C**
(Include sub-site if any)

5.2 Primary Histology - Morphology ..... **M**
If morphology is that of metastasis mention Primary Site above and

■ = ***Mandatory;*** ■ = ***Recommended;*** ■ =***Optional***

6. Secondary Site of Tumour ..... C ☐☐.☐

6.2 Morphology of Metastasis ..... M ☐☐☐/☐

If the morphology diagnosis is only that of metastatic site, mention the Primary Site as decided by the treating clinician either through discussion or from case record.

7. Site of Tumour (ICD-10) ..... C ☐☐.☐

D. DETAILS OF SOCIOECONOMIC STATUS

1. Occupation (1) Employed (2) Unemployed ☐

If employed, Years of employment ☐☐

2. Industrial exposure (1) Yes (2) No ☐

2.1 If yes, details of industrial exposure:

Type of industry	Extent of exposure			
	Employed 1)Present 2) Past	Residing <5 km radius	Residing within 5-10 km radius	Residing > 10 km radius
1) Oil &Petroleum	☐	☐	☐	☐
2) Chemical	☐	☐	☐	☐
3) Plastic	☐	☐	☐	☐
4) Paper	☐	☐	☐	☐
5) Leather	☐	☐	☐	☐
6) Textile	☐	☐	☐	☐
7) Cement	☐	☐	☐	☐
8) Others (specify)	☐	☐	☐	☐

3. Drinking water source: ☐

1) Piped water on premises (Household water connection located inside residence)
2) Improved water source (Public tap/ Tubewell/Borewell)
3) Unimproved water source (Well, Spring, Tank)
4) Surface water (River, Dam, lake, pond, canal, irrigation channel)
9) Unknown

4. Family Income per month ☐☐☐☐☐☐☐

5. Number of Family members Adults ☐☐ Children (Below 18 years) ☐☐

E. RISK FACTORS AND COMORBIDITIES

1. For Adult Patients

1.1 Smoking status 1) Current 2) Past 3) Never ☐ Years ☐☐

1.2 Alcohol intake 1) Current 2) Past 3) Never ☐ Years ☐☐

1.3 Smokeless tobacco 1) Current 2) Past 3) Never ☐ Years ☐☐

2. Reproductive history (for females, if applicable):

a) Menopausal stage: 1) Premenopausal 2) Perimenopausal 3) Postmenopausal ☐

b) Parity ☐☐

☐

3. Major dietary pattern 1) Vegetarian 2) Non-vegetarian 3) Mixed Diet

3.1 Predominant Cooking Medium:

1) Mustard ☐ 2) Groundnut ☐ 3) Sunflower ☐ 4) Palm ☐ 5) Coconut ☐ 6) Ghee ☐ 8) Others, specify..... ☐

4. Past History of

a. Gallbladder disease 1) Yes 2) No 9) Unknown ☐

If yes, specify..... Duration: (1) Months (2) Years ☐ Enter Months/ Years ☐☐

b. Details of Gallbladder surgery 1) Yes 2) No ☐

If yes, specify ..... Date of previous Gallbladder surgery ☐☐☐☐☐☐☐☐ dd mm yyyy

5. Associated Gallbladder Related factors

(a) Cholelithiasis 1) Yes 2) No ☐ If Yes, Duration: (1) Months (2) Years ☐ Enter Months/ Years ☐☐

(b) Cholecystitis 1) Yes 2) No ☐ If Yes, Duration: (1) Months (2) Years ☐ Enter Months/ Years ☐☐

(c) Porcelain gallbladder 1) Yes 2) No ☐ If Yes, Duration: (1) Months (2) Years ☐ Enter Months/ Years ☐☐

(d) Gallbladder polyps 1) Yes 2) No ☐ If Yes, Duration: (1) Months (2) Years ☐ Enter Months/ Years ☐☐

(e) Congenital biliary cysts 1) Yes 2) No ☐ If Yes, Duration: (1) Months (2) Years ☐ Enter Months/ Years ☐☐

(f) Pancreaticobiliary Maljunction Anomalies 1) Yes 2) No ☐ If Yes, Duration: (1) Months (2) Years ☐ Enter Months/ Years ☐☐

(g) Cholangitis 1) Yes 2) No ☐ If Yes, Duration: (1) Months (2) Years ☐ Enter Months/ Years ☐☐

(h) Others, specify..... 1) Yes 2) No ☐

6. Infections 1) Yes 2) No ☐

If yes:

(a) Salmonella 1) Yes 2) No 9) Unknown ☐ If Yes, Duration: (1) Months (2) Years ☐ Enter Months/ Years ☐☐

(b) Helicobacter 1) Yes 2) No 9) Unknown ☐ If Yes, Duration: (1) Months (2) Years ☐ Enter Months/ Years ☐☐

(c) Liver Fluke 1) Yes 2) No 9) Unknown ☐ If Yes, Duration: (1) Months (2) Years ☐ Enter Months/ Years ☐☐

(d) Biliary Tracts 1) Yes 2) No 9) Unknown ☐ If Yes, Duration: (1) Months (2) Years ☐ Enter Months/ Years ☐☐

(e) Others (Specify) ..... 1) Yes 2) No ☐

7. Exposure to drugs

(a) Isoniazid 1) Yes 2) No ☐ If Yes, Duration: (1) Months (2) Years ☐ Enter Months/ Years ☐☐

(b) Methyldopa 1) Yes 2) No ☐ If Yes, Duration: (1) Months (2) Years ☐ Enter Months/ Years ☐☐

(c) Oral Contraceptive Drugs 1) Yes 2) No ☐ If Yes, Duration: (1) Months (2) Years ☐ Enter Months/ Years ☐☐

(d) Hormone replacement therapy (HRT) 1) Yes 2) No ☐ Yes, Duration: (1) Months (2) Years ☐ nter Months/ Years ☐☐

(e) Others, specify..... 1) Yes 2) No ☐

8. Family history of any Cancer 1) Yes 2) No ☐ If yes, specify (degree/type) .....

9. Family history of gall stones 1) Yes 2) No ☐ If yes, specify .....

10. Significant Past and Present Co-Morbid Conditions

(a) Tuberculosis 1) Yes 2) No ☐ If Yes, Date of Onset: ☐☐☐☐☐☐☐☐ Date of Treatment Completion: ☐☐☐☐☐☐☐☐

(b) COPD 1) Yes 2) No ☐ If Yes, Date of Onset: ☐☐☐☐☐☐☐☐

(c) Hypertension 1) Yes 2) No ☐ If Yes, Date of Onset: ☐☐☐☐☐☐☐☐

(d) Hepatitis B 1) Yes 2) No ☐ If Yes, Date of Onset: ☐☐☐☐☐☐☐☐

(e) Diabetes 1) Yes 2) No ☐ If Yes, Date of Onset: ☐☐☐☐☐☐☐☐

(f) Hepatitis C 1) Yes 2) No ☐ If Yes, Date of Onset: ☐☐☐☐☐☐☐☐

(g) Ischaemic Heart Disease 1) Yes 2) No ☐ If Yes, Date of Onset: ☐☐☐☐☐☐☐☐

(h) AIDS/ HIV +ve 1) Yes 2) No ☐ If Yes, Date of Onset: ☐☐☐☐☐☐☐☐

(i) Bronchial Asthma 1) Yes 2) No ☐ If Yes, Date of Onset: ☐☐☐☐☐☐☐☐

(j) Allergic Conditions (specify)..... 1) Yes 2) No ☐ If Yes, Duration: (1) Months (2) Years ☐ Enter Months/ Years ☐☐

(k) Others (specify)..... 1) Yes 2) No ☐

F. OTHER DIAGNOSTIC DETAILS

1. Presenting features (1) Upfront (2) Post Surgery ☐ Duration (in months)

a) Abdominal pain 1) Yes 2) No ☐ ☐☐

b) Anorexia 1) Yes 2) No ☐ ☐☐

c) Weight loss 1) Yes 2) No ☐ ☐☐

d) Vomiting 1) Yes 2) No ☐ ☐☐

e) Fever 1) Yes 2) No ☐ ☐☐

f) Jaundice 1) Yes 2) No ☐ ☐☐

g) Ascites 1) Yes 2) No ☐ ☐☐

h) Symptoms of Gastric Outlet Obstruction 1) Yes 2) No ☐ ☐☐

i) Liver Palpable Mass 1) Yes 2) No ☐ ☐☐

j) Gallbladder Palpable Mass 1) Yes 2) No ☐ ☐☐

k) Supraclavicular Lymph Nodes 1) Yes 2) No ☐ ☐☐

l) Imaging Presentation 1) Yes 2) No ☐ ☐☐ If yes, Specify .....

m) Others, specify..... 1) Yes 2) No ☐ ☐☐

2. Anthropometric measurements

2.1. Height (in cms) ☐☐☐.☐ 2.2. Weight (in kgs) ☐☐☐ 2.3. BMI (Body Mass Index) ☐☐.☐

3. Blood parameters (as done at RI / prior to starting treatment)

a) Blood group: 1) Yes 2) No ☐ If Yes, 1) A 2) B 3) AB 4) O ☐

Rhesus factor (Rh) 1) Positive (+) 2) Negative (-) ☐

b) Hemoglobin (Hb) level (g/dL) ☐☐.☐

c) FBS (mg/dL) ☐☐☐

d) HBsAg 1) Yes 2) No ☐ If Yes, 1) Positive (+) 2) Negative (-) ☐

e) HCV 1) Yes 2) No ☐ If Yes, 1) Positive (+) 2) Negative (-) ☐

f) Cholesterol (mg/dL) ☐☐☐☐

g) INR 1) Yes 2) No ☐ If Yes, ☐.☐☐

h) Albumin (g/dL) ☐.☐

i) Alkaline phosphatase (IU/L) ☐☐☐

j) SGOT (AST) ☐☐☐

k) SGPT (ALT) ☐☐☐

l) Serum LDH level (Units/L) ☐☐☐☐

m) GGT (Gamma-glutamyl transpeptidase) (Units/L) ☐☐☐

n) Bilirubin

i. Total (mg/dL) ☐☐.☐☐

ii. Direct (mg/dL) ☐☐.☐☐

iii. Indirect (mg/dL) ☐☐.☐☐

o) AFP 1) Yes 2) No ☐ If Yes, ☐☐☐ (ng/mL)

p) CEA (Carcinoembryonic antigen) (ng/mL) 1) Yes 2) No ☐ If Yes, ☐☐.☐ (ng/mL)

q) CA19.9 (U/mL) 1) Yes 2) No ☐ If Yes, ☐☐ (U/mL)

4. Details of imaging findings:

4.1 Imaging Characteristic

4.1.1 Mucosal irregularity 1) Present 2) Absent 3) Not Done ☐
If present, mention diagnostic protocol: 1) USG ☐ 2) CT ☐ 3) MRI ☐ 4) PET CT ☐

4.1.2 Discontinuous Mucosa 1) Present 2) Absent 3) Not Done ☐
If present, mention diagnostic protocol: 1) USG ☐ 2) CT ☐ 3) MRI ☐ 4) PET CT ☐

4.1.3 Echogenic Mucosa 1) Present 2) Absent 3) Not Done ☐
If present, mention diagnostic protocol: 1) USG ☐ 2) CT ☐ 3) MRI ☐ 4) PET CT ☐

4.1.4 Submucosal Echolucency 1) Present 2) Absent 3) Not Done ☐
If present, mention diagnostic protocol: 1) USG ☐ 2) CT ☐ 3) MRI ☐ 4) PET CT ☐

4.1.5 Wall Thickening 1) Present 2) Absent 3) Not Done ☐
If present, mention diagnostic protocol: 1) USG ☐ 2) CT ☐ 3) MRI ☐ 4) PET CT ☐
Mention Wall Thickness (mm) ☐☐☐

4.1.6 Calcification of the wall 1) Present 2) Absent 3) Not Done ☐
If present, mention diagnostic protocol: 1) USG ☐ 2) CT ☐ 3) MRI ☐ 4) PET CT ☐
Mention Type 1) Focal 2) Diffused ☐

4.1.7 Cholelithiasis 1) Present 2) Absent 3) Not Done ☐
If present, mention diagnostic protocol: 1) USG ☐ 2) CT ☐ 3) MRI ☐ 4) PET CT ☐
a. Number of gall stones 1) Single 2) Multiple ☐
b. Size of the largest stone (in mm) ☐☐☐

4.1.8 Intrahepatic biliary radical dilatation 1) Present 2) Absent 3) Not Done ☐
If present, mention diagnostic protocol: 1) USG ☐ 2) CT ☐ 3) MRI ☐ 4) PET CT ☐

4.1.9 Extrahepatic biliary tract dilatation 1) Present 2) Absent 3) Not Done ☐
If present, mention diagnostic protocol: 1) USG ☐ 2) CT ☐ 3) MRI ☐ 4) PET CT ☐

4.2.0 Gallbladder Polyps 1) Present 2) Absent 3) Not Done ☐
If present, mention diagnostic protocol: 1) USG ☐ 2) CT ☐ 3) MRI ☐ 4) PET CT ☐
Number of Gallbladder Polyps 1) Single 2) Multiple ☐

4.2.1 Choledochal Cyst 1) Present 2) Absent 3) Not Done ☐
If present, mention diagnostic protocol: 1) USG ☐ 2) CT ☐ 3) MRI ☐ 4) PET CT ☐

4.2.2 Cholangitis 1) Present 2) Absent 3) Not Done ☐
If present, mention diagnostic protocol: 1) USG ☐ 2) CT ☐ 3) MRI ☐ 4) PET CT ☐

4.2.3 Adenomyomatosis 1) Present 2) Absent 3) Not Done ☐
If present, mention diagnostic protocol: 1) USG ☐ 2) CT ☐ 3) MRI ☐ 4) PET CT ☐

4.2.4 Gallbladder Mass 1) Present 2) Absent 3) Not Done ☐
If present, mention diagnostic protocol: 1) USG ☐ 2) CT ☐ 3) MRI ☐ 4) PET CT ☐
a. If present, Location 1) Fundus 2) Body 3) Neck 4) Cystic duct ☐
b. Size (in mm) ☐☐.☐

4.2.5 Anomalous Pancreatobiliary duct junction 1) Present 2) Absent 3) Not Done ☐
If present, mention diagnostic protocol: 1) USG ☐ 2) CT ☐ 3) MRI ☐ 4) PET CT ☐

4.2.6 Cholesterolosis 1) Present 2) Absent 3) Not Done ☐
If present, mention diagnostic protocol: 1) USG ☐ 2) CT ☐ 3) MRI ☐ 4) PET CT ☐

4.2.7 Nodal Involvement

1) Present 2) Absent 3) Not Done

If present, mention diagnostic protocol: 1) USG 2) CT 3) MRI 4) PET CT

a. Size of largest node (mm) ☐☐.☐

b. Involved nodal stations:

1. Pericholedochal 2. Periportal 3. Peripancreatic 4. Retroduodenal
5. Celiac 6. Interaortocaval 7. Superior mesenteric 8. Others (specify) .....

4.2.8 Infiltration/ Involvement of adjacent organs:

1. **Liver by Direct invasion**
   1) Present 2) Absent 3) Not Done
   If present, mention diagnostic protocol: 1) USG 2) CT 3) MRI 4) PET CT
2. **Liver by Metastases**
   1) Present 2) Absent 3) Not Done
   If present, mention diagnostic protocol: 1) USG 2) CT 3) MRI 4) PET CT
3. **Common Bile duct(s)**
   1) Present 2) Absent 3) Not Done
   If present, mention diagnostic protocol: 1) USG 2) CT 3) MRI 4) PET CT
4. **Confluence Involvement**
   1) Present 2) Absent 3) Not Done
   If present, mention diagnostic protocol: 1) USG 2) CT 3) MRI 4) PET CT
5. **Hepatic artery**
   1) Present 2) Absent 3) Not Done
   If present, mention diagnostic protocol: 1) USG 2) CT 3) MRI 4) PET CT
6. **Portal vein**
   1) Present 2) Absent 3) Not Done
   If present, mention diagnostic protocol: 1) USG 2) CT 3) MRI 4) PET CT
7. **Other adjacent organ**
   1) Present 2) Absent 3) Not Done
   If present, mention diagnostic protocol: 1) USG 2) CT 3) MRI 4) PET CT
   Specify.....

5. Metastatic workup

1) Done 2) Not done

If done, specify imaging done 1) USG 2) CT Thorax 3) Bone Scan 4) PETCT 5) others Specify.....

6. Pathology details for Resected Specimen:

Surgical Resection 1) Done 2) Not done

If done,

6.1 Date of receiving specimen ☐☐☐☐☐☐☐☐ *dd mm yyyy*

6.2 Location of tumor: 1) Fundus 2) Body 3) Neck 4) Cystic duct

6.3 pT size: ☐☐ (mm) x ☐☐ (mm) x ☐☐(mm)

6.4 Gross appearance: 1) Papillary 2) Tubular 3) Nodular

6.5 Growth pattern: 1) Exophytic 2) Endophytic

6.6 Infiltration of adjacent structures: 1) None 2) Liver 3) Stomach 4) Colon
5) Duodenum 6) Coeliac Lymph Nodes 7) CBD 8) Others, specify.....

6.7 Cystic duct margin: 1) Involved 2) Dysplasia/CIS 3) Uninvolved 4) Not reported
If uninvolved, state the closest margin in mm ☐☐

6.8 Liver parenchymal margin: 1) Involved 2) Uninvolved 3) Not reported

6.9 Other margins 1) Involved 2) Uninvolved 3) Not reported
If involved, state the site of involved margin .....
If uninvolved, state the closest margin in cm ☐☐

6.10 Lymphovascular Invasion: 1) Present 2) Absent 3) Not reported

6.11 Perineural Invasion: 1) Present 2) Absent 3) Not reported

6.12 LN dissected: 1) Done 2) Not done

If Done,

6.12.1.1 Number of LN positive ☐☐

6.12.1.2 Size of largest node (in mm x mm) ☐☐ X ☐☐

6.13 Interaortocaval node: 1) Positive 2) Negative 3) Not dissected

6.14 Additional findings:

6.14.1 Fibrosis 1) Present 2) Absent 3) Not Done

6.14.2 Surrounding Dysplasia 1) Present 2) Absent 3) Not Done

6.14.3 Adenoma 1) Present 2) Absent 3) Not Done

6.14.4 Cholecystitis 1) Present 2) Absent 3) Not Done

If Present: 1) Acute 2) Chronic

6.14.5 Adenomyomatosis 1) Present 2) Absent 3) Not Done

6.14.6 Xanthogranulomatosis 1) Present 2) Absent 3) Not Done

6.14.7 Rokitansky Aschoff Sinuses 1) Present 2) Absent 3) Not Done

6.15 pT stage: 1) Tx 2) T0 3) T1a 4) T1b 5) T2a 6) T2b 7) T3 8) T4

6.16 pN stage: 1) NX 2) N0 3) N1 4) N2

6.17 Immunohistochemistry:

a. P53 1) Positive 2) Negative 3) Not done

b. P16 1) Positive 2) Negative 3) Not done

c. EGFR 1) Positive 2) Negative 3) Not done

d. ErbB2 (Her2) 1) Positive 2) Negative 3) Not done

6.18 Molecular/Genetic investigations:

a. KRAS 1) Mutated 2) Not mutated 3) Not done

b. MSI 1) High 2) Low 3) Not done

c. LOH 1) Present 2) Absent 3) Not done

7. Other Investigations 1) Yes 2) No ☐ If Yes, Specify .....

G. FINAL DETAILS OF STAGING

1. TNM:

1.1 T stage: 1) Tx 2) T0 3) T1 4) T2 5) T3 6) T4

Sub stage: 1) a 2) b

1.2 N stage: 1) Nx 2) N0 3) N1 4) N2

1.3 M stage: 1) Mx 2) M0 3) M1

1.4 Stage grouping: 1) I 2) II 3) III 4) IV

Subgroup: 1) A 2) B

H. DETAILS OF CANCER DIRECTED TREATMENT (CDT)

1. Treatment at Reporting Institution

1.1 Intention to Treat (1) Curative/Radical (2) Salvage 3) Palliative (4) Supportive Care

If palliative yes,

(1) Palliative RT ☐ (2) Palliative Chemotherapy ☐

(3) Palliative Surgery ☐ (4) Palliative Biliary Drainage Procedure (Specify)..... ☐

(5) Pain & Symptom Relief Drugs (specify) ..... ☐ (8) Others (*specify*) ..... ☐

1.2 Type of Cancer Directed Treatment Planned at Reporting Institution

	Yes	No
(1) Surgery	☐	☐
(2) Chemotherapy	☐	☐
(3) Radiotherapy	☐	☐
(4) Drainage Procedures (specify)	☐	☐
(8) Others (*specify*).....	☐	☐

2. ECOG Performance Status Score at Presentation (0 to 5):

(0) Fully active, able to carry on all pre-disease performance without restriction.

(1) Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work.

(2) Ambulatory and capable of all self care but unable to carry out any work activities. Up and about more than 50% of waking hours.

(3) Capable of only limited self care, confined to bed or chair more than 50% of waking hours.

(4) Completely disabled. Cannot carry on any self care. Totally confined to bed or chair

(5) Dead

3. Surgery 1) Yes 2) No

If Yes,

3.1 Date of admission ☐☐☐☐☐☐☐☐ Date of surgery ☐☐☐☐☐☐☐☐
dd mm yyyy *dd mm yyyy*

3.2 Staging Laparoscopy Done 1) Yes 2) No ☐

3.3.1 If yes, state the Intraoperative findings:

a.	GB fossa mass	1) Yes	2) No	9) Unknown	☐
b.	Contiguous liver involvement	1) Yes	2) No	9) Unknown	☐
c.	Regional LN enlarged	1) Yes	2) No	9) Unknown	☐
d.	Extension to adjacent organs	1) Yes	2) No	9) Unknown	☐
	If yes,	1) Colon	2) Stomach	3) Biliary tree	4) Duodenum/HOP ☐
e.	Hepatic artery/portal vein invasion	1) Yes	2) No	9) Unknown	☐
f.	Liver metastases	1) Yes	2) No	9) Unknown	☐
g.	Omental/Peritoneal nodules	1) Yes	2) No	9) Unknown	☐
h.	Ascites	1) Yes	2) No	9) Unknown	☐
i.	Non Regional Nodes	1) Yes	2) No	9) Unknown	☐
j.	Others, specify	1) Yes	2) No	9) Unknown	☐

3.4 Route of surgery 1) Open 2) Laproscopic 3) Robotic 4) Laproscopy converted to Open ☐

3.5 Extent of surgery ☐
1) Biopsy alone 2) Simple cholecystectomy
3) Extended Cholecystectomy with CBD 4) Extended Cholecystectomy with CBD & Viscera
5) Extended Cholecystectomy with lymphadenectomy 6) Partial Cholecystotomy

3.6 Liver resection done 1) Yes 2) No ☐
If yes, Extent of liver resection: 1) Wedge resection 2) Rt Hepatectomy ☐
3) Segmental (Specify segments 1-9)..... 4) Extended Rt hepatectomy

3.7 Resection of other adjacent organs 1) Yes 2) No ☐
If yes, a) Pancreas ☐ b) Duodenum ☐
c) Stomach ☐ d) Omentum ☐
e) Colon ☐ f) Common Bile Duct (Extrahepatic biliary tract) ☐
g) Vessel- Portal Vein/Hepatic artery ☐ h) Others, Specify ..... ☐

3.8 Lymphadenectomy 1) Yes 2) No ☐
If yes, specify the nodal levels dissected: 1) Hepatoduodenal ligament nodes 2) Retroduodenal nodes 3) Periportal nodes ☐
4) Interaortocaval nodes 5) Pericholedochal nodes 6) Celiac nodes
7) Peripancreatic nodes 10) Superior mesenteric nodes 8) Others, Specify .....

3.9 Reconstruction done 1) Yes 2) No If yes, specify ..... ☐

3.10 Port site excision (If Lap/ Robotic) 1) Done 2) Not done ☐

3.11 Intraoperative bile spillage 1) Yes 2) No ☐

3.12 Stent placement done: 1) Yes 2) No ☐

If yes, specify 1) Endoscopic 2) Percutaneous ☐

3.13 Portal vein embolization 1) Done 2) Not done ☐

3.14 Any additional Operative Details (including need for additional surgery)

_____

_____

3.15 Complications and post-operative morbidity- prolonging ward stay/repeat exploration:

a.	Intra-abdominal bleeding	1) Yes	2) No	☐
b.	Biliary fistula/leak/stricture	1) Yes	2) No	☐
c.	Cholangitis	1) Yes	2) No	☐
d.	Bowel Injury	1) Yes	2) No	☐
e.	Wound infection	1) Yes	2) No	☐
f.	Need for PPV (Positive Pressure Ventilation)	1) Yes	2) No	☐
g.	Need for BT (Blood Transfusion)	1) Yes	2) No	☐
h.	Other, Specify	1) Yes	2) No	☐
i.	Death	1) Yes	2) No	☐

3.16 Date of discharge ☐☐☐☐☐☐☐☐ dd mm yyyy

4. Chemotherapy 1) Yes 2) No ☐

If Yes,

4.1 BSA (Body Surface Area) ☐☐•☐

4.2 Chemotherapy: 1) Adjuvant 2) Neoadjuvant 3) Concurrent 4) Palliative ☐

4.3 First Line Chemotherapy: 1) Yes 2) No ☐

If Yes,

4.3.1 Date of start ☐☐☐☐☐☐☐☐ dd mm yyyy

4.3.2 Regimen followed:

Drug	Dose	Dosing frequency
Gemcitabine (mg/m²)	☐☐☐	Days ☐☐ Cycles ☐☐
Cisplatin (mg/m²)	☐☐☐	Days ☐☐ Cycles ☐☐
Oxaliplatin (mg/m²)	☐☐☐	Days ☐☐ Cycles ☐☐
Capecitabine (mg/m²)	☐☐☐	Days ☐☐ Cycles ☐☐
5 FU (mg/m²)	☐☐☐	Days ☐☐ Cycles ☐☐
Irinotecan (mg/m²)	☐☐☐	Days ☐☐ Cycles ☐☐
Carboplatin (AUC- mg)	☐☐☐	Days ☐☐ Cycles ☐☐
Others	☐☐☐	Days ☐☐ Cycles ☐☐

4.3.3 Number of cycles planned ☐☐

4.3.4 Number of cycles completed ☐☐

4.3.5 Toxicity (If Grade 3 & above)

a) Myelosuppression ☐ b) Nausea/Vomiting ☐ c) Neurotoxicity ☐

d) Ototoxicity ☐ e) Nephrotoxicity ☐ f) Elevation of LFTs ☐

g) Electrolyte abnormalities ☐ h) Diarrhea ☐ i) Fatigue ☐

j) Skin Rash ☐ k) Oral Mucositis ☐ l) Others ..... ☐

4.3.6 Response: ☐

1) Complete response 2) Partial response 3) Stable disease

4) Progressive disease 5) Not assessable/ not applicable 6) Defaulted (specify cause).....

4.3.7 Date of completion ☐☐☐☐☐☐☐☐ dd mm yyyy

4.3.8 CT Completed as planned 1) Yes 2) No ☐

If no, specify cause .....

4.4 Second Line Chemotherapy 1) Yes 2) No ☐

If Yes,

4.4.1 Date of start ☐☐☐☐☐☐☐☐ dd mm yyyy

4.4.2 Regimen followed:

Drug	Dose	Dosing frequency
Gemcitabine (mg/m²)	☐☐☐	Days ☐☐ Cycles ☐☐
Cisplatin (mg/m²)	☐☐☐	Days ☐☐ Cycles ☐☐
Oxaliplatin (mg/m²)	☐☐☐	Days ☐☐ Cycles ☐☐
Capecitabine (mg/m²)	☐☐☐	Days ☐☐ Cycles ☐☐
5 FU (mg/m²)	☐☐☐	Days ☐☐ Cycles ☐☐
Irinotecan (mg/m²)	☐☐☐	Days ☐☐ Cycles ☐☐
Carboplatin (AUC- mg)	☐☐☐	Days ☐☐ Cycles ☐☐
Others	☐☐☐	Days ☐☐ Cycles ☐☐

4.4.3 Number of cycles planned ☐☐

4.4.4 Number of cycles completed ☐☐

4.4.5 Toxicity (If Grade 3 & Above)

a) Myelosuppression ☐ b) Nausea/Vomiting ☐ c) Neurotoxicity ☐
d) Ototoxicity ☐ e) Nephrotoxicity ☐ f) Elevation of LFTs ☐
g) Electrolyte abnormalities ☐ h) Diarrhea ☐ i) Fatigue ☐
j) Skin Rash ☐ k) Oral Mucositis ☐ l) Others ..... ☐

4.4.6 Response: ☐

1) Complete response 2)Partial response 3) Stable disease
4) Progressive disease 5) Not assessable/ Not applicable 6) Defaulted (specify cause) .....

4.4.7 Date of completion ☐☐☐☐☐☐☐☐ dd mm yyyy

4.4.8 CT Completed as planned 1) Yes 2) No ☐
If no, specify cause.....

5. Targeted therapy given: 1) Yes 2) No ☐

If yes,

5.1.1 Date of start ☐☐☐☐☐☐☐☐ dd mm yyyy

5.1.2 Drug administered

Target	Name of the drug	Dose	Dosing frequency
EGFR		☐☐☐	Days ☐☐ Cycles ☐☐
VEGF		☐☐☐	Days ☐☐ Cycles ☐☐
Her2		☐☐☐	Days ☐☐ Cycles ☐☐
Immunotherapy		☐☐☐	Days ☐☐ Cycles ☐☐
Others		☐☐☐	Days ☐☐ Cycles ☐☐

5.1.3 Number of cycles planned ☐☐

5.1.4 Number of cycles completed ☐☐

5.1.5 Toxicity (If Grade 3 & above)

a) Myelosuppression ☐ b) Nausea/Vomiting ☐ c) Neurotoxicity ☐
d) Ototoxicity ☐ e) Nephrotoxicity ☐ f) Elevation of LFTs ☐
g) Electrolyte abnormalities ☐ h) Diarrhea ☐ i) Fatigue ☐
j) Skin Rash ☐ k) Oral Mucositis ☐ l) Others ..... ☐

5.1.6 Response ☐

1) Complete response: 2) Partial response 3) Stable disease
4) Progressive disease 5) Not assessable/ Not applicable 6) Defaulted (specify cause.....)

5.1.7 Date of completion ☐☐☐☐☐☐☐☐ dd mm yyyy

5.1.8 Targeted therapy completed as planned 1) Yes 2) No ☐
If no, specify cause.....

6. Radiotherapy

6.1 (0) Radiotherapy (RT) not planned (1) Yes, RT given as planned ☐
(2) Yes, RT given, but incomplete (*Specify reason*) ..... (3) RT planned but not taken (*Specify reason*) .....
(8) Others (*specify*) .....

If 1 or 2 above,

6.2 Intention to treat (1) Adjuvant (2) Neoadjuvant (3) Palliative ☐

6.3 Dose (in cGy) ☐☐☐☐

6.3.1 Number of fractions ☐☐

6.3.2 Duration of treatment: Duration: (1) Weeks (2) Months ☐ Enter Weeks/ Months ☐☐

6.4 Date of start ☐☐☐☐☐☐☐☐ dd mm yyyy Date of completion ☐☐☐☐☐☐☐☐ dd mm yyyy

6.5 Technique: 1) Conventional 2) 3DCRT 3) IMRT 4) IMRT with IGRT (CT based) ☐

6.6 Image guidance: 1) Yes 2) No ☐

If yes, type of image guidance used: 1) Port film 2) EPID 3) CBCT 4) MVCT ☐

Frequency of image guidance: 1) Daily 2) Weekly 3) At initiation of RT ☐

6.7 Concurrent CT planned 1) Yes 2) No ☐

If yes, Specify drug…… Dose …… Dosing frequency ……..

6.8 Response: ☐

1) Complete response: 2) Partial response 3) Stable disease

4) Progressive disease 5) Not assessable/ Not applicable 6) Defaulted (specify cause……)

6.9 Adverse effects (If Grade 3 & above): ☐

1) Skin 2) Upper GI toxicity 3) Lower GI toxicity 4) Myelosuppression

7. Palliative procedure 1) Yes 2) No ☐

If Yes,

7.1 Surgical: 1) Yes 2) No ☐

If yes, specify 1) Gastrojejunostomy 2) Triple bypass 3) Seg III Bypass ☐

7.2 Non surgical: 1) Yes 2) No ☐

If yes, specify: ☐

1) Stent placement done 1) Yes 2) No ☐

If yes, Specify type: 1) Duodenal 2) Biliary ☐

Specify route: 1) Endoscopic 2) Percutaneous ☐

2) Nerve Blocks If Yes, Specify ……

3) Ascitic Tap

4) Hemostatic RT

5) Others, Specify ……

8. Completion of Cancer Directed Treatment 1) Yes 2) No ☐

8.1 If yes, Date of treatment completion ☐☐☐☐☐☐☐☐ dd mm yyyy

8.2 If no, specify cause ☐

1) Progressive Diseases 2) No response to treatment 3) Poor tolerance

4) Defaulted (lost to follow up) 5) Death

9. ECOG SCORE (0-5) at Treatment Completion ☐

(0) Fully active, able to carry on all pre-disease performance without restriction

(1) Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work

(2) Ambulatory and capable of all self care but unable to carry out any work activities. Up and about more than 50% of waking hours

(3) Capable of only limited self care, confined to bed or chair more than 50% of waking hours

(4) Completely disabled. Cannot carry on any self care. Totally confined to bed or chair

(5) Dead

10. Response assessment done 1) Yes 2) No ☐

If Yes, Date of response assessment ☐☐☐☐☐☐☐☐ dd mm yyyy

10.1 Response to CDT: ☐

1) Complete response 2) Partial response 3) Stable disease 4) Progressive disease

11. Status at Treatment completion (1) Alive (2) Dead ☐

If Dead,

11.1 Cause of Death as per Medical Certificate of Cause of Death (MCCD)

(a) Immediate Cause ..... ICD -10 ☐

(b) Antecedent Cause ..... ICD -10 ☐

(c) Other Significant conditions.....

11.2 Date of Death ☐☐☐☐☐☐☐☐

dd mm yyyy

12. Remarks *(add additional sheet (s) if necessary)*

_____

_____

_____

_____

FOLLOW-UP INFORMATION *(USE SEPARATE PAGE FOR EACH VISIT)* FOR GALLBLADDER CANCER

1. Due Date for follow up dd mm yyyy

Date of Actual Follow-up dd mm yyyy

Follow-up Visit No.

1.1 Method of Follow-up

(0) No follow-up (1) Hospital visit (2) By post
(3) Through telephone (4) Home visit (8) Others (*specify*) .....

1.2 Status at Follow-up

(1) Alive (2) Dead

1.3 Disease Status (*at Follow-up*)

(1) No Evidence of Disease (2) Residual disease only (3) Local recurrence
(4) Regional/Nodal recurrence (5) Distant metastasis: *specify site* ..... (6) Progressive Disease
(9) Unknown

1.4 If (2) to (6) above: Date of Diagnosis/ Evaluation of Disease Status dd mm yyyy

1.5 If Disease is present, indicate Basis of Diagnosis

(1) Histopathology (2) Cytopathology (Other than FNAC) (3) FNAC
(4) Bone Marrow (5) Peripheral Smear (6) Radiological
(7) Clinical (8) Others (*specify*) ..... (9) Unknown

1.6 Treatment: if 1.5 above indicates presence of disease

(1) Yes, Treatment given (2) No Treatment, specify reason.....

If Yes, Select treatment type

1) Surgery 2) Chemotherapy 3) Palliative 4) Supportive Care

1.7 If yes, Details of Treatment and Outcome *(Use separate sheet if necessary)*

1.8 Late Complications of CDT (1) Yes (2) No

If Yes (Record if Grade III & above) Date of Diagnosis

(1) Bone Marrow Suppression
(2) Nausea/ Vomiting
(3) Renal Dysfunction
(4) Neurotoxicity
(5) GI Perforation
(6) GI Obstruction

dd mm yyyy

2. If Dead,

2.1 Cause of Death as per Medical Certificate of Cause of Death (MCCD)

(a) Immediate Cause ..... ICD -10

(b) Antecedent Cause ..... ICD -10

(c) Other Significant conditions.....

2.2 Date of Death dd mm yyyy

3. Remarks (*add additional sheet(s) if necessary* .....

■ = ***Mandatory;*** ■ = ***Recommended;*** ■ =***Optional***