NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH

NATIONAL CANCER REGISTRY PROGRAMME

Indian Council of Medical Research

PATTERNS OF CARE AND SURVIVAL STUDIES

Proforma for Gynecologic Cancers (Except Cervix)

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.*

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 / Neighbour (8) Others *(including accompanying person)*..... (9) Unknown

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

8. Place of Residence: Place of Usual Residence *(where the person 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 Addresses:

10.1 Local Address

.....

.....

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

Pin Code

10.2 Second (Office / Caretaker / Family Doctor) Address

.....

.....

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

Pin Code

10.3 Native Place 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 - Female

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-Buddhist (7) Parsi (8) Indigenous Faith / Others (*specify*)..... (9) Unknown

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

5. Education

(0) Not applicable (for children below 5 years) (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

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

2 Method of Diagnosis

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

Microscopic (if 2 above)	X-Ray / Imaging Techniques (if 3 above)	Others (if 8 above) ☐☐
(1) Histology of Primary	(1) X-Ray	(2) Surgery without Histology
(2) Histology of Metastasis	(2) Isotopes	(3) Specific Biochemical and /or Immunological Tests
(6) Cytology of Primary	(3) Angiography	Specify Test(s) .....
(7) Cytology of Metastasis	(4) Ultrasonogram	(8) Others *(specify)* .....
(10) Flowcytometry	(5) CT	
(11) Cytogenetics	(6) MRI	
(12) IHC	(7) PET scan	
(8) Others *(specify)*.....	(8) All others *(specify)*.....	

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

4. Complete Pathological Diagnosis: *(With complete description 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 Tumour - Topography ..... **C** ☐☐.☐
(Include sub – site if any)

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

5.3 Secondary Site of Tumour ..... C ☐☐.☐

5.4 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.

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

7. Laterality ☐

(0) Not a paired site (1) Right
(2) Left (3) Only one side involved, right or left, unknown
(4) Bilateral involvement, lateral origin unknown (5) Paired site: midline tumour
(9) Paired site, but no information concerning laterality

8. Multiple Primaries at Presentation (1) Yes (2) No ☐

If Yes, specify:

8.1 Number of Multiple Primaries ☐☐

8.2 Sites.....

8.3 Histology.....

8.4 Date of Diagnosis of Multiple Primaries ☐☐☐☐☐☐☐☐ *dd mm yyyy*

D. DETAILS OF SOCIO-ECONOMIC STATUS

1. Occupation ..... Years ☐☐

2. Family Income / Month ☐☐☐☐☐☐☐

3. Number of Family Members ☐☐

4. Distance of Residence to Hospital (Km) ☐☐☐☐☐☐

E. RISK FACTORS AND COMORBIDITIES

1. Risk Factors

1.1	Family History of Same Cancer	(1) Yes	(2) No ☐	If Yes, (degree / type) .....
1.2	Family History of Other Cancer	(1) Yes	(2) No ☐	If Yes, (degree /type) .....
1.3	Genetic Predisposition Condition	(1) Yes	(2) No ☐	If Yes, (specify) .....
1.4	Obesity	(1) Yes	(2) No ☐	
1.5	Poly Cystic Ovarian Disease	(1) Yes	(2) No ☐	

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

1.6 Smoking Status (1) Current (2) Past (3) Never ☐ Years ☐☐

1.7 Alcohol Intake (1) Current (2) Past (3) Never ☐ Years ☐☐

1.8 Exposure to Cytotoxic Drugs or Anti-cancer Drugs (1) Yes (2) No ☐ If Yes, Years ☐☐

1.9 Exposure to Ionizing Radiation (1) Yes (2) No ☐ If Yes, Years ☐☐

1.10 History of Endometriosis (1) Yes (2) No ☐

1.11 Other Risk factors (1) Yes (2) No ☐ If Yes, *specify* .....

2. Comorbidities

Co-Morbid Conditions	*Yes*	*No*	*Co-Morbid Conditions*	*Yes*	*No*
(a) Tuberculosis	☐	☐	(g) Hypertension	☐	☐
(b) Diabetes	☐	☐	(h) Ischemic Heart Disease	☐	☐
(c) Bronchial Asthma	☐	☐	(i) Thyroid Disease	☐	☐
(d) COPD	☐	☐	(j) Hepatitis B	☐	☐
(e) Hepatitis C	☐	☐	(k) AIDS/HIV + ve	☐	☐
(f) Renal Insufficiency	☐	☐	(l) Others *(specify)*.....	☐	☐

3. Menstrual and Obstetric History

3.1.1 Age at Menarche (Years) ☐☐ 3.1.2 Age at Marriage (Years) ☐☐ 3.1.3 Age at 1st Childbirth (Years) ☐☐

3.2 Number of Children ☐☐

3.3 Obstetric History

(a) Number of Term births	☐☐	Date of last Term birth	☐☐☐☐☐☐☐☐ dd mm yyyy
(b) Number of Preterm births	☐☐	Date of last Preterm birth	☐☐☐☐☐☐☐☐ dd mm yyyy
(c) Number of Abortions	☐☐	Date of last Abortion	☐☐☐☐☐☐☐☐ dd mm yyyy
(d) Number of Living children	☐☐	Date of last child	☐☐☐☐☐☐☐☐ dd mm yyyy
(e) Number of Stillbirths	☐☐	Date of last stillbirth	☐☐☐☐☐☐☐☐ dd mm yyyy
(f) Number of Ectopic	☐☐	Date of Last Ectopic	☐☐☐☐☐☐☐☐ dd mm yyyy

3.4 Contraceptive (1) Yes (2) No ☐

If Yes,

a) Hormonal Oral ☐ Injective ☐ IUD ☐

b) Barrier ☐

c) Tubectomy ☐

d) Others- Withdrawal Method ☐ Safe Period method ☐ Vasectomy (Only for spouse) ☐ Any other, *specify* ..... ☐

3.5 Menopausal stage: (1) Premenopausal (2) Perimenopausal (3) Postmenopausal ☐

3.6 Age at Menopause (Post menopausal) (Years) ☐☐

(a) If Postmenopausal, (1) Natural (2) Iatrogenic ☐

(b) If Iatrogenic, (1) Surgery (2) Radiotherapy (3) Chemotherapy ☐

(c) If Surgery, Specify: TAH ☐ VH ☐ USO ☐ BSO ☐ Others (specify)..... ☐

3.7 H/o Infertility (1) Yes (2) No ☐

(a) If Yes, Treatment taken for Infertility (1) Yes (2) No ☐

(b) If Yes, Ovulation Induction (1) Yes (2) No ☐

(c) If Yes, Specify (i) Drugs..... (ii) Number of Cycles ☐☐

3.8 Hormone Replacement Therapy received (1) Yes (2) No ☐

(a) If Yes, Specify (i) Drugs..... (ii) Dose.....

(iii) Duration..... (iv) Mode of administration.....

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

F. DETAILS OF CLINICAL STAGE

1. Clinical Extent of Disease before Treatment

(01) In-Situ
(02) Localized
(03) Direct Extension
(04)Regional Nodes
(05) Direct Extension with Regional Nodes
(06) Distant Metastasis
(07) Not Palpable
(08) Too Advanced
(09) Not Applicable/ Unknown Primary
(10) Treated Elsewhere
(11) Recurrent
(88) Others (*specify*).....
(99) Unknown

2. Staging Done at

(1) Reporting Institution
(2) Previous Institution

3. Pretreatment Assessment was done by

(1) One Consultant Oncologist (CO) only
(2) Two COs from same department
(3) Two COs from different departments
(4) Tumour Board/Joint Clinic
(8) Others (*specify*).....
(9) Unknown

4. Staging System Followed

(1) FIGO staging
(2) TNM staging
(3) WHO GTN Score

Date of Staging ☐☐☐☐☐☐☐☐ (*dd mm yyyy*)

(1) FIGO Stage

(a) Main Stage: (1) I (2) II (3) III (4) IV

(b) Sub-stage: (1) A (2) A1 (3) A2 (4) B (5) C (6) C1 (7) C2 (8) C3

(2) TNM staging

(a) cTNM c T ☐☐ N ☐☐ M ☐
(b) pTNM p T ☐☐ N ☐☐ M ☐

(3) WHO GTN Score: (1) Low Risk (0-6) (2) High Risk (>7)

5. Investigations

(a) Cystoscopy
(b) Examination under Anesthesia
(c) PET CT
(d) Cytology
(e) Oesophago-Gastro-Duodenoscopy (OGD)
(f) Chest X-ray
(g) CT Scan
(h) MRI
(i) Biopsy
(j) Colonoscopy
(k) Proctosigmoidoscopy
(l) Ultrasound of abdomen and pelvis
(m) Biochemical
(n) Hemogram
(o) Others (*specify*).....

Specify any relevant abnormal findings_____

_____

6. Other Investigations

6.1 Blood Investigations

(a) Hemoglobin (Hb) in gm/dL ☐☐
(b) Albumin in gm/dL ☐☐

6.2 Endocrine Status at Diagnosis:

(a) Serum Estrogen level (pg/mL) ☐☐☐
(b) Serum Progesterone level (ng/mL) ☐☐
(c) Thyroid Level .....
(d) Tissue Estrogen Receptor Status .....
(e) Tissue Progesterone Receptor Status .....

6.3 Baseline Tumour Markers:

Ovarian tumour	Germ cell tumour	Stromal tumour
(1) CA – 125: .....U/ml	(1) Beta HCG: ..... mIU/ml	(1) Inhibin: .....pg/mL
(2) CEA: ..... ng/mL	(2) AFP: ..... ng/mL	(8) Others (*specify*).....
(3) CA 19.9: .....U/mL	(3) LDH: ..... U/L	
(4) HEP 4: .....pmol/L	(8) Others (*specify*).....	
(8) Others (*specify*).....		

G. DETAILS OF CANCER DIRECTED TREATMENT (CDT)

1. Treatment given prior to Registration at Reporting Institution (RI)

(1) Yes (2) No (9) Unknown ☐

1.1 If Yes, Type of Prior Treatment Given

(1) Surgery ☐

Type ..... Site .....

dd mm yyyy

(2) Radiotherapy ☐

Type ..... Site .....

Date Started dd mm yyyy Date Completed dd mm yyyy

(3) Chemotherapy ☐

Type ..... Drugs ..... Dose .....

dd mm yyyy dd mm yyyy

(8) Others (*specify*) ☐ .....

dd mm yyyy dd mm yyyy

2. Treatment at Reporting Institution

2.1 Intention to Treat

(1) Curative (2) Palliative (3) Observation (9) Unknown ☐

2.2 If palliative Yes,

(1)Palliative RT only (2) palliative RT + CT (3) Palliative CT only ☐

(4) Pain & Symptom Relief Drugs (*specify*) ..... (5) Palliative Surgery (6) Palliative RT + Surgery

(8) Others (*specify*) .....

2.3 Type of Cancer Directed Treatment Planned at Reporting Institution

(1) Surgery ☐ (4) Observation ☐

(2) Radiotherapy ☐ (8) Others *(specify)*..... ☐

(3) Chemotherapy ☐

3. ECOG Score before Treatment (0-5): ☐

(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

4. Surgery

4.1 Surgery Planned: (1) Yes (2) No ☐

If Surgery not Planned, *specify Reasons:* (1) Medically Unfit (2) Comorbidity (8) Others, *specify* ..... ☐

4.2 Surgery Done: (1) Yes (2) No ☐

If Surgery is not done, *specify Reasons:*

(1) Renal Insufficiency (2) Other Medical Conditions (3) Cost of Treatment (8) Others *specify* ..... ☐

4.3 If Yes, Type of Surgical Procedure

Route of surgery (1) Open (2) Laparoscopy (3) Robotic ☐

(i) Ovary / Fallopian tube / Primary Peritoneum

(a) Staging Laparotomy ☐ (b) Primary Cytoreduction ☐ (c) Interval Cytoreduction ☐ (d) Secondary Cytoreduction ☐

(e) Palliative Cytoreduction ☐ (f) Hysterectomy ☐ (g) Omentectomy ☐ (h) USO ☐

(i) BSO ☐ (j) Inoperable ☐

Nature of Cytoreduction Achieved: (1) Optimal (2) Sub optimal ☐ If sub optimal, *(Specify)* .....

(ii) Uterus and Endometrium

(a) Hysterectomy ☐ (b) Omentectomy ☐ (c) USO ☐ (d) BSO ☐

(iii) Vagina

(a) Local Excision ☐ (b) Vaginectomy - (1) Partial (2) Total (3) Radical ☐

(c) Hysterectomy ☐ (d) Pelvic Exenteration- (1) Anterior (2) Posterior (3) Total ☐

(e) Vaginal Reconstruction ☐ (f) USO ☐ (g) BSO ☐ (h) Others, *specify* ..... ☐

(iv) Vulva

(a) Wide Excision ☐ (b) Hemivulvectomy ☐ (c) Simple Vulvectomy ☐

(d) Radical Vulvectomy ☐ (e) Local Reconstruction ☐ (f) Others, specify ..... ☐

4.4 Important Operative Details

(i) Lymphadenectomy

(1) Done (2) Not Done ☐

(a) Unilateral lymphadenectomy ☐ (b) Bilateral lymphadenectomy ☐

(c) SLND ☐ (d) PLND- (1) Unilateral (2) Bilateral ☐

(e) RPLND- (1) Upto Inferior Mesentric Artery (2) Upto Left Renal Vein ☐

(ii) Other Procedures

(a) Unilateral groin dissection ☐ (b) Bilateral groin dissection ☐

(c) Diaphragmatic resection- (1) Unilateral (2) Bilateral ☐ (d) Removal of spleen ☐

(e) Bowel resection- (1) Anastomosis (2) Colostomy ☐ (f) Others *(specify)*..... ☐

4.5 Intraperitoneal Chemotherapy (1) Yes (2) No ☐ If Yes, (1) Standard IPC (2) HIPEC (3) PIPAC (8) Others, *specify* ..... ☐

4.6 Date of Surgery ☐☐☐☐☐☐☐☐ *dd mm yyyy*

5. Post Surgical Histopathology Findings:

(1) Size of Tumour

(0) Not applicable (1) No Viable tumour (2) Tumour present (Size NK) (3) Tumour < 2 cm (4) Tumour 2-4 cm ☐

(5) Tumour 4-6 cm (6) Tumour > 6 cm (9) Not Known

(2) Cervical Stromal Invasion

(0) Not applicable (1) Positive (2) Negative (9) Not Known ☐

(3) Involvement of Uterus

(0) Not applicable (1) Involved (2) Not Involved (3) Endocervix extension (9) Not Known ☐

(4) Thickness of Uterine Invasion

(0) Not applicable (1) Endometrium (2) Myometrium <1/2 ☐

(3) Myometrium > ½ (4) Serosa positive (9) Not Known

(5) Involvement of Vagina (cut edges)/Margins

(0) Not applicable (1) Positive (2) Negative (3) Edge close positive (9) Not Known ☐

(6) Involvement of Parametrium

(0) Not applicable (1) Positive (2) Negative (9) Not known ☐

(7) Tumor Emboli

(0) Not applicable (1) Yes (2) No (9) Not Known ☐

(8) Involvement of Ovaries

(0) Not applicable (1) Involved (2) Not Involved (9) Not Known ☐

(9) Involvement of Regional Nodes

(0) Not applicable (1) Involved (Metastatic) (2) Not Involved (9) Not Known ☐

(10) Involvement of Tubes

(0) Not applicable (1) Involved (2) Not Involved (9) Not Known ☐

(11) Site of Involved Regional Nodes

(0) Not applicable (1) Not Involved (2) Ilio- Obturator (3) Iliac Node (4) Obturator ☐

(5) Pre – Sacral (6) Para cervical (7) Parametrial (8) Inguinal (9) Not Known

(12) Para-aortic Node(s)

(0) Not applicable (1) Involved (Metastatic) (2) Not Involved (9) Not Known ☐

(13) Laterality of Positive Nodes

(0) Not applicable (1) Not Involved (2) Unilateral (R/L) ..... ☐

(3) Bilateral (9) Not Known

(14) Number of Positive Nodes: ☐☐ Not Known ☐

(15) Tumor Grade

(0) Not applicable (1) Grade I (2) Grade II ☐

(3) Grade III (4) Grade IV (9) Not Known

(16) Lymphovascular Space Involvement

(0) Not applicable (1) Involved (2) Not Involved (9) Not Known ☐

(17) Involvement of Peritoneum

(0) Not applicable (1) Involved (2) Not Involved (9) Not Known ☐

(18) Involvement of Omentum

(0) Not applicable (1) Involved (2) Not Involved (9) Not Known ☐

(19) Perineural spread

(0) Not applicable (1) Involved (2) Not Involved (9) Not Known ☐

6. Radiotherapy

6.1 (0) Radiotherapy (RT) not planned (1) Yes, RT given as planned ☐

(2) Yes, RT given, but incomplete (3) RT planned but not taken

(*Specify reason*) ..... (*Specify reason*) .....

If (1) or (2) or (3) above,

(a) Planned total RT dose ☐☐☐☐ (cGy)

(b) Setting of RT (1) Neo-adjuvant (2) Definitive (3) Adjuvant ☐

6.2 Type of RT

(a) Teletherapy (External RT) ☐ (b) Brachytherapy ☐ (c) Others (*Specify*)..... ☐

6.3 Teletherapy

(i) Type of Teletherapy (1) Whole Pelvic Irradiation (2) Whole Abdominal Irradiation (WAI) (8) Others (Specify) ..... ☐

(ii) Technique

(a) 2D CRT ☐ (b) 3D CRT ☐ (c) IMRT ☐ (d) IGRT ☐

(e) IORT ☐ (f) SBRT ☐ (g) Electron Beam ☐ (h) Others (*Specify*) ..... ☐

(iii) Type of RT Machine

(1) Linear Accelerator (2) Cobalt (8) Others (*specify*) ..... ☐

	I	II	III
(iv) Details of External RT			
(a) Total Tumour Dose (cGy)	☐☐☐☐	☐☐☐☐	☐☐☐☐
(b) Total Number of Fractions	☐☐	☐☐	☐☐
(c) Fractions/week	☐	☐	☐
(d) Region(s) of Irradiation	.....	.....	.....
(e) Date started	☐☐ ☐☐ ☐☐☐☐ *dd mm yyyy*	☐☐ ☐☐ ☐☐☐☐ *dd mm yyyy*	☐☐ ☐☐ ☐☐☐☐ *dd mm yyyy*
(f) Date ended	☐☐ ☐☐ ☐☐☐☐ *dd mm yy yy*	☐☐ ☐☐ ☐☐☐☐ *dd mm yyyy*	☐☐ ☐☐ ☐☐☐☐ *dd mm yyyy*

(g) Interruption (1) Yes (2) No ☐

6.4 Details of Brachytherapy

(i) Type of Brachytherapy (1) Intracavitary Brachytherapy (HDR/ LDR) (2) Interstitial Brachytherapy (3) Vaginal Brachytherapy ☐

	I	II	III
(ii) Date	☐☐ ☐☐ ☐☐☐☐ *dd mm yyyy*	☐☐ ☐☐ ☐☐☐☐ *dd mm yyyy*	☐☐ ☐☐ ☐☐☐☐ *dd mm yyyy*
	IV	V	> V
	☐☐ ☐☐ ☐☐☐☐ *dd mm yyyy*	☐☐ ☐☐ ☐☐☐☐ *dd mm yyyy*	☐☐ ☐☐ ☐☐☐☐ *dd mm yyyy*

(iii) Planning done with (a) Orthogonal X-Ray ☐ (b) CT Scan ☐ (c) MRI ☐

	I	II	III	IV	V	> V
(iv) Type of Dose Rate (LDR/MDR/HDR/PDR)	.....	.....	.....	.....	.....	.....
(v) Dose in cGy. To ICRU Reference Points/Any Other Specify.....	.....	.....	.....	.....	.....	.....
(vi) Dose Rate in cGy/hr	.....	.....	.....	.....	.....	.....
(vii) Dose to Rectum in cGy	.....	.....	.....	.....	.....	.....
(viii) Dose to Bladder in cGy	.....	.....	.....	.....	.....	.....
(ix) Dose to other OARs in cGy *(specify)*	.....	.....	.....	.....	.....	.....

6.5 Post Operative Adjuvant Sandwich Therapy: (1) Yes (2) No ☐

7. Chemotherapy

7.1 (0) Chemotherapy (CT) not planned (1) Yes, CT given as planned ☐

(2) Yes, CT given, but incomplete (3) CT planned but not taken

If (0) or (2) or (3) above, specify reasons-

(1) Renal Insufficiency (2) Other Medical Conditions (8) Others (*specify*) ..... ☐

7.2 If Yes, CT given as planned: Type of CT

(a) Neo-adjuvant ☐ (b) Concurrent ☐ (c) Adjuvant ☐

(d) Maintenance ☐ (f) Others (*specify*)..... ☐

7.3 Drug(s) comprising CT Regimen

(1) Single (specify)..... (2) Two Drugs (specify)..... ☐

(3) More than two drugs (specify)..... (8) Others (specify).....

7.4 Other Details of CT

Height in cms ☐☐☐ Weight in Kg ☐☐☐ BSA (m^2) ☐☐.☐

(i) 1st Line of CT

(a) Number of Cycles ☐☐

(b) Regimen, specify name _____ Dose _____

(c) Date Started ☐☐☐☐☐☐☐☐ (*dd mm yyyy*) Date of Completion ☐☐☐☐☐☐☐☐ (*dd mm yyyy*)

(d) Intraperitoneal therapy (1) Yes (2) No ☐ If yes, *specify* .....

(ii) 2nd Line of CT

(a) Number of Cycles ☐☐

(b) Regimen, specify name _____ Dose _____

(c) Date Started ☐☐☐☐☐☐☐☐ (*dd mm yyyy*) Date of Completion ☐☐☐☐☐☐☐☐ (*dd mm yyyy*)

(iii) 3rd Line of CT

(a) Number of Cycles ☐☐

(b) Regimen, specify name _____ Dose _____

(c) Date Started ☐☐☐☐☐☐☐☐ (*dd mm yyyy*) Date of Completion ☐☐☐☐☐☐☐☐ (*dd mm yyyy*)

8. Hormone Therapy

(1)Yes (2) No ☐

(a) If Yes, (1) Progesterone (8) Others (*specify*)..... ☐ Dose.....

(b) Date of start ☐☐☐☐☐☐☐☐ (*dd mm yyyy*) Date of completion ☐☐☐☐☐☐☐☐ (*dd mm yyyy*)

9. Targeted Therapy

(1)Yes (2) No ☐

(a) If Yes, Specify Name and Dose.....

(b) Date of start ☐☐☐☐☐☐☐☐ (*dd mm yyyy*) Date of completion ☐☐☐☐☐☐☐☐ (*dd mm yyyy*)

10. Treatment Response –Post Neo-adjuvant therapy (4-6 weeks after Neo-adjuvant treatment)

(1) Complete response – No Evidence of Disease (2) Partial response (3) No change / Stable Disease ☐

(4) Progressive disease (5) Not assessed

11. Treatment Response -Post completion of CDT (3 months after completion of treatment)

(1) Complete response – No Evidence of Disease (2) Partial response (3) No change / Stable Disease ☐

(4) Progressive disease (5) LFU (9) Unknown

12. Date of Completion of Initial Cancer Directed Treatment at RI ☐☐☐☐☐☐☐☐ (*dd mm yyyy*)

13. Complications during Treatment

(1) Yes (2) No ☐

If Yes (Record if Grade III & above),

(a) Bone Marrow Suppression ☐ (b) Nausea/ Vomiting ☐ (c) Renal Dysfunction ☐

(d) Neurotoxicity ☐ (e) Perforation ☐ (f) Obstruction ☐

(g) Diarrhoea ☐ (h) Ototoxicity ☐ (i) Any others (*Specify*)..... ☐

14. ECOG SCORE after Treatment (0-5) ☐

(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

15. Status of the patient at the completion of Treatment

(1) Alive (2) Dead ☐

16. If Dead,

16.1 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.....

16.2 Date of Death: ☐☐☐☐☐☐☐☐ (*dd mm yyyy*)

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

_____

_____

_____

_____

_____

_____

_____

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

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

1. **Due Date for follow up** dd mm yyyy

Date of Actual Follow-up dd mm yyyy

Follow-up Visit No. ☐☐

2. Method of Follow-up

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

3. Status at Follow-up

(1) Alive (2) Dead ☐

4. 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

4.1 Date of Recurrence: dd mm yyyy

4.2 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

4.3 Treatment if 4.2 above indicates presence of disease

(1) Yes, Treatment given (2) Treatment not taken ☐

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

_____

_____

5. Late Complications of CDT

(1) Yes (2) No ☐

If Yes (Record if Grade III & above- multiple options),

(a) Bone Marrow Suppression	☐	Grade ☐	Date of Diagnosis dd mm yyyy
(b) Nausea/ Vomiting	☐	Grade ☐	Date of Diagnosis dd mm yyyy
(c) Renal Dysfunction	☐	Grade ☐	Date of Diagnosis dd mm yyyy
(d) Neurotoxicity	☐	Grade ☐	Date of Diagnosis dd mm yyyy
(e) Diarrhoea	☐	Grade ☐	Date of Diagnosis dd mm yyyy
(f) Ototoxicity	☐	Grade ☐	Date of Diagnosis dd mm yyyy
(g) Perforation	☐		Date of Diagnosis dd mm yyyy

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

(h) Obstruction ☐ Date of Diagnosis dd mm yyyy

(i) Any others (*Specify*)..... ☐ Date of Diagnosis dd mm yyyy

6. Second Primary

(1) Yes, evidence of second primary (2) No evidence of second primary ☐

If Yes,

6.1 Site of Second Primary (ICD-O-3) (Topography) C .

6.2 Histology of Second Primary (ICD-O-3) (Morphology) M /

6.3 Metastatic Site of Second Primary (ICD-O-3) C .

6.4 Metastatic Histology of Second primary M /

6.5 Method of Diagnosis

(1) Clinical Only (*specify*)..... (2) Microscopic (*specify*)..... ☐

(3) X-Ray/ Imaging Techniques (*specify*)..... (8) Others (*specify*).....

6.6 Date of Diagnosis: dd mm yyyy

6.7 Details of Treatment and Outcome:

7. If Dead,

7.1 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.....

7.2 Date of Death: dd mm yyyy

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

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