## Intervention and Treatment Form If a new lesion is identified at a later point and new treatments are performed, please use a new form. Resection Was resection performed? O no O ves O refused If no or refused, give Date aborted due to positive mediastinoscopy or other (DD/Mmm/YYYY) reasons 0 ? If no or refused, give Reason If yes, where was it If no, go to Radiotherapy/Chemotherapy Section performed? Procedure Date Location of Procedure (DD/Mmm/YYYY) Indication for Treatment Specify/Comments □ RUL endobronchial □ LUL □ RML пи □ mediastinum Lesion Site □ RLL □ pleura □ L hilum ☐ L lingula ☐ R hilum ☐ other (specify) Extent of Surgery Extent (specify) Additional surgery for same lesion? O no O Date (DD/Mmm/YYYY) Comments Discharge Date (DD/Mmm/YYYY) O no O yes Complications during Surgery? If yes, specify: Complications during hospital stay? ○ no ○ yes If yes, indicate length of stay (days): and specify: Ticcua O Benjan O Invasive lung cancer O Minimally invasive lung cancer O Non-lung cancer diagnosis O Adenocarcinoma in Atypical adenomatous O Non-diagnostic hyperplasia Histology O Non-small cell lung cancer. Select one: O Invasive adenocarcinoma Large cell carcinoma Adenosquamous cell carcinoma Squamous cell carcinoma O Undifferentiated or poorly differentiated Other, specify: carcinoma O High grade neuroendocrine tumor (small cell lung cancer) Low grade neuroendocrine tumor (carcinoid) O Intermediate grade neuroendocrine tumor (atypical carcinoid) Length Pathology Tumor Size (mm) Width Height Not Applicable (Specify) Specify ☐ Major Vascular ☐ Pleura Invasion of Other Structures O no O yes Location ☐ Mediastinum ☐ Chest Wall Other (Specify) Specify O no O yes **Evidence of Metastasis** Specify Pre-Surgical TNM Status 🕡 Not Applicable (Specify) Specify Post-Surgical TNM Status Not Applicable (Specify) Specify Other Findings / Comments Radiotherapy

O no O ves O ? O refused

Radiotherapy

Refusal Date

(DD/Mmm/YYYY)