

IELCART Intervention and Surgical Treatment Form 1

Help

Clinical TNM Status
(8th Edition)
 - -
Not Applicable (Specify) ☐Specify Clinical TNM Status
(8th Edition Modified)
 - -
Not Applicable (Specify) ☐Specify Clinical staging based on: ☐ only CT ☐ only PET ☐ both ☐ otherIf other, specify:

Referring Physician

Referring Physician's
Phone

Referring Physician's Fax

Treating Physician

Treating Physician's Phone

Treating Physician's Fax

Lesion Site

 -
Specify

Indication for Treatment

 -

Specify/Comments

Treatment Option

 -
Specify

Treatment Date

(DD/Mmm/YYYY)

If "Radiation Therapy" selected, **STOP HERE** and open the Radiation Treatment form.If "Chemotherapy" selected, **STOP HERE** and open the Chemotherapy form.If "Watchful Waiting" selected, please specify and **STOP HERE**.If "Other" selected, please specify and **STOP HERE**.

Surgical Treatment Information

Pulmonary Function Test Data

☐ Have you had a pulmonary function test? ☐ no ☐ yes

(Values are not required)

FEV1 (L/s) FVC (L) FEV1/FVC (%) Carbon Monoxide (ppm)

Mediastinoscopy

Was mediastinoscopy performed? ☐ no ☐ yesIf yes, add information to the **Lymph Node Status** grid below.

These should be in addition to any nodes resected during surgery, if performed.

Procedure Date

(DD/Mmm/YYYY)

Location of Procedure

Physician

Physician's Phone

Physician's Fax

Specimen ID

Resection

Was resection performed?

☐ no ☐ yes ☐ refused☐ aborted due to positive mediastinoscopy or other reasons ☐ ?

If no or refused, give Date

(Mmm/YYYY)

If no or refused, give Reason

Location of Procedure

Type of Surgery

☐ VAT ☐ Thoracotomy ☐ Robotic-Assisted
☐ Other:

Was there a conversion of VATS to open?

☐ no ☐ yes

Extent of Surgery

 -

Extent (specify)

For all resections, please fill out the following questions on the resection margin.

Distance to the resection margin
(mm):

Method of margin measurement:

☐ gross ☐ micro

Which Margin?

☐ Staple Line ☐ Bronchial
☐ Parenchymal ☐ Vascular ☐ Other

Margin Comments**Margin measured with staples:**

☐ removed ☐ intact ☐ unknown

If initial margin positive, was additional margin sent?

☐ no ☐ yes ☐ n/a

Additional specimens sent?**Specimen ID****Additional surgery for same lesion?** ☐ no ☐ yes**Date (DD/Mmm/YYYY)****Comments****Discharge Date (DD/Mmm/YYYY)****Complications during Surgery?** ☐ no ☐ yes**Comments****Complications during hospital stay?** ☐ no ☐ yes**Comments****Date of chest tube removal (DD/Mmm/YYYY):****60-day vital status****Pathology Tumor Size (mm)****Length****Width****Height****Not Applicable (Specify)** ☐**Invasion of Other Structures**

☐ no ☐ yes

Specify**Location****Specify**

☐ Major Vascular ☐ Pleura
☐ Angiolymphatic ☐ Other (Specify)

T Staging**T2 Cen:**

☐ Main Bronchus (Not Carina) ☐ Atelectasis to Hilum

T3 Inv:

☐ Chest Wall ☐ Pericardium
☐ Phrenic Nerve

T4 Inv:

☐ Mediastinum ☐ Diaphragm
☐ Heart ☐ Great Vessels
☐ Recurrent Laryngeal Nerve ☐ Carina
☐ Trachea ☐ Esophagus
☐ Spine

Lymph Nodes Status (N)**Lymph Nodes (AJCC Levels)**None Resected Shortcut ☐

Node	N1	N2R	N2L	N3	N4R	N4L	N5	N6	N7	N8	N9
Resected	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes
Number Resected	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Number Positive	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Node	N10R	N10L	N11R	N11L	N12R	N12L	N13R	N13L	N14R	N14L	Peribronchial Lymph Nodes	Location Unspecified
------	------	------	------	------	------	------	------	------	------	------	---------------------------	----------------------

Resected	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes
Number Resected	—	—	—	—	—	—	—	—	—	—	—	—
Number Positive	—	—	—	—	—	—	—	—	—	—	—	—
Specify Location	_____											

Additional Lesions					<input type="radio"/> no <input type="radio"/> yes	Number	—
Lesion	Location	Length (mm)	Width (mm)	Height (mm)	Pathologic Diagnosis	Specify	Seen on CT
1	<input type="text"/>	—	—	—	<input type="text"/>	_____	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?
2	<input type="text"/>	—	—	—	<input type="text"/>	_____	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?
3	<input type="text"/>	—	—	—	<input type="text"/>	_____	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?
4	<input type="text"/>	—	—	—	<input type="text"/>	_____	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?
T3 Satell <input type="checkbox"/>		T4 Ipsi Nod <input type="checkbox"/>					

Evidence of Metastasis	<input type="radio"/> no <input type="radio"/> yes	Specify	_____
M Staging (8th edition)	<input type="text"/>		

Post-Surgical TNM Status (8th Edition Modified)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Not Applicable (Specify) <input type="checkbox"/>	Specify _____
Post-Surgical TNM Status (8th edition)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Not Applicable (Specify) <input type="checkbox"/>	Specify _____

Other Findings / Comments

Date of Baseline CT _____	Date of Most Recent CT _____
Total Number of Non-Calcified Nodules (parenchymal and endobronchial)	Total Number of Nodules (parenchymal and endobronchial)

Update the Nodule Status, Action, and Pathologic Diagnosis for each of the nodules affected by this procedure.
Enter any pathologic details given in the surgical pathology report in the Surgical Pathology Details field.
Update the Follow-up section.

Nodule ID	Nodule 1	Nodule 2	Nodule 3	Nodule 4	Nod
Is it new?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Endobronchial?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Most Likely Location	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Distance from the costal pleura (mm)	—	—	—	—	—
Distance to mediastinal pleura (mm)	—	—	—	—	—
Distance to diaphragmatic pleura (mm)	—	—	—	—	—
Length (mm)	—	—	—	—	—
Maximum Width (mm)	—	—	—	—	—
Height (mm)	—	—	—	—	—
Nodule Consistency	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Solid Comp. Length x Width x Height (mm)	<input type="text"/> x <input type="text"/> x <input type="text"/>	<input type="text"/> x <input type="text"/> x <input type="text"/>	<input type="text"/> x <input type="text"/> x <input type="text"/>	<input type="text"/> x <input type="text"/> x <input type="text"/>	<input type="text"/> x <input type="text"/>
Smooth Edges	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> C
Calcifications c/w Benignity	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> C
Abuts the Main Bronchus	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> C
Spiculations / Pleural Tags	<input type="radio"/> absent <input type="radio"/> present	<input type="radio"/> absent <input type="radio"/> present	<input type="radio"/> absent <input type="radio"/> present	<input type="radio"/> absent <input type="radio"/> present	<input type="radio"/> absent
Parenchymal Abnormality within 1 cm	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> ?	<input type="radio"/> no <input type="radio"/> C
Nodule seen in series	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nodule seen in images	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nodule Status	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Action	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pathologic Diagnosis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Surgical Pathology Details

Emphysema	<input type="checkbox"/> n/v	<input type="text"/>
Pleural Effusion	<input type="checkbox"/> n/v	<div>Left <input type="text"/></div> <div>Right <input type="text"/></div>
Coronary Calcification	<input type="checkbox"/> n/v	<div>Left Main <input type="text"/></div> <div>LAD <input type="text"/></div> <div>Circumflex <input type="text"/></div> <div>RCA <input type="text"/></div>
Pericardial Effusion	<input type="checkbox"/> n/v	<div>Severity <input type="text"/></div>

Other Parenchymal or Pleural Abnormalities ☐ no ☐ yes ☐ n/v

		RUL	RML	RLL	LUL	LLL
Non-obstructive atelectasis	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bronchiectasis/Small Airways Disease	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cysts/Blebs/Bullae	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral honeycombing (small cysts less than 10 mm in diameter)	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scarring	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		apical	<input type="checkbox"/> unilateral	<input type="checkbox"/> bilateral		
Pleural Plaques	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/> Calcifications	<input type="checkbox"/> Right	<input type="checkbox"/> Left		
Pleural Thickening	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/v	<input type="checkbox"/> Right	<input type="checkbox"/> Left			
Bronchial Resection Margin	<input type="radio"/> N/A <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> n/v	<input type="checkbox"/> Right	<input type="checkbox"/> Left			

Additional Comments on Parenchymal or Pleural Abnormalities (including post-op changes)

Neck and Mediastinal Abnormalities

CT Findings ☐ no ☐ yes ☐ n/v

Thyroid

☐ no ☐ yes ☐ n/v
☐ Calcification ☐ Cyst ☐ Mass ☐ Other

PET Findings

N/A ☐

Specify:

☐ - ☐ + ☐ ?

Thymus

(abnormal if ovoid > 7 mm or if thymic shape with width > 1.3cm)

☐ no ☐ yes ☐ n/v☐ Calcification ☐ Cyst ☐ Mass ☐ Other**Specify:**☐ - ☐ + ☐ ?**Lymph Nodes**

Any enlarged or growing hilar or mediastinal lymph nodes (short axis > 10mm) (any size for para-esophageal)

☐ no ☐ yes ☐ n/v**Level**☐ N1 (high mediastinal)
☐ N2R ☐ N2L (upper paratracheal)
☐ N3 (prevascular,retrotracheal)
☐ N4R ☐ N4L (lower paratracheal)
☐ N5 (subaortic (A-P window))
☐ N6 (para-aortic)
☐ N7 (subcarinal)
☐ N8 (para-esophageal) (any size)
☐ N9 (pulmonary ligament)
☐ N10R ☐ N10L (hilar)☐ - ☐ + ☐ ?

Any calcified hilar or mediastinal lymph nodes

☐ no ☐ yes ☐ n/v**Other Vascular Abnormalities**☐ no ☐ yes ☐ n/v☐ Aorta ☐ Pulmonary arteries ☐ Other**Specify:****Esophageal**☐ no ☐ yes ☐ n/v☐ Air-fluid level ☐ Wall thickening
☐ Mass ☐ Other**Specify:**☐ - ☐ + ☐ ?**Other Mediastinal Masses**☐ no ☐ yes ☐ n/v☐ Calcification ☐ Cyst ☐ Mass ☐ Other**Specify:**☐ - ☐ + ☐ ?**Additional Comments on Neck and Mediastinal Abnormalities****Breast Abnormalities****CT Findings** ☐ no ☐ yes ☐ n/v**Specify****PET Findings****Right Breast** ☐ no ☐ yes ☐ n/v ☐ Calcification ☐ Cyst ☐ Mass ☐ Other

☐ - ☐ + ☐ ?**Left Breast** ☐ no ☐ yes ☐ n/v ☐ Calcification ☐ Cyst ☐ Mass ☐ Other

☐ - ☐ + ☐ ?**Lymph Node** ☐ no ☐ yes ☐ n/v Enlarged, growing axillary lymph nodes w/o central fat

☐ - ☐ + ☐ ?**Additional Comments on Breast Abnormalities****Abdominal Abnormalities****CT Findings** ☐ no ☐ yes ☐ n/v**Specify****PET Findings****Gall Bladder** ☐ no ☐ yes ☐ n/v ☐ Cholecystectomy ☐ Stones ☐ Sludge ☐ Other

☐ - ☐ + ☐ ?**Spleen** ☐ no ☐ yes ☐ n/v ☐ Calcification ☐ Cyst ☐ Mass ☐ Other

☐ - ☐ + ☐ ?**Liver** ☐ no ☐ yes ☐ n/v ☐ Calcification ☐ Cyst ☐ Mass ☐ Other

☐ - ☐ + ☐ ?**Pancreas** ☐ no ☐ yes ☐ n/v ☐ Calcification ☐ Cyst ☐ Mass ☐ Other

☐ - ☐ + ☐ ?**Adrenals** ☐ no ☐ yes ☐ n/v ☐ Calcification ☐ Cyst ☐ Mass ☐ Other

☐ - ☐ + ☐ ?**Kidneys** ☐ no ☐ yes ☐ n/v ☐ Calcification ☐ Cyst ☐ Mass ☐ Other

☐ - ☐ + ☐ ?**Additional Comments on Abdominal Abnormalities****Bone Abnormalities**

CT Findings**Bones** ☐ no ☐ yes ☐ n/v**PET Findings**☐ - ☐ + ☐ ?**Specify Bone Abnormalities**

Summary of interventions for this malignancy.

First Intervention

(DD/Mmm/YYYY) _____

Most Recent Intervention

(DD/Mmm/YYYY) _____

Follow-up**Imaging Follow-up:**

-

When:☐ now ☐ 1 month ☐ 3 months ☐ 6 months ☐ 1 year ☐ other**Follow-up Date**

(DD/Mmm/YYYY) _____

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