**CERVICAL CANCER**

**Kalafong Hospital**

**Patient details**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hosp nr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID nr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone nr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternative tel.nr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CD4 Count:

HIV Positive

HIV Negative

**FIGO Stage Tumor size** (whatever clinically assessed)

IIa1

IIa2

Unknown

>4cm

<4cm

Ib2

Ia1

Ib1

Ia2

IVb

IVa

Unknown

IIIb

IIIa

IIb

**For stage Ib1: depth of invasion** (mm)(2 digits)

**Use of imaging diagnostic tools**

Yes

Unknown

Other

PET

Ultrasound

CT

MRI

Unknown

No

If yes

**Site of distant metastases**

Brain

Bone

Unknown

Bowel

Nil

Liver

Lung

Other

**Histology**

Clear cell

Adenosquamous

Adeno

Squamous

Unknown

Other

**Differentiation Lymphovascular space involvement**

1 (well)

Unknown

3 (poorly)

Unknown

Absent

Present

2 (moderately)

**Primary Treatment Performed** (RT = Radiotherapy, CT = Chemotherapy, CRT = Chemoradiation)

Date of treatment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unknown

Surgery + adjuvant RT/CRT

Neo adjuvant CT + surgery

RT alone

Surgery alone

Nil

Chemoradiation

Surgery + adjuvant CT

CT alone

Other

**Type of surgery** (RH= Radical hysterectomy; RT + Radical Trachelectomy; VH = Vaginal Hysterectomy; LND= pelvic/paraortic lymphadenectomy)

VH with LND

VH no LND

TAH with LND

TAH, no LND

RT with LND

RT no LND

Amputation of cervix

Conization

RH with LND

Rad VH no LND

Rad VH with LND

Any kind of exenteration

Unknown

Other

RH no LND

Date of surgery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Radiotherapy**

Ext pelvic paraortic + intracavitary

External pelvic + intracavitary

External pelvic + paraortic

External pelvic RT

Intracavitary

Unknown

2009

Date ended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date started \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Chemotherapy**

Specify type and drugs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Started \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Response to treatment Date of assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Complete

Stable disease

Partial

Progressive disease

Not assessable

Unknown

**Surgical pathological evaluation**

>4cm

<4cm

Unknown

**Tumor size**

**Lymphnode involvement at surgery** (histologically proven) **Nodes involved**

Only pelvic

Pelvic + paraortic

Only paraortic

Unknown

Unknown

Neg nodes

Pos nodes

Not evaluated

**Number of nodes examined Number of nodes positive**

Paraortic =

Pelvic =

Paraortic =

Pelvic =

**Relapse**

Unknown

No

Yes

**Date of relapse diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site of relapse**

Unknown

Local and metastatic

Metastatic

Local

**Treatment at relapse** (RT = Radiotherapy, CT = Chemotherapy, CRT = Chemoradiation, HT = Hormone Therapy )

Unknown

Other

CT + RT

Surgery + RT

CT

RT

Surgery

Nil

**Follow-up Date of follow-up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last known vital status of patient**

Dead

Alive with disease

Alive and no evidence of disease

Alive (unknown disease status)

**Death**

**Cause of death**

2009

Unknown cause

Intercurrent disease

Treatment related cause

Other primary cancer

Ca Cx

Date of death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_