

NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH

NATIONAL CANCER REGISTRY PROGRAMME

Indian Council of Medical Research

PATTERNS OF CARE AND SURVIVAL STUDIES

Patient Information Form - Head & Neck Cancers

A. IDENTIFYING, DEMOGRAPHIC AND DIAGNOSTIC INFORMATION

1. Name of Participating Centre Centre Code

2. Registration Number (as in HBCR)
(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 yy

3.4 Case Registered As

(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. Date of First Diagnosis
(Date of first attendance to any hospital for this disease)
dd mm yy

5. Full Name of Patient
(At least one name is compulsory) First Second Last

6. Name of Spouse / Father / Mother / Caretaker (give any two names)

..... Name Mobile No. Name Mobile No.

7. Place of Residence: Permanent place of residence (where the person has been residing for the past one year (at least))

Urban Areas (Town / city / any other)

Non-urban / Rural Areas

House No.....

House No. and Ward

Road / Street Name.....

Name of Gram Panchayat / Village, etc:

Area / Locality.....

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

Ward / Corporation / Division

.....

Name of City / Town

Name of PHC / Sub Centre

Name of District (in capitals) Postal Pin Code

Telephone No(s): Off. Res.

Mobile No. Email ID

Aadhaar (Unique Identification) No.

8. Duration of Stay (at the permanent place of residence (in years))

9.1 Local Address

 Name of City/Town/District.....
 Pin Code

9.2 Name & Address of Referring / Family Doctor

 Name of City/Town/District.....
 Pin Code

10. Age (in years)

Date of Birth
dd mm yy

11. Sex (1) Male (2) Female (8) Others

12. Method of Diagnosis
 (1) Clinical Only (2) Microscopic (3) X-Ray / Imaging Techniques
 (8) Others (9) Unknown

<p>Microscopic (if 2 above)</p> <p>(1) Histology of Primary <input type="checkbox"/></p> <p>(2) Histology of Metastasis <input type="checkbox"/></p> <p>(3) Cytology of Primary <input type="checkbox"/></p> <p>(4) Cytology of Metastasis <input type="checkbox"/></p>	<p>X-Ray / Imaging Techniques (if 3 above)</p> <p>(1) X-Ray <input type="checkbox"/></p> <p>(2) Isotopes <input type="checkbox"/></p> <p>(3) Angiography <input type="checkbox"/></p> <p>(4) Ultrasonogram <input type="checkbox"/></p> <p>(8) All Others (specify)..... <input type="checkbox"/></p>	<p>Others (if 8 above)</p> <p>(1) Surgery or Autopsy without Histology <input type="checkbox"/></p> <p>(2) Specific Biochemical and / or Immunological Tests <input type="checkbox"/></p> <p>(8) Others (specify)..... <input type="checkbox"/></p>
--	--	--

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

14. Complete Pathological Diagnosis: (With complete description of Primary Site of Tumour and Morphological Diagnosis)

14.1 Primary Site of Tumour - Topography.....

14.2 Morphology.....

14.3 Pathology Slide No. Date
dd mm yy

15. Coding According to ICD-O-3:

15.1 Primary Site of Tumour - Topography **C**
(Include sub-site if any)

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

15.3 Secondary Site of Tumour..... **C**
C

15.4 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.

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

17. Sequence
 (0) One Primary Only (1) First of two or more primaries (2) Second of two or more primaries
 (3) Third of three or more primaries (4) Fourth of four or more primaries (5) Fifth of five or more primaries
 (6) Sixth of six or more primaries (7) Seventh of seven or more primaries (8) Eighth or later primary
 (9) Unspecified sequence number (Unknown)

B. DETAILS OF SOCIOECONOMIC STATUS, FAMILY INCOME, OCCUPATION, ETC.

<i>Habits</i>	<i>Yes</i>	<i>No</i>	<i>Unknown</i>	<i>Co-Morbid Conditions</i>	<i>Yes</i>	<i>No</i>	<i>Unknown</i>
(1) No specific habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Cigarette Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Beedi Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Tobacco chewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Ischaemic Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Alcohol consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) Bronchial Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Use of Misheri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) Allergic Conditions (<i>specify</i>).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Pan-masala chewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7) Hepatitis / HBsAg +ve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) Use of snuff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8) Others (<i>specify</i>).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) Betel nut chewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(10) AIDS/HIV +ve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10) Gutkha chewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

C. DETAILS OF STAGE (*Tick (✓) as appropriate*)

1. Staging System Followed

(1) TNM staging (8) Others (*specify*)..... (9) Unknown

2. Staging Done at

(1) Reporting institution (2) Previous institution
(8) Others (*specify*)..... (9) Unknown

3. Stage - UICC

3.1 TNM stage

T TX T0 Tis T1
T2 T2a T2b T3 T4 T4a T4b Unknown

Size of Primary in cms ×

N NX N0 N1 N1a N1b
N2 N2a N2b N2c N3 N3a N3b Unknown

Size in cms of largest Node × Ipsilateral Node × Contralateral Node

Specify level (s) 1 2 3 4 5
6 7 1 2 3 4 5
6 7

M MX M0 M1 Unknown

3.2 Stage grouping

I II III IV
 IVA IVB IVC Unknown

3.3 Pre-malignant Lesion

	Present	Not Present	Unknown
(1) Leukoplakia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Erythroplakia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Sub-mucosal Fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) Others (specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Investigations for Staging

	Yes	No	Unknown		Yes	No	Unknown
(1) Chest X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Other X-ray (specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) CT-Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Barium Swallow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) Ultrasonogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Endoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8) Others (specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify any relevant abnormal findings _____

5. The Actual Assessment of Staging was Done by:

(1) One Consultant Oncologist (CO) only	<input type="checkbox"/>	(2) Two COs from same department	<input type="checkbox"/>
(3) Two COs from different departments	<input type="checkbox"/>	(4) Tumour Board/Joint Clinic	<input type="checkbox"/>
(8) Others (specify).....	<input type="checkbox"/>	(9) Unknown	<input type="checkbox"/>

D. DETAILS OF CANCER DIRECTED TREATMENT (CDT) (Tick (✓) as appropriate)

6. Treatment Given Prior to Registration at Reporting Institution (RI)

(0) No (2) Yes (9) Unknown

If Yes,

6.1 Type of Prior Treatment Given:

	Yes	No	Unknown	If yes, Date	from	to
(1) Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(2) Radiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(3) Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(8) Others (specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

dd mm yy dd mm yy

6.2 Details of Prior Treatment (Including treatment interruption and complications)

7. Treatment at Reporting Institution

7.1 Intention to Treat

(1) Curative/Radical (2) Palliative (3) No treatment (9) Unknown

7.2. If Palliative yes,

- (1) Palliative RT only (2) Palliative RT + CT (3) Palliative CT only
- (4) Pain & Symptom Relief Drugs (specify)..... (5) Palliative Surgery
- (8) Others (specify)..... (9) Unknown

7.3 Type of Cancer Directed Treatment Planned at Reporting Institution:

- | | Yes | No | Unknown |
|---------------------------|--------------------------|--------------------------|--------------------------|
| (1) Surgery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Radiotherapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Chemotherapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (8) Others (specify)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Performance Status (WHO) before treatment

- (0) Able to carry out all normal activity without restriction
- (1) Restricted in physically strenuous activity but ambulatory and able to carry out light work
- (2) Ambulatory and capable of all self-care but unable to carry out any work; 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
- (9) Unknown

9. Surgery

- 9.1 (0) Surgery not planned (1) Yes, done as planned
- (2) Surgery planned but not taken (8) Others (specify).....
- (9) Unknown

- 9.2 Date(s) of surgical procedure

<i>dd</i>	<i>mm</i>	<i>yy</i>

<i>dd</i>	<i>mm</i>	<i>yy</i>

Specify type of procedure

9.3 Type of Surgical Procedure

A. LIP:

- 1. Wide excision
- 2. Lip shave
- 3. Composite resection with marginal mandibulectomy
- 4. Composite resection with segmental mandibulectomy

- 4. Composite resection with hemi-mandibulectomy
- 5. Composite resection with mandibulectomy

B. FLOOR OF MOUTH:

- 1. Peroral
- 2. Composite resection with marginal mandibulectomy
- 3. Composite resection with segmental mandibulectomy

C. ORAL TONGUE:

- 1. Wide excision
- 2. Hemi-glossectomy
- 3. Peroral subtotal / ant 2/3rd glossectomy
- 4. Composite resection with marginal mandibulectomy
- 5. Composite resection with segmental/hemi-mandibulectomy
- 6. Pull through glossectomy

Others (specify): _____

D. ALVEOLO-BUCCAL:

- 1. Peroral wide excision
- 2. Composite resection with marginal mandibulectomy
- 3. Composite resection with segmental mandibulectomy
- 4. Composite resection with hemi/ more mandibulectomy
- 5. Bite resection
- 6. Upper alveolectomy peroral

E. OROPHARYNX:

- 1. Tonsil composite resection
- 2. Base tongue composite resection
- 3. Soft palate excision

F. PARA NASAL SINUS:

- 1. Caldwell luc
- 2. Partial maxillectomy
- 3. Total maxillectomy
- 4. Radical maxillectomy
- 5. Ant craniofacial resection
- 6. Median maxillectomy
- 7. Ethmoidectomy

G. LARYNX:

- 1. Horizontal supraglottic
- 2. Vertical hemilaryngectomy/fronto-lateral
- 3. Near total laryngectomy
- 4. Total laryngectomy with TEP
- 5. Total laryngectomy without TEP

H. HYPO-PHARYNX:

- 1. Lateral pharyngectomy
- 2. TL with partial pharyngectomy & primary closure
- 3. TL with partial pharyngectomy & reconstruction
- 4. Total laryngo pharyngectomy with GPU
- 5. Total laryngo pharyngectomy with free jejunal flap.

I. SALIVARY GLAND:

- 1. Superficial parotidectomy
- 2. Total parotidectomy
- 3. Radical parotidectomy
- 4. Submandibular gland excision
- 5. Excision of minor salivary gland
- 6. Composite Resection

Others (specify): _____

J. THYROID:

- 1. Hemi thyroidectomy
- 2. Total thyroidectomy
- 3. Subtotal thyroidectomy
- 4. Near total thyroidectomy

K. TRACHEA:

- 1. Circumferential tracheal resection
- 2. Partial tracheal resection

L. NECK:

- 1. Excision of para pharyngeal mass
- 2. Excision of neck Soft tissue sarcoma

M. FACE:

- 1. W/e for skin cancer face
- 2. W/e nose

N. EAR:

- 1. Excision of pinna total
- 2. Excision of pinna partial
- 3. Sleeve resection of external auditory canal
- 4. Temporal bone excision

O. SURGERY FOR NECK:

- 0. No surgery for Neck
- 1. Ipsilateral neck dissection (RND)
- 2. Ipsilateral XI th nerve sparing neck dissection
- 3.. Ipsilateral FND
- 4. Ipsilateral SOHD
- 5. B/I SOHD
- 6. 1 or 2 with contralateral SOHD
- 7. Bilateral MND
- 8. Bilateral II / III / IV node dissection
- 9. Ipsilateral II / III / IV node dissection
- 10. Central compartment clearance

RECONSTRUCTION:

- 1. No Reconstruction
- 2. PMMC
- 3. Local
- 4. PMMC + DP
- 5. Forehead flap
- 6. Estlander
- 7. SSG
- 8. Free flap

10. Surgical Histopathology Findings

10.1 Size of Primary (in cms.) ×

10.2 Infiltration

	Not Applicable	Present	Absent	Unknown
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cartilage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft tissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.3 Sub-mucosal Spread

10.4 Invasion

Lymphatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perineural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.5 Cut Margin

(0) Not applicable (1) Negative (2) Close (3) Positive (4) Ca-In- Situ (9) Unknown

10.6 Closest Cut Margin (in mm)

10.7 Nodes If Present size of largest node (in cms) ×

(0) Not applicable (1) Negative for Mets. (2) Ipsilateral Positive
 (3) Contralateral Positive (4) Bilateral Positive (9) Unknown

10.8 Ipsilateral Nodes: Number of nodes dissected Number of nodes positive

Level of node positivity (0) Not applicable (1) Single Level (2) Multiple Levels (9) Unknown

10.9 Contralateral Nodes: Number of nodes dissected Number of nodes positive

Level of node positivity (0) Not applicable (1) Single Level (2) Multiple Levels (9) Unknown

10.10 Peri/Extranodal Extension.

(0) Not applicable (1) Present (2) Absent (9) Unknown

10.11 Pathological Stage

pT pTX pT0 pTis pT1
 pT2 pT2a pT2b
 pT3 pT4 pT4a pT4b Unknown
 pN pNX pN0 pN1 pN1a pN1b
 pN2 pN2a pN2b pN2c pN3 pN3a pN3b Unknown
 pM pMX pM0 pM1 (specify)..... Unknown

10.12 R Classification RX R0 R1 R2 Unknown

11. Radiotherapy

- 11.1 (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).....
 (8) Others (specify)..... (9) Unknown

11.2 Type of RT

- (1) Teletherapy (External RT) (2) Brachytherapy (8) Others (specify).....

11.3(a) Details of Teletherapy

- (1) 2DCRT (2) 3DCRT (3) IMRT (4) IGRT (5) IORT
 (6) Tomotherapy (7) Electron Beam (8) Others (specify).....

11.3(b) Type of RT Machine

- (1) Linear Accelerator (2) Cobalt (8) Others (specify).....

11.3(c) Details of External RT

	I	II	III
Technique (specify)
Type of beam (Photon/Electron)
Energy
Field Size
Total No. of Fields
Total Tumour Dose (cGy)
Total No. of Fractions
Fractions/week
Region(s) of Irradiation
Interruption - YES (Y) / NO (N)
If yes, specify reason for interruption

Date first started	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date last ended	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>dd mm yy</i>	<i>dd mm yy</i>	<i>dd mm yy</i>

11.4 Details of Brachytherapy

	I	II	III	IV	V	>V
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>dd mm yy</i>	<i>dd mm yy</i>	<i>dd mm yy</i>	<i>dd mm yy</i>	<i>dd mm yy</i>	<i>dd mm yy</i>
Type of Dose Rate (LDR/MDR/HDR/PDR)	.....	.....	.....	.....	.....	.....
Prescribed dose in cGy	.....	.....	.....	.....	.....	.....
Volume of implant	.....	.....	.....	.....	.....	.....
Dose rate in cGy	.....	.....	.....	.....	.....	.....
Date first started	<input type="text"/>	Date last ended <input type="text"/>				
	<i>dd mm yy</i>	<i>dd mm yy</i>				

11.5 If RT alone is given, response of disease (Adopted from WHO)

	Primary	Neck Node		Primary	Neck Node
(0) RT not received	<input type="checkbox"/>	<input type="checkbox"/>	(1) Complete response - No Evidence of Disease	<input type="checkbox"/>	<input type="checkbox"/>
(2) Partial response	<input type="checkbox"/>	<input type="checkbox"/>	(3) No change	<input type="checkbox"/>	<input type="checkbox"/>
(4) Progressive disease	<input type="checkbox"/>	<input type="checkbox"/>	(5) Post Surgical - Adjuvant	<input type="checkbox"/>	<input type="checkbox"/>
(9) Unknown	<input type="checkbox"/>	<input type="checkbox"/>			

11.6 Date(s) of assessment of response to RT alone

Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Neck node(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>dd</i>	<i>mm</i>	<i>yy</i>	<i>dd</i>	<i>mm</i>	<i>yy</i>

12. Chemotherapy

- 12.1 (0) Chemotherapy (CT) not planned (1) Yes, CT given as planned
 (2) Yes, CT given, but incomplete (3) CT planned but not taken
 (8) Others (specify)..... (9) Unknown

12.2 Type of CT

- (1) Anterior/neo-adjuvant/induction (2) Concurrent (3) Adjuvant
 (4) Combination of any of the above (8) Others (specify)..... (9) Unknown

12.3 Other Details of CT

Height in cms. | |
 Weight in Kg. |

Cycles I II III IV V VI >VI

Regimen _____

Date(s) | | | | | |

Day(s) _____

Drug (s)

Name	Dose	Dose	Dose	Dose	Dose	Dose	Dose
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Date of start of First Cycle of CT | | |

Date of completion of Last Cycle of CT | | |

12.4 If CT alone is given, response of disease (Adopted from WHO)

	Primary	Neck Node		Primary	Neck Node
(0) CT not received	<input type="checkbox"/>	<input type="checkbox"/>	(1) Complete response - No Evidence of Disease	<input type="checkbox"/>	<input type="checkbox"/>
(2) Partial response	<input type="checkbox"/>	<input type="checkbox"/>	(3) No change	<input type="checkbox"/>	<input type="checkbox"/>
(4) Progressive disease	<input type="checkbox"/>	<input type="checkbox"/>	(5) Post Surgical - Adjuvant	<input type="checkbox"/>	<input type="checkbox"/>
(9) Unknown	<input type="checkbox"/>	<input type="checkbox"/>			

12.5 Date (s) of assessment of response to CT alone

<i>dd</i>	<i>mm</i>	<i>yy</i>	<i>dd</i>	<i>mm</i>	<i>yy</i>

13. Response of Disease (adopted from WHO), if RT + CT is given

	Primary	Neck Node		Primary	Neck Node
(0) RT + CT not received	<input type="checkbox"/>	<input type="checkbox"/>	(1) Complete response - No Evidence of Disease	<input type="checkbox"/>	<input type="checkbox"/>
(2) Partial response	<input type="checkbox"/>	<input type="checkbox"/>	(3) No change	<input type="checkbox"/>	<input type="checkbox"/>
(4) Progressive disease	<input type="checkbox"/>	<input type="checkbox"/>	(5) Post Surgical - Adjuvant	<input type="checkbox"/>	<input type="checkbox"/>
(9) Unknown	<input type="checkbox"/>	<input type="checkbox"/>			

13.1 Date (s) of assessment of response to RT + CT

Primary						
Neck node(s)						
	<i>dd</i>	<i>mm</i>	<i>yy</i>	<i>dd</i>	<i>mm</i>	<i>yy</i>

14.1 Date of Completion of Initial Cancer Directed Treatment at RI

<i>dd</i>	<i>mm</i>	<i>yy</i>

14.2 Complications During Treatment

(0) No (2) Yes (9) Unknown

If Yes,

Nature of Complication(s)	Maximum Grade	Date of Onset	Resolved		Date last seen (if resolved)
			Yes	No	
_____	_____				
_____	_____				
_____	_____				
_____	_____				
_____	_____				

15 Performance Status at 6-12 Weeks of Completion of all of CDT

(0) Able to carry out all normal activity without restriction

(1) Restricted in physically strenuous activity but ambulatory and able to carry out light work

(2) Ambulatory and capable of all self-care but unable to carry out any work; 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

(9) Unknown

15.1 Date of Assessment of Performance Status

<i>dd</i>	<i>mm</i>	<i>yy</i>

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

16. Due Date for Follow up

<i>dd</i>	<i>mm</i>	<i>yy</i>

Date of Actual Follow-up

<i>dd</i>	<i>mm</i>	<i>yy</i>

Follow-up Visit No.

--	--

16.1 Method of Follow-up

- (0) No follow-up (1) Hospital visit (2) By post
 (3) Through telephone (4) Home visit (8) Others (*specify*)..... (9) Unknown

16.2. Vital Status

- (1) Alive (2) Dead (9) Unknown

16.3 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

16.4 If disease is present, indicate basis of diagnosis

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

16.5 Treatment if 16.3 above indicates presence of disease

- (0) No treatment (2) Yes, treatment given (9) Unknown

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

16.7 Late Complications of CDT

- (0) No (2) Yes (9) Unknown

If Yes,

Nature of Complication(s)	Maximum Grade	Date of Onset	Resolved		Date last seen (if resolved)						
			Yes	No							
_____	_____	<table border="1"><tr><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td></tr></table>				<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td></tr></table>			
_____	_____	<table border="1"><tr><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td></tr></table>				<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td></tr></table>			
_____	_____	<table border="1"><tr><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td></tr></table>				<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td></tr></table>			
_____	_____	<table border="1"><tr><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td></tr></table>				<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td></tr></table>			
_____	_____	<table border="1"><tr><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td></tr></table>				<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td></tr></table>			
_____	_____	<table border="1"><tr><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td></tr></table>				<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td></tr></table>			
_____	_____	<table border="1"><tr><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td></tr></table>				<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td></tr></table>			
_____	_____	<table border="1"><tr><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td></tr></table>				<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td><td style="width: 33px; height: 27px;"></td></tr></table>			

17. Second Primary

(0) No evidence of second primary (2) Yes, evidence of second primary (9) Unknown

If Yes,

17.1 Primary Site of Tumour (ICD-O-3) (Topography)

C

		•	
--	--	---	--

17.2 Primary Histology (ICD-O-3) (Morphology)

M

--	--	--	--	--	--	--	--	--	--

17.3 Secondary (Metastatic) Site of Tumour (ICD-O-3)

C

		•	
--	--	---	--

17.4 Histology of Metastasis

M

--	--	--	--	--	--	--	--	--	--

17.5 Method of Diagnosis

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

Microscopic (If 2 above)

X-Ray / Imaging Techniques (If 3 above)

Others (If 8 above)

- (1) Histology of Primary
- (2) Histology of Metastasis
- (3) Autopsy with Histology
- (4) Bone Marrow
- (5) Blood Film
- (6) Cytology of Primary
- (7) Cytology of Metastasis

- (1) X-Ray
- (2) Isotopes
- (3) Angiography
- (4) Ultrasonogram
- (8) All Others (specify).....

- (1) Endoscopy
- (2) Surgery or Autopsy without Histology
- (3) Specific Biochemical and /
or Immunological Tests
- (8) Others (specify).....

17.6 Date of Diagnosis

<i>dd</i>	<i>mm</i>	<i>yy</i>

17.7 Details of Treatment and Outcome: *Use separate appropriate form.*

18. If Dead,

18.1 Cause of Death

(1) As a result of cancer (2) Most probably due to cancer (3) Intercurrent Death
 (4) Treatment related Death (8) Others (specify)..... (9) Unknown

18.2 Date of Death

<i>dd</i>	<i>mm</i>	<i>yy</i>

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