

Case #:

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Form I 1

<h2 style="margin: 0;">External Beam Weekly Management</h2>

Radiation Oncology (RO) Weekly Management Notes 1 = Not Available 2 = Available	<u>Documented in:</u> 1 = Radiation Oncology Weekly Management Notes 2 = Radiation Oncology Chart/Medical Record 3 = Other 8 = Not documented 9 = Unknown			1=Not documented 2=Yes, documented 3=Not done 9=Unknown
	Hemoglobin	WBC	Weight	Pelvic Exam
Initial: 10. _____	11. _____	12. _____	13. _____	14. _____
Wk 1: 20. _____	21. _____	22. _____	23. _____	24. _____
Wk 2: 30. _____	31. _____	32. _____	33. _____	34. _____
Wk 3: 40. _____	41. _____	42. _____	43. _____	44. _____
Wk 4: 50. _____	51. _____	52. _____	53. _____	54. _____
Wk 5: 60. _____	61. _____	62. _____	63. _____	64. _____
Wk 6: 70. _____	71. _____	72. _____	73. _____	74. _____

137. Did patient receive a transfusion _____
 1=No
 2=Yes, 1 time
 3=Yes, 2 times
 4=Yes, 3 or more times
 9=Unknown

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138. Was chemotherapy administration documented in the weekly notes _____

- 1 = No
- 2 = Yes, every weekly note
- 3 = Yes, > 2 weekly notes
- 4 = Yes, 2 weekly notes
- 5 = Yes, 1 weekly note
- 8 = Not applicable - no chemotherapy administered
- 9 = Unknown

139. Were the # of chemotherapy cycles given documented in the weekly notes _____

- 1 = No
- 2 = Yes, every weekly note
- 3 = Yes, > 2 weekly notes
- 4 = Yes, 2 weekly notes
- 5 = Yes, 1 weekly note
- 8 = Not applicable - no chemotherapy administered
- 9 = Unknown

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Pathology

141. Histopathologic type _____

- 1 = Squamous cell
- 2 = Adenocarcinoma
- 3 = Adenosquamous
- 4 = Other
- 9 = Unknown

142. Histology documented in initial consultation notes _____

- 1 = No
- 2 = Yes
- 9 = No Note

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Staging and Nodal Status

151. International Federation of Gynecology and Obstetrics (FIGO) stage recorded in radiotherapy Radiation Therapy (RT) chart _____

- 1 = No
- 2 = Yes, before 2nd week of treatment.
- 3 = Yes, after 2nd week of treatment
- 4 = Yes, time unknown
- 9 = Unknown

If yes, FIGO stage: 152. _____

- 1 = I
- 2 = II
- 3 = III
- 4 = IV
- 9 = Unknown

153. _____

- 1 = A
- 2 = B
- 8 = Not documented
- 9 = Unknown

154. _____

- 1 = 1
- 2 = 2
- 8 = Not documented
- 9 = Unknown

155. Stage changed? _____

- 1 = No
- 2 = Yes, conflict in chart
- 3 = Yes, not stated
- 9 = Unknown

Studies obtained and sites of tumor involvement on pre- RT work-up:

160. Pelvic Exam _____

- 1 = Not Done
- 2 = Done
- 3 = Done, no further information
- 9 = Unknown

If done (code 2), complete 161-169; else, skip to 180

161. Cervix right left (R-L) diameter _____ millimeters (mm) (999 = unknown)

Sites of tumor involvement:

- 162. Parametrium _____
- 163. Pelvic Wall _____
- 164. Upper 2/3 Vagina _____
- 165. Lower 1/3 Vagina _____
- 166. Rectum _____
- 167. Bladder _____
- 169. Other sites _____

- 0 = Not described
- 1 = Negative
- 2 = Positive, Not otherwise specified (NOS)
- 3 = Positive, Right
- 4 = Positive, Left
- 5 = Positive, Bilateral
- 9 = Not stated

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180. Computed Tomography (CT) _____

- 1 = Not Done 3 = Done, no further information
2 = Done 9 = Unknown

If done (code 2), complete 182-196; else, skip to 200

Sites of tumor involvement:

- 182. Parametrium _____
 - 183. Pelvic Wall _____
 - 184. Upper 2/3 Vagina _____
 - 185. Lower 1/3 Vagina _____
 - 186. Rectum _____
 - 187. Bladder _____
 - 188. Hydronephrosis _____
 - 189. Other sites _____
- Lymph Nodes:**
- 190. Pelvic, NOS _____
 - 191. Positive Pelvic _____
 - 192. External (Ext)/Internal (Int) Iliac _____
 - 194 Common Iliac _____
 - 195. Para-aortic _____
 - 196. Other _____

- 0 = Not described
1 = Negative
2 = Positive, NOS
3 = Positive, Right
4 = Positive, Left
5 = Positive, Bilateral
9 = Not Stated

200. Magnetic Resonance Imaging (MRI) _____

- 1 = Not Done 3 = Done, no further information
2 = Done 9 = Unknown

If done (code 2), complete 202-216; else, skip to 220

Sites of tumor involvement:

- 202. Parametrium _____
- 203. Pelvic Wall _____
- 204. Upper 2/3 Vagina _____
- 205. Lower 1/3 Vagina _____
- 206. Rectum _____
- 207. Bladder _____
- 208. Hydronephrosis _____
- 209. Other sites _____

- 0 = Not described
1 = Negative
2 = Positive, NOS
3 = Positive, Right
4 = Positive, Left
5 = Positive, Bilateral
9 = Not Stated

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Lymph Nodes:

- 210. Pelvic, NOS _____
- 211. Positive Pelvic _____
- 212. Ext/Int Iliac _____
- 214 Common Iliac _____
- 215. Para-aortic _____
- 216. Other _____



- 0 = Not described
- 1 = Negative
- 2 = Positive, NOS
- 3 = Positive Right
- 4 = Positive Left
- 5 = Positive Bilateral
- 9 = Not Stated

220. Positron emission tomography (PET) _____

- 1 = Not Done 3 = Done, no further information
- 2 = Done 9 = Unknown

If done (code 2), complete 226-236; else, skip to 240

Sites of tumor involvement:

- 226. Rectum _____
- 227. Bladder _____
- 228. Hydronephrosis _____
- 229. Other sites _____
- Lymph Nodes:**
- 230. Pelvic, NOS _____
- 231. Positive Pelvic _____
- 232. Ext/Int Iliac _____
- 234 Common Iliac _____
- 235. Para-aortic _____
- 236. Other _____



- 0 = Not described
- 1 = Negative
- 2 = Positive, NOS
- 3 = Positive, Right
- 4 = Positive, Left
- 5 = Positive, Bilateral
- 9 = Not Stated

240. Ultrasound _____

- 1 = Not Done 3 = Done, no further information
- 2 = Done 9 = Unknown

If done (code 2), complete 248-249; else, skip to 260

Sites of tumor involvement:

- 248. Hydronephrosis _____
- 249. Other sites _____



- 0 = Not described
- 1 = Negative
- 2 = Positive, NOS
- 3 = Positive, Right
- 4 = Positive, Left
- 5 = Positive, Bilateral
- 9 = Not Stated

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260. Lymph-angiogram _____

- 1 = Not Done 3 = Done, no further information
 2 = Done 9 = Unknown

If done (code 2), complete 261-266; else, skip to 270

Sites of tumor involvement:

Lymph Nodes:

261. Pelvic, NOS _____
 262. Positive Pelvic _____
 263. Ext/Int Iliac _____
 264 Common Iliac _____
 265. Para-aortic _____
 266. Other _____



- 0 = Not described
 1 = Negative
 2 = Positive, NOS
 3 = Positive, Right
 4 = Positive, Left
 5 = Positive, Bilateral
 9 = Not Stated

270. Proctoscopy _____

- 1 = Not Done 3 = Done, no further information
 2 = Done 9 = Unknown

If done (code 2), complete 271; else, skip to 280

Site of tumor involvement:

271. Rectum _____



- 0 = Not described
 1 = Negative
 2 = Positive
 9 = Not Stated

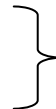
280. Cystoscopy _____

- 1 = Not Done 3 = Done, no further information
 2 = Done 9 = Unknown

If done (code 2), complete 281; else, skip to 290

Site of tumor involvement:

281. Bladder _____



- 0 = Not described
 1 = Negative
 2 = Positive
 9 = Not Stated

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290. Intravenous pyelogram (IVP) _____

- 1 = Not Done 3 = Done, no further information
2 = Done 9 = Unknown

If done (code 2), complete 291; else, skip to 300

Site of tumor involvement:

291. Hydronephrosis _____



- 0 = Not described
1 = Negative
2 = Positive, NOS
3 = Positive, Right
4 = Positive, Left
5 = Positive, Bilateral
9 = Not Stated

300. Nodal Biopsy _____

- 1 = Not Done 3 = Done, no further information
2 = Done 9 = Unknown

If done (code 2), complete 301-306; else, skip to 310

Sites of tumor involvement:

Lymph Nodes:

301. Pelvic, NOS _____
302. Positive Pelvic _____
303. Ext/Int Iliac _____
304. Common Iliac _____
305. Para-aortic _____
306. Other _____



- 0 = Not described
1 = Negative
2 = Positive, NOS
3 = Positive, Right
4 = Positive, Left
5 = Positive, Bilateral
9 = Not Stated

310. Surgical staging _____

- 1 = Not Done 3 = Done, no further information
2 = Done 9 = Unknown

If done (code 2), complete 311-316; else, skip to 320

Sites of tumor involvement:

Lymph Nodes:

311. Pelvic, NOS _____
312. Positive Pelvic _____
313. Ext/Int Iliac _____
314. Common Iliac _____
315. Para-aortic _____
316. Other _____



- 0 = Not described
1 = Negative
2 = Positive, NOS
3 = Positive, Right
4 = Positive, Left
5 = Positive, Bilateral
9 = Not Stated

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320. Other study _____

1 = Not Done

2 = Done

3 = Done, no further information

9 = Unknown

If done (code 2), complete 321-336; else, skip to 371

321. Specify study _____

Sites of tumor involvement:

322. Parametrium _____

323. Pelvic Wall _____

324. Upper 2/3 Vagina _____

325. Lower 1/3 Vagina _____

326. Rectum _____

327. Bladder _____

328. Hydronephrosis _____

329. Other sites _____

Lymph Nodes:

330. Pelvic, NOS _____

331. Positive Pelvic _____

332. Ext/Int Iliac _____

334 Common Iliac _____

335. Para-aortic _____

336. Other _____

0 = Not described

1 = Negative

2 = Positive, NOS

3 = Positive, Right

4 = Positive, Left

5 = Positive, Bilateral

9 = Not Stated

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Treatment Course

371. Investigational protocol _____

- 1 = No
- 2 = Yes, National Cancer Institute (NCI) Clinical Trials Cooperative Group (*specify below*)
- 3 = Yes, Institutional Review Board (IRB)-approved institutional clinical trial
- 4 = Yes, IRB-approved Pharmaceutical Research and Manufacturers of America (PHARMA) clinical trial
- 5 = Yes, IRB-approved device clinical trial
- 6 = Other
- 9 = Unknown

If question Q371 is Yes, option (2)

372. Protocol group & number are (e.g., Radiation Therapy Oncology Group [RTOG] 9709) _____ (9999 = Unknown)

Treatment Plan

373. Treatment plan stated _____

- 1 = No
- 2 = Yes

374. Treatment goal _____

- 1 = Curative
- 2 = Palliative
- 9 = Unknown

Therapy planned

- | | | | | |
|------------------------------------------|-------|--------|---------|-------------|
| 375. External Beam Radiotherapy (EBRT) | _____ | 1 = No | 2 = Yes | 9 = Unknown |
| 376. Intra-cavitary Brachytherapy (ICRT) | _____ | 1 = No | 2 = Yes | 9 = Unknown |
| 377. Interstitial Brachytherapy | _____ | 1 = No | 2 = Yes | 9 = Unknown |
| 378. Chemotherapy | _____ | 1 = No | 2 = Yes | 9 = Unknown |
| 379. Other | _____ | 1 = No | 2 = Yes | 9 = Unknown |

Post-RT Hysterectomy:

- | | | | | |
|------------------------|-------|--------|---------|-------------|
| 380. Surgery Planned | _____ | 1 = No | 2 = Yes | 9 = Unknown |
| 381. Surgery Performed | _____ | 1 = No | 2 = Yes | 9 = Unknown |

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External Beam 1

401. Any external beam RT? _____

- 1 = No
- 2 = Yes, at other facility
- 3 = Yes, at this facility
- 4 = Yes, at both other and this facility
- 9 = Unknown

402. If yes, at other facility (code 2 or 4), name of facility _____

403. Other facility's data available _____

- 1 = No
- 2 = Yes
- 3 = Yes, limited information
- 9 = Unknown

404. Simulation done _____

- 1 = No
- 2 = Yes
- 9 = Unknown

405. If yes: simulation done using _____

- 1 = Dedicated CT simulator
- 2 = Non-CT simulator
- 3 = MRI Simulator
- 4 = Positron emission tomography (PET) Simulator
- 5 = Clinical setup only
- 6 = At other facility
- 9 = Unknown

406. Daily fraction size centi-Gray (cGy) _____

- 1 = <180 cGy
- 2 = 180 cGy
- 3 = 181-199 cGy
- 4 = 200 cGy
- 5 = >200 cGy
- 6 = Multiple Intensity-Modulated Radiation Therapy (IMRT)
- 9 = Unknown

If yes to Multiple (code 6), then specify the range

407. Minimum (min) _____ cGy 408. Maximum (max) _____ cGy
(999=unknown)

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409. Unplanned breaks in RT (>3 Treatment days) _____
0 = Not applicable
1 = No
2 = Yes
9 = Unknown

If yes, give reason (s) for unplanned breaks:

- | | |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 410. _____ | <u>Reason Codes:</u>
0 = Not applicable
1 = Equipment problem
2 = Non-compliance/Patient refusal
3 = Failed intracavitary (IC) attempt
4 = Inter-current disease
5 = Complications, hematologic
6 = Complications, other
8 = Other
9 = Unknown |
| 411. _____ | |
| 412. _____ | |

413. EBRT completed _____
1 = Not completed
2 = Completed
9 = Unknown

414. If not completed, give reason _____
1 = Disease progression.
2 = Complications
3 = Non-compliance/Patient refusal
4 = Inter-current disease
5 = Physician choice
8 = Other
9 = Unknown

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External Beam 2

External Beam detail table

#	Region	Technique	Beam	Dose (cGy)	# Fractions
	1 = Pelvis 2 = Pelvis + Para-aortic lymph nodes (PANs) 3 = Pelvis + inguinals 4 = Right Parametrium 5 = Left Parametrium 6 = Node boost 7 = Central boost 8 = Para-aortic nodes 9 = Inguinal region 11 = Pelvis with Midline block 21 = Pelvis+Cntr Boost 22 = Pelv SW (L/R/NOS) 23 = Pelv SW Bst (L/R/NOS) 24 = Pelvic Bst, NOS 25 = Param/Param Bst (L/R/NOS) 26 = Perim/Perim Bst (L/R/NOS) 27 = Pelv LN (L/R/NOS) 28 = Split Pelvis Boost 29 = Bilateral Pelvic Sidewall Boost 30 = Left Node boost 31 = Right Node boost 88 = Other 99 = Unknown	1 = AP-PA 2 = AP-PA, mid-line block 3 = 4-field box 4 = 4-field oblique 5 = Anterior appositional 6 = IMRT 7 = Perineal 8 = Transvaginal cone 88 = Other 99 = Unknown	1 = Cobalt 60 2 = 4-5 megavolts (MV) 3 = 6-9 MV 4 = 10-14 MV 5 = >= 15 MV 6 = Mixed energies 7 = Electrons 8 = Ortho-voltage 88 = Other 99 = Unknown	9999=Unknown	99=Unknown
1	421. _____ If other, specify below: 422. _____	423. _____ If other, specify below: 424. _____	425. _____ If other, specify below: 426. _____	427. _____	428. _____
2	431. _____ If other, specify below: 432. _____	433. _____ If other, specify below: 434. _____	435. _____ If other, specify below: 436. _____	437. _____	438. _____
3	441. _____ If other, specify below: 442. _____	443. _____ If other, specify below: 444. _____	445. _____ If other, specify below: 446. _____	447. _____	448. _____
4	451. _____ If other, specify below: 452. _____	453. _____ If other, specify below: 454. _____	455. _____ If other, specify below: 456. _____	457. _____	458. _____

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5	461. _____ <i>If other, specify below:</i> 462. _____	463. _____ <i>If other, specify below:</i> 464. _____	465. _____ <i>If other, specify below:</i> 466. _____	467. _____	468. _____
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PANs: Para-aortic lymph nodes
AP-PA: Anteroposterior-Posteroanterior
IMRT: Intensity-Modulated Radiation Therapy

IMRT Targets

If IMRT was used, then indicate targets:

831. Was nodal boost given concurrent with large field dose _____

- 1 = No
- 2 = Yes
- 8 = Not applicable
- 9 = Unknown

832. Was parametrial boost given concurrent with large field dose _____

- 1 = No
- 2 = Yes
- 8 = Not applicable
- 9 = Unknown

833. Was nodal boost given after large field dose _____

- 1 = No
- 2 = Yes
- 8 = Not applicable
- 9 = Unknown

834. Was parametrial boost given after large field dose _____

- 1 = No
- 2 = Yes
- 8 = Not applicable
- 9 = Unknown

835. Was central pelvic boost given in place of brachytherapy _____

- 1 = No
- 2 = Yes
- 8 = Not applicable
- 9 = Unknown

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Brachytherapy

500. Brachytherapy _____

- 1 = No
- 2 = Yes, Intracavitary (ICRT)
- 3 = Yes, Interstitial implant
- 4 = Yes, both ICRT and Interstitial implant
- 9 = Unknown

If yes (codes 2, 3 or 4),

501. Where was Brachytherapy done? _____

- 1 = At other facility
- 2 = At this facility
- 3 = At both other and this facility
- 9 = Unknown

502. If other facility, (code 1, 3), name of other facility _____

503. Other facility's data available _____

- 1 = No
- 2 = Yes
- 3 = Yes, limited information
- 9 = Unknown

504. Type of Brachytherapy used _____

- 1 = Low-dose rate (LDR)
- 2 = High-dose rate (HDR)
- 3 = Pulsed-dose rate (PDR)
- 4 = Combination
- 9 = Unknown

506. Brachytherapy completed _____

- 1 = Not completed
- 2 = Completed
- 9 = Unknown

507. If not completed, give reason _____

- 1 = Disease progression
- 2 = Complications
- 3 = Non-compliance
- 4 = Inter-current disease
- 5 = Physician choice
- 9 = Unknown

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Brachytherapy - LDR

510. Treatment planning imaging _____
 1 = Orthogonal films
 2 = CT simulation
 3 = MRI simulation
 4 = Combination of above
 9 = None or Unknown

LDR Application #1

511. Implant Type #1 _____
 0 = Not applicable 3 = Vaginal ICRT only 6 = Template & Freehand
 1 = Tandem+vaginal ICRT 4 = Interstitial template 8 = Other
 2 = Tandem only 5 = Interstitial 9 = Unknown

If Not applicable (code 0), skip to Q 550; else complete Qs 512-519

512. Radionuclide #1 _____
 0 = Not applicable 3 = Cs + Ir 8 = Other
 1 = Cs 137 4 = Co 60 9 = Unknown
 2 = Ir 192 5 = Ra 226

513. Remote after-loading #1 _____
 0 = Not applicable 1 = No 2 = Yes 9 = Unknown

514. Vaginal Applicator #1 _____
 0 = None 3 = Cylinders 6 = Interstitial
 1 = FSD ovoids 4 = Henschke 8 = Other
 2 = Mini ovoids 5 = Ring (HDR) 9 = Unknown

515. LDR Implant duration #1 _____ (Hours) (999=unknown)

516. Point A Dose: Left #1 _____ (cGy) (9999=unknown)

517. Right #1 _____ (cGy) (9999=unknown)

518. Rectal Dose #1 _____ (cGy) (9999=unknown)

519. Bladder Dose #1 _____ (cGy) (9999=unknown)

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LDR Application #2

521. Implant Type #2 _____

0 = Not applicable

1 = Tandem+vaginal ICRT

2 = Tandem only

3 = Vaginal ICRT only

4 = Interstitial template

5 = Interstitial

6 = Template & Freehand

8 = Other

9 = Unknown

If Not applicable (code 0), skip to Q 550; else complete Qs 522-529

522. Radionuclide #2 _____

0 = Not applicable

1 = Cs 137

2 = Ir 192

3 = Cs + Ir

4 = Co 60

5 = Ra 226

8 = Other

9 = Unknown

523. Remote after-loading #2 _____

0 = Not applicable

1 = No

2 = Yes

9 = Unknown

524. Vaginal Applicator #2 _____

0 = None

1 = FSD ovoids

2 = Mini ovoids

3 = Cylinders

4 = Henschke

5 = Ring (HDR)

6 = Interstitial

8 = Other

9 = Unknown

525. LDR Implant duration #2 _____ (Hours) (999=unknown)

526. Point A Dose: Left #2 _____ (cGy) (9999=unknown)

527. Right #2 _____ (cGy) (9999=unknown)

528. Rectal Dose #2 _____ (cGy) (9999=unknown)

529. Bladder Dose #2 _____ (cGy) (9999=unknown)

LDR Application #3

531. Implant Type #3 _____

0 = Not applicable

1 = Tandem+vaginal ICRT

2 = Tandem only

3 = Vaginal ICRT only

4 = Interstitial template

5 = Interstitial

6 = Template & Freehand

8 = Other

9 = Unknown

If Not applicable (code 0), skip to Q 550; else complete Qs 532-539

532. Radionuclide #3 _____

0 = Not applicable

1 = Cs 137

2 = Ir 192

3 = Cs + Ir

4 = Co 60

5 = Ra 226

8 = Other

9 = Unknown

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533. Remote after-loading #3 _____

0 = Not applicable

1 = No

2 = Yes

9 = Unknown

534. Vaginal Applicator #3 _____

0 = None

1 = FSD ovoids

2 = Mini ovoids

3 = Cylinders

4 = Henschke

5 = Ring (HDR)

6 = Interstitial

8 = Other

9 = Unknown

535. LDR Implant duration #3 _____ (Hours) (999=unknown)

536. Point A Dose: Left #3 _____ (cGy) (9999=unknown)

537. Right #3 _____ (cGy) (9999=unknown)

538. Rectal Dose #3 _____ (cGy) (9999=unknown)

539. Bladder Dose #3 _____ (cGy) (9999=unknown)

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Brachytherapy - HDR

550. HDR given _____

- 1 = No
- 2 = Yes
- 9 = Unknown

551. Treatment planning imaging _____

- 1 = Orthogonal films
- 2 = CT simulation
- 3 = MRI simulation
- 4 = Combination of above
- 9 = None or Unknown

552. The number of fractions with dosimetric plans _____ (99=unknown)

556. Total number of applicator insertions _____ (99=unknown)

557. Total number of fractions given _____

- | | | |
|-------|-------|-----------------|
| 0 = 0 | 5 = 5 | 10 = 10 |
| 1 = 1 | 6 = 6 | 11 = 11 |
| 2 = 2 | 7 = 7 | 12 = 12 or more |
| 3 = 3 | 8 = 8 | 99 = Unknown |
| 4 = 4 | 9 = 9 | |

HDR Fraction #1

560. Implant Type #1 _____

- | | | |
|-------------------------|---------------------------|-------------------------|
| 0 = Not applicable | 3 = Vaginal ICRT only | 6 = Template & Freehand |
| 1 = Tandem+vaginal ICRT | 4 = Interstitial template | 8 = Other |
| 2 = Tandem only | 5 = Interstitial | 9 = Unknown |

If Not applicable (code 0), skip to Q 683; else complete Qs 561-566

561. Radionuclide #1 _____

- | | |
|--------------------|-------------|
| 0 = Not applicable | 8 = Other |
| 2 = Ir 192 | 9 = Unknown |
| 4 = Co 60 | |

562. Vaginal Applicator #1 _____

- | | | |
|-----------------|----------------|------------------|
| 0 = None | 3 = Cylinders | 6 = Interstitial |
| 1 = FSD ovoids | 4 = Henschke | 8 = Other |
| 2 = Mini ovoids | 5 = Ring (HDR) | 9 = Unknown |

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563. Point A Dose: Left #1 _____ (cGy) (999=*unknown*)

564. Right #1 _____ (cGy) (999=*unknown*)

565. Rectal Dose recorded #1 _____ 1=No 2=Yes

566. Bladder Dose recorded #1 _____ 1=No 2=Yes

HDR Fraction #2

570. Implant Type #2 _____

- | | | |
|-------------------------|---------------------------|-------------------------|
| 0 = Not applicable | 3 = Vaginal ICRT only | 6 = Template & Freehand |
| 1 = Tandem+vaginal ICRT | 4 = Interstitial template | 8 = Other |
| 2 = Tandem only | 5 = Interstitial | 9 = Unknown |

If Not applicable (code 0), skip to Q 683; else complete Qs 571-576

571. Radionuclide #2 _____

- | | |
|--------------------|-------------|
| 0 = Not applicable | 8 = Other |
| 2 = Ir 192 | 9 = Unknown |
| 4 = Co 60 | |

572. Vaginal Applicator #2 _____

- | | | |
|-----------------|----------------|------------------|
| 0 = None | 3 = Cylinders | 6 = Interstitial |
| 1 = FSD ovoids | 4 = Henschke | 8 = Other |
| 2 = Mini ovoids | 5 = Ring (HDR) | 9 = Unknown |

573. Point A Dose: Left #2 _____ (cGy) (999=*unknown*)

574. Right #2 _____ (cGy) (999=*unknown*)

575. Rectal Dose recorded #2 _____ 1=No 2=Yes

576. Bladder Dose recorded #2 _____ 1=No 2=Yes

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HDR Fraction #3

580. Implant Type #3 _____

- | | | |
|-------------------------|---------------------------|-------------------------|
| 0 = Not applicable | 3 = Vaginal ICRT only | 6 = Template & Freehand |
| 1 = Tandem+vaginal ICRT | 4 = Interstitial template | 8 = Other |
| 2 = Tandem only | 5 = Interstitial | 9 = Unknown |

If Not applicable (code 0), skip to Q 683; else complete Qs 581-586

581. Radionuclide #3 _____

- | | |
|--------------------|-------------|
| 0 = Not applicable | 8 = Other |
| 2 = Ir 192 | 9 = Unknown |
| 4 = Co 60 | |

582. Vaginal Applicator #3 _____

- | | | |
|-----------------|----------------|------------------|
| 0 = None | 3 = Cylinders | 6 = Interstitial |
| 1 = FSD ovoids | 4 = Henschke | 8 = Other |
| 2 = Mini ovoids | 5 = Ring (HDR) | 9 = Unknown |

583. Point A Dose: Left #3 _____ (cGy) (999=unknown)

584. Right #3 _____ (cGy) (999=unknown)

585. Rectal Dose recorded #3 _____ 1=No 2=Yes

586. Bladder Dose recorded #3 _____ 1=No 2=Yes

HDR Fraction #4

590. Implant Type #4 _____

- | | | |
|-------------------------|---------------------------|-------------------------|
| 0 = Not applicable | 3 = Vaginal ICRT only | 6 = Template & Freehand |
| 1 = Tandem+vaginal ICRT | 4 = Interstitial template | 8 = Other |
| 2 = Tandem only | 5 = Interstitial | 9 = Unknown |

If Not applicable (code 0), skip to Q 683; else complete Qs 591-596

591. Radionuclide #4 _____

- | | |
|--------------------|-------------|
| 0 = Not applicable | 8 = Other |
| 2 = Ir 192 | 9 = Unknown |
| 4 = Co 60 | |

Case #:

Institution #:

Form I 1

592. Vaginal Applicator #4 _____

0 = None	3 = Cylinders	6 = Interstitial
1 = FSD ovoids	4 = Henschke	8 = Other
2 = Mini ovoids	5 = Ring (HDR)	9 = Unknown

593. Point A Dose: Left #4 _____ (cGy) (999=unknown)

594. Right #4 _____ (cGy) (999=unknown)

595. Rectal Dose recorded #4 _____ 1=No 2=Yes

596. Bladder Dose recorded #4 _____ 1=No 2=Yes

HDR Fraction #5

600. Implant Type #5 _____

0 = Not applicable	3 = Vaginal ICRT only	6 = Template & Freehand
1 = Tandem+vaginal ICRT	4 = Interstitial template	8 = Other
2 = Tandem only	5 = Interstitial	9 = Unknown

If Not applicable (code 0), skip to Q 683; else complete Qs 601-606

601. Radionuclide #5 _____

0 = Not applicable	8 = Other
2 = Ir 192	9 = Unknown
4 = Co 60	

602. Vaginal Applicator #5 _____

0 = None	3 = Cylinders	6 = Interstitial
1 = FSD ovoids	4 = Henschke	8 = Other
2 = Mini ovoids	5 = Ring (HDR)	9 = Unknown

603. Point A Dose: Left #5 _____ (cGy) (999=unknown)

604. Right #5 _____ (cGy) (999=unknown)

605. Rectal Dose recorded #5 _____ 1=No 2=Yes

606. Bladder Dose recorded #5 _____ 1=No 2=Yes

Case #:

Institution #:

Form I 1

HDR Fraction #6

610. Implant Type #6 _____

0 = Not applicable

1 = Tandem+vaginal ICRT

2 = Tandem only

3 = Vaginal ICRT only

4 = Interstitial template

5 = Interstitial

6 = Template & Freehand

8 = Other

9 = Unknown

If Not applicable (code 0), skip to Q 683; else complete Qs 611-616

611. Radionuclide #6 _____

0 = Not applicable

2 = Ir 192

4 = Co 61

8 = Other

9 = Unknown

612. Vaginal Applicator #6 _____

0 = None

1 = FSD ovoids

2 = Mini ovoids

3 = Cylinders

4 = Henschke

5 = Ring (HDR)

6 = Interstitial

8 = Other

9 = Unknown

613. Point A Dose: Left #6 _____ (cGy) (999=unknown)

614. Right #6 _____ (cGy) (999=unknown)

615. Rectal Dose recorded #6 _____ 1=No 2=Yes

616. Bladder Dose recorded #6 _____ 1=No 2=Yes

HDR Fraction #7

620. Implant Type #7 _____

0 = Not applicable

1 = Tandem+vaginal ICRT

2 = Tandem only

3 = Vaginal ICRT only

4 = Interstitial template

5 = Interstitial

6 = Template & Freehand

8 = Other

9 = Unknown

If Not applicable (code 0), skip to Q 683; else complete Qs 621-626

621. Radionuclide #7 _____

0 = Not applicable

2 = Ir 192

4 = Co 62

8 = Other

9 = Unknown

622. Vaginal Applicator #7 _____

0 = None

1 = FSD ovoids

2 = Mini ovoids

3 = Cylinders

4 = Henschke

5 = Ring (HDR)

6 = Interstitial

8 = Other

9 = Unknown

Case #:

Institution #:
Form I 1

623. Point A Dose: Left #7 _____ (cGy) (999=*unknown*)

624. Right #7 _____ (cGy) (999=*unknown*)

625. Rectal Dose recorded #7 _____ 1=No 2=Yes

626. Bladder Dose recorded #7 _____ 1=No 2=Yes

HDR Fraction #8

630. Implant Type #8 _____

- | | | |
|-------------------------|---------------------------|-------------------------|
| 0 = Not applicable | 3 = Vaginal ICRT only | 6 = Template & Freehand |
| 1 = Tandem+vaginal ICRT | 4 = Interstitial template | 8 = Other |
| 2 = Tandem only | 5 = Interstitial | 9 = Unknown |

If Not applicable (code 0), skip to Q 683; else complete Qs 631-636

631. Radionuclide #8 _____

- | | |
|--------------------|-------------|
| 0 = Not applicable | 8 = Other |
| 2 = Ir 192 | 9 = Unknown |
| 4 = Co 63 | |

632. Vaginal Applicator #8 _____

- | | | |
|-----------------|----------------|------------------|
| 0 = None | 3 = Cylinders | 6 = Interstitial |
| 1 = FSD ovoids | 4 = Henschke | 8 = Other |
| 2 = Mini ovoids | 5 = Ring (HDR) | 9 = Unknown |

633. Point A Dose: Left #8 _____ (cGy) (999=*unknown*)

634. Right #8 _____ (cGy) (999=*unknown*)

635. Rectal Dose recorded #8 _____ 1=No 2=Yes

636. Bladder Dose recorded #8 _____ 1=No 2=Yes

Case #:

Institution #:

Form I 1

HDR Fraction #9

640. Implant Type #9 _____

0 = Not applicable

1 = Tandem+vaginal ICRT

2 = Tandem only

3 = Vaginal ICRT only

4 = Interstitial template

5 = Interstitial

6 = Template & Freehand

8 = Other

9 = Unknown

If Not applicable (code 0), skip to Q 683; else complete Qs 641-646

641. Radionuclide #9 _____

0 = Not applicable

2 = Ir 192

4 = Co 64

8 = Other

9 = Unknown

642. Vaginal Applicator #9 _____

0 = None

1 = FSD ovoids

2 = Mini ovoids

3 = Cylinders

4 = Henschke

5 = Ring (HDR)

6 = Interstitial

8 = Other

9 = Unknown

643. Point A Dose: Left #9 _____ (cGy) (999=unknown)

644. Right #9 _____ (cGy) (999=unknown)

645. Rectal Dose recorded #9 _____ 1=No 2=Yes

646. Bladder Dose recorded #9 _____ 1=No 2=Yes

HDR Fraction #10

650. Implant Type #10 _____

0 = Not applicable

1 = Tandem+vaginal ICRT

2 = Tandem only

3 = Vaginal ICRT only

4 = Interstitial template

5 = Interstitial

6 = Template & Freehand

8 = Other

9 = Unknown

If Not applicable (code 0), skip to Q 683; else complete Qs 651-656

651. Radionuclide #10 _____

0 = Not applicable

2 = Ir 192

4 = Co 65

8 = Other

9 = Unknown

652. Vaginal Applicator #10 _____

0 = None

1 = FSD ovoids

2 = Mini ovoids

3 = Cylinders

4 = Henschke

5 = Ring (HDR)

6 = Interstitial

8 = Other

9 = Unknown

Case #:

**Institution #:
 Form I 1**

653. Point A Dose: Left #10 _____ (cGy) (999=*unknown*)

654. Right #10 _____ (cGy) (999=*unknown*)

655. Rectal Dose recorded #10 _____ 1=No 2=Yes

656. Bladder Dose recorded #10 _____ 1=No 2=Yes

HDR Fraction #11

660. Implant Type #11 _____

0 = Not applicable

1 = Tandem+vaginal ICRT

2 = Tandem only

3 = Vaginal ICRT only

4 = Interstitial template

5 = Interstitial

6 = Template & Freehand

8 = Other

9 = Unknown

If Not applicable (code 0), skip to Q 683; else complete Qs 661-666

661. Radionuclide #11 _____

0 = Not applicable

2 = Ir 192

4 = Co 66

8 = Other

9 = Unknown

662. Vaginal Applicator #11 _____

0 = None

1 = FSD ovoids

2 = Mini ovoids

3 = Cylinders

4 = Henschke

5 = Ring (HDR)

6 = Interstitial

8 = Other

9 = Unknown

663. Point A Dose: Left #11 _____ (cGy) (999=*unknown*)

664. Right #11 _____ (cGy) (999=*unknown*)

665. Rectal Dose recorded #11 _____ 1=No 2=Yes

666. Bladder Dose recorded #11 _____ 1=No 2=Yes

Case #:

Institution #:

Form I 1

HDR Fraction #12

670. Implant Type #12 _____

0 = Not applicable

1 = Tandem+vaginal ICRT

2 = Tandem only

3 = Vaginal ICRT only

4 = Interstitial template

5 = Interstitial

6 = Template & Freehand

8 = Other

9 = Unknown

If Not applicable (code 0), skip to Q 683; else complete Qs 671-676

671. Radionuclide #12 _____

0 = Not applicable

2 = Ir 192

4 = Co 67

8 = Other

9 = Unknown

672. Vaginal Applicator #12 _____

0 = None

1 = FSD ovoids

2 = Mini ovoids

3 = Cylinders

4 = Henschke

5 = Ring (HDR)

6 = Interstitial

8 = Other

9 = Unknown

673. Point A Dose: Left #12 _____ (cGy) (999=unknown)

674. Right #12 _____ (cGy) (999=unknown)

675. Rectal Dose recorded #12 _____ 1=No 2=Yes

676. Bladder Dose recorded #12 _____ 1=No 2=Yes

Case #:

Institution #:
Form I 1

Chemotherapy

683. Chemotherapy given _____
 1 = No
 2 = Yes
 3 = Yes, but no information available
 9 = Unknown

684. Where was chemotherapy given? _____
 1 = Same facility as RT
 2 = Other facility
 3 = Both
 9 = Unknown

If yes to chemotherapy, complete table below.

Sequence with RT	Chemotherapy Given	Agent 1	Agent 2	Agent 3	Agent 4
Concurrent	685. ____ 1 = No 2 = Yes 3 = Yes, but no information (info) 9 = Unknown	686. Agent ____	688. Agent ____	690. Agent ____	692. Agent ____
Pre RT	695. ____ 1 = No 2 = Yes 3 = Yes, but no info 9 = Unknown	696. Agent ____	698. Agent ____	700. Agent ____	702. Agent ____
Post RT	705. ____ 1 = No 2 = Yes 3 = Yes, but no info 9 = Unknown	706. Agent ____	708. Agent ____	710. Agent ____	712. Agent ____
Sequence Unknown	715. ____ 1 = No 2 = Yes 3 = Yes, but no info 9 = Unknown	716. Agent ____	717. Agent ____	718. Agent ____	719. Agent ____

Agents:

- | | | |
|-----------------|------------------|------------------|
| 0 = None | 5 = Vincristine | 10 = Ifosphamide |
| 1 = Cisplatin | 6 = Mitomycin | 11 = Etoposide |
| 2 = 5-FU | 7 = Methotrexate | 12 = Carboplatin |
| 3 = Bleomycin | 8 = Cytosan | 88 = Other |
| 4 = Hydroxyurea | 9 = Leucovorin | 99 = Unknown |

If Cisplatin given during RT:

720. Cisplatin dose/cycle _____ mg/m² (77=See Chemotherapy Comments; 99=Unknown)

Case #:

Institution #:

Form I 1

COMMENTS

Use multiple lines, as needed.

Note: **DO NOT** include any Personal Health Information (PHI) in these comments.

721. _____

722. _____

723. _____

724. _____

725. _____

726. _____

727. _____

728. _____

729. _____

730. _____

Case #:

Institution #:
Form I 1

Adult Comorbidity Evaluation

734. Comorbidities _____
1 = No comorbidities 2 = Yes, one or more 9 = Cannot be determined

Co-Morbidity	Grade: 0 = None 1 = Grade 1 (mild) 2 = Grade 2 (mod) 3 = Grade 3 (severe) 4 = Present, grade unknown 9 = Unknown
Cardiovascular system comorbidity score (Including myocardial infarction (MI), angina / coronary artery disease (CAD), congestive heart failure (CHF), arrhythmias, hypertension [HTN], venous and peripheral arterial disease)	735. _____
Respiratory system comorbidity score (Including pulmonary insufficiency, and restrictive lung disease or chronic obstructive pulmonary disease [COPD])	736. _____
Gastrointestinal system comorbidity score (Including hepatic disease, stomach/intestine, and pancreatic disease)	737. _____
Renal system comorbidity score (End stage renal disease)	738. _____
Endocrine system comorbidity score (Including Insulin dependent diabetes mellitus, and adult onset diabetes mellitus)	739. _____
Neurological system comorbidity score (Including stroke, dementia, paralysis, and neuromuscular disorders)	740. _____
Psychiatric comorbidity score (Including major depression, bipolar disorder, and schizophrenia)	741. _____
Rheumatologic comorbidity score (Including rheumatoid arthritis, systemic lupus, connective tissue disorder, and polymyositis)	742. _____
Immunological system comorbidity score (human immunodeficiency virus [HIV], and acquired immunodeficiency syndrome [AIDS])	743. _____
Malignancy comorbidity score (Solid tumors including melanoma, leukemia, myeloma, and lymphoma)	744. _____
Substance Abuse comorbidity score (Including alcohol abuse, illicit drug abuse)	745. _____
Body weight comorbidity score (Obesity, body mass index [BMI] >= 38)	746. _____

747. Was treatment contra-indicated or changed due to comorbidities?
 No Yes Unknown

Case #:

Institution #:

Form I 1

GENERAL COMMENTS

Use multiple lines, as needed.

Note: **DO NOT** include any Personal Health Information (PHI) in these comments.

751. _____

752. _____

753. _____

754. _____

755. _____

756. _____

757. _____

758. _____

759. _____

760. _____

Case #:

Institution #:

Form I 1

Sequence of Events (SOE)

All dates will be blanked out before data are transmitted to the database. Only Elapsed days and Duration will be retained.

Events	mm/dd/yyyy	Elapsed days*	Duration (days)
<u>External Beam:</u>			
Start of External Beam therapy:	765. ___/___/___	766. _____	
End of External Beam therapy:	767. ___/___/___	768. _____	769. _____ (768-766)
<u>Brachytherapy (LDR):</u>			
Brachytherapy 1:	770. ___/___/___	771. _____	
Brachytherapy 2:	772. ___/___/___	773. _____	
Brachytherapy 3:	774. ___/___/___	775. _____	
<u>Brachytherapy (HDR):</u>			
Brachytherapy 1:	776. ___/___/___	777. _____	
Brachytherapy 2:	778. ___/___/___	779. _____	
Brachytherapy 3:	780. ___/___/___	781. _____	
Brachytherapy 4:	782. ___/___/___	783. _____	
Brachytherapy 5:	784. ___/___/___	785. _____	
Brachytherapy 6:	786. ___/___/___	787. _____	
Brachytherapy 7:	788. ___/___/___	789. _____	
Brachytherapy 8:	790. ___/___/___	791. _____	
Brachytherapy 9:	792. ___/___/___	793. _____	
Brachytherapy 10:	794. ___/___/___	795. _____	
Brachytherapy 11:	796. ___/___/___	797. _____	
Brachytherapy 12:	798. ___/___/___	799. _____	
<u>Surgery:</u>			
Hysterectomy, if done:	802. ___/___/___	803. _____	

* Elapsed time (in days) for an event is the date of that event minus the reference date.

Case #:

Institution #:

Form I 1

SOE COMMENTS:

Use multiple lines, as needed.

Note: DO NOT include any Personal Health Information (PHI) in these comments.

811. _____

812. _____

813. _____

814. _____

815. _____

816. _____

817. _____

818. _____

819. _____

820. _____