

Case #:

Institution #:
Form E 1

Eligibility Check List

Inclusion Criteria:

(Answer must be Yes)

- | | <u>No</u> | <u>Yes</u> |
|--|-----------------------|-----------------------|
| 1. Received radiation therapy (2005 thru 2007) | <input type="radio"/> | <input type="radio"/> |
| 2. Carcinoma of the cervix only | <input type="radio"/> | <input type="radio"/> |

Exclusion Criteria:

(Answer must be No)

- | | | |
|--|-----------------------|-----------------------|
| 3. Prior pelvic RT | <input type="radio"/> | <input type="radio"/> |
| 4. Distant metastases | <input type="radio"/> | <input type="radio"/> |
| 5. Prior or concurrent malignancies
(except non-melanoma skin cancer) | <input type="radio"/> | <input type="radio"/> |
| 6. Prior hysterectomy
(include patients with adjuvant hysterectomy) | <input type="radio"/> | <input type="radio"/> |

-
- | | | |
|--|-----------------------|-----------------------|
| 9. Patient eligible, according to check list | <input type="radio"/> | <input type="radio"/> |
| | No | Yes |

- | | | |
|---|-----------------------|-----------------------|
| 10. Is patient administratively ineligible? | <input type="radio"/> | <input type="radio"/> |
| | No | Yes |

11. If yes, give reason for administrative ineligibility: _____
(for example, chart unavailable)

12. Type of Radiation Therapy chart:
- | | | |
|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Electronic | Paper | Electronic and Paper |

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

13. Comments: _____

14. Comments: _____

15. Date of data collection (mm/dd/yyyy): ____/____/____

Case #:

Institution #:
Form A 5

Demographics

1. Zip code: _____
2. Year of birth (yyyy): _____
3. Year at start of RT (yyyy): _____
4. Age at start of RT: _____
5. Primary payment method: _____
 - 1 = Medicare
 - 2 = Medicare HMO
 - 3 = Medicaid, Medi-Cal, etc.
 - 4 = Blue Cross/Blue Shield
 - 5 = HMO
 - 6 = Champus/VA/TRICARE
 - 7 = Other insurance plan
 - 8 = Self-pay
 - 9 = Unknown
6. Secondary payment method: _____
 - 0 = Not applicable
 - 1 = Medicare
 - 2 = Medicare HMO
 - 3 = Medicaid, Medi-Cal, etc.
 - 4 = Blue Cross/Blue Shield
 - 5 = HMO
 - 6 = Champus/VA/TRICARE
 - 7 = Other insurance plan
 - 8 = Self-pay
 - 9 = Unknown
7. Race: _____
 - 1 = White
 - 2 = Black or African American
 - 3 = Asian
 - 4 = Native Hawaiian or Other Pacific Islander
 - 5 = American Indian or Native Alaskan
 - 6 = More than one race
 - 8 = Other
 - 9 = Unknown
8. Ethnicity: _____
 - 1 = Hispanic or Latino
 - 2 = Not Hispanic or Latino
 - 9 = Unknown

Case #:

Institution #:
Form A 5

9. Communicates in English _____

- 1 = No
- 2 = Yes, no problem
- 3 = Yes, with difficulty - language issue
- 4 = Yes, with difficulty - physical/psychological issues
- 9 = Unknown

10. Primary spoken language _____

- 1 = English
- 2 = Spanish
- 3 = Chinese (Mandarin, Cantonese etc.)
- 4 = Japanese
- 5 = Korean
- 6 = Vietnamese
- 7 = Tagalog
- 8 = French (Patois, Cajun, Creole etc.)
- 9 = German
- 10 = Italian
- 11 = Russian
- 12 = Portuguese (Creole)
- 13 = Polish
- 14 = Arabic
- 15 = Other, NOS
- 88 = Other (specify, below)
- 99 = Unknown

11. Other language, specified _____

If primary language is not (1) then,

12. Non-English speaking by history _____

- 1 = No
- 2 = Yes

13. Foreign language consent _____

- 1 = No
- 2 = Yes

14. Use of translator documented _____

- 1 = No
- 2 = Yes

Case #:

Institution #:

Form A 5

15. Marital/partner status _____

- 1 = Married
- 2 = Widowed
- 3 = Divorced
- 4 = Separated
- 5 = Never Married
- 6 = Living with partner
- 9 = Unknown

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

17: Comments: _____

18: Comments: _____

20. Did chart include init consultative report sent from RO to ref MD? _____

- 1 = No
- 2 = Yes
- 3 = Yes, Report in chart, but no indication it was sent to referring MD
- 4 = Yes, Report in chart, but pt self referred to the RO directly and no other MD indicated in chart
- 9 = Unknown

21. Did chart include tmnt summary report sent from RO to referring MD? _____

- 1 = No
- 2 = Yes
- 3 = Yes, Report in chart, but no indication it was sent to referring MD
- 4 = Yes, Report in chart, but pt self referred to the RO directly and no other MD indicated in chart
- 9 = Unknown

22. Was informed consent documented in the chart? _____

- 1 = No
- 2 = Yes, signed and witnessed consent document in chart
- 3 = Yes, consent process documented only (ICF not in the chart)
- 9 = Unknown

Case #:

Institution #:

Form I 1

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

Radiation Oncology Weekly Management Notes 1 = Not Available 2 = Available	<u>Documented in:</u> 1 = Radiation Onc. Weekly Mgmt Notes 2 = Radiation Onc. 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

Case #:

Institution #:

Form I 1

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

Case #:

Institution #:

Form I 1

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

Case #:

Institution #:

Form I 1

Staging and Nodal Status

151. FIGO stage recorded in radiotherapy 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 R-L diameter _____ (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, NOS
- 3 = Positive, Right
- 4 = Positive, Left
- 5 = Positive, Bilateral
- 9 = Not stated

Case #:

Institution #:

Form I 1

180. 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. Ext/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. 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

Case #:

Institution #:

Form I 1

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. PET _____

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

Case #:

Institution #:
Form I 1

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

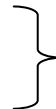
280. Cystoscopy _____

- 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

Case #:

Institution #:

Form I 1

290. 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

Case #:

Institution #:

Form I 1

320. Other study _____

1 = Not Done

3 = Done, no further information

2 = Done

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

Case #:

Institution #:
Form I 1

Treatment Course

371. Investigational protocol _____

- 1 = No
- 2 = Yes, NCI Clinical Trials Cooperative Group (*specify below*)
- 3 = Yes, IRB-approved institutional clinical trial
- 4 = Yes, IRB-approved 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., 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 (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 |

Case #:

Institution #:

Form I 1

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 = PET Simulator
- 5 = Clinical setup only
- 6 = At other facility
- 9 = Unknown

406. Daily fraction size (cGy) _____

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

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

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

Case #:

Institution #:
Form I 1

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 IC attempt |
| 411. _____ | 4 = Inter-current disease
5 = Complications, hematologic
6 = Complications, other |
| 412. _____ | 8 = Other
9 = Unknown |

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

Case #:

Institution #:
Form I 1

External Beam 2

External Beam detail table

#	Region	Technique	Beam	Dose (cGy)	# Fractions
	1 = Pelvis 2 = Pelvis + 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 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 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. _____ <i>If other, specify below:</i> 422. _____	423. _____ <i>If other, specify below:</i> 424. _____	425. _____ <i>If other, specify below:</i> 426. _____	427. _____	428. _____
2	431. _____ <i>If other, specify below:</i> 432. _____	433. _____ <i>If other, specify below:</i> 434. _____	435. _____ <i>If other, specify below:</i> 436. _____	437. _____	438. _____
3	441. _____ <i>If other, specify below:</i> 442. _____	443. _____ <i>If other, specify below:</i> 444. _____	445. _____ <i>If other, specify below:</i> 446. _____	447. _____	448. _____
4	451. _____ <i>If other, specify below:</i> 452. _____	453. _____ <i>If other, specify below:</i> 454. _____	455. _____ <i>If other, specify below:</i> 456. _____	457. _____	458. _____
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. _____

PAN: Para-aortic lymph nodes
 AP-PA: anteroposterior-posteroanterior
 IMRT: intensity-modulated radiation therapy

Case #:

Institution #:
Form I 1

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

Case #:

Institution #:
Form I 1

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 = LDR
- 2 = HDR
- 3 = 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

Case #:

Institution #:
Form I 1

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)

Case #:

Institution #:

Form I 1

LDR Application #2

521. 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 550; else complete Qs 522-529

522. Radionuclide #2 _____

- | | | |
|--------------------|-------------|-------------|
| 0 = Not applicable | 3 = Cs + Ir | 8 = Other |
| 1 = Cs 137 | 4 = Co 60 | 9 = Unknown |
| 2 = Ir 192 | 5 = Ra 226 | |

523. Remote after-loading #2 _____

- | | | | |
|--------------------|--------|---------|-------------|
| 0 = Not applicable | 1 = No | 2 = Yes | 9 = Unknown |
|--------------------|--------|---------|-------------|

524. Vaginal Applicator #2 _____

- | | | |
|-----------------|----------------|------------------|
| 0 = None | 3 = Cylinders | 6 = Interstitial |
| 1 = FSD ovoids | 4 = Henschke | 8 = Other |
| 2 = Mini ovoids | 5 = Ring (HDR) | 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 | 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 532-539

532. Radionuclide #3 _____

- | | | |
|--------------------|-------------|-------------|
| 0 = Not applicable | 3 = Cs + Ir | 8 = Other |
| 1 = Cs 137 | 4 = Co 60 | 9 = Unknown |
| 2 = Ir 192 | 5 = Ra 226 | |

Case #:

Institution #:
Form I 1

533. Remote after-loading #3 _____

0 = Not applicable 1 = No 2 = Yes 9 = Unknown

534. Vaginal Applicator #3 _____

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

Case #:

Institution #:
Form I 1

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 |

Case #:

Institution #:
Form I 1

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

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 571-576

571. Radionuclide #2 _____

0 = Not applicable

2 = Ir 192

4 = Co 60

8 = Other

9 = Unknown

572. Vaginal Applicator #2 _____

0 = None

1 = FSD ovoids

2 = Mini ovoids

3 = Cylinders

4 = Henschke

5 = Ring (HDR)

6 = Interstitial

8 = Other

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

Case #:

Institution #:
Form I 1

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

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 631-636

631. Radionuclide #8 _____

0 = Not applicable

2 = Ir 192

4 = Co 63

8 = Other

9 = Unknown

632. Vaginal Applicator #8 _____

0 = None

1 = FSD ovoids

2 = Mini ovoids

3 = Cylinders

4 = Henschke

5 = Ring (HDR)

6 = Interstitial

8 = Other

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 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 Chemo 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 (<i>mild</i>) 2 = Grade 2 (<i>mod</i>) 3 = Grade 3 (<i>severe</i>) 4 = Present, grade unknown 9 = Unknown
Cardiovascular system comorbidity score (<i>Including MI, angina / CAD, CHF, arrhythmias, HTN, venous and peripheral arterial disease</i>)	735. _____
Respiratory system comorbidity score (<i>Including pulmonary insufficiency, and restrictive lung disease or COPD</i>)	736. _____
Gastrointestinal system comorbidity score (<i>Including hepatic disease, stomach/intestine, and pancreatic disease</i>)	737. _____
Renal system comorbidity score (<i>End stage renal disease</i>)	738. _____
Endocrine system comorbidity score (<i>Including Insulin dependent diabetes mellitus, and adult onset diabetes mellitus</i>)	739. _____
Neurological system comorbidity score (<i>Including stroke, dementia, paralysis, and neuromuscular disorders</i>)	740. _____
Psychiatric comorbidity score (<i>Including major depression, bipolar disorder, and schizophrenia</i>)	741. _____
Rheumatologic comorbidity score (<i>Including rheumatoid arthritis, systemic lupus, connective tissue disorder, and polymyositis</i>)	742. _____
Immunological system comorbidity score (<i>HIV, and AIDS</i>)	743. _____
Malignancy comorbidity score (<i>Solid tumors including melanoma, leukemia, myeloma, and lymphoma</i>)	744. _____
Substance Abuse comorbidity score (<i>Including alcohol abuse, illicit drug abuse</i>)	745. _____
Body weight comorbidity score (<i>Obesity, BMI >= 38</i>)	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

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

Events	<i>mm/dd/yyyy</i>	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. _____