PROCARE study – prospective registration

Patient data

National number[REQ]: ……

Name[REQ]:…… **First name**[REQ]:……..

Date of birth (dd/mm/yyyy)[REQ]:……/……/……..

Sex[REQ]**:**

- ❑ Male
- ❑ Female

Zip code of residence[REQ]**:** ……..

Registration number, provided by the data centre: ……

General practitioner (name, first name): ……..

Hospital data

Contact person (can be a study nurse)

Contact details: Name, first name:……..……
Address: ……..……
Tel. Number: ……..……
Email address: ……

Name Hospital (1) [REQ]**:** ……

Treatment (indicate treatments within the same hospital):

- ❑ **Surgery: name surgeon(s)** [REQ]**.....**
  ……...**..**
- ❑ Preoperative staging
- ❑ Radiotherapy
- ❑ Chemotherapy
- ❑ Pathology report: name pathologist (s):……
- ❑ Follow-up: name responsible physician [REQ]: ……
  ……

Name Hospital (2): …….

Treatment:

- ❑ Preoperative staging
- ❑ Radiotherapy
- ❑ Chemotherapy
- ❑ Pathology report: name pathologist (s):……
- ❑ Follow-up: name responsible physician [REQ]: …….
  …….

Name Hospital (3): ……

Treatment:

- Preoperative staging
- Radiotherapy
- Chemotherapy
- Pathology report: name pathologist (s):……
- Follow-up: name responsible physician [REQ]: ……

……

OPERATIVE DATA ENTRY FORM

Registration number, provided by the data centre:……...

Name patient:…….. First Name patient:……

Date of Birth:……...../…….....…….

PART I: Pre-treatment data

1. Date of first consultation or hospitalisation for <u>rectal</u> cancer REQ
(dd/mm/yyyy): ……/……/……..

2. Synchronous cancerREQ **?**

- ❑ **no**
- ❑ **yes**

<u>If yes:</u>

a) organ(s):

- □ breast
- □ colon
- □ lung
- □ gynaecological tumour
- □ lymphoma
- □ other, please specify: .....

b) date of diagnosis: (dd/mm/yyyy):...../...../.....
c) cTNM stage: T……. N…... M……..
d) pTNM stage: T…….. N…..... M.....

3. Other cancer(s) in patient's past history REQ**?**

- ❑ **no**
- ❑ **yes**

<u>If yes:</u>

a) organ(s):

<u>Tumour 1</u>

- □ breast
- □ colon
- □ lung
- □ gynaecological tumour
- □ lymphoma
- □ other, please specify: .....

<u>Tumour 2</u>

- □ breast
- □ colon
- □ lung
- □ gynaecological tumour
- □ lymphoma
- □ other, please specify: .....

b) actual tumour activity ?

Tumour 1:
- ❑ yes
- ❑ no

Tumour 2:
- ❑ yes
- ❑ no

4. Lower limit primary tumour:……**cm above the margo ani** REQ

based on:
- ❑ rigid rectoscopy (to be preferred)
- ❑ coloscopy (during withdrawal of the coloscopy)

5. Characteristics of the primary tumour

Localisation REQ**:**
- ❑ Ventral
- ❑ Lateral right
- ❑ Lateral left
- ❑ Dorsal

Upper limit: ……cm (if possible, in cm above the margo ani)

Clinical:
- ❑ Mobile
- ❑ Fixed
- ❑ Not palpable

6. Pretreatment staging procedures and clinical TNM (UICC 2002)

Check all staging procedures that were carried out.

Rx thorax : ❑ yes ❑ no
US liver/abdomen: ❑ yes ❑ no
CT:
- Thorax: ❑ yes ❑ no
- Abdomen/pelvis: ❑ yes ❑ no

If yes: cT: ……
cN: ……
cCRM lateral or circumferential margin:……mm

MRI: ❑ yes ❑ no
If yes: cT: ……
cN: ……
cCRM lateral or circumferential margin:……mm
involvement of the sphincters : ❑ yes ❑ no

TRUS: ❑ yes ❑ no
If yes: cT: ……
cN: ……
involvement of the sphincters : ❑ yes ❑ no

PET: ❑ yes ❑ no
PET/CT: ❑ yes ❑ no
Other: ❑ yes ❑ no
If yes, please specifiy: ……..

cM REQ

- ❑ No metastasis
- ❑ Metastasis

<u>If Metastasis:</u>

a) Location:

- ❑ Non-mesorectal nodes (including external or common iliac nodes and retroperitoneal nodes above inf. mesenteric artery)
- ❑ Liver
- ❑ Peritoneum
- ❑ Lung
- ❑ Bone
- ❑ Other, please specify: ……....

b) Based on:

- ❑ Rx thorax
- ❑ US liver/abdomen
- ❑ CT
- ❑ PET
- ❑ Other, please specify: .....

Summary cTNM stage REQ: **cT**…… **N**…… **M**…….……

7. CEA serum before treatment REQ: ……...……

8. Coloscopy

Total coloscopy REQ:

- ❑ Yes

  <u>If yes</u>: Simultaneous lesions?
  - ❑ No
  - ❑ Polyp
  - ❑ Carcinoma
  - ❑ Other

- ❑ No

  <u>If no:</u> Reason?
  - ❑ Tumour stenosis
  - ❑ Insufficient preparation
  - ❑ Intolerance of the patient
  - ❑ Technical reasons
  - ❑ Other

Biopsy of the tumour:

- ❑ Yes

  <u>If yes</u>: Date of biopsy REQ (dd/mm/yyyy): …….. / ……..... / ……

  Result of the biopsy:
  - ❑ Adenocarcinoma
  - ❑ Other: ……

- ❑ No

Complications:

- ❑ No
- ❑ Yes

  If yes:

  - ☐ Oversedation
  - ☐ Bleeding
  - ☐ Perforation
  - ☐ Other

9. Double contrast barium enema:

- ❑ No
- ❑ Yes

  If yes:

  - ❑ Barium
  - ❑ Gastrografine
  - ❑ Complete
  - ❑ Incomplete (incompl. visualisation of the entire colon)

10. Virtual colonoscopy:

- ❑ No
- ❑ Yes

  If yes: Simultaneous lesions?

  - ❑ No
  - ❑ Polyp
  - ❑ Carcinoma
  - ❑ Other

11. Anorectal function before treatment:

Continent? REQ

- ❑ Yes
- ❑ No

Daily frequency of defaecation: ……..…….

Use of drugs/medication for defaecation (incl. enema)

- ❑ No
- ❑ Yes

12. Urogenital function before treatment:

a) Urinary function

Continent?

- ❑ Yes
- ❑ No

b) Sexual function

- ❑ Non active
- ❑ Active

  If active:

  - ❑ Normal
  - ❑ Dysfunction
  - ❑ Not known

13. Clinical restaging after neoadjuvant treatment (if applicable):

- Date of restaging (dd/mm/yyyy):……/……/……....
- Clinical response (choose 1 of the following)
    - □ No change in bulk
    - □ Increase in bulk
    - □ Reduction in bulk
    - □ Complete response

- Summary ycTNM: T…….. (0,1,2,3,4) N …..... (0,1,2) M …….. (0,1,x)

- ycCRM : ..... mm

OPERATIVE DATA ENTRY FORM

Registration number, provided by the data centre:……...

Name patient:……..… First Name patient:…….……

Date of Birth:……../……..…../……..

PART II: Operative data

1. WAS RADICAL RESECTION INDICATED BUT NOT PERFORMED? REQ

- ❑ No
- ❑ Yes

  If Yes: Reason(s):
  - □ Patient unfit
  - □ Patient refusal
  - □ Advanced disease
  - □ Other, please specify: .....

2. TREATMENT OTHER THAN OR PRIOR TO RADICAL RESECTION REQ**:**

- ❑ No
- ❑ Yes

If yes: What treatment(s) was performed instead of or prior to radical resection?

- ❑ Abdominal exploration only:
  - □ Laparotomy
  - □ Laparoscopy
- □ Resection of metastatic disease:
  - □ Liver: date (dd/mm/yy):……/……/……..
  - □ Lung: date (dd/mm/yy):……/……/……..
  - □ Brain: date (dd/mm/yy):……/……/……..
  - □ Bone: date (dd/mm/yy):……/……/……..
  - □ Other: specify:……..
    date (dd/mm/yy):……/……/……..
- ❑ Transanal laser or electrocautery
- ❑ Endoscopic stent:
  - □ As definitive treatment: date (dd/mm/yyyy):….…/……./…….
  - □ As a bridge to surgery: date (dd/mm/yyyy):…...…/…..…/…..
- ❑ Decompressive stoma:

  Date (dd/mm/yyyy): ……/……..…/……..…

  Approach:
  - ☐ Laparotomy:
    - ☐ without abdominal exploration
    - ☐ with abdominal exploration:
      - o no metastatic disease
      - o metastatic disease
  - ☐ Laparoscopy:
    - ☐ without abdominal exploration
    - ☐ with abdominal exploration:
      - o no metastatic disease
      - o metastatic disease

Location:
- ◻ Ileum
- ◻ Colon transversum
- ◻ Sigmoid colon
- ◻ other

Type:
- ◻ Loop
- ◻ Terminal

- ❑ "Local excision" (incl. endoscopic polypectomy and TEM):

Procedure:
- ◻ Endoscopic polypectomy:
  date (dd/mm/yyyy):…./…../…..
  → **Please fill in 'local excision' pathology report**
- ◻ Local transanal excision:
  date (dd/mm/yyyy):…../…../…..
  → **Please fill in 'local excision' pathology report**
- ◻ TEM (transanal endoscopic microsurgery):
  date (dd/mm/yyyy):……/……/…….
  → **Please fill in 'local excision' pathology report**

Intent:
- ◻ Curative treatment
- ◻ Sampling (as an excisional biopsy)

- ❑ Neoadjuvant treatment:
  - ◻ Short course radiotherapy with short interval to surgery
  - ◻ Short course radiotherapy with long interval to surgery
  - ◻ Long course chemoradiation with long interval to surgery
  - ◻ Long course radiation without chemotherapy

- ❑ Chemotherapy for cStage IV disease

3. RADICAL RESECTION:
- ❑ **No**
- ❑ **Yes**

If Yes:
(Fill in all the following questions 3.1-3.13)

3.1. PLANNED type of radical resection REQ:
- ❑ Hartmann
- ❑ APER
- ❑ Sphincter saving radical resection

3.2. Preoperative risk (factors of):

ASA (1-5) REQ:……
1. normal
2. mild systemic disease, normal activity
3. severe systemic disease, limited activity
4. life threatening disease, disabled
5. moribund

Hct REQ**:** ……..…**%**

3.3. Preoperative Weight: ……**kg**
Height:……..**cm**

3.4. Date of surgery (dd/mm/yyyy) REQ :……/……./……..

3.5 Actual surgical training status:

- ❑ With trainer/instructor
- ❑ Self-training
- ❑ Peer to peer
- ❑ Trainer/instructor

3.6 Mode of surgery REQ**:**

- ❑ Elective (operation at the time to suit both patient and surgeon)
- ❑ Scheduled (an early operation, but not immediately life-saving)
- ❑ Urgent (operation carried out within 24-hrs of admission)
- ❑ Emergency (immediate operation within 2 hours of admission or in conjunction with resuscitation)

3.7 Localisation of the primary tumour after anal investigation REQ**:**

- ❑ Ventral
- ❑ Lateral left
- ❑ Lateral right
- ❑ Dorsal
- ❑ no evidence of tumour

3.8 Lower limit of the primary tumour REQ:…….. **cm above the margo ani**
based on:

- ❑ rigid rectoscopy (to be preferred)
- ❑ coloscopy (during withdrawal of the colonoscope)
- ❑ no evidence of tumour

3.9 Rectal irrigation at the start of the surgical procedure:

- ❑ No
- ❑ Yes
  If yes:
  - □ Water
  - □ Phys Saline Solution
  - □ Iodine Solution
  - □ Chlorehexidine
  - □ Other

3.10 Surgical exploration
Approach:

- ❑ Laparotomy
- ❑ Laparoscopy
- ❑ Converted laparoscopy: Reason(s):
  - □ Adhesions
  - □ Bleeding

- □ Bowel perforation
- □ Other, please specify: .....

Ascites:

- ❑ No
- ❑ Yes

Cytology of ascites:

- ❑ No
- ❑ Yes

Metastasis REQ:

- ❑ No
- ❑ Exploration limited because of adherences
- ❑ Yes

  If yes:

  - ❑ Liver biopsy: ❑ yes ❑ no
  - ❑ Peritoneum biopsy: ❑ yes ❑ no
  - ❑ Omentum biopsy: ❑ yes ❑ no
  - ❑ Ovary biopsy: ❑ yes ❑ no
  - ❑ Other (specify) …… biopsy: ❑ yes ❑ no
  - ❑ Non-mesenterial lymph nodes:
    - ❑ Iliac biopsy: ❑ yes ❑ no
    - ❑ Periaortic biopsy: ❑ yes ❑ no
    - ❑ Hilus liver biopsy: ❑ yes ❑ no
    - ❑ Celiac biopsy: ❑ yes ❑ no

Tumour:

Localisation of the tumour related to peritoneal reflection REQ*:*

- ❑ Above
- ❑ At the level of
- ❑ Under

- ❑ Mobile
- ❑ Fixed
- ❑ Not palpable

Invasion into other organs REQ:

- ❑ No
- ❑ Yes

  If yes:

  - ❑ Pelvic wall
  - ❑ Vagina
  - ❑ Bladder
  - ❑ Uterus (and ovaria)
  - ❑ Prostate
  - ❑ Seminal vesicle(s)
  - ❑ Ureter
  - ❑ Colon

- ❑ Small bowel

Tumour complications before any mobilisation:

- ❑ Peri-rectal abscess
- ❑ Stenosis or obstruction
- ❑ Free perforation
- ❑ Other, please specify: ……..

3.11 Surgical resection

Approach REQ**:**

- ❑ Laparotomy
- ❑ Laparoscopy
- ❑ Converted laparoscopy (intention was to resect laparoscopically):

  Reason(s) for conversion:
  - ○ Adhesions
  - ○ Bleeding
  - ○ Bowel perforation
  - ○ Other, please specify: .....

Procedure REQ:

Vascular ligatures REQ*:*

- ❑ AMI
- ❑ VMI at the level of AMI
- ❑ VMI below the pancreas
- ❑ ARM
- ❑ Other, please specify:……

Extent of the resection REQ*:*

'En bloc' resection of another organ?

- ❑ No
- ❑ Yes

  <u>If yes:</u>
  - ❑ Pelvic wall
  - ❑ Vagina
  - ❑ Bladder
  - ❑ Uterus (and ovaria)
  - ❑ Prostate
  - ❑ Seminal vesicle(s)
  - ❑ Ureter
  - ❑ Colon
  - ❑ Small bowel

Deviation from the procedure of 'en bloc' resection? REQ

- ❑ No
- ❑ Yes (why?): ……..

Non 'en bloc' resection of other organ REQ:

- ❑ No
- ❑ Yes

  <u>If yes:</u>
  - ❑ Ovaria

- ❑ Liver
- ❑ Peritoneum
- ❑ Non-mesenterial node(s)
- ❑ Other, please specify: ……

Perforation of the rectum? REQ

- ❑ No
- ❑ Yes

Complete resection of the sigmoid?

- ❑ Yes
- ❑ No

Distal level of resection (in case of reconstruction or Hartmann) REQ*:*

- ❑ Rectum: ..... cm above anal verge
- ❑ Anorectal (on top of the anal canal)
- ❑ Anal (intra-anal)

Technique used in case of sphincter saving resection REQ:

- ❑ PME
- ❑ TME
- ❑ Conventional

Technique used in case of APER (abdominoperineal resection):

- ❑ perineal resection in supine position
- ❑ perineal resection in prone position

Autonomous nervous system:

- ❑ Complete preservation
- ❑ Section hypogastric at the level of the promontorium
- ❑ Section left hypogastric
- ❑ Section right hypogastric
- ❑ Section pelvic plexus bilateral
- ❑ Section pelvic plexus left
- ❑ Section pelvic plexus right
- ❑ Not known

Peritoneal washing after resection, before or after reconstruction:

- ❑ No
- ❑ Yes

  If yes:

  - □ Water
  - □ Phys Saline Solution
  - □ Iodine Solution
  - □ Chlorehexidine
  - □ Other

Which type of resection is clinically and surgically obtained REQ*:*
(do not take the results of the pathology report into account)

- ☐ R0 (no residual local tumour, no intraoperative rectum perforation, no distant disease)
- ❑ R1 (microscopic residual local tumour, or intraoperative rectum

perforation)
- ❑ R2 (macroscopic residual tumour, either locoregional or distal)
- ❑ Uncertain: why?
    - ❑ Locally
    - ❑ At distance

Problems during resection:
- ❑ No
- ❑ Yes (please specify): ……..

3.12 Surgical reconstruction

Approach REQ:
- ❑ Laparotomy
- ❑ Laparoscopy (inc. lap-assisted)
- ❑ Converted laparoscopy

Complete mobilisation of the splenic flexure REQ:
- ❑ No
- ❑ Yes

Irrigation of the rectum stump before reanastomosis REQ:
- ❑ No
- ❑ Yes

  If yes:
    - □ Water
    - □ Phys Saline Solution
    - □ Iodine Solution
    - □ Chlorehexidine
    - □ Other

Type of reconstruction REQ:
- ❑ APER (abdominoperineal excision; rectal amputation)
- ❑ Hartmann:
  → distal transsection level at …….. cm above anal verge
- ❑ PME + High anterior resection (= colorectal anastomosis above peritoneal reflection)
- ❑ PME + Low anterior resection (= PME + colorectal anastomosis below peritoneal reflection)
- ❑ TME + Colon J pouch:
  → length of pouch: ……..…...cm
- ❑ TME + Coloplasty:
  → length of incision for plasty: ……..……...cm
- ❑ TME + side-to-end coloanal anastomosis
- ❑ TME + straight coloanal anastomosis
- ❑ TME + Other (specify): ……
- ❑ Total excision of colon and rectum with ileal pouch-anal anastomosis
- ❑ Total excision of colon and rectum with definitive ileostomy
- ❑ Other, please specify: .....

Distal anastomosis technique REQ**:**
- ❑ Stapled
- ❑ Manual

Derivative stoma after reconstruction (do not fill in in case of APER or Hartmann) REQ :

- ❑ No
- ❑ Yes

If yes:

Place:

- ❑ Colon
- ❑ Ileum
- ❑ Other (specify):……..……..

Type:

- ❑ Loop
- ❑ Terminal

Reason(s):

- ❑ Routine (if done always with the type of reconstruction)
- ❑ Selective (specify reason(s)):
  - ❑ ASA 3 or more
  - ❑ Difficult dissection
  - ❑ 1 l blood transfusion or more
  - ❑ Doubtful blood supply
  - ❑ Incomplete doughnut
  - ❑ Positive leak test
  - ❑ Poor bowel preparation
  - ❑ Radiotherapy
  - ❑ Other (specify): ……..……

3.13 Intraoperative bloodtransfusion (not blood loss!) REQ**:**

- ❑ No
- ❑ Yes (specify volume of transfused packed cells): ..... ml (1 unit PC = 400 ml)

OPERATIVE DATA ENTRY FORM

Registration number, provided by the data centre:……..……..

Name patient:…….. First Name patient:…….

Date of Birth:……../……../……..

PART III: Post-operative data

1. Post-operative death REQ:

- ❑ No
- ❑ Yes

  If yes:

  Date of death (dd/mm/yyyy): ……..…../..……/……..…..

  Cause of death: …….……..

2. Discharge date (dd/mm/yyyy) REQ: ……/……../……

3. Discharge:

- ❑ Home
- ❑ Other medical department (incl. geriatric)
- ❑ Revalidation centre
- ❑ Other, please specify: ……

4. Postoperative bloodtransfusion:

- ❑ No
- ❑ Yes (specify volume of transfused packed cells):..... ml (1 unit PC = 400 ml)

5. Postoperative complications before discharge REQ :

- ❑ No
- ❑ Yes

If yes:

a) Medical:

- ❑ Pneumonia
- ❑ Pulmonary embolism
- ❑ Myocardial infarction
- ❑ Cerebrovascular accident
- ❑ Catheter sepsis
- ❑ Renal insufficiency
- ❑ Urinary tract infection
- ❑ Pyelonephritis
- ❑ Deep venous thrombosis
- ❑ Other, please specify: …….……..

b) Surgical:

(minor = no reintervention; major = reintervention under narcosis)

- ❑ Postoperative bleeding
  - ❑ Minor
  - ❑ Major

- ❑ Ileus (> 4D ‘npo’)
  - ❑ Minor
  - ❑ Major
- ❑ Urinary retention
- ❑ Abdominal wound infection
  - ❑ Minor
  - ❑ Major
- ❑ Perineal wound infection
  - ❑ Minor
  - ❑ Major
- ❑ Deep abscess
  - ❑ Minor
  - ❑ Major
- ❑ Leakage of the anastomosis
  - ❑ Minor
  - ❑ Major

<u>If leakage of the anastomosis</u>: type of the reintervention(s) (fill out numbers chronologically and add dates(dd/mm/yyyy) if applicable):

1. Derivative stoma construction date:…….
2. Dismantling of anastomosis (Hartmann) date: …….
3. Abdominal drainage date: …….
4. Transanal drainage date: …….
5. Other: ……date: …….

- ❑ Complication of the stoma
  - ❑ Minor
  - ❑ Major

<u>If complication of the stoma:</u> type of complication (with influence on hospitalisation):

- ☐ Stoma necrosis
- ☐ Retraction
- ☐ Prolapse
- ☐ Peristomal infection
- ☐ Other (specify):…….

<u>If complication of the stoma:</u> type of re-intervention (specify)

……
……

- ❑ Other, please specify: ……..

RADIOTHERAPY DATA ENTRY FORM

Registration number, provided by the data centre:……..……..

Name patient:…….. First Name patient:…….

Date of Birth:……../……..…../……..……..

Treatment REQ:

- ❑ Preoperative radiotherapy
- ❑ Postoperative radiotherapy

Concomitant chemotherapy REQ:

- ❑ No
- ❑ Yes

If Yes:

5-FU based ?

- ❑ yes
- ❑ no

Treatment position REQ:

- ❑ Supine
- ❑ Prone

Belly board REQ:

- ❑ Yes
- ❑ No

Planned irradiation regimen: ……..... x ……..…….. Gy

Date of first irradiation (dd/mm/yyyy) REQ: ……/……/……

Date of last irradiation (dd/mm/yyyy) REQ: ……/……/…….

Number of fractions REQ: ……..

Radiation compliance: treatment interruption of more than five working days REQ:

- ❑ No
- ❑ Yes

If yes: Reason for treatment interruption of more than 5 working days:

- ❑ Toxicity
- ❑ Machine break down
- ❑ Other (Specify): ……..……

Total dose given at ICRU reference point REQ: …….. Gy

Custom shielding REQ:

- ❑ MLC
- ❑ Blocks
- ❑ No

The photon energy used was REQ:

- ❑ Co^{60}
- ❑ ……MV

Number of beams used: ……..

Technique used REQ:

- ❑ 2D
- ❑ IMRT
- ❑ 3D CRT
- ❑ IMAT (including VMAT/RapidARC)
- ❑ HT (helical tomotherapy)

Only for 2D planning (simulation)

Field sizes if 2D: F1: ……..…..cm x ……..……cm
F2: ……cm x ……..……..cm

Applicable for CT-based planning:

Total volume irradiated to 95% REQ: ……..……..cm^3

PTV: Mean dose REQ: ……..……Gy
Median dose: ……..……...Gy
Maximum dose: ……..……..Gy
Minimum dose: ……..……...Gy

PTV BOOST:

- ❑ No REQ
- ❑ Yes REQ

If yes:

Mean dose REQ: ……..……..…Gy
Median dose: ……..……..……Gy
Maximum dose: ……..……Gy
Minimum dose: ……..……..……Gy

Organs at risk (OARs)

- Small bowel absolute volume (cc) > 15 Gy: cc
- Bladder volume (%) > 40 Gy: ..... %
- Femoral heads combined volume (%) > 40 Gy: ……..... %

PATHOLOGY REPORT CHECKLIST AFTER SURGICAL RESECTION (excl. local excision: cf. specific form) REQ

Patient's name: …… Registration number (provided by the data center): .....

Patient's first name: …… Hospital/Laboratory: ……

Date of birth: …… Pre-operative treatment (no/yes + what): ……

RECTAL CANCER: Distance from anal verge … ……cm
cTNM staging:……. ycTNM staging: ……

TYPE OF SURGICAL INTERVENTION

❑ Anterior resection rectum (PME)
❑ Restorative rectum resection (TME)
□ Abdominoperineal rectum excision (APER)
□ ……

MACROSCOPIC EXAMINATION

External surface TME (also for APER):

❑ fresh ❑ smooth, regular
❑ fixed ❑ mildly irregular
❑ severely irregular

APER lowest tumor level:
□ ..... mm above dentate line
□ …. mm below dentate line

Photos **fresh** specimen before inking:
Anterior face: □ yes – □ no
Posterior face: □ yes - □ no
Photos of macro slices: □ yes - □ no

APER shape:
□ cylindrical
□ standard (waist)

Rectal tumor location:

❑ ventral ❑ ……
❑ lateral ❑ above peritoneal reflection
❑ dorsal ❑ below peritoneal reflection
❑ multifocal: if second location, please use separate sheet

Length of resected specimen: …… cm
Distance tumor – resection margin:
proximal: ……..……..cm
distal: ……..……cm

Rectal tumor appearance:
❑ exophytic ❑ ulcerating ❑ infiltrating ❑ flat

Tumor perforation:

	yes	no
	❑	❑

Associated lesions:

	yes	no
Polyp(s)	❑	❑
Synchronic cancer(s)	❑	❑
Ulcerative colitis	❑	❑
Crohn's disease	❑	❑
Familial polyposis	❑	❑

Additional samples: ❑ frozen
❑ other fixation ……

HISTOLOGICAL EXAMINATION

❑ Adenocarcinoma:
- ❑ well
- ❑ moderate
- ❑ poorly differentiated (incl. mucinous >50%, and signet cells >50%)
- ❑ undifferentiated

❑ low grade
❑ high grade

❑ Other: ……..……

Depth of invasion

❑ Tx: primary tumor cannot be assessed
❑ T0: no evidence of primary tumor
❑ Tis: intra-mucosal or intra-epithelial (not beyond musc. mucosae)
❑ T1: limited to submucosa
❑ T2: limited to muscularis propria
❑ T3: subserosal invasion (for peritonealised tumor)
❑ T3a: mesorectal invasion (<1 mm beyond muscularis propria)
❑ T3b: mesorectal invasion (1-4 mm beyond muscularis propria)
❑ T3c: mesorectal invasion (5-15 mm beyond muscularis propria)
❑ T3d: mesorectal invasion (>15 mm beyond muscularis propria)
❑ T4a: invasion through serosal/peritoneal surface (is not circumferential resection margin positive!)
❑ T4b: invasion in adjacent organ(s)

Margins:
Longitudinal surgical resection margins:

Proximal:	❑ free	❑ invaded
Distal:	❑ free	❑ invaded

Lateral margins above peritoneal reflection: □ free - □ invaded
Mesorectal circumferential resection margin (CRM): ……..….mm remote from tumor

Extension:
Number of lymph nodes examined:……..
Number of invaded lymph nodes: ……
Number of extramural deposits > 3 mm: ……...……..
Number of extramural deposits < 3 mm: ……

- □ Nx Only when no nodes are examined
- □ N0 No regional lymph node metastasis
- □ N1 Metastasis in 1 to 3 regional lymph nodes
- □ N2 Metastasis in 4 or more regional lymph nodes

Extramural vascular invasion:
❑ yes ❑ no
Metastasis (liver, peritoneum, …):
❑ yes ❑ no ❑ impossible to determine

Rectal cancer regression grade (Dworak):

❑ grade 0 (no regression)
❑ grade 1 (≤25% fibrosis)
❑ grade 2 (26-50% fibrosis)
❑ grade 3 (>50% fibrosis)
❑ grade 4 (total regression)

RECTAL CANCER

❑ pTNM ❑ ypTNM

❑ Tx ❑ T0 ❑ Tis ❑ T1 ❑ T2 ❑ T3 ❑ T4
❑ Nx ❑ N0 ❑ N1 ❑ N2
❑ Mx ❑ M1

Other classification : ……

Signature: Date:

PATHOLOGY REPORT CHECKLIST AFTER LOCAL EXCISION (incl. polypectomy, transanal resection, TEMS) REQ

Patient's name: ……..

Patient's first name: ……..….

Date of birth: ……..…….

Registration number: ……..……

Hospital/Laboratory: ……..……

Pre-operative treatment (no/yes+what): ……..……

RECTAL CANCER: Distance from anal verge: …… cm

cTNM staging: ……..…

ycTNM staging: ……

TYPE OF INTERVENTION

- ❑ Endoscopic polypectomy
- ❑ Transanal local excision
- ❑ TEMS

TUMOR LOCATION

- ❑ ventral
- ❑ lateral
- ❑ dorsal
- ❑ above peritoneal reflection
- ❑ below peritoneal reflection
- ❑ at peritoneal reflection
- ❑ Multifocal: if second location, please use separate sheet

MACROSCOPIC EXAMINATION

❑ fresh ❑ fixed

Photos of the fresh specimen : ☐ **yes** ☐ **no**

Number of fragments: ……..

Dimensions of resected specimen:

Depth:……cm

Width:……cm

Height:……..……..cm

Distance tumor – resection margin:

proximal: ……..cm

distal: ……cm

lateral left:……..cm

lateral right: ……..cm

depth: ……cm

Rectal tumor appearance :

❑ exophytic ❑ ulcerating ❑ infiltrating ❑ flat

Additional samples: ❑ frozen

❑ other fixation ……

HISTOLOGIC EXAMINATION

❑ Adenocarcinoma :

- ❑ well
- ❑ moderate
- ❑ poorly differentiated
- ❑ undifferentiated
- ❑ low grade
- ❑ high grade

❑ Other: ……

Depth of invasion:

- ❑ T0: no evidence of primary tumor
- ❑ Tis: intra-mucosal or intra-epithelial (not beyond muscularis mucosae):
  - ☐ m1
  - ☐ m2
  - ☐ m3
- ❑ T1: limited to submucosa:
  - ☐ sm1
  - ☐ sm2
  - ☐ sm3
- ❑ T2: limited to muscularis propria
- ❑ T3: subserosal invasion (for peritonealised tumor)
- ❑ T4: Invasion of serosa or adjacent organ(s)

Surgical resection :

Margins:

Proximal:	❑	free……..…..mm	❑	invaded
Distal:	❑	free……..…...mm	❑	invaded
Lateral left:	❑	free……..….mm	❑	invaded
Lateral right:	❑	free……..……mm	❑	invaded
Depth:	❑	free……...….mm	❑	invaded

Extension:

- lymphovascular invasion:
  - ☐ yes
  - ☐ no

- number of lymph nodes found: ……..……..…

- number of invaded lymph nodes: ……

RECTAL CANCER

❑ pTNM ❑ ypTNM

Other classification: ……

❑ T0 ❑ Tis ❑ T1 ❑ T2 ❑ T3 ☐ T4

- ○ -m1 ○ -sm1
- ○ -m2 ○ -sm2
- ○ -m3 ○ -sm3

❑ Nx ❑ N0 ❑ N+

Signature :

Date :

CHEMOTHERAPY DATA ENTRY FORM

Registration number, provided by the data centre:……...……

Name patient:…….. First Name patient:……..…

Date of Birth:……../……..…../……..

To be filled out <u>at the start</u> of chemotherapy

Treatment [REQ] **:**

- ❑ Neoadjuvant chemotherapy:
  - ❑ with radiotherapy
  - ❑ without radiotherapy

- ❑ Adjuvant chemotherapy:
  - ❑ with radiotherapy
  - ❑ without radiotherapy

- ❑ Palliative chemotherapy:
  - ❑ NO surgery planned:
    - o because of the extent of the disease
    - o because of age and/or comorbidities
    - o because of patient refusal
    - o other, please specify: .....
  - ❑ BEFORE planned surgery for primary, metastatic disease or both (in any sequence)
  - ❑ surgery POTENTIALLY planned during/after palliative chemotherapy
  - ❑ AFTER resectional surgery of metastasis with following status:
    - o R 0 (“no residual disease”)
    - o R 1 (at least one resection with a positive margin)
    - o R 2 (at least one metastasis present)

CHEMOTHERAPY DATA ENTRY FORM

Registration number, provided by the data centre:……...…

Name patient:…….. First Name patient:……..……

Date of Birth:……../……..…../……..

To be filled out <u>at the end</u> of chemotherapy

Weight REQ: **……..kg** **Length** REQ: **……..…… cm**

Type of medication (dose expressed per m²) REQ :

1. Neoadjuvant chemotherapy <u>with</u> radiotherapy

- ❑ 5 FU: - schedule:
  - ❑ bolus
  - ❑ continuous infusion
  - planned dose 5FU: ……..…… mg/m²
  - global administered dose 5FU: …….. mg
  - period (date) from ……/…..…/……... till……../…...…/…….
- ❑ oral fluoropyrimidines ❑ capecitabine
  ❑ other (specify):……..……
  - planned dose: ……..…mg/m²
  - global administered dose: …….…… mg
  - period (date) from ….…/…..…./…..….. till ….…./……../…….
- ❑ other (specify): ……..……
  - schedule: ……
  - planned dose: ……..……. mg/m²
  - global administered dose: ……. mg
  - period (date) from……../…..…./……. till ……../……../…….

Dose reduction performed REQ **:**

- ❑ Yes
- ❑ No

Toxicity:

- ❑ hospitalisation needed for toxicity exclusively due to chemotherapy
  - ❑ Yes, exclusively due to chemotherapy
  - ❑ No, other treatment modality contributed also
- ❑ leading to stopping chemotherapy
- ❑ leading to temporarily interrupting chemotherapy
- ❑ leading to dose reduction

Type of adverse events during chemotherapy or chemoradiotherapy (mention only grade 3-4 (severe) adverse events to be evaluated according to the NCI-CTC version 3.0 criteria) REQ :

- ☐ diarrhea: ❑ grade 3 ❑ grade 4
- ☐ nausea: ❑ grade 3 ❑ grade 4
- ☐ vomiting: ❑ grade 3 ❑ grade 4
- ☐ anorexia: ❑ grade 3 ❑ grade 4
- ☐ neutropenia: ❑ grade 3 ❑ grade 4
- ☐ neutropenic fever or infection: ❑ grade 3 ❑ grade 4
- ☐ anemia: ❑ grade 3 ❑ grade 4
- ☐ thrombocytopenia: ❑ grade 3 ❑ grade 4
- ☐ stomatitis: ❑ grade 3 ❑ grade 4
- ☐ neurotoxicity: ❑ grade 3 ❑ grade 4
- ☐ hand-foot syndrome: ❑ grade 3 ❑ grade 4
- ☐ other, please specify:……..……
  ……..…….

2. Neoadjuvant chemotherapy <u>without</u> radiotherapy

❑ 5 FU: - schedule:
- ❑ bolus
- ❑ continuous infusion

- planned dose 5FU: ……..… mg/m²
- global administered dose 5FU: ……..….. mg
- period (date) from ….…../….…./…….. till ….…../….…./…….....

❑ oral fluoropyrimidines ❑ capecitabine
❑ other (please specify):……..…….

- planned dose: : ……..…… mg/m²
- global administered dose: ……. mg
- period (date) from …..…../….…./…..… till……../….…./……

❑ other (specify): ……..……..……

- schedule: ……..……
- planned dose : ……..… mg/m²
- global administered dose: …….…… mg
- period (date) from ….…../….…./…..… till ……../….…./……..

Dose reduction performed:

- ❑ Yes
- ❑ No

Toxicity REQ**:**

- ❑ hospitalisation needed for toxicity exclusively due to chemotherapy
  - ❑ Yes, exclusively due to chemotherapy
  - ❑ No, other treatment modality contributed also
- ❑ leading to stopping chemotherapy
- ❑ leading to temporarily interrupting chemotherapy
- ❑ leading to dose reduction

Type of adverse events during chemotherapy or chemoradiotherapy (mention only grade 3-4 (severe) adverse events to be evaluated according to the NCI-CTC version 3.0 criteria) REQ:

- ☐ diarrhea: ❑ grade 3 ❑ grade 4
- ☐ nausea: ❑ grade 3 ❑ grade 4
- ☐ vomiting: ❑ grade 3 ❑ grade 4
- ☐ anorexia: ❑ grade 3 ❑ grade 4
- ☐ neutropenia: ❑ grade 3 ❑ grade 4
- ☐ neutropenic fever or infection: ❑ grade 3 ❑ grade 4
- ☐ anemia: ❑ grade 3 ❑ grade 4
- ☐ thrombocytopenia: ❑ grade 3 ❑ grade 4
- ☐ stomatitis: ❑ grade 3 ❑ grade 4
- ☐ neurotoxicity: ❑ grade 3 ❑ grade 4
- ☐ hand-foot syndrome: ❑ grade 3 ❑ grade 4
- ☐ other, please specify:……..……
  ……..……

3. Adjuvant chemotherapy <u>with</u> radiotherapy

- ❑ 5 FU: - schedule:
  - ❑ bolus
  - ❑ continuous infusion

  - planned dose 5FU: ……..mg/m²
  - global administered dose 5FU: …...……mg
  - period (date) from ……../…..…./…….… till……../……../….…

- ❑ oral fluoropyrimidines ❑ capecitabine
  ❑ other (specify):……..……..

  - planned dose: ……..mg/m²
  - global administered dose: ……..…… mg
  - period (date) from ……../…..…./…… till ….…../…….…/….…

- ❑ other (specify): ……..……...…….
  - schedule: ……..……..
  - planned dose:……....mg/m²
  - global administered dose: ……..…… mg
  - period (date) from ……../….…./..…… till ……../…….…/……

Dose reduction performed:

- ❑ Yes
- ❑ No

Toxicity REQ**:**

- ❑ hospitalisation needed for toxicity exclusively due to chemotherapy
  - ❑ Yes, exclusively due to chemotherapy
  - ❑ No, other treatment modality contributed also
- ❑ leading to stopping chemotherapy
- ❑ leading to temporarily interrupting chemotherapy
- ❑ leading to dose reduction

Type of adverse events during chemotherapy or chemoradiotherapy (mention only grade 3-4 (severe) adverse events to be evaluated according to the NCI-CTC version 3.0 criteria) REQ:

- ◻ diarrhea: ❑ grade 3 ❑ grade 4
- ◻ nausea: ❑ grade 3 ❑ grade 4
- ◻ vomiting: ❑ grade 3 ❑ grade 4
- ◻ anorexia: ❑ grade 3 ❑ grade 4
- ◻ neutropenia: ❑ grade 3 ❑ grade 4
- ◻ neutropenic fever or infection: ❑ grade 3 ❑ grade 4
- ◻ anemia: ❑ grade 3 ❑ grade 4
- ◻ thrombocytopenia: ❑ grade 3 ❑ grade 4
- ◻ stomatitis: ❑ grade 3 ❑ grade 4
- ◻ neurotoxicity: ❑ grade 3 ❑ grade 4
- ◻ hand-foot syndrome: ❑ grade 3 ❑ grade 4
- ◻ other, please specify:……..……
  ……..……

4. Adjuvant chemotherapy without radiotherapy

❑ 5 FU: - schedule:
- ❑ bolus
- ❑ continuous infusion

- planned dose 5FU: ……..… mg/m²
- global administered dose 5FU: ……..…….. mg
- period (date) from……../….…./….… till ……../….…./……

❑ oral fluoropyrimidines ❑ capecitabine
❑ other (specify):…….

- planned dose: ..……..……. .mg/m²
- global administered dose: ……...… mg
- period (date) from ….…../….…./…… till ….…../….…./…..…

❑ FOLFOX (5FU + Oxaliplatin):

○ 5FU:
- schedule:
  - ❑ bolus
  - ❑ continuous infusion
- planned dose 5FU: ……..…… mg/m²
- global administered dose 5FU: …….. mg
- period (date) from ….…../….…./…….. till ……../……./……..…

○ Oxaliplatin:
- planned dose oxaliplatin: …….……...…..… mg/m²
- global administered dose oxaliplatin: ……..……mg
- period (date) from ……../….…./…… till ……../……./……..…

❑ XELOX:

○ Capecitabine cfr supra:
- planned dose capecitabine: ..…… mg/m²
- global administered dose capecitabine: …… mg
- period (date) from ……../……./…..… till ……../….…./……..

- Oxaliplatin:
  - planned dose oxaliplatin: ……..…… mg/m²
  - global administered dose oxaliplatin: ……mg
  - period (date) from ……../…..…./…..… till ……../…..…./……..…

❑ Irinotecan:
  - planned dose: ……..…… mg/m²
  - global administered dose: ……... mg
  - period (date) from ……../…..…./…..… till ……../……./……..…

❑ Other (specify): ……..……
  - schedule: ……..…..
  - planned dose: …… mg/m²
  - global administered dose: …….. mg
  - period (date) from……../……../…..… till ….…../……/……..…

Dose reduction performed:

❑ Yes
❑ No

Toxicity REQ**:**

❑ hospitalisation needed for toxicity exclusively due to chemotherapy
  ❑ Yes, exclusively due to chemotherapy
  ❑ No, other treatment modality contributed also

❑ leading to stopping chemotherapy

❑ leading to temporarily interrupting chemotherapy

❑ leading to dose reduction

Type of adverse events during chemotherapy or chemoradiotherapy (mention only grade 3-4 (severe) adverse events to be evaluated according to the NCI-CTC version 3.0 criteria) REQ:

□ diarrhea: ❑ grade 3 ❑ grade 4
□ nausea: ❑ grade 3 ❑ grade 4
□ vomiting: ❑ grade 3 ❑ grade 4
□ anorexia: ❑ grade 3 ❑ grade 4
□ neutropenia: ❑ grade 3 ❑ grade 4
□ neutropenic fever or infection: ❑ grade 3 ❑ grade 4
□ anemia: ❑ grade 3 ❑ grade 4
□ thrombocytopenia: ❑ grade 3 ❑ grade 4
□ stomatitis: ❑ grade 3 ❑ grade 4
□ neurotoxicity: ❑ grade 3 ❑ grade 4
□ hand-foot syndrome: ❑ grade 3 ❑ grade 4
□ other, please specify:……..……
  ……..…….

5. Palliative chemotherapy (please, use a new form with patient's name or national number for 2nd line etc.):

Regimen	1st line	2nd line	3rd line	4th line
Oral fluoropyrimidine				
LV5FU2 (De Gramont)				
Folfox				
Folfiri				
Xelox				
Oral fluoropyrimidine + bevacizumab				
LV5FU2 (De Gramont) + bevacizumab				
Folfox + bevacizumab				
Folfiri + bevacizumab				
Xelox + bevacizumab				
Cetuximab + irinotecan				
Mitomycine + 5FU or capecitabine				
Other, please specify: ……				

Dose reduction performed:

- ❑ Yes: percentage: …… %
- ❑ No

Toxicity REQ**:**

- ❑ hospitalisation needed for toxicity exclusively due to chemotherapy
  - ❑ Yes, exclusively due to chemotherapy
  - ❑ No, other treatment modality contributed also
- ❑ leading to stopping chemotherapy
- ❑ leading to temporarily interrupting chemotherapy
- ❑ leading to dose reduction

Type of adverse events during chemotherapy or chemoradiotherapy (mention only grade 3-4 (severe) adverse events to be evaluated according to the NCI-CTC version 3.0 criteria) REQ:

- ☐ diarrhea: ❑ grade 3 ❑ grade 4
- ☐ nausea: ❑ grade 3 ❑ grade 4
- ☐ vomiting: ❑ grade 3 ❑ grade 4
- ☐ anorexia: ❑ grade 3 ❑ grade 4
- ☐ neutropenia: ❑ grade 3 ❑ grade 4
- ☐ neutropenic fever or infection: ❑ grade 3 ❑ grade 4
- ☐ anemia: ❑ grade 3 ❑ grade 4
- ☐ thrombocytopenia: ❑ grade 3 ❑ grade 4
- ☐ stomatitis: ❑ grade 3 ❑ grade 4
- ☐ neurotoxicity: ❑ grade 3 ❑ grade 4
- ☐ hand-foot syndrome: ❑ grade 3 ❑ grade 4
- ☐ other (specify):……...…
  ……..…….

Is the patient dead?

- ❑ No
- ❑ Yes

If yes:

- death due to chemotherapy alone
  - ❑ Yes
  - ❑ No

- death due to chemoradiotherapy
  - ❑ Yes
  - ❑ No

FOLLOW-UP DATA ENTRY FORM

Registration number, provided by the data centre:……..……..

Name patient:…….. First Name patient:……..……

Date of Birth:……../……../…….……..

Fill in one form for each follow-up period (i.e. every 6 months regarding to the initial incidence date (with incidence date 1. First histological/cytological confirmation 2. Clinical evaluation/hospitalization 3. First Treatment)). Indicate the period that is applicable (please choose the period that is closest to the real time-interval) and fill in till 5 year or until an event occurs, i.e. until recurrent local disease or metachronous distant disease or death.

Please, continue follow-up until death for patients with primary cStage IV or pStage IV.

Follow-up time interval (period) REQ:

Date of follow-up (dd/mm/yyyy):…..…../……../……

- ❑ 6 mo
- ❑ 12 mo
- ❑ 18 mo
- ❑ 24 mo
- ❑ 30 mo
- ❑ 36 mo
- ❑ 42 mo
- ❑ 48 mo
- ❑ 54 mo
- ❑ 60 mo
- ❑ ……..

1. Did the patient receive chemotherapy in this 6 month interval (period) REQ:

- ❑ No
- ❑ Yes

2. WHO Performance score :

- ❑ 0 = normal activity
- ❑ 1 = symptomatic but ambulatory
- ❑ 2 = bedridden <50% per day
- ❑ 3 = bedridden >50% per day
- ❑ 4 = 100% bedridden

3. LATE COMPLICATIONS OF RADIO and/or CHEMOTHERAPY REQ:

- ❑ No
- ❑ Yes

If yes: (RTOG/EORTC grading 0-5; fill in max. grade per item)

- ❑ Skin: grade: ……..……
- ❑ Gastrointestinal (small/large bowel): grade:..…….....
- ❑ Bladder: grade:….……..

- ❑ Ureter: grade: …….
- ❑ Nerves: grade: ……
- ❑ Other (specify+grade): ……

4. STOMA REQ:

- ❑ Not applicable (never had)
- ❑ Present
- ❑ Closed

  Date closure of stoma (dd/mm/yyyy): ……../……../……..
  (if applicable in this follow-up period)

5. ANORECTAL FUNCTION:

Continent REQ

- ❑ Yes
- ❑ No
- ❑ Not applicable (APER, Hartmann, Derivative stoma)

Defecation

Frequency per day or per week: ……...…../ day or ..……/ week

Medication related to defecation (incl. enemas)

- ❑ No
- ❑ Yes, please specify: ……..……..…..

6. UROGENITAL FUNCTION as compared with 6 months ago:

a) Urinary function

- ❑ Idem
- ❑ Better
- ❑ Worse

Specific treatment:

- ❑ No
- ❑ Yes, please specify:…..……..

b) Sexual function

- ❑ Not active
- ❑ Active

  <u>If active:</u>
  - ❑ Idem
  - ❑ Better
  - ❑ Worse

Specific treatment:

- ❑ No
- ❑ Yes, please specify: ……..

7. LATE MEDICAL OR SURGICAL COMPLICATIONS REQ :

during the preceding 6 months

- Type (please specify): ……..…..
- Date of diagnosis (dd/mm/yyyy): ……/…...……/……..
- Treatment (specify briefly): ……..……..
- Comment……..……

8. EXAMINATIONS DONE AT THE OCCASION OF THIS FOLLOW UP REQ:

Indicate what was done

- ❑ Colonoscopy
  If yes, date (dd/mm/yyyy):……/..……/……
- ❑ RX thorax
- ❑ US liver
- ❑ CT abdomen/pelvis
- ❑ CT thorax
- ❑ CT thorax/abdomen
- ❑ PET
- ❑ PET/CT
- ❑ CEA
- ❑ Other(s): ……..……..…..

9. NEW PRIMARY TUMOUR REQ:

- ❑ No
- ❑ Yes

If yes:

date of diagnosis (dd/mm/yyyy): ……/……/……

Localisation:

- ❑ Colon
- ❑ Other (specify): ……..…

Treatment:

- ❑ None
- ❑ Chemotherapy
- ❑ Radiotherapy
- ❑ Radiochemotherapy
- ❑ Surgery
- ❑ Other, please specify: …….
- ❑ Comment…….……

10. LOCAL RECURRENCE REQ **(diagnosed in this 6 months interval (period)):**

- ❑ No
- ❑ Yes

If yes, this is the final update for the PROCARE registry, but fill in the following

Date of diagnosis (dd/mm/yyyy): ……/……/……

Localisation(s): multiple selection possible

- □ Laparotomy wound
- □ Trocar (port) site(s)
- □ Perineal wound
- □ Small pelvis (excl. external or common iliac lymph nodes)
- □ External or common iliac nodes
- □ Other, please specify: .....

Diagnostic proof (check):

- ❑ TRUS
- ❑ Endoscopy
- ❑ Clinical
- ❑ CT
- ❑ MRI
- ❑ Biopsy/cyto
- ❑ CEA
- ❑ Other, please specify:……..…….

Treatment:

- ❑ None
- ❑ Chemotherapy
- ❑ Radiotherapy
- ❑ Radiochemotherapy
- ❑ Surgery
- ❑ Palliative measures
- ❑ Other, please specify:……..….
- ❑ Comment…….…….…

11. METACHRONOUS DISTANT METASTASIS:
(metachronous = diagnosed more than 6 months after incidence date i.e. date of diagnosis of rectal cancer) REQ

- ☐ **no**
- ☐ **yes**

If yes, this is the final update for the PROCARE registry but fill in the following

Date of diagnosis (dd/mm/yyyy): ……/……/……

Localisation(s): multiple selection possible

- □ Liver
- □ Lung
- □ Peritoneum
- □ Para-aortic nodes
- □ Bone
- □ Other, please specify: .....

Diagnostic proof (check):

- ❑ US
- ❑ PET
- ❑ RX thorax
- ❑ Bone scan
- ❑ Clinical
- ❑ CT
- ❑ MRI
- ❑ Biopsy/cyto
- ❑ CEA
- ❑ Other, please specify: …….……..

Treatment:

- ❑ None
- ❑ Chemotherapy
- ❑ Radiotherapy
- ❑ Radiochemotherapy
- ❑ Surgery
- ❑ Palliative measures
- ❑ Other, please specify: ……..……
- ❑ Comment…….

12. DEATH:

- Date (dd/mm/yyyy): ……/…..……/……..…

- Cause (check) REQ:
  - ❑ Cancer related
    - ○ Death related to registered primary
    - ○ Death related to another primary
    - ○ Death related to metastases from unkown origin
  - ❑ Unknown
  - ❑ Other, please specify: ……..……