


Lung Cancer Surgery - PULMONOLOGY MANAGEMENT

Instructions: i) Where check boxes are provided, check one or more boxes. Where radio buttons are provided, check one box only.
 ii) Red asterisk (*) indicates the field is mandatory and must be filled.
 iii) Icon  provides definition of the field. Scroll your cursor over the icon and it will show the definition.

General Information	
1 *	Reporting Centre
2	Department
3 *	Date examination
4 *	Consultant / Pulmonologist Name

SECTION 1: Symptoms 1 - Cough

1 *	Cough	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available
	i Cough Duration	<input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
	ii Productive Cough	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available
2 *	Haemoptysis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available
	i Haemoptysis Episodes	
	ii Haemoptysis Amount	
3 *	Shortness of breath (SOB)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available
	i MMRC Functional Class	<input type="radio"/> Grade 0: Not Troubled by breathlessness except on strenuous exercise <input type="radio"/> Grade 1: Shortness of breath when hurrying on the level or waking up a slight hill <input type="radio"/> Grade 2: Walk slower than people of the same age on the level because of breathlessness or has to stop for breath when walking at own pace on the level <input type="radio"/> Grade 3: Stop for breath after walking about 100m or after a few minutes on the level <input type="radio"/> Grade 4: Completely disabled. Cannot carry out any selfcare. Totally confined to bed or chair
4 *	ECOG Performance Status	<input type="radio"/> Grade 0: Fully active, able to carry on all pre-disease performance with no restriction <input type="radio"/> Grade 1: Restricted in physically strenuous activity but ambulatory and able to carry out work of a light and sedentary nature <input type="radio"/> Grade 2: Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more tha 50% of waking hours <input type="radio"/> Grade 3: Capable of limited selfcare, confined to bed or chair more than 50% of waking hours <input type="radio"/> Grade 4: Completely disables. Cannot carry on any selfcare. Totally Confined to Bed or Chair <input type="radio"/> Grade 5: Dead
5 *	Pain	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available
	Site	<input type="checkbox"/> Bone <input type="checkbox"/> Chest Wall <input type="checkbox"/> Joint <input type="checkbox"/> Headache <input type="checkbox"/> Abdomen
6 *	Weight Loss	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available
	i Weight Loss Amount	(kg)
	ii Weight Loss Duration	<input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
7 *	Loss of Appetite	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available
8 *	Extra-pulmonary symptoms	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available
	Please specify	

SECTION 2: Asymptomatic

1 *	Medical check up for employment	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available
2 *	Health screening	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available
3 *	Assessment for other medical issues	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available

SECTION 3: Medical History

1	Concomitant illness	a * COPD	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
		i Classification of severity of airflow obstruction (Based on post-broncholidator FEV ₁) In patients with FEV ₁ /FEVC < 0.70	<input type="radio"/> GOLD 1: Mild (FEV1 >= 80% predicted) <input type="radio"/> GOLD 2: Moderate (FEV1 50-79% predicted) <input type="radio"/> GOLD 3: Severe (FEV1 30-49% predicted) <input type="radio"/> GOLD 4: Very Severe (FEV1 <30% predicted)

				<input type="radio"/> Not Applicable <input type="radio"/> Not Available
b *	ILD	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
c *	IHD	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
d *	Hypertension	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
e *	Hyperlipidaemia	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
f *	Peripheral vascular disease	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
g *	Renal Impairment	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
		i	Creatinine	μmol/L
		ii	eGFR (Auto Calculate)	mL/min/1.73 m ²
			CKD Stage (Auto Calculate)	<input type="radio"/> Stage I
				<input type="radio"/> Stage II
				<input type="radio"/> Stage IIIa
				<input type="radio"/> Stage IIIb
				<input type="radio"/> Stage IV
				<input type="radio"/> Stage V
				<input type="radio"/> Not Available
h *	Diabetes	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
i *	History of cancer	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
		If yes, please specify		
j *	CVA	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
k *	Obesity	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
l	Remarks			
2 *	Family history of cancer	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Available
3 *	Smoker	<input type="radio"/> Never smoke	<input type="radio"/> Ex-smoker	<input type="radio"/> Current smoker
		i	No of packs of cigarettes smoked per day	
		ii	No of years person has smoked	
		iii	Packs Years (Auto Calculate)	
4 *	Alcohol History	<input type="radio"/> Never drink	<input type="radio"/> Ex-drinker	<input type="radio"/> Current drinker
		Alcohol consumption _____ unit(s) / week		
5 *	Environmental agents	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Available
		Environmental agents _____		

SECTION 4: Diagnostic Work Up

1 *	CXR	Diagnostic work-up done?	Date
		#1	<input type="radio"/> Yes
			<input type="radio"/> No
			<input type="radio"/> Not Available
		#2	<input type="radio"/> Yes
			<input type="radio"/> No
			<input type="radio"/> Not Available
		#3	<input type="radio"/> Yes
			<input type="radio"/> No
			<input type="radio"/> Not Available
2 *	CT Scan	Diagnostic work-up done?	Date
		#1	<input type="radio"/> Yes
			<input type="radio"/> No
			<input type="radio"/> Not Available
		A. CT Scan Biopsy done?	
		<input type="radio"/> Yes	
		<input type="radio"/> No	
		<input type="radio"/> Not Available	
		A1. Complication occurs?	
		<input type="radio"/> Yes	
		<input type="radio"/> No	
		<input type="radio"/> Not Available	
		i. Severity	
		<input type="radio"/> Mild	
		<input type="radio"/> Moderate	
		<input type="radio"/> Severe	
		<input type="radio"/> None	
		<input type="radio"/> Not Available	
		ii. Complication	
		<input type="checkbox"/> Bleeding	
		<input type="checkbox"/> Pneumothorax	
		<input type="checkbox"/> Others	
		Specify _____	
		#2	<input type="radio"/> Yes
			<input type="radio"/> No
			<input type="radio"/> Not Available
		A. CT Scan Biopsy done?	

		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available A1. Complication occurs? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available i. Severity <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> None <input type="radio"/> Not Available ii. Complication <input type="checkbox"/> Bleeding <input type="checkbox"/> Pneumothorax <input type="checkbox"/> Others Specify <input type="text"/>		
	#3	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available A. CT Scan Biopsy done? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available A1. Complication occurs? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available i. Severity <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> None <input type="radio"/> Not Available ii. Complication <input type="checkbox"/> Bleeding <input type="checkbox"/> Pneumothorax <input type="checkbox"/> Others Specify <input type="text"/>		
3 *	PET Scan	Diagnostic work-up done? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available #1 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available #2 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available #3 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available	Date	Prognostic Group (TNM value) Radiological Staging
4 *	Bone Scan	Diagnostic work-up done? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available #1 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available #2 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available #3 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available	Date	
5 *	MRI	Diagnostic work-up done? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available #1 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available #2 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available #3 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available	Date	
6 *	Bronchoscopy	Diagnostic work-up done? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available #1 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available #2 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available #3 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available	Date	Technique <input type="checkbox"/> Flexible <input type="checkbox"/> Rigid <input type="checkbox"/> Flexible <input type="checkbox"/> Rigid <input type="checkbox"/> Flexible <input type="checkbox"/> Rigid
7 *	Endobronchial ultrasound (EBUS)	Diagnostic work-up done? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available #1 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available #2 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available #3 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available	Date	Technique <input type="checkbox"/> Linear <input type="checkbox"/> Radial <input type="checkbox"/> Linear <input type="checkbox"/> Radial <input type="checkbox"/> Linear <input type="checkbox"/> Radial

8 *	Navigation bronchoscopy	Diagnostic work-up done?		Date			
		#1	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available				
		#2	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available				
		#3	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available				
9 *	EUS	Diagnostic work-up done?		Date			
		#1	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available				
		#2	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available				
		#3	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available				
10 *	Tissue Biopsy	Diagnostic work-up done?		Date			
		#1	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available				
		#2	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available				
		#3	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available				
11 *	Lymph Node Biopsy	Diagnostic work-up done?		Date	Type		
		#1	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available		<input type="checkbox"/> Conventional TBNA	<input type="checkbox"/> EBUS TBNA	<input type="checkbox"/> Mediastinoscopy
		#2	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available		<input type="checkbox"/> Conventional TBNA	<input type="checkbox"/> EBUS TBNA	<input type="checkbox"/> Mediastinoscopy
		#3	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available		<input type="checkbox"/> Conventional TBNA	<input type="checkbox"/> EBUS TBNA	<input type="checkbox"/> Mediastinoscopy
12 *	Pleuroscopy	Diagnostic work-up done?		Date	Lymph node stations sampled		
		#1	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available				
		#2	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available				
		#3	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available				

SECTION 5: Respiratory Components

Pre-Operative Lung Function Test Performance / Perfusion scan

1 *	Numbers of Lung Segments Resected						
2 *	Numbers of Lung Segments Obstructed and Not Contributing to Lung Function						
3 *	FEV1 (Forced Expiratory Volume in first second)	Preoperative FEV1 (L)	% Predicted (Auto Calculate)	%PPO (Auto Calculate)			
		Liter	%	%			
4 *	DLCO (Diffusing capacity of the lung for carbon monoxide (CO))	Preoperative DLCO (L)	% Predicted (Auto Calculate)	%PPO (Auto Calculate)			
		Liter	%	%			
5	Perfusion Scan (Pneumonectomy)			Right Lung	Left Lung		
		i	% Perfusion	%	%		
		ii	PPO FEV1 postpneumonectomy (Auto Calculate)				
		iii	PPO DLCO postpneumonectomy (Auto Calculate)				

SECTION 6: Functional Testing

1	Exercise Test	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available	
2	Rest Saturations on Room Air	%	
3	6 minutes walk test	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available	
		a Distance Covered	<input type="radio"/> <100m <input type="radio"/> 100-200m <input type="radio"/> 200-300m <input type="radio"/> 300-400m <input type="radio"/> >400m
		b Saturations after 6 minutes Walk Test	%
		c Total Reduction of saturation (Auto Calculate)	%
		d Is there any reduction of saturation >4%	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available

4	Incremental Shuttle Walk Test	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Available
5	Flight Climbing Test	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Available
6	Cardiopulmonary Exercise Testing	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Available
7	V02 Max Actual Value	(mls/kg/min)		
SECTION 7: Bronchoscopy 1				
Fill-in if No25) Bronchoscopy - Diagnostic work-up done? Yes				
1	Lesion	<input type="radio"/> Seen on white light	<input type="radio"/> Seen on NBI or autofluorescence	<input type="radio"/> Not Seen
2	Type of lesion	<input type="radio"/> Abnormal Mucosa	<input type="radio"/> Mass Lesion	<input type="radio"/> No intraluminal lesion
		<input type="radio"/> Others - extrinsic compression		
	Others, specify			
3	Location of lesion	Right	Left	
		<input type="checkbox"/> Upper Right	<input type="checkbox"/> Upper Left - Apico Posterior	
		<input type="checkbox"/> Middle Right	<input type="checkbox"/> Upper Left - Lingula	
		<input type="checkbox"/> Lower Right	<input type="checkbox"/> Lower Left	
4	Number of lesions (Auto Calculate)			
SECTION 8: Bronchoscopy 2				
Fill-in if No25) Bronchoscopy - Diagnostic work-up done? Yes				
1 *	Complication of procedures	<input type="radio"/> Life threatening or requiring ICU or requiring post procedure care	<input type="radio"/> Non life threatening, self resolving, do not require post procedure care	<input type="radio"/> No complications
2 *	Interventional bronchoscopy required?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Available
3 *	Conventional TBNA or EBUS TBNA	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Available
4 *	TB Lung biopsy	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Available
	Biopsy Technique	<input type="checkbox"/> Cryo probe	<input type="checkbox"/> Flexible forceps	
SECTION 9: Airway Intervention				
Fill-in if No37) Interventional bronchoscopy required? Yes				
1	Anatomy	<input type="checkbox"/> Tracheal	<input type="checkbox"/> Bronchus	<input type="radio"/> Right <input type="radio"/> Left
2	Disease Nature			
3 *	Procedure	<input type="radio"/> Stenting	<input type="radio"/> Argon Plasma Coagulation	<input type="radio"/> Cryotherapy/cryodebulking
		<input type="radio"/> Laser resection	<input type="radio"/> Mechanical Debulking	<input type="radio"/> Electrocautery snaring
		<input type="radio"/> Microdebrider		
SECTION 10: Action after diagnosis				
1 *	Clinical	Clinical done after diagnosis?	Date	Prognostic Group (TNM value)
		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available		
2	Overall	i Remarks		
		i Estimated 5 years survival	%	
3 *	Radiology	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available		
		i Date		
4 *	Histopathology	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available		
		i Date		
5	Referral	Referral	Date	
		<input type="checkbox"/> MDT (multidisciplinary team)		
		<input type="checkbox"/> Cardiothoracic Surgery		
		<input type="checkbox"/> Oncology		
		<input type="checkbox"/> Palliative / Best Supportive Care		
		<input type="checkbox"/> AOR discharge		
SECTION 11: Case Report				
1	Case Report			