

Surgery

Lung Cancer Registry

Instruction:

- 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

1 *	Reporting Centre	
2 *	Report Date (dd/mm/yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>

Section 1: Outpatient Review

1	Outpatient review	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available																							
		<table border="1"> <tr> <td>a) First review date *</td> <td>(dd/mm/yyyy)</td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> </tr> <tr> <td>b) Date decided for surgery</td> <td>(dd/mm/yyyy)</td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> </tr> <tr> <td>c) Date of surgery *</td> <td>(dd/mm/yyyy)</td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> </tr> </table>			a) First review date *	(dd/mm/yyyy)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	b) Date decided for surgery	(dd/mm/yyyy)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	c) Date of surgery *	(dd/mm/yyyy)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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c) Date of surgery *	(dd/mm/yyyy)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>																			
2	Final Pre-Operative Staging (auto-generate at the end before submitting) ** Only for Primary Lung Cancer	<table border="1"> <tr> <td>a) Final Pre-Operative TNM (auto-generate)</td> <td>T</td> <td><input type="text"/></td> <td>N</td> <td><input type="text"/></td> <td>M</td> <td><input type="text"/></td> </tr> <tr> <td>b) Final Pre-Operative Clinical Staging (auto-generate)</td> <td colspan="6"><input type="text"/> * Refer appendix I</td> </tr> </table>	a) Final Pre-Operative TNM (auto-generate)	T	<input type="text"/>	N	<input type="text"/>	M	<input type="text"/>	b) Final Pre-Operative Clinical Staging (auto-generate)	<input type="text"/> * Refer appendix I														
a) Final Pre-Operative TNM (auto-generate)	T	<input type="text"/>	N	<input type="text"/>	M	<input type="text"/>																			
b) Final Pre-Operative Clinical Staging (auto-generate)	<input type="text"/> * Refer appendix I																								
3 *	Neoadjuvant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																							
		<table border="1"> <tr> <td>a) Type of Neoadjuvant</td> <td colspan="3"> <table border="1"> <tr> <td>i</td> <td><input type="checkbox"/></td> <td>Chemotherapy</td> </tr> <tr> <td>ii</td> <td><input type="checkbox"/></td> <td>Radiotherapy</td> </tr> <tr> <td>iii</td> <td><input type="checkbox"/></td> <td>Targeted Therapy (TKI)</td> </tr> </table> </td> </tr> </table>			a) Type of Neoadjuvant	<table border="1"> <tr> <td>i</td> <td><input type="checkbox"/></td> <td>Chemotherapy</td> </tr> <tr> <td>ii</td> <td><input type="checkbox"/></td> <td>Radiotherapy</td> </tr> <tr> <td>iii</td> <td><input type="checkbox"/></td> <td>Targeted Therapy (TKI)</td> </tr> </table>			i	<input type="checkbox"/>	Chemotherapy	ii	<input type="checkbox"/>	Radiotherapy	iii	<input type="checkbox"/>	Targeted Therapy (TKI)								
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ii	<input type="checkbox"/>	Radiotherapy																							
iii	<input type="checkbox"/>	Targeted Therapy (TKI)																							

Section 2: Pre-Operative Assessment

1 *	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 than 50% of waking hours <input type="radio"/> Grade 3 Capable of limited selfcare, confined to bed or chair more than 50% 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						
2 *	Concomitant Illness	<table border="1"> <tr> <td>a) COPD</td> <td> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Missing </td> </tr> <tr> <td>i. Classification (Post-Bronchodilator FEV1)</td> <td> <input type="radio"/> GOLD 1 – FEV₁ ≥ 80% <input type="radio"/> GOLD 2 – FEV₁ ≤ 50 – < 80% <input type="radio"/> GOLD 3 – FEV₁ ≤ 30 – < 50% <input type="radio"/> GOLD 4 – FEV₁ < 30% <input type="radio"/> Not Available <input type="radio"/> Missing </td> </tr> </table>			a) COPD	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Missing	i. Classification (Post-Bronchodilator FEV1)	<input type="radio"/> GOLD 1 – FEV ₁ ≥ 80% <input type="radio"/> GOLD 2 – FEV ₁ ≤ 50 – < 80% <input type="radio"/> GOLD 3 – FEV ₁ ≤ 30 – < 50% <input type="radio"/> GOLD 4 – FEV ₁ < 30% <input type="radio"/> Not Available <input type="radio"/> Missing
a) COPD	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Missing							
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Concomitant Illness (Continue...)

		b	Renal Impairment	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Missing		
		i.	Creatinine	<input type="text"/>	μmol/L	
		ii	eGFR (Auto-calculate)	<input type="text"/>	mL/min/1.73m ²	
		iii.	CKD Stage (Auto-calculate)	<input type="text"/>	* Refer appendix I	
		c	Ischaemic Heart Disease	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Missing		
		i	CCS Classification	<input type="radio"/> Class 0 Asymptomatic <input type="radio"/> Class I Angina only on strenuous exertion <input type="radio"/> Class II Angina with moderate exertion <input type="radio"/> Class III Angina with mild exertion <input type="radio"/> Class IV Angina at rest <input type="radio"/> Not Available <input type="radio"/> Missing		
		d	Diabetes Mellitus	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Missing		
		i	Types	<input type="radio"/> Insulin-Dependent <input type="radio"/> Non-Insulin Dependent <input type="radio"/> Diet Control		
e	History of Cancer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Missing				
		If yes, please specify				
f	CVA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Missing				
i	Neurological Deficit	<input type="radio"/> Full <input type="radio"/> Partial <input type="radio"/> No				
g	Obesity	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Missing				
	BMI (auto-calculate)	<input type="text"/>	Kg/m ²			
h	Others, please specify					
3 *	Family history of cancer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing				
4 *	Smoking History	<input type="radio"/> Never smoke - Non-smoker / less than 100 cigarettes in a life time <input type="radio"/> Ex-smoker - Stop smoking more than 1 month <input type="radio"/> Current smoker - Still smoking If Smoker or Ex-smoker, number of packs year <input type="text"/> <input type="text"/> <input type="text"/>				

Section 3: Respiratory Component

1 *	Numbers of Lung Segments Resected	<input type="text"/>
2	Numbers of Lung Segments Obstructed and Not Contributing to Lung Function	<input type="text"/>

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3	FEV1 (Forced Expiratory Volume in first second)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">i</td> <td style="width: 65%;">Pre-op FEV1 (L)</td> <td style="width: 15%; text-align: center;"><input style="width: 80%;" type="text"/></td> <td style="width: 15%;">L</td> </tr> <tr> <td style="text-align: center;">ii</td> <td>% Pre-op Predicted FEV1 <i>(auto-calculate)</i></td> <td style="text-align: center;"><input style="width: 80%;" type="text"/></td> <td>%</td> </tr> <tr> <td style="text-align: center;">iii</td> <td>Post-op Predicted FEV1</td> <td style="text-align: center;"><input style="width: 80%;" type="text"/></td> <td>L</td> </tr> <tr> <td style="text-align: center;">iv</td> <td>% Post-op Predicted FEV1 <i>(auto-calculate)</i></td> <td style="text-align: center;"><input style="width: 80%;" type="text"/></td> <td>%</td> </tr> </table>	i	Pre-op FEV1 (L)	<input style="width: 80%;" type="text"/>	L	ii	% Pre-op Predicted FEV1 <i>(auto-calculate)</i>	<input style="width: 80%;" type="text"/>	%	iii	Post-op Predicted FEV1	<input style="width: 80%;" type="text"/>	L	iv	% Post-op Predicted FEV1 <i>(auto-calculate)</i>	<input style="width: 80%;" type="text"/>	%		
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iv	% Post-op Predicted FEV1 <i>(auto-calculate)</i>	<input style="width: 80%;" type="text"/>	%																
4	DLCO (Diffusing capacity of the lung for carbon monoxide (CO))	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">i</td> <td style="width: 65%;">Pre-op DLCO</td> <td style="width: 15%; text-align: center;"><input style="width: 80%;" type="text"/></td> <td style="width: 15%;">ml/min/mmHg</td> </tr> <tr> <td style="text-align: center;">ii</td> <td>% Pre-op Predicted DLCO <i>(auto-calculate)</i></td> <td style="text-align: center;"><input style="width: 80%;" type="text"/></td> <td>%</td> </tr> <tr> <td style="text-align: center;">iii</td> <td>Post-op Predicted DLCO</td> <td style="text-align: center;"><input style="width: 80%;" type="text"/></td> <td>ml/min/mmHg</td> </tr> <tr> <td style="text-align: center;">iv</td> <td>% Post-op Predicted DLCO <i>(auto-calculate)</i></td> <td style="text-align: center;"><input style="width: 80%;" type="text"/></td> <td>%</td> </tr> </table>	i	Pre-op DLCO	<input style="width: 80%;" type="text"/>	ml/min/mmHg	ii	% Pre-op Predicted DLCO <i>(auto-calculate)</i>	<input style="width: 80%;" type="text"/>	%	iii	Post-op Predicted DLCO	<input style="width: 80%;" type="text"/>	ml/min/mmHg	iv	% Post-op Predicted DLCO <i>(auto-calculate)</i>	<input style="width: 80%;" type="text"/>	%		
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iv	% Post-op Predicted DLCO <i>(auto-calculate)</i>	<input style="width: 80%;" type="text"/>	%																

Section 4: Functional Testing

1	Rest Saturations on Room Air	<input style="width: 80%;" type="text"/> %																	
2	Arterial Blood Gas under Room Air	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">i</td> <td style="width: 65%;">Partial Pressure Oxygen (PaO₂)</td> <td style="width: 15%; text-align: center;"><input style="width: 80%;" type="text"/></td> <td style="width: 15%;">mmHg</td> </tr> <tr> <td style="text-align: center;">ii</td> <td>Partial Pressure Carbon Dioxide (PaCO₂)</td> <td style="text-align: center;"><input style="width: 80%;" type="text"/></td> <td>mmHg</td> </tr> </table>	i	Partial Pressure Oxygen (PaO ₂)	<input style="width: 80%;" type="text"/>	mmHg	ii	Partial Pressure Carbon Dioxide (PaCO ₂)	<input style="width: 80%;" type="text"/>	mmHg										
i	Partial Pressure Oxygen (PaO ₂)	<input style="width: 80%;" type="text"/>	mmHg																
ii	Partial Pressure Carbon Dioxide (PaCO ₂)	<input style="width: 80%;" type="text"/>	mmHg																
3	Cardiopulmonary Exercise Testing	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">i</td> <td style="width: 65%;">Actual VO₂Max Value</td> <td style="width: 15%; text-align: center;"><input style="width: 80%;" type="text"/></td> <td style="width: 15%;">mls/Kg/min</td> </tr> </table>	i	Actual VO ₂ Max Value	<input style="width: 80%;" type="text"/>	mls/Kg/min														
i	Actual VO ₂ Max Value	<input style="width: 80%;" type="text"/>	mls/Kg/min																
4	Stair Climbing Test	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">i</td> <td style="width: 65%;">Derived VO₂Max Value</td> <td style="width: 15%; text-align: center;"><input style="width: 80%;" type="text"/></td> <td style="width: 15%;">mls/Kg/min</td> </tr> </table>	i	Derived VO ₂ Max Value	<input style="width: 80%;" type="text"/>	mls/Kg/min														
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5	6 minutes' walk test (6MWT)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">i</td> <td style="width: 45%;">Distance covered</td> <td colspan="2" style="width: 50%;"> <input type="radio"/> <100m <input type="radio"/> 100-200m <input type="radio"/> 200-300m <input type="radio"/> 300-400m <input type="radio"/> > 400m <input type="radio"/> Missing </td> </tr> <tr> <td style="text-align: center;">ii</td> <td>Saturation after 6 minutes' walk test</td> <td style="text-align: center;"><input style="width: 80%;" type="text"/></td> <td>%</td> </tr> <tr> <td style="text-align: center;">iii</td> <td>Total Reduction of Saturation <i>(Auto-calculate)</i></td> <td style="text-align: center;"><input style="width: 80%;" type="text"/></td> <td>%</td> </tr> <tr> <td style="text-align: center;">iv</td> <td>Is there any reduction of Sat >4%</td> <td colspan="2" style="text-align: center;"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing </td> </tr> </table>	i	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 <input type="radio"/> Missing		ii	Saturation after 6 minutes' walk test	<input style="width: 80%;" type="text"/>	%	iii	Total Reduction of Saturation <i>(Auto-calculate)</i>	<input style="width: 80%;" type="text"/>	%	iv	Is there any reduction of Sat >4%	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing			
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iii	Total Reduction of Saturation <i>(Auto-calculate)</i>	<input style="width: 80%;" type="text"/>	%																
iv	Is there any reduction of Sat >4%	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																	
6	Incremental Shuttle Walk Test	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">i</td> <td style="width: 45%;">Distance covered</td> <td style="width: 10%;">a) <input style="width: 80%;" type="text"/> level</td> <td style="width: 10%;">b) <input style="width: 80%;" type="text"/> meters</td> </tr> <tr> <td style="text-align: center;">ii</td> <td>Saturation after shuttle walk test</td> <td style="text-align: center;"><input style="width: 80%;" type="text"/></td> <td>%</td> </tr> <tr> <td style="text-align: center;">iii</td> <td>Total Reduction of Saturation <i>(auto-calculate)</i></td> <td style="text-align: center;"><input style="width: 80%;" type="text"/></td> <td>%</td> </tr> <tr> <td style="text-align: center;">iv</td> <td>Is there any reduction of Sat >4%</td> <td colspan="2" style="text-align: center;"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing </td> </tr> </table>	i	Distance covered	a) <input style="width: 80%;" type="text"/> level	b) <input style="width: 80%;" type="text"/> meters	ii	Saturation after shuttle walk test	<input style="width: 80%;" type="text"/>	%	iii	Total Reduction of Saturation <i>(auto-calculate)</i>	<input style="width: 80%;" type="text"/>	%	iv	Is there any reduction of Sat >4%	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing			
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iii	Total Reduction of Saturation <i>(auto-calculate)</i>	<input style="width: 80%;" type="text"/>	%																
iv	Is there any reduction of Sat >4%	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																	

Section 5: Pre-Operative Diagnostic Work-Up

1 *	CT Scan	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing		
		i	Date (dd/mm/yyyy)	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div>
		ii	Lobe Involvement	<div> <input type="checkbox"/> RUL </div> <div> <input type="checkbox"/> RML </div> <div> <input type="checkbox"/> RLL </div> <div> <input type="checkbox"/> LUL </div> <div> <input type="checkbox"/> LLL </div>
		iii	TNM	<div> <div>T</div> <div> <div></div> <div></div> </div> </div> <div> <div>N</div> <div> <div></div> <div></div> </div> </div> <div> <div>M</div> <div> <div></div> <div></div> </div> </div>
		iv	CT Radiological Staging (auto-generate)	<div> <div></div> </div> <div>* Refer appendix I</div>
2	PET Scan	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing		
		i	Date (dd/mm/yyyy)	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div>
		ii	TNM	<div> <div>T</div> <div> <div></div> <div></div> </div> </div> <div> <div>N</div> <div> <div></div> <div></div> </div> </div> <div> <div>M</div> <div> <div></div> <div></div> </div> </div>
		iii	PET Radiological Staging (auto-generate)	<div> <div></div> </div> <div>* Refer appendix I</div>
3	Echocardiography	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing		
		i	Date (dd/mm/yyyy)	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div>
		ii	LV Ejection Fraction	<div> <input type="radio"/> > 50% </div> <div> <input type="radio"/> 30-50% </div> <div> <input type="radio"/> <30% </div> <div> <input type="radio"/> Missing </div>
4	Bone Scan	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing		
		i	Date (dd/mm/yyyy)	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div>
		ii	Bone Metastasis	<input type="radio"/> Yes <input type="radio"/> No
5	MRI	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing		
		i	Date (dd/mm/yyyy)	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div>
		ii	Other Metastasis	<input type="radio"/> Yes <input type="radio"/> No
6	Bronchoscopy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing		
		i	Date (dd/mm/yyyy)	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div>
7	Endobronchial Ultrasound (EBUS)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing		
		i	Date (dd/mm/yyyy)	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div>
8	Electromagnetic Navigation Bronchoscopy (ENB)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing		
		i	Date (dd/mm/yyyy)	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div>

Section 6: Pre-Operative Histopathology

1 *	Histopathological Examination	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing		
		i	Date of reporting (dd/mm/yyyy)	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>
		ii	Nature of Tumor	<input type="radio"/> Primary <input type="radio"/> Secondary
		iii	Type of Tumor	<input type="radio"/> Non-Small Cell Lung Carcinoma (NSCLC) <input type="radio"/> Small Cell Lung Cancer (SCLC) <input type="radio"/> Metastatic <input type="radio"/> Others <input type="radio"/> Missing
		iv	Method of Biopsy	<input type="radio"/> Transbronchial <input type="radio"/> Endobronchial <input type="radio"/> CT-guided Percutaneous <input type="radio"/> USG-guided Percutaneous <input type="radio"/> Frozen Section <input type="radio"/> Cytology <input type="radio"/> Missing
		v	Lymph Node Biopsy	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Available <input type="radio"/> Missing
		If Positive	<input type="radio"/> N1 Node <input type="radio"/> N2 Node <input type="radio"/> N3 Node	
2 *	Final Pre-op Diagnosis	a	Final Pre-Operative Clinical TNM (auto-generate)	<div>T</div> <div> <div></div> <div></div> </div> <div>N</div> <div> <div></div> <div></div> </div> <div>M</div> <div> <div></div> <div></div> </div>
		b	Final Pre-Operative Clinical Staging (auto-generate)	<div></div> <div>* Refer appendix I</div>

Section 7: THORACOSCORE (The Thoracic Surgery Scoring System)

1 *	ASA Physical Status Classification System	<input type="radio"/> A normal healthy patient <input type="radio"/> A patient with mild systemic disease <input type="radio"/> A patient with severe systemic disease <input type="radio"/> patient with severe systemic disease that is a constant threat to life <input type="radio"/> A moribund patient who is not expected to survive without the operation <input type="radio"/> A declared brain-dead patient whose organs are being removed for donor purposes <input type="radio"/> Missing
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Surgery

Lung Cancer Registry

2	THORACOSCORE Scoring details (Auto-calculate)	Patient related factors		Value	Score
		i	Age (years)		
		ii	Gender		
		iii	ASA Classification		
		iv	Performance Status Classification		
		v	Dyspnea score		
		vi	Priority of surgery		
		vii	Procedure class		
		viii	Diagnosis group		
		ix	Comorbidity score		
Thoracoscure Calculated Predicted Death					

Section 8: Operation Details

1 *	Reporting Centre	
2 *	Operation Date (dd/mm/yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>
3	Surgical team	* Consultant Surgeon <input type="text"/>
		* Surgeon <input type="text"/>
		* Assistant Surgeon 1 <input type="text"/>
		* Assistant Surgeon 2 <input type="text"/>
		* Anaesthetist 1 <input type="text"/>
		* Anaesthetist 2 <input type="text"/>
		* Surgical Assistant <input type="text"/>

Section 9: Operation

1 *	Video assisted Thoracoscopic Surgery (VATS)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing				
2 *	Thoracotomy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing				
3 *	Conversion VATS to Open Method	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing				
4 *	Lung Resection	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing				
		a Primary Lung Cancer <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing				
		b Secondary Lung Cancer <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing				
		c Procedure List				
		<table border="1"> <tr> <td>i</td> <td>Pneumonectomy</td> <td><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing</td> </tr> <tr> <td>ii</td> <td>Bilobectomy</td> <td> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing <input type="radio"/> RUL+RML <input type="radio"/> RLL+RML <input type="radio"/> Missing </td> </tr> </table>	i	Pneumonectomy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing	ii
i	Pneumonectomy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing				
ii	Bilobectomy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing <input type="radio"/> RUL+RML <input type="radio"/> RLL+RML <input type="radio"/> Missing				

Lung Resection (Continue...)

iii	Lobectomy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																																																																														
		<input type="radio"/> Right Upper <input type="radio"/> Right Middle <input type="radio"/> Right Lower <input type="radio"/> Left Upper <input type="radio"/> Left Lower																																																																														
iv	Sleeve Lobectomy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																																																																														
		<input type="radio"/> Bronchial <input type="radio"/> Vascular <input type="radio"/> Bronchial + Vascular																																																																														
v	Segmentectomy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																																																																														
		<table border="1"> <tr> <th colspan="3">RUL</th> <th colspan="3">LUL</th> </tr> <tr> <td>i</td> <td><input type="checkbox"/></td> <td>R1</td> <td>i</td> <td><input type="checkbox"/></td> <td>L1</td> </tr> <tr> <td>ii</td> <td><input type="checkbox"/></td> <td>R2</td> <td>ii</td> <td><input type="checkbox"/></td> <td>L2</td> </tr> <tr> <td>iii</td> <td><input type="checkbox"/></td> <td>R3</td> <td>iii</td> <td><input type="checkbox"/></td> <td>L3</td> </tr> </table> <table border="1"> <tr> <th colspan="3">RML</th> <th colspan="3">Lingular</th> </tr> <tr> <td>i</td> <td><input type="checkbox"/></td> <td>R4</td> <td>i</td> <td><input type="checkbox"/></td> <td>L4</td> </tr> <tr> <td>ii</td> <td><input type="checkbox"/></td> <td>R5</td> <td>ii</td> <td><input type="checkbox"/></td> <td>L5</td> </tr> </table> <table border="1"> <tr> <th colspan="3">RLL</th> <th colspan="3">LLL</th> </tr> <tr> <td>i</td> <td><input type="checkbox"/></td> <td>R6</td> <td>i</td> <td><input type="checkbox"/></td> <td>L6</td> </tr> <tr> <td>ii</td> <td><input type="checkbox"/></td> <td>R7</td> <td>ii</td> <td><input type="checkbox"/></td> <td>L7-L8</td> </tr> <tr> <td>iii</td> <td><input type="checkbox"/></td> <td>R8</td> <td>iii</td> <td><input type="checkbox"/></td> <td>L9</td> </tr> <tr> <td>iv</td> <td><input type="checkbox"/></td> <td>R9</td> <td>iv</td> <td><input type="checkbox"/></td> <td>L10</td> </tr> <tr> <td>v</td> <td><input type="checkbox"/></td> <td>R10</td> <td></td> <td></td> <td></td> </tr> </table>	RUL			LUL			i	<input type="checkbox"/>	R1	i	<input type="checkbox"/>	L1	ii	<input type="checkbox"/>	R2	ii	<input type="checkbox"/>	L2	iii	<input type="checkbox"/>	R3	iii	<input type="checkbox"/>	L3	RML			Lingular			i	<input type="checkbox"/>	R4	i	<input type="checkbox"/>	L4	ii	<input type="checkbox"/>	R5	ii	<input type="checkbox"/>	L5	RLL			LLL			i	<input type="checkbox"/>	R6	i	<input type="checkbox"/>	L6	ii	<input type="checkbox"/>	R7	ii	<input type="checkbox"/>	L7-L8	iii	<input type="checkbox"/>	R8	iii	<input type="checkbox"/>	L9	iv	<input type="checkbox"/>	R9	iv	<input type="checkbox"/>	L10	v	<input type="checkbox"/>	R10			
RUL			LUL																																																																													
i	<input type="checkbox"/>	R1	i	<input type="checkbox"/>	L1																																																																											
ii	<input type="checkbox"/>	R2	ii	<input type="checkbox"/>	L2																																																																											
iii	<input type="checkbox"/>	R3	iii	<input type="checkbox"/>	L3																																																																											
RML			Lingular																																																																													
i	<input type="checkbox"/>	R4	i	<input type="checkbox"/>	L4																																																																											
ii	<input type="checkbox"/>	R5	ii	<input type="checkbox"/>	L5																																																																											
RLL			LLL																																																																													
i	<input type="checkbox"/>	R6	i	<input type="checkbox"/>	L6																																																																											
ii	<input type="checkbox"/>	R7	ii	<input type="checkbox"/>	L7-L8																																																																											
iii	<input type="checkbox"/>	R8	iii	<input type="checkbox"/>	L9																																																																											
iv	<input type="checkbox"/>	R9	iv	<input type="checkbox"/>	L10																																																																											
v	<input type="checkbox"/>	R10																																																																														
vi	Wedge Resection	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																																																																														
vii	Exploratory Thoracotomy (Open & Shut)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																																																																														
viii	Chest wall resection +/- Deconstruction	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																																																																														
ix	Lymph node management	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																																																																														
		<input type="radio"/> Dissection <input type="radio"/> Sampling																																																																														
x	Tracheal Resection	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																																																																														
xi	Frozen Section	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																																																																														

Section 10: Post-Op

1 *	Post-operative Events/Complications	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing							
		If Yes, click one or more of the following selections							
		a	<input type="checkbox"/> Unexpected Return to OR i <input type="checkbox"/> Bleeding ii <input type="checkbox"/> Empyema iii <input type="checkbox"/> Airleak iv <input type="checkbox"/> Other reason, please specify						
		b	<input type="checkbox"/> Pulmonary i <input type="checkbox"/> Persistent air leak more than 5 days ii <input type="checkbox"/> Broncho Pleural Fistula (BPF) iii <input type="checkbox"/> Atelectasis requiring bronchoscopy iv <input type="checkbox"/> Pleural effusion requiring drainage v <input type="checkbox"/> Pneumonia vi <input type="checkbox"/> Adult Respiratory Distress Syndrome (ARDS) vii <input type="checkbox"/> Respiratory failure viii <input type="checkbox"/> Pneumothorax requiring chest tube insertion ix <input type="checkbox"/> Tracheostomy x <input type="checkbox"/> Re-intubation xi <input type="checkbox"/> Other reason, please specify						
		c	<input type="checkbox"/> Cardiovascular i <input type="checkbox"/> Atrial arrhythmias ii <input type="checkbox"/> Ventricular arrhythmia iii <input type="checkbox"/> Myocardial Infarction iv <input type="checkbox"/> Deep Vein Thrombosis/Pulmonary Embolism v <input type="checkbox"/> Other reason, please specify						
		d	<input type="checkbox"/> Infection i <input type="checkbox"/> Empyema Infection ii <input type="checkbox"/> Sepsis Infection iii <input type="checkbox"/> Surgical Site Infections						
		e	<input type="checkbox"/> Neurology i <input type="checkbox"/> Stroke/TIA ii <input type="checkbox"/> Recurrent Laryngeal Paralysis iii <input type="checkbox"/> Other reason, please specify						
		f	<input type="checkbox"/> Renal & Miscellaneous i <input type="checkbox"/> Renal: NEW onset renal failure requiring CRRT/HD <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing ii <input type="checkbox"/> Miscellaneous						
		<table border="1"> <tr> <td>i</td> <td><input type="checkbox"/> Bleeding</td> </tr> <tr> <td>ii</td> <td><input type="checkbox"/> Empyema</td> </tr> <tr> <td>iii</td> <td><input type="checkbox"/> Airleak</td> </tr> </table>		i	<input type="checkbox"/> Bleeding	ii	<input type="checkbox"/> Empyema	iii	<input type="checkbox"/> Airleak
		i	<input type="checkbox"/> Bleeding						
ii	<input type="checkbox"/> Empyema								
iii	<input type="checkbox"/> Airleak								
2 *	Patient discharge status	<input type="radio"/> Alive <input type="radio"/> Dead <input type="radio"/> Not Available <input type="radio"/> Missing							
		i	Date of discharge (dd/mm/yyyy) <input type="text"/> - <input type="text"/> - <input type="text"/>						
		ii	Date of death (dd/mm/yyyy)						
		iii	Discharge location <input type="radio"/> Home <input type="radio"/> Extended Care <input type="radio"/> Not Available						
		iv	Readmission within 30 days <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing						
3 *	Alive at 30 days after surgery	<input type="radio"/> Alive <input type="radio"/> Dead <input type="radio"/> Not Available <input type="radio"/> Missing							

Section 11: Post-Op Final Diagnosis

1 *	Date of Specimen Taken (Op date) (dd/mm/yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>																																	
2 *	Date of Specimen received (dd/mm/yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>																																	
3 *	Date of HPE reporting (dd/mm/yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>																																	
4 *	Nature of Tumor	<input type="radio"/> Primary <input type="radio"/> Second																																	
5 *	Type of Tumor	<input type="radio"/> NSCLC Adenocarcinoma <input type="radio"/> NSCLC Squamous Cell Carcinoma <input type="radio"/> NSCLC Large Cell Carcinoma <input type="radio"/> NSCLC Non-Specific <input type="radio"/> NSCLC Favor Adenocarcinoma <input type="radio"/> NSCLC Favor Squamous Cell Carcinoma <input type="radio"/> Small Cell Lung Cancer (SCLC) <input type="radio"/> Metastatic <input type="radio"/> Missing																																	
6 *	Surgical Margin	<input type="radio"/> Free <input type="radio"/> Involved <input type="radio"/> Not Available <input type="radio"/> Missing																																	
7 *	Lymphovascular Invasion	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																																	
8	Molecular Study	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing <table border="1"> <tr> <td>i</td> <td>Date (dd/mm/yyyy)</td> <td><input type="text"/> - <input type="text"/> - <input type="text"/></td> </tr> <tr> <td>ii</td> <td>Type</td> <td> <table border="1"> <tr> <td>i</td> <td><input type="checkbox"/></td> <td>EGFR</td> <td>ii</td> <td><input type="checkbox"/></td> <td>KRAS Mutation</td> <td>iii</td> <td><input type="checkbox"/></td> <td>ALK</td> </tr> <tr> <td>iv</td> <td><input type="checkbox"/></td> <td>ROS-1</td> <td>v</td> <td><input type="checkbox"/></td> <td>BRAF</td> <td>vi</td> <td><input type="checkbox"/></td> <td>HER2</td> </tr> <tr> <td>vii</td> <td><input type="checkbox"/></td> <td>MET</td> <td>viii</td> <td><input type="checkbox"/></td> <td>Others, specify</td> <td colspan="3"></td> </tr> </table> </td> </tr> </table>	i	Date (dd/mm/yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>	ii	Type	<table border="1"> <tr> <td>i</td> <td><input type="checkbox"/></td> <td>EGFR</td> <td>ii</td> <td><input type="checkbox"/></td> <td>KRAS Mutation</td> <td>iii</td> <td><input type="checkbox"/></td> <td>ALK</td> </tr> <tr> <td>iv</td> <td><input type="checkbox"/></td> <td>ROS-1</td> <td>v</td> <td><input type="checkbox"/></td> <td>BRAF</td> <td>vi</td> <td><input type="checkbox"/></td> <td>HER2</td> </tr> <tr> <td>vii</td> <td><input type="checkbox"/></td> <td>MET</td> <td>viii</td> <td><input type="checkbox"/></td> <td>Others, specify</td> <td colspan="3"></td> </tr> </table>	i	<input type="checkbox"/>	EGFR	ii	<input type="checkbox"/>	KRAS Mutation	iii	<input type="checkbox"/>	ALK	iv	<input type="checkbox"/>	ROS-1	v	<input type="checkbox"/>	BRAF	vi	<input type="checkbox"/>	HER2	vii	<input type="checkbox"/>	MET	viii	<input type="checkbox"/>	Others, specify			
i	Date (dd/mm/yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>																																	
ii	Type	<table border="1"> <tr> <td>i</td> <td><input type="checkbox"/></td> <td>EGFR</td> <td>ii</td> <td><input type="checkbox"/></td> <td>KRAS Mutation</td> <td>iii</td> <td><input type="checkbox"/></td> <td>ALK</td> </tr> <tr> <td>iv</td> <td><input type="checkbox"/></td> <td>ROS-1</td> <td>v</td> <td><input type="checkbox"/></td> <td>BRAF</td> <td>vi</td> <td><input type="checkbox"/></td> <td>HER2</td> </tr> <tr> <td>vii</td> <td><input type="checkbox"/></td> <td>MET</td> <td>viii</td> <td><input type="checkbox"/></td> <td>Others, specify</td> <td colspan="3"></td> </tr> </table>	i	<input type="checkbox"/>	EGFR	ii	<input type="checkbox"/>	KRAS Mutation	iii	<input type="checkbox"/>	ALK	iv	<input type="checkbox"/>	ROS-1	v	<input type="checkbox"/>	BRAF	vi	<input type="checkbox"/>	HER2	vii	<input type="checkbox"/>	MET	viii	<input type="checkbox"/>	Others, specify									
i	<input type="checkbox"/>	EGFR	ii	<input type="checkbox"/>	KRAS Mutation	iii	<input type="checkbox"/>	ALK																											
iv	<input type="checkbox"/>	ROS-1	v	<input type="checkbox"/>	BRAF	vi	<input type="checkbox"/>	HER2																											
vii	<input type="checkbox"/>	MET	viii	<input type="checkbox"/>	Others, specify																														
9 *	Final Diagnosis	<table border="1"> <tr> <td>a</td> <td>Final Pre-Operative Clinical TNM (auto-generate)</td> <td>T</td> <td><input type="text"/></td> <td>N</td> <td><input type="text"/></td> <td>M</td> <td><input type="text"/></td> </tr> <tr> <td>b</td> <td>Final Pre-Operative Clinical Staging (auto-generate)</td> <td colspan="6"><input type="text"/> * Refer appendix I</td> </tr> </table>	a	Final Pre-Operative Clinical TNM (auto-generate)	T	<input type="text"/>	N	<input type="text"/>	M	<input type="text"/>	b	Final Pre-Operative Clinical Staging (auto-generate)	<input type="text"/> * Refer appendix I																						
a	Final Pre-Operative Clinical TNM (auto-generate)	T	<input type="text"/>	N	<input type="text"/>	M	<input type="text"/>																												
b	Final Pre-Operative Clinical Staging (auto-generate)	<input type="text"/> * Refer appendix I																																	
10 *	Referral to Oncology	<table border="1"> <tr> <td>i</td> <td>Date of appointment (dd/mm/yyyy)</td> <td><input type="text"/> - <input type="text"/> - <input type="text"/></td> </tr> <tr> <td>ii</td> <td>Duration between Pre-op Diagnosis to Oncology Review (Auto-calculate)</td> <td><input type="text"/> days</td> </tr> <tr> <td>iii</td> <td>Duration between Surgery to Oncology Review (Auto-calculate)</td> <td><input type="text"/> days</td> </tr> </table>	i	Date of appointment (dd/mm/yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>	ii	Duration between Pre-op Diagnosis to Oncology Review (Auto-calculate)	<input type="text"/> days	iii	Duration between Surgery to Oncology Review (Auto-calculate)	<input type="text"/> days																								
i	Date of appointment (dd/mm/yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>																																	
ii	Duration between Pre-op Diagnosis to Oncology Review (Auto-calculate)	<input type="text"/> days																																	
iii	Duration between Surgery to Oncology Review (Auto-calculate)	<input type="text"/> days																																	

Section 12: Follow up

1	Number of Follow-up since operation	<input type="text"/>																																																															
2	Post-operative Lung Function Test	<table border="1"> <tr> <td>a) Date of test (dd/mm/yyyy)</td> <td><input type="text"/> - <input type="text"/> - <input type="text"/></td> <td colspan="2"></td> </tr> <tr> <td>b) Post-op FEV1 (L)</td> <td><input type="text"/> Liter</td> <td>c) % Predicted (auto-calculate)</td> <td><input type="text"/> %</td> </tr> <tr> <td>d) Post-op FVC (L)</td> <td><input type="text"/> Liter</td> <td>e) % Predicted (auto-calculate)</td> <td><input type="text"/> %</td> </tr> </table>				a) Date of test (dd/mm/yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>			b) Post-op FEV1 (L)	<input type="text"/> Liter	c) % Predicted (auto-calculate)	<input type="text"/> %	d) Post-op FVC (L)	<input type="text"/> Liter	e) % Predicted (auto-calculate)	<input type="text"/> %																																																
a) Date of test (dd/mm/yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>																																																																
b) Post-op FEV1 (L)	<input type="text"/> Liter	c) % Predicted (auto-calculate)	<input type="text"/> %																																																														
d) Post-op FVC (L)	<input type="text"/> Liter	e) % Predicted (auto-calculate)	<input type="text"/> %																																																														
3	Oncological Management	<table border="1"> <tr> <td>i</td> <td><input type="checkbox"/></td> <td>Surveillance</td> </tr> <tr> <td>ii</td> <td><input type="checkbox"/></td> <td>Adjuvant Chemotherapy</td> </tr> <tr> <td>iii</td> <td><input type="checkbox"/></td> <td>Adjuvant Radiotherapy</td> </tr> <tr> <td>iv</td> <td><input type="checkbox"/></td> <td>Targeted Therapy (TKI)</td> </tr> <tr> <td>v</td> <td><input type="checkbox"/></td> <td>Immunotherapy</td> </tr> </table>				i	<input type="checkbox"/>	Surveillance	ii	<input type="checkbox"/>	Adjuvant Chemotherapy	iii	<input type="checkbox"/>	Adjuvant Radiotherapy	iv	<input type="checkbox"/>	Targeted Therapy (TKI)	v	<input type="checkbox"/>	Immunotherapy																																													
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v	<input type="checkbox"/>	Immunotherapy																																																															
4	Recurrence	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input type="radio"/> Missing																																																															
5 *	Follow up details	<table border="1"> <tr> <td>a</td> <td>Chest X-ray</td> <td colspan="3"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available </td> </tr> <tr> <td></td> <td>a) Date (dd/mm/yyyy)</td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> </tr> <tr> <td>b</td> <td>CT Thorax</td> <td colspan="3"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available </td> </tr> <tr> <td></td> <td>a) Date (dd/mm/yyyy)</td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> </tr> <tr> <td>c</td> <td>PET Scan</td> <td colspan="3"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available </td> </tr> <tr> <td></td> <td>a) Date (dd/mm/yyyy)</td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> </tr> <tr> <td>d</td> <td>MRI</td> <td colspan="3"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available </td> </tr> <tr> <td></td> <td>a) Date (dd/mm/yyyy)</td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> </tr> <tr> <td>e</td> <td>Bronchoscopy</td> <td colspan="3"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available </td> </tr> <tr> <td></td> <td>a) Date (dd/mm/yyyy)</td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> </tr> <tr> <td>f</td> <td>Signs Of Recurrence</td> <td colspan="3"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available </td> </tr> <tr> <td></td> <td>a) Date (dd/mm/yyyy)</td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> </tr> </table>				a	Chest X-ray	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available				a) Date (dd/mm/yyyy)	<input type="text"/>	-	<input type="text"/>	b	CT Thorax	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available				a) Date (dd/mm/yyyy)	<input type="text"/>	-	<input type="text"/>	c	PET Scan	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available				a) Date (dd/mm/yyyy)	<input type="text"/>	-	<input type="text"/>	d	MRI	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available				a) Date (dd/mm/yyyy)	<input type="text"/>	-	<input type="text"/>	e	Bronchoscopy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available				a) Date (dd/mm/yyyy)	<input type="text"/>	-	<input type="text"/>	f	Signs Of Recurrence	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available				a) Date (dd/mm/yyyy)	<input type="text"/>	-	<input type="text"/>
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Remarks / Comments :