

ESMO Checklist: Quality Issues Concerning Localised Colon Cancer Patient Related Treatment Workflow

Tick the box and insert the date as you have dealt with every task listed below, as appropriate. In case you use the template, you can also insert and save data directly on the PDF file.

PATIENT'S PERSONAL DATA											
Last Name:						First Name:					
Date of birth: __/__/__						Gender:					
DATE OF REFERRAL/1ST CONSULTATION: __/__/__											
__/__/__ MEDICAL HISTORY AND RISK FACTORS											
Past personal medical history (colon adenomas, colon cancer, inflammatory bowel disease, prior malignancies):											
Family cancer history (colon cancer, polyps or inherited polyposis syndromes, other malignancies):											
Past surgical history:											
Concurrent medication/s:											
Allergies & Intolerance:											
Risk factors: Smoking history: __pack/y from age__ to age__				Alcohol consumption:		Physical inactivity		High red/processed meat intake			
Current weight:				Height:		BMI:		Weight loss (last 6 months):			
__/__/__ PRESENT MEDICAL CONDITIONS											
Main symptoms if any:			Alterations in bowel habit			Abdominal pain		Hematochezia/melaena		Others:	
Comorbidities/other relevant clinical conditions:											
Karnofsky/ECOG Performance Status/Geriatric 8 (if 65 years or older):											
__/__/__ DIAGNOSIS AND CLINICAL STAGING											
__/__/__ Colonoscopy				Complete				Incomplete (consider CT colonography)			
__/__/__ Chest/abdominal/ pelvic CT scan											
__/__/__ Abdominal/pelvic MRI (to clarify ambiguous lesions or define pT4b)											
__/__/__ TNM stage											
If surgery has been performed __/__/__											
Resection margins				Lymphovascular invasion				Perineural invasion			
Perforation/obstruction/anastomosal leakage				Tumour deposits				Tumour budding			
Number of lymph nodes: Removed				Positive							
Primary localisation:				Left side				Right side, including transverse colon			
__/__/__ HISTOLOGICAL ANALYSIS											
Core biopsy of primary tumour											
Histologic type and grade											
MSI/MMR determination on tumour specimen											
RAS and BRAF status (if available)											
Tissue material available/stored for future molecular analyses				YES		NO					
__/__/__ LAB TESTS											
FBC		Liver and Renal Function		CEA		Iron Status		Coagulation profile		Albumin	
Timeline for further work-up has been checked and it is tight enough											
__/__/__ MDT discussion and decision											
Neo-adjuvant therapy											
Surgery				Performed				Planned			
Adjuvant Therapy											
Supportive care											
Enrolment in a clinical trial											
__/__/__ Treatment options have been discussed with the patient and strategy accepted											

COMPILER INFORMATION

Name:

Date: __/__/__

Comments: