

## ESMO Checklist: Esophageal 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:	
<b>DATE OF REFERRAL/1<sup>ST</sup> CONSULTATION:</b> __/__/__		
__/__/__	<b>MEDICAL HISTORY AND RISK FACTORS</b>	
Past personal medical history and co-morbidities :		
Past surgical history:		
Concurrent medication:		
Allergies:		
Smoking history: __pack/y from age__ to age__		
Alcohol consumption:		
Normal weight:	Height:	BMI:
__/__/__	<b>PRESENT MEDICAL CONDITIONS</b>	
Main symptoms:	If older than 70:	
Weight loss:	Frailty assessment (outcome)	
ECOG Performance Status:	68-score	
Nutritional Status:		
Other relevant clinical conditions:		
__/__/__	<b>DIAGNOSIS AND CLINICAL STAGING</b>	
__/__/__	Endoscopy, tumor location	
__/__/__	EUS	
__/__/__	Contrast-enhanced CT-scan (thorax, upper abdomen)	
__/__/__	PET-CT scan	
__/__/__	TNM stage and grade	
__/__/__	<b>HISTOLOGICAL ANALYSIS</b>	
Core biopsy of primary tumor		
Squamous cell carcinoma		
Adenocarcinoma		
PD-L1 combined positivity score (IHC)		
HER 2 (IHC and/or FISH) for adenocarcinoma only		
Tissue material available/stored for future molecular analyses	YES	NO
__/__/__	<b>LAB TESTS</b>	
CBC	Renal Function	Liver Function
<b>Timeline for further work-up has been checked and it is tight enough</b>		
__/__/__	<b>MDT discussion and decision</b>	
Neo-adjuvant therapy		
Resection (endoscopic or surgical)		
Adjuvant therapy		
Supportive and palliative care		
Enrolment in a clinical trial		
__/__/__	<b>Treatment options have been discussed with the patient and strategy accepted</b>	

**COMPILER INFORMATION**

Name:

Date: \_\_/\_\_/\_\_

Comments: