

# Streamline L

Streamlining Staging of Lung Cancer with Whole Body MRI

## CASE REPORT FORMS

### CONSENSUS BOOKLET

Patient Initials	<input type="text"/> <input type="text"/> <input type="text"/>
Trial Number	<input type="text" value="S"/> <input type="text" value="T"/> <input type="text" value="L"/> – <input type="text"/> <input type="text"/> <input type="text"/>

**Please send the  
ORIGINAL CRF forms to:**

The Streamline L Trial Coordinator  
CR UK & UCL Cancer Trials Centre  
90 Tottenham Court Road  
London  
W1T 4TJ

General enquires: **020 7679 9878**

Phone Registration: **020 7679 9880** *(between 9.00am and 5.00pm)*

Fax Registration: **020 7679 9871**

Email: **[CTC.streamlineL@ucl.ac.uk](mailto:CTC.streamlineL@ucl.ac.uk)**

## Additional instructions for completing forms

To be completed at the consensus meeting by the panel.  
See table below and the following page for definitions for T, N and M staging.

### Definitions

#### Primary Tumor (T)

- TX** Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy
- T0** No evidence of primary tumor
- Tis** Carcinoma in situ
- T1** Tumor 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (for example, not in the main bronchus)<sup>1</sup>
- T1a** Tumor 2 cm or less in greatest dimension
- T1b** Tumor more than 2 cm but 3 cm or less in greatest dimension
- T2** Tumor more than 3 cm but 7 cm or less or tumor with any of the following features (T2 tumors with these features are classified T2a if 5 cm or less): involves main bronchus, 2 cm or more distal to the carina; invades visceral pleura (PL1 or PL2); associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lung
- T2a** Tumor more than 3 cm but 5 cm or less in greatest dimension
- T2b** Tumor more than 5 cm but 7 cm or less in greatest dimension

- T3** Tumor more than 7 cm or one that directly invades any of the following: parietal pleural (PL3), chest wall (including superior sulcus tumors), diaphragm, phrenic nerve, mediastinal pleura, parietal pericardium; or tumor in the main bronchus less than 2 cm distal to the carina<sup>1</sup> but without involvement of the carina; or associated atelectasis or obstructive pneumonitis of the entire lung or separate tumor nodule(s) in the same lobe
- T4** Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, carina, separate tumor nodule(s) in a different ipsilateral lobe

#### Distant Metastasis (M)

- M0** No distant metastasis
- M1** Distant metastasis
- M1a** Separate tumor nodule(s) in a contralateral lobe, tumor with pleural nodules or malignant pleural (or pericardial) effusion<sup>2</sup>
- M1b** Distant metastasis (in extrathoracic organs)

#### Notes

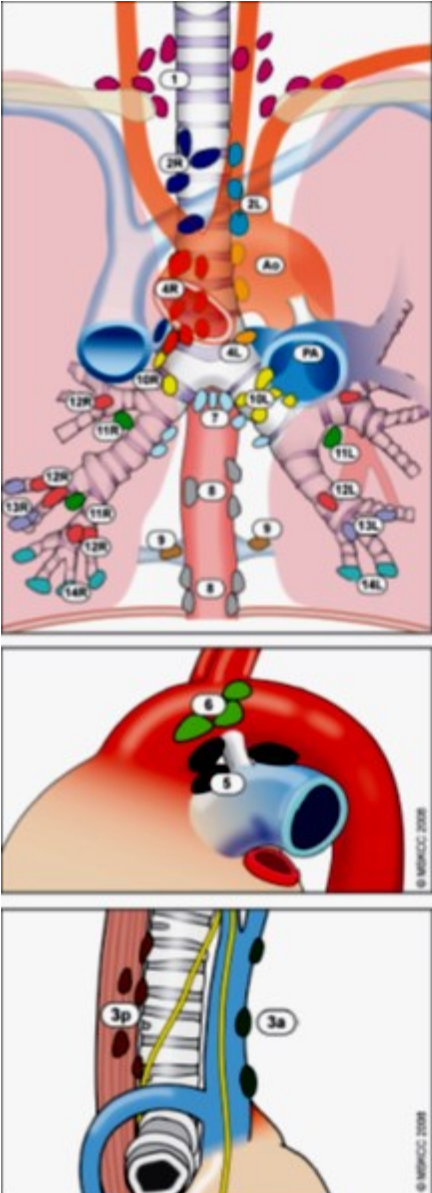
<sup>1</sup> The uncommon superficial spreading tumor of any size with its invasive component limited to the bronchial wall, which may extend proximally to the main bronchus, is also classified as T1a.

<sup>2</sup> Most pleural (and pericardial) effusions with lung cancer are due to tumor. In a few patients, however, multiple cytopathologic examinations of pleural (pericardial) fluid are negative for tumor, and the fluid is nonbloody and is not an exudate. When these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging element and the patient should be classified as M0.

ANATOMIC STAGE/PROGNOSTIC GROUPS			
Occult Carcinoma	TX	N0	M0
Stage 0	Tis	N0	M0
Stage IA	T1a	N0	M0
	T1b	N0	M0
Stage IB	T2a	N0	M0
Stage IIA	T2b	N0	M0
	T1a	N1	M0
	T1b	N1	M0
	T2a	N1	M0
Stage IIB	T2b	N1	M0
	T3	N0	M0
Stage IIIA	T1a	N2	M0
	T1b	N2	M0
	T2a	N2	M0
	T2b	N2	M0
	T3	N1	M0
	T3	N2	M0
	T4	N0	M0
	T4	N1	M0
Stage IIIB	T1a	N3	M0
	T1b	N3	M0
	T2a	N3	M0
	T2b	N3	M0
	T3	N3	M0
	T4	N2	M0
Stage IV	T4	N3	M0
	Any T	Any N	M1a
	Any T	Any N	M1b

If you have any questions about how to complete this form please contact the Streamline L Trial Coordinator on:  
020 7679 9878

## Additional instructions for completing forms



**Supraclavicular zone**

- 1 Low cervical, supraclavicular, and sternal notch nodes

**Superior Mediastinal Nodes**

*Upper zone*

- 2R Upper Paratracheal (right)
- 2L Upper Paratracheal (left)
- 3a Pre-vascular
- 3p Retrotracheal
- 4R Lower Paratracheal (right)
- 4L Lower Paratracheal (left)

**Aortic Nodes**

*AP zone*

- 5 Subaortic
- 6 Para-aortic (ascending aorta or phrenic)

**Inferior Mediastinal Nodes**

*Subcarinal zone*

- 7 Subcarinal

*Lower zone*

- 8 Paraesophageal (below carina)
- 9 Pulmonary ligament

**N<sub>1</sub> Nodes**

*Hilar/Interlobar zone*

- 10 Hilar
- 11 Interlobar

*Peripheral zone*

- 12 Lobar
- 13 Segmental
- 14 Subsegmental

**Regional Lymph Nodes (N)**

- NX** Regional lymph nodes cannot be assessed
- N0** No regional lymph node metastases
- N1** Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes and intrapulmonary nodes, including involvement by direct extension
- N2** Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s)
- N3** Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)

If you have any questions about how to complete this form please contact the Streamline L Trial Coordinator on:  
020 7679 9878

**Streamline L**
**Trial  
Number**
**S**
**T**
**L**
**–**



**Patient  
Initials**



**Site**


## Consensus Reference 1/5

Did the patient die within the 12 month follow up or was otherwise lost to follow up?

Yes

☐

No

☐

If yes, is the consensus panel confident in the patient stage based on available information?

Yes

☐

No

☐

### Use of follow up imaging and tests for interpretation of CRF (please tick one)

Primary tumour completely removed within 3 months of diagnosis

☐

Use all tests within 12 months for expert consensus

Primary tumour left in situ for more than 3 months (or incomplete removal) with imaging capable of detecting metastatic disease within 6 months of diagnosis

☐

Use only tests up to 6 months for expert consensus

Primary tumour left in situ and no imaging capable of detecting metastatic disease within 6 months diagnosis.

☐

Use all tests within 12 months for expert consensus

### Local Tumour Status

Location (tick one)

RUL

☐

RML

☐

RLL

☐

LUL

☐

LLL

☐

### Tumour Stage

- If available use pre chemorad histopathology,

- If not available use post therapy histopathology and pre therapy imaging staging investigations as appropriate

Max Dimension (cm)

T Stage (tick)

T1a

☐

T1b

☐

T2a

☐

T2b

☐

T3

☐

T4

☐

Histological  
Proof

Yes

☐

No

☐

M Stage (tick)

M0

☐

M1a

☐

M1b

☐

**Streamline L**

 Trial  
Number

<b>S</b>	<b>T</b>	<b>L</b>	—			
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 Patient  
Initials

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## Consensus Reference 2/5

### Regional Lymph Nodes

- If available use pre-chemorad histopathology,

- If not available use post therapy histopathology and pre therapy imaging staging investigations as appropriate

N Stage (tick)    N0 ☐    N1 ☐    N2 ☐    N3 ☐    NX ☐    Histological Proof    Yes ☐    No ☐

		Positive	Negative	Histological Proof	
<b>Supraclavicular zone</b>	Supraclavicular, low cervical and sterna notch	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Superior mediastinal</b>	Upper Paratracheal (right)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Upper Paratracheal (left)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Prevascular	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Retrotracheal	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Lower paratracheal (right)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Lower paratracheal (left)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Aortic</b>	Subaortic	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Para aortic	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Inferior Mediastinal</b>	Subcarinal	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Paraesophageal (below carina)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Pulmonary ligament	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Hilar/Peripheral</b>	Hilar (right)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Hilar (left)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Interlobar (right)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Interlobar (left)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Lobar (right)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Lobar (left)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Segmental (right)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Segmental (left)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Subsegmental (right)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Subsegmental (left)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Streamline L**

 Trial  
Number

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**T**
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 Patient  
Initials




## Consensus Reference 3/5

### Metastasis Status - Non-skeletal

 Nonskeletal Metastatic disease status: Positive ☐ Complete table below

 Negative ☐ Skip table below

	Organ site status		If imaging diagnosis without histology (Tick all that apply)			Perceptual errors in initial staging per organ site			Size of Deposits at staging If deposit nonmeasurable enter NM If deposit nonvisible enter NV			
	Positive (Y/N)	Histo-logical proof (Y/N)	Charac-teristic imaging appear-ances	Growth on follow up	Response to therapy	Conven-tional imaging FN per-ceptual error (Y/N)	WB MRI ALONE FN perceptual error (Y/N)	WB MRI plus additional tests FN perceptual error (Y/N)	Size of largest organ deposit (mm)	Size of second largest organ deposit (mm)	Number of <b>additional</b> deposits ≥6mm (if ≤10, state number. If >10 state >10)	Number of <b>additional</b> deposits <6mm (if ≤10, state number. If >10 state >10)
Liver (left lobe)												
Liver (right lobe)												
Lung (L)												
Lung (R)												
Pleura (L)												
Pleura (R)												
Brain												
Spleen												
Adrenal (L)												
Adrenal (R)												
Kidney (L)												
Kidney (R)												
Pancreas												
Mesentery/ peritoneum												
Bowel												
Soft tissue Chest												
Soft tissue abdomen/ pelvis												
Soft tissue limbs												
Nodal– State												
Other– State												

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## Consensus Reference 4/5

### Metastatic Status - Skeletal

Skeletal Metastatic disease status: Positive ☐ Complete table below  
 Negative ☐ Skip table below

	Organ site status		If imaging diagnosis without histology (Tick all that apply)			Perceptual errors in initial staging per organ site			Size of Deposits at staging <i>If deposit nonmeasurable enter NM</i> <i>If deposit nonvisible enter NV</i>			
	Positive (Y/N)	Histo-logical proof (Y/N)	Charac-teristic imaging appear-ances	Growth on follow up	Response to therapy	Conven-tional imaging FN per-ceptual error (Y/N)	WB MRI ALONE FN perceptual error (Y/N)	WB MRI plus additional tests FN perceptual error (Y/N)	Size of largest organ deposit (mm)	Size of second largest organ deposit (mm)	Number of <b>additional</b> deposits ≥6mm (if ≤10, state number. If >10 state >10)	Number of <b>additional</b> deposits <6mm (if ≤10, state number. If >10 state >10)
Skull												
Cervical spine												
Thoracic spine												
Lumbar spine												
Pelvis												
Sternum												
Clavicle/ scapula (L)												
Clavicle/ scapula (R)												
Ribs (L)												
Ribs (R)												
Upper limb (L)												
Upper limb (R)												
Lower limb (L)												
Lower limb (R)												

### Additional Important Malignant and Non Malignant Findings

Additional important findings (e.g. second primary malignancy, aortic aneurysm)	Comments

Streamline L

Trial

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Patient

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## Consensus Reference 5/5

**Retrospective optimal treatment based on all data available** - Please tick

Surgical removal of primary alone	
Radical radiotherapy	
Chemotherapy	
Radiotherapy (non radical)	
Combination chemoradiotherapy	
Supportive/palliative care	
Not cancer	
Other– describe _____	
_____	

Other comments:

Completed by:

Name:

Signature:

Date (dd/mm/yyyy)

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If completed by a UCL CTC member of staff, the CRF must be countersigned below by a Site staff member

Name:

Signature:

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*This CRF may be completed and countersigned only by individuals authorised to do so on the relevant delegation log(s).*