

## Additional instructions for completing forms

### Conventional Imaging Disease Site Form Guidance

The conventional imaging disease site form is used to record metastatic sites of disease, both non-skeletal and skeletal, based on conventional imaging alone.

#### Completing the form

- If no metastases, please tick box and do not complete the rest of the form.
- Only include metastatic disease found on imaging which was performed as part of the patients conventional pathway.
- Please include both M1 and equivocal metastases.
- If only one deposit present, please enter size into '*Size of largest organ deposit*' column and enter N/A in the rest of the columns for that disease site.

#### Specific Fields

- *Metastasis deemed present (Y/N/Equiv)*
  - Please ensure every row in the column is completed with a Y, N or Equiv.

**If you have any questions about how to complete this form please contact the Streamline L Trial Coordinator on:  
020 7679 9891**

# Streamline L

Streamlining Staging of Lung Cancer with Whole Body MRI

## CASE REPORT FORMS

### 5. CONVENTIONAL IMAGING DISEASE SITE FORM

Patient Initials

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Trial Number

**S T L** -

**Please send ORIGINAL forms to:**

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

General enquires: **020 7679 9891**

Telephone Registration: **020 7679 9880** (between 9.00am and 5.00pm)  
Fax Registration: **020 7679 9871**

E-mail: **CTC.streamlineC@ucl.ac.uk**

Streamline L

 Trial  
Number

 S **T** L -   

 Patient  
Initials

FORM 5

Site

## Conventional Imaging Disease Site form 1/2

**Based on Conventional imaging ONLY**

If M1 or equivocal, please specify disease sites below

 If M0 please tick 

Do not complete the rest of this form

Non-Skeletal disease sites	Metastasis Present? (Y/N/Equiv)	Size of largest organ deposit (mm)	Size of second largest organ deposit (mm) If not applicable enter N/A	Number of Additional deposits $\geq 6\text{mm}$ If not applicable enter N/A	Number of Additional deposits $<6\text{mm}$ If not applicable enter N/A
Adrenal (L)					
Adrenal (R)					
Bowel					
Brain					
Kidney (L)					
Kidney (R)					
Liver (left lobe)					
Liver (right lobe)					
Lung (L)					
Lung (R)					
Mesentery/Peritoneum					
Metastatic nodal site (not local nodal spread eg extrathoracic)					
Pancreas					
Pleura (L)					
Pleura (R)					
Soft tissue neck/chest					
Soft tissue abdomen/pelvis					
Soft tissue limbs					
Spleen					
Other- Please state					
Other- Please state					

**Streamline L**

 Trial  
Number

**S** **T** **L** – 

 Patient  
Initials

**FORM 5**

## Conventional Imaging Disease Site form 2/2

If M1 or equivocal, please specify disease sites below

Non-Skeletal disease sites	Metastasis present (Y/N/Equiv)	Size of largest organ deposit (mm)	Size of second largest organ deposit (mm) If not applicable enter N/A	Number of Additional deposits ≥6mm If not applicable enter N/A	Number of Additional deposits <6mm If not applicable enter N/A
Cervical spine					
Clavicle/Scapula (L)					
Clavicle/Scapula (R)					
Lower limb (L)					
Lower limb (R)					
Lumbar spine					
Pelvis					
Ribs (L)					
Ribs (R)					
Skull					
Sternum					
Thoracic spine					
Upper limb (L)					
Upper limb (R)					
Other– State _____					
Other– State _____					

**Completed by:**

*CRFs should only be completed by appropriately qualified personnel detailed on the site delegation log*
**Signature:**

**Date completed:**

D	D	M	M	Y	Y	Y	Y
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