

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"/>
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 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	—			
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Patient
Initials

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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 ≥6mm If not applicable enter N/A	Number of Additional deposits <6mm 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	—			
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 Patient
Initials

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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 <u>Additional</u> deposits ≥6mm If not applicable enter N/A	Number of <u>Additional</u> 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:

Signature:

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

Date completed:

D	D	M	M	Y	Y	Y	Y

 Please return to: **Streamline L** Trial Coordinator, CR UK & UCL Cancer Trials Centre, 90 Tottenham Court Road, London, W1T 4TJ
 CRF Template V1– 19 Oct 2010 Modified for **Streamline L** on 03/07/14 v3.0

For Office use only

Date form received: _____

Date form entered: _____

Initials: _____