The VIOLET Study

TNM RESTAGING (TNM8) AND WARD MOVEMENTS

VIOLET Trial ID: _____

Patient Name: _____ _____

CLINICAL STAGING—TUMOUR ONLY

Patient's clinical staging under TNM7: _____

PLEASE COMPLETE FOR ALL RANDOMISED PATIENTS (INCLUDING BENIGN PATIENTS)

Please classify the cTNM stage of the **primary tumour** according to TNM8 edition:

- ☐ **T1a** - Tumour ≤ 1 cm
- ☐ **T1b** - Tumour > 1 cm but not > 2 cm
- ☐ **T1c** - Tumour > 2 cm but not > 3 cm
- ☐ **T2a** - Tumour > 3 cm but not > 4 cm
- ☐ **T2b** - Tumour > 4 cm but not > 5 cm
- ☐ **T3** - Tumour > 5 cm but not > 7 cm or directly invades: parietal pleura, chest wall, phrenic nerve, or parietal pericardium; or separate tumour nodule(s) in the same lobe.

PATHOLOGICAL STAGING—TUMOUR ONLY

No cancer / benign disease ☐

PLEASE COMPLETE BELOW FOR RANDOMISED PATIENTS *WITH CONFIRMED CANCER ONLY*

Patient's pathological staging under TNM7: _____

Please classify the pTNM stage of the **primary tumour** according to TNM8 edition:

- ☐ **T1a** - Tumour ≤ 1 cm
- ☐ **T1b** - Tumour > 1 cm but not > 2 cm
- ☐ **T1c** - Tumour > 2 cm but not > 3 cm
- ☐ **T2a** - Tumour > 3 cm but not > 4 cm
- ☐ **T2b** - Tumour > 4 cm but not > 5 cm
- ☐ **T3** - Tumour > 5 cm but not > 7 cm or directly invades: parietal pleura, chest wall, phrenic nerve, or parietal pericardium; or separate tumour nodule(s) in the same lobe.
- ☐ **T4** - Tumour more than 7 cm or of any size that invades any of the following: diaphragm, mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, oesophagus, vertebral body, carina; or separate tumour nodule(s) in a different ipsilateral lobe to the primary

Longest dimension of the primary tumour: _____

If blank, please provide: ☐☐.☐ cm

_____ _____ __ __/__ __/__ __ __ __

Name of clinician completing the assessment | Signature | Date

WARD MOVEMENTS

Please provide ward movements or changes in level of care, after return from theatre until the patient is discharged.

	Transfer date & time (e.g. date & time of change in level of care/ward, discharge etc.) If the exact time is unknown, complete to the nearest hour	**New level of care/ward/discharge** (use code)
1	__ __/__ __/__ __ __ __ ____ (d d m m y y y y) (24 hr clock)	*Code* ☐
2	__ __/__ __/__ __ __ __ ____ ____ : ____ ____ (d d m m y y y) (24 hr clock)	*Code* ☐
3	__ __/__ __/__ __ __ __ ____ ____ : ____ ____ (d d m m y y y) (24 hr clock)	*Code* ☐
4	__ __/__ __/__ __ __ __ ____ ____ : ____ ____ (d d m m y y y y) (24 hr clock)	*Code* ☐

New level of care/ward codes: *1= Level 0 / 1 (eg. General ward), 2= Level 2, usually 2:1 nursing ratio (eg. HDU) 3= Level 3, usually 1:1 nursing ratio (eg. ICU), 4= Hospital discharge home, 5=Hospital discharge to another hospital, 6=Other hospital discharge (e.g.*

Name of person completing form* (capitals): _____

Signature of person completing form: _____ Date completed *(dd/mm/yyyy)*: __ __/__ __/__ __ __ __

Name of person entering data* (capitals) _____ Date data entered *(dd/mm/yyyy)* __ __/__ __/__ __ __ __

** Names must appear on the site signature & delegation log*