

Person ID number: \_\_\_\_\_

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

Name: \_\_\_\_\_

Patient number: \_\_\_\_\_

### Form S1: Surgeon, first postoperative visit, workup and TNM

(same as Swedish CRC register at [www.incanet.se](http://www.incanet.se), paper form or [www.norrlandskirurgi.se](http://www.norrlandskirurgi.se) outside Sweden)

#### Staging and TNM classification

##### Pre-treatment staging

Date of diagnosis: \_\_\_\_\_ (yy,mm,dd)

Detected at screening	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Only clinical examination	<input type="checkbox"/> Yes	
Pre-treatment staging of rectum	<input type="checkbox"/> No	<input type="checkbox"/> Yes → modality:	<input type="checkbox"/> CT	<input type="checkbox"/> MR	<input type="checkbox"/> US
Pre-treatment staging of lungs	<input type="checkbox"/> No	<input type="checkbox"/> Yes → modality:	<input type="checkbox"/> CT	<input type="checkbox"/> MR	<input type="checkbox"/> chest x-ray
Pre-treatment staging of liver	<input type="checkbox"/> No	<input type="checkbox"/> Yes → modality:	<input type="checkbox"/> CT	<input type="checkbox"/> MR	<input type="checkbox"/> US
Result of pre-treatment staging	<input type="checkbox"/> cT1-2	<input type="checkbox"/> cN0	<input type="checkbox"/> cM0		
	<input type="checkbox"/> cT3	<input type="checkbox"/> cN1-2	<input type="checkbox"/> cM1	Liver	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> cT4	<input type="checkbox"/> cNX	<input type="checkbox"/> cMX	Lung	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> cTX				

##### Postoperative pTMN classification and pathology report

Adenocarcinoma	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>T-stage</b>		<b>N-stage</b>		<b>M-stage</b>
<input type="checkbox"/> TX		<input type="checkbox"/> NX		
<input type="checkbox"/> T0		<input type="checkbox"/> N0	<input type="checkbox"/> M0	
<input type="checkbox"/> T1 →	<input type="checkbox"/> T1sm1	<input type="checkbox"/> N1	<input type="checkbox"/> M1 →	<input type="checkbox"/> Liver
	<input type="checkbox"/> T1sm2			<input type="checkbox"/> Lung
	<input type="checkbox"/> T1sm3			<input type="checkbox"/> Other, where _____
	<input type="checkbox"/> sm-class not stated			
<input type="checkbox"/> T2		<input type="checkbox"/> N2		
<input type="checkbox"/> T3 →	<input type="checkbox"/> T3A/B			
	<input type="checkbox"/> T3C/D			
	<input type="checkbox"/> T3 A/B/C/D not stated			
<input type="checkbox"/> T4	Extended through serous membrane		<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Invasion to other organ		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Number of lymph nodes examined _____	<input type="checkbox"/> Not stated		No. of positive nodes ____	<input type="checkbox"/> Not stated
Radical resection (assessed by microscopy)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Not assessable
Mucinous cancer	<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> Not stated
TD (tumor deposits) Cancer cell clusters without lymph node or vascular structures	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Perineural invasion indicated	<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> Not stated
Vascular invasion indicated	<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> Not stated
Grade of differentiation	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Not stated
Smallest circumferential resection margin _____ mm				<input type="checkbox"/> Not stated
Smallest longitudinal resection margin _____ mm				<input type="checkbox"/> Not stated
Sample number: _____	Sample date: _____ (yymmdd)		Pat. Laboratory: _____	