APPENDIX 4 – PILOT PROFORMAS

Lung proforma
REPORTING PRO FORMA FOR CT STAGING: LUNG CANCER
(SECTIONS SHOWN IN BLUE ARE OPTIONAL)

TUMOUR

Primary tumour:  □ solid  □ part solid / part GG  □ entirely GG
□ cavitating  □ necrotic
□ spiculated  □ irregular  □ lobulated
□ air bronchograms

Located in:  □ RUL apical seg  □ RUL anterior seg  □ RUL posterior seg
□ RML medial seg  □ RML lateral seg
□ RLL apical basal seg  □ RLL ant basal seg
□ RLL lateral basal seg  □ RLL posterior basal seg  □ RLL medial basal seg
□ LUL apicoposterior seg  □ LUL anterior seg  □ Lingula
□ LLL apicobasal seg  □ LLL anterior basal seg
□ LLL lateral basal seg  □ LLL posterior basal seg

Tumour dimensions:  □□□□□ mm

Tumour difficult to differentiate from adjacent consolidation □

Endobronchial disease: Present/absent  □ Trachea  □ main bronchus  □ lobar
□ segmental  □ subsegmental

Tumour locally invades:  □ visceral pleura
□ parietal pleura

1
☐ mediastinal fat

☐ mediastinal structures - ☐ SVC/Aorta/Oesophagus/Heart/Trachea

☐ diaphragm

☐ rib(s)

☐ vertebral body/ies ☐ One ☐ More than one

☐ neural foramina/spinal canal

☐ into pleural apex, involving vessel(s)/nerves

☐ main bronchus within 2cm of carina

Distal lung/lobar atelectasis: ☐ present lung/lobe ☐ absent lung/lobe

Other features: __________________________

Change from previous imaging: __________________________

Potential for percutaneous lung biopsy: ☐ yes ☐ no

Distance from pleura ____ cm

Cross fissure/bulla ☐ yes ☐ no

**REGIONAL LYMPH NODES**

Nodes > 10mm short axis diameter

Ipsilateral bronchial or hilar LN: ☐ None ☐ present ________ mm

Ipsilateral mediastinal or Subcarinal LN: ☐ None ☐ present ________ mm

Contralateral mediastinal or Hilar, supraclavicular or scalene LN: ☐ None ☐ present ________ mm

Other distant LN: ☐ None ☐ present ________ mm

Site __________________________

**METASTATIC DISEASE**

Metastatic disease in liver: ☐ no evidence ☐ indeterminate ☐ definite evidence

Incidental note: ☐ cysts ☐ haemangioma
☐ equivocal low density lesion

☐ for characterisation by MRI

☐ for characterisation by US

☐ requires follow up

☐ unlikely to represent metastatic disease

Pulmonary nodule(s):  ☐ No CT evidence

☐ CT evidence ☐ I ipsilateral ☐ Contra lateral

☐ Indeterminate solitary nodule requires follow up Size _____ mm

☐ Indeterminate multiple nodules require follow up. Number _____

Lymphangitis carcinomatosis: ☐ Possible ☐ Definite

☐ Unilobar ☐ Multilobar

Other Details ____________________________

Adrenal metastatic disease:  ☐ no evidence

☐ definite metastases

☐ definite adenomas

☐ equivocal lesion requires other investigation

Bone metastatic disease:  ☐ no evidence

☐ CT evidence

☐ equivocal – requires further investigation

Cerebral metastatic disease:  ☐ no evidence

☐ CT evidence

☐ not assessed

3
Pleural disease

☐ Present   ☐ Absent

☐ Ipsilateral   ☐ Contralateral   ☐ Bilateral

☐ Effusion   ☐ Thickening   ☐ Nodule(s)

Pericardial effusion

☐ present   ☐ absent

Other sites of metastases:

☐ no evidence

☐ CT evidence

______________________________

SUMMARY

Overall stage T __________ N __________ M __________

Discussion points for imaging case:
REPORTING PROFORMA FOR STAGING PROSTATE CANCER (SECTIONS SHOWN IN BLUE ARE OPTIONAL)

<table>
<thead>
<tr>
<th>Surname</th>
<th>Forenames</th>
<th>Birth date</th>
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<th>NHS no</th>
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<th>MDT date</th>
<th>Consultant</th>
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<th>PSA/date</th>
<th>TRUS date</th>
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<th>Rt</th>
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<tr>
<th>Treatments received</th>
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<tr>
<td>Examinations dates</td>
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<tr>
<td>MRI</td>
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<tr>
<td>XYZ</td>
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<tr>
<th>Prostate gland dimensions (XYZ)</th>
<th>Volume (ml)</th>
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<td>XYZ</td>
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<tr>
<th>BPH</th>
<th>None □</th>
<th>Mild □</th>
<th>Moderate □</th>
<th>Marked □</th>
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Lesion locations & ECE (upto 3 lesions, including index cancer; lesion size; probability of clinically significant cancer 1-5 (Clinically significant disease - highly unlikely (1) ↔ clinically significant disease - unlikely (2) ↔ indeterminate ↔ clinically significant cancer likely (4) ↔ clinically significant disease - highly likely (5)))

![Diagrams of prostate cancer staging](image-url)
| Organ confined | Yes ☐ | Indeterminate ☐ | No ☐ |  
| Beyond prostate (state side) | Yes ☐ | Indeterminate ☐ | No ☐ | Bilateral ☐  
| Into seminal vesicle(s) (state side) | Yes ☐ | Indeterminate ☐ | No ☐ | Bilateral ☐  
| Into bladder neck | Yes ☐ | Indeterminate ☐ | No ☐ |  
| Fixed or into adjacent organs or pelvic wall. | Yes ☐ | Indeterminate ☐ | No ☐ | Specify:  
| Neurovascular bundle invasion | Yes ☐ | Indeterminate ☐ | No ☐ | Bilateral ☐  

| Nodal status (draw sites of positive nodes) | Node positive ☐ |  
| Node negative ☐ |  
| Indeterminate ☐ |  

| Metastases | Yes ☐ | Indeterminate ☐ | No ☐ | Locations |  

| TNM stage | N | M |  
| T1x (cannot be assessed; should not be used for uncertainty in other T categories) | Nx | Mx (cannot be assessed) |  
| T2a (invisible by imaging) | N0 | M0 (No distant metastasis) |  
| T2a (tumour involves one half of one lobe or less) | N1 | M1 (Distant metastasis) |  
| T2a (tumour involves more than one half of one lobe but not both lobes) |  | M1a (Non regional node(s)) |  
| T2c (bilateral disease) |  | M1b (Bones) |  
| T3a (EPE; unilateral or bilateral) |  | M1c (Other site(s) with or without bone disease) |  
| T3b (SV positive; unilateral or bilateral) |  | When more than one site of metastasis, the most advanced category is used. M1c is most advanced. |  
| T4 (other organs involved) |  |  |  

Additional comments

Recommendations of further imaging
CT ☐ | MRI ☐ | PET-CT ☐ | Bone scan ☐ |  

Signature .................................................... Date.............................

Radiologist Name:
Cervical proforma
REPORTING PROFORMA FOR MRI STAGING IN PRIMARY CERVICAL CANCER
(SECTIONS SHOWN IN BLUE ARE OPTIONAL)

Surname………………………….. Forenames……………………… Date of birth…………………….
Hospital………………………… Hospital no……………………

Pre MRI clinical information (if available)

Previous biopsy  No biopsy □
Yes □  Date: _______________ Cone □  LLEZT □

Type: squamous carcinoma □  adenosquamous carcinoma □  adenocarcinoma □
neuroendocrine carcinoma □  other □  specify………………………………………

Differentiation: well/grade 1 □  moderate/grade 2 □  poor/grade 3 □
not applicable □

Description of uterus
Dimensions of uterus: length……..mm  transverse……..mm  anteroposterior……..mm

Cervix:
No tumour seen □
Maximum dimensions of tumour:……..mm x ………..mm x………..mm
Tumour volume: \((V=\frac{d1 \times d2 \times d3 \times \pi}{6})\). …………..
Position of cervical tumour: anterior □  posterior □  right □  left □  circumferential □
Morphology: ectocervix/exophytic □  endocervix □  barrel-shaped □

Depth of transverse invasion:
Confined to cervix □  Deep stromal invasion □
Parametrial invasion Rt □  Parametrial invasion Lt □
Anterior paracervical invasion □  Posterior paracervical invasion □

Vagina
Vaginal involvement Yes □  No □
Anterior fornix involved □  Posterior fornix involved □
Lower third of vagina involved □

Pelvic side-wall
Involved No □  Yes □
Side of involvement: Right □  Left □
Depth of involvement: Visceral □  Muscle □  Bone □  
Hydronephrosis  No □  Right □  Left □

<table>
<thead>
<tr>
<th>Organ</th>
<th>No involvement □</th>
<th>Serosal invasion □</th>
<th>Muscle invasion □</th>
<th>Mucosal invasion □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rectum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ascites</td>
<td>No □  small volume □</td>
<td>moderate volume □</td>
<td>large volume □</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nodes</th>
<th>Pelvis:</th>
<th>Para-aortic:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspicious node &gt;10mm SA</td>
<td>yes □  no □</td>
<td>Suspicious node &gt; 10mm SA</td>
</tr>
<tr>
<td>Suspicious node &lt;10 mm SA</td>
<td>yes □  no □</td>
<td>Suspicious node &lt;10 mm SA</td>
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<tr>
<td>Necrosis □  Extra-nodal spread □</td>
<td></td>
<td>Necrosis □  Extra-nodal spread □</td>
</tr>
</tbody>
</table>

Position of suspicious nodes:

<table>
<thead>
<tr>
<th>Location</th>
<th>Rt short axis ..................mm</th>
<th>Lt short axis ..................mm</th>
</tr>
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<tbody>
<tr>
<td>Along external iliac vessels</td>
<td></td>
<td></td>
</tr>
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<td>Obturator fossa</td>
<td></td>
<td></td>
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<tr>
<td>Common iliac</td>
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<tr>
<td>Left para-aortic</td>
<td>Short axis ......................mm</td>
<td></td>
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<tr>
<td>Aorto-caval</td>
<td>Short axis ......................mm</td>
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<tr>
<td>Other</td>
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</table>

**Other tissues and organs:**

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<thead>
<tr>
<th>Organ</th>
<th>Normal</th>
<th>Abnormal (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endometrium</td>
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<td></td>
</tr>
<tr>
<td>Myometrium</td>
<td>□</td>
<td></td>
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<tr>
<td>Right adnexum</td>
<td>□</td>
<td></td>
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<tr>
<td>Left adnexum</td>
<td>□</td>
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<tr>
<td>Kidneys</td>
<td>□</td>
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<tr>
<td>Liver</td>
<td>□</td>
<td></td>
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<tr>
<td>Lungs</td>
<td>□</td>
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</tbody>
</table>
Provisional radiological FIGO stage* .................
iTNM stage:       iT.........iN.........iM.......

Further recommendation/comments

: ........................................................................................................

Need for: CT chest/abdomen  ☐ No       ☐ Yes       Already available ☐
       PET/CT               ☐ No       ☐ Yes       Already available ☐

Signature of Radiologist: .........................    Date.........................
Endometrial proforma
REPORTING PROFORMA: MRI STAGING IN PRIMARY ENDOMETRIAL CANCER
(SECTIONS SHOWN IN BLUE ARE OPTIONAL)

Surname: Forenames: Date of birth:
Hospital: Hospital no:

Pre MRI clinical information (if available)

Previous biopsy: No biopsy □ Yes □ Date: ______________________

Type:
- endometriod adenocarcinoma □
- adenosquamous carcinoma □
- Serous papillary carcinoma □ Clear cell carcinoma □
- Mixed Mullerian Tumour □ other □ specify:__________________________

Differentiation: well/grade 1 □ moderate/grade 2 □ poor/grade 3 □
not available/applicable □

Description of uterus

Dimensions of uterus: length…….mm transverse…….mm anteroposterior…….mm
Endometrial thickness: ______________________mm
Maximum dimensions of tumour:…….mm x…….mm x…….mm
Maximum depth of myometrial invasion Less than 50% □ Greater than 50% □
Position of tumour (predominant) fundal □ mid uterine body □ lower uterine body □
Position of maximum myometrial invasion:__________________________

Benign myometrial pathology: No □ Adenomyosis □ Bulky fibroids □

Uterine serosal involvement No □ Yes □

Cervix: No invasion □ Stromal invasion □ Parametrial invasion □

Ovarian involvement No □ Right ovarian involvement □ Left ovarian involvement □

Peritoneal involvement No □ Pelvic peritoneal deposits □ Abdominal peritoneal deposits □

Vagina Vaginal involvement No □ Upper third □ Middle third □ Lower third □
<table>
<thead>
<tr>
<th>Organ</th>
<th>Involvement</th>
<th>Serosal invasion</th>
<th>Muscle invasion</th>
<th>Mucosal invasion</th>
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<td>Necrosis ☐ Extra-nodal spread ☐</td>
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<tr>
<td><strong>Para-aortic</strong></td>
<td>Suspicious node &gt; 10mm SA yes ☐ no ☐</td>
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<tr>
<td>Other</td>
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Radiological FIGO stage: 

iTNM stage: iT......iN......iM......
Further recommendation/ Comments

: ...........................................................................................................................

Need for CT chest/abdomen  □ No    □ Yes    Already available □

Signature of Radiologist: .........................  Date..............................
Rectal proforma
REPORTING PRO FORMA FOR RECTAL CANCER
(SECTIONS SHOWN IN BLUE ARE OPTIONAL)

Patient Name: ____________________________ Patient No: _____________ Date of Birth: ________

<table>
<thead>
<tr>
<th>Primary tumour:</th>
<th>□ Annular □ Semi-annular □ Ulcerating □ Polypoidal □ Mucinous □ Not seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height from anal verge: ______ mm</td>
<td></td>
</tr>
<tr>
<td>Distal edge lies: ______ mm □ Above puborectalis sling □ At puborectalis sling □ below puborectalis sling</td>
<td></td>
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<tr>
<td>Extends craniocaudally over: ______ mm</td>
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<tr>
<td>Lies: □ Above the peritoneal reflection □ Below the peritoneal reflection □ At the peritoneal reflection</td>
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<tr>
<td>Invading edge of tumour: From ________ O’clock To ________ O’clock</td>
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<tr>
<td>Muscularis propria: □ Confined to □ Extends through</td>
<td></td>
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<tr>
<td>Extramural spread: ______ mm</td>
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<tr>
<td>T stage: □ T1 □ T2 □ T3a □ T3b □ T3c □ T3d □ T4 visceral □ T4 peritoneal</td>
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</table>

For low rectal tumours at or below the puborectalis sling:
□ Submucosal layer/part thickness of muscularis propria: intersphincteric plane/mesorectal plane is safe intersphincteric APE or ultra low TME possible, CRM is safe
□ Full thickness of muscularis propria: intersphincteric plane/mesorectal plane is **unsafe**, Extralevator APE.
□ Into intersphincteric plane: intersphincteric plane/mesorectal plane is **unsafe**, for extralevator APE.
□ Into External sphincter: intersphincteric plane/mesorectal plane is **unsafe**.
□ Beyond External sphincter into ischiorectal tissue: intersphincteric plane / mesorectal plane is **unsafe**.

Free Text Additional comments:

Lymph nodes:
□ None □ Only benign reactive □ Present number _____ mixed signal/irregular border

Extramural venous invasion: □ No evidence □ Evidence
□ Small □ Medium □ Large

Closest circumferential resection margin: ________ O’clock
The closest CRM is from □ Direct spread of tumour □ Extramural venous invasion □ Tumour deposit
Minimum tumour distance to mesorectal fascia: __________ mm □ CRM clear □ CRM involved
Peritoneal deposits: □ No evidence □ Evidence
Pelvic side wall lymph nodes: □ None □ Benign □ Malignant mixed signal/irreg border
Location: Obturator fossa □ R □ L. External Iliac Nodes □ R □ L. Inf Hypogastric □ R □ L

Summary: MRI Overall stage: T _______ N _______ M _______
□ CRM clear □ CRM involved □ EMVI positive □ EMVI negative
□ No adverse features eligible for primary surgery □ Poor prognosis safe margins for preoperative therapy
□ Poor prognosis unsafe margins eligible for preoperative chemoradiotherapy

**Post Treatment Assessment MRI Rectal Cancer**

□ The treated tumour: shows no fibrosis, TRG5
□ Less than <25% fibrosis, predominant tumour signal, TRG4
□ 50% tumour/fibrosis, TRG 3
□ >75% fibrosis, minimal tumour signal intensity, TRG2
□ Low signal fibrosis only no intermediate tumour signal, TRG1

Height from anal verge: ________ mm
Treated tumour distal edge is: ___ mm □ Above puborectalis sling □ At puborectalis sling □ Below PR sling
Extends craniocaudally over: ________ mm
Lies: □ Above the peritoneal reflection □ Below the peritoneal reflection □ At the peritoneal reflection
Invading edge of treated tumour: From ________ O’clock To ________ O’clock

Tumour signal is □ Confined to □ Extends through the muscularis propria.
Fibrotic signal is □ Confined to □ Extends through muscularis propria.
Extramural spread: ________ mm for tumour signal ________ for fibrotic stroma ________

yMR T stage: □ T1 □ T2 □ T3a □ T3b □ T3c □ T3d □ T4 visceral □ T4 peritoneal

For low rectal tumours at or below the puborectalis sling tumour signal/fibrosis extends into
□ Submucosal layer/part thickness of muscularis propria: intersphincteric plane/mesorectal plane is safe intersphincteric
APE or ultra low TME possible, CRM is safe
□ Full thickness of muscularis propria: intersphincteric plane/mesorectal plane is unsafe, Extralevator APE.
□ Into intersphincteric plane: intersphincteric plane/mesorectal plane is unsafe, for extralevator APE.
□ Into External sphincter: intersphincteric plane/mesorectal plane is unsafe.
□ Beyond External sphincter into ischiorectal tissue: intersphincteric plane/mesorectal plane is unsafe.

Free Text Additional comments:
Lymph nodes:
- None
- Only benign reactive
- Present number _____ mixed signal/irregular border

Extramural venous invasion:
- No evidence
- Evidence
- Small
- Medium
- Large

Closest circumferential resection margin: ________ O’clock
Closest CRM is from
- Direct spread of tumour
- Extramural venous invasion
- Tumour deposit

Minimum tumour distance to mesorectal fascia: _______ mm
- CRM clear
- CRM involved

Peritoneal deposits:
- No evidence
- Evidence

Pelvic side wall lymph nodes:
- None
- Benign
- Malignant

Location: Obturator fossa
- R
- L
- External Iliac Nodes
- R
- L
- Inf Hypogastric
- R
- L

Summary:
- y MRI Overall stage
- ymrT _____
- ymr N _____
- M _______
- , TRG _______
- CRM clear
- CRM fibrosis only
- CRM involved
- EMVI positive
- EMVI negative
- Good prognosis, CRM clear, TRG 1-3, EMVI –ve
- Poor prognosis
Colon proforma

REPORTING PRO FORMA FOR COLON CANCER
(SECTIONS SHOWN IN BLUE ARE OPTIONAL)

Patient Name: ____________________________ Patient No: _____________ Date of Birth: _______

Primary tumour: □ Annular □ Ulcerating □ Polypoidal □ Villous □ Eroding
□ Mucinous □ Not easily shown

Located in colon: □ Caecum □ Ascending □ Hepatic flexure □ Transverse □ Descending
□ Sigmoid □ Rectum □ Has been demonstrated on MRI scan, pls see report

Advancing edge tumour (border): □ Mesenteric □ Peritoneal □ N/A

To bowel wall: □ Confined □ Extends through
Peritoneal infiltration: □ No evidence □ Evidence
Tumour extension: □ <5mm □ >5mm Tumour
Diameter: _______ mm Tumour Thickness: _______ mm

Lymph nodes in colonic mesentery: □ Benign □ Reactive □ Malignant

 Extramural venous invasion: □ No evidence □ Evidence
Peritoneal disease: □ Absent □ Present
Retroperitoneal lymphadenopathy: □ Absent □ Present

Incidental note: □ Intra-abdominal pathology □ Pelvic pathology

Metastatic disease in liver: □ No evidence □ Evidence Details:
□ Segmental sparing □ No segmental sparing

Incidental note: □ Cysts □ Haemangioma □ Equivocal low density lesion
□ For characterisation by MRI □ Follow-up □ Unlikely to represent metastatic disease
| Pulmonary metastatic disease: | ☐ No CT evidence | ☐ CT evidence |

Details:

| Summary: | Overall stage: | T ______ | N ______ |
| ☐ Resectable | ☐ Irresectable | ☐ EMVI positive | ☐ EMVI negative |
| ☐ M0 | ☐ M1 | ☐ Good prognosis | ☐ Poor prognosis |

Discussion points for imaging case:

Radiologically Eligible for: