

ESMO Checklist: Localised Rectal Cancer Patient Related Treatment Workflow

Tick the box and insert the date as you have dealt with every task listed below, as appropriate. In case you use the template, you can also insert and save data directly on the PDF file.

PATIENT'S PERSONAL DATA					
Last Name:			First Name:		
Date of birth: __/__/__			Gender:		
DATE OF REFERRAL/1ST CONSULTATION: __/__/__					
___/___/___ MEDICAL HISTORY AND RISK FACTORS					
Past personal medical history (colon adenomas, colon cancer, inflammatory bowel disease, prior malignancies):					
Family history (colon cancer, polyps or inherited polyposis syndromes, other malignancies):					
Past surgical history:					
Medication/s:					
Allergies/Intolerance:					
Risk factors: Smoking history: __pack/y from age__ to age__		Alcohol consumption:	Physical inactivity	High red/processed meat intake	
Current weight:		Height:	BMI:	Weight loss (last 6 months):	
___/___/___ PRESENT MEDICAL CONDITIONS					
Main symptoms if any:		Alterations in bowel habit	Abdominal pain	Hematochezia	Others:
Co-morbidities and other relevant clinical conditions:					
Karnofsky/ECOG Performance Status/Geriatric 8 (if 65 years or older):					
___/___/___ DIAGNOSIS AND CLINICAL STAGING					
___/___/___ Digital rectal examination					
___/___/___ Full Colonoscopy		YES	NO	Incomplete (consider virtual colonography)	
Rigid sigmoidoscopy: extension from ___to___cm from anal margin (if > 12 cm from anal margin, treat as colon cancer)					
___/___/___ CT scan (thorax and abdomen)					
___/___/___ MRI of pelvis (and abdomen in case of contraindication to contrast enhanced CT)					
___/___/___ ERUS in case of very early cancer (if available)					
___/___/___ TNM stage					
If surgery has been performed ___/___/___					
CRM status		Lymphatic invasion	Perineural invasion	Venous invasion	
Extramural vascular invasion		Perforation	Extracapsular extension/extranodal deposits	Tumor budding:	
Total mesorectal excision (TME) quality/completeness					
Number of lymph nodes: Removed			Positive		
___/___/___ HISTOLOGICAL ANALYSIS					
Core biopsy of primary tumour					
Histologic type and grade					
MSI/MMR testing					
RAS and BRAF status (if available)					
Tissue material available/stored for future molecular analyses				YES	NO
___/___/___ LAB TESTS					
FBC		Liver and Renal Function	CEA	DPD	
Timeline for further work-up has been checked and it is tight enough					

__/__/__	<p>MDT discussion and decision</p> <p>Neo-adjuvant therapy</p> <p>Surgery Performed Planned</p> <p>Adjuvant Therapy</p> <p>Supportive care</p> <p>Enrolment in a clinical trial</p>
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__/__/__	<p>Treatment options have been discussed with the patient and strategy accepted</p>
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COMPILER INFORMATION

Name:	Date: __/__/__
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Comments:
