

→ Therapy (you may choose multiple options):

☐ surgery ☐ chemotherapy ☐ radiotherapy ☐ other _____

Number of siblings: _____ **Twins:** ☐ No ☐ Yes, identical ☐ Yes, fraternal ☐ Yes, unknown

Syndromes: ☐ No ☐ Yes, which: _____

Autoimmune syndromes: ☐ No ☐ Yes, which: _____

Paraneoplastic syndromes: ☐ No ☐ Yes, which: _____

Malformations: ☐ No ☐ Yes, which: _____

Chronic bowel diseases: ☐ No ☐ Yes **Date of diagnosis:**

D	D	M	M	Y	Y	Y	Y

→ ☐ M. Crohn ☐ Colitis ulcerosa ☐ Other

Therapy: _____

Extracolical neoplasias: ☐ No ☐ Yes, where: _____

Family History:

Are there any kinds of cancer in direct kinship? ☐ No ☐ Yes

Who is affected? _____ Type of cancer: _____

Who is affected? _____ Type of cancer: _____

Who is affected? _____ Type of cancer: _____

Are there any kinds of genetic colorectal cancer in kinship? ☐ No ☐ Yes

Who is affected? _____ ICD Code: _____

Who is affected? _____ ICD Code: _____

Kind of genetic exposure / hereditary polyposis syndrome

Lynch syndrome (HNPCC)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not tested
FAP syndrome	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not tested
MUTHY associated polyposis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not tested
Birt-Hogg-Dubé syndrome	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not tested
Hamartomatosis polyposis syndromes (e.g. Peutz-Jeghers, familial juvenile polyposis, Cowden syndrome)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not tested
Other _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not tested

Name number of affected family members: _____

Has there been a surgery to resect eventually existing polyps?

☐ No ☐ Yes, indicate date

D	D	M	M	Y	Y	Y	Y

Number of resected polyps: _____

III. TUMOR

Exact localization in words: _____

☐ singular ☐ multiple

Please check the appropriate localization:

☐ **Rectum:** ☐ upper third ☐ middle third ☐ lower third

☐ **Colon:** ☐ Coecum / Colon asc. ☐ C. transv. ☐ C. desc. ☐ C. sigm. ☐ Colon, not specified

☐ **Other:** _____

Infiltration of vessels: ☐ No ☐ Yes ☐ Unknown

Involvement of joining adipose tissue: ☐ No ☐ Yes ☐ Unknown

Infiltration of muscular structures/bones/fascia: ☐ No ☐ Yes, which _____ ☐ Unknown

Penetration of nerval plexuses/nerves: ☐ No ☐ Yes, which _____ ☐ Unknown

Infiltration of joining organs: ☐ No ☐ Yes; which _____ ☐ Unknown

Peritoneal carcinomatosis: ☐ No ☐ Yes ☐ Unknown

Length _____ **cm** **Wide** _____ **cm** **Depth** _____ **cm of tumor**

Imaging: ☐ ultrasound ☐ MRI ☐ CT ☐ other _____

IV. METASTASES

Metastases at diagnosis ☐ No ☐ Yes (*Please describe exact localization in words and select options below*)

1st Localization: _____

2nd Localization: _____

3rd Localization: _____

Other Localizations: _____

Liver: ☐ Yes ☐ No **Imaging:** _____

☐ singular ☐ multiple

Lung: ☐ Yes ☐ No **Imaging:** _____

☐ singular ☐ multiple ☐ unilateral ☐ bilateral

Regional lymph nodes: ☐ Yes ☐ No **Imaging:** _____

Peritoneum / Omentum: ☐ Yes ☐ No **Imaging:** _____

Bones: ☐ Yes ☐ No **Imaging:** _____

Not regional lymph nodes: ☐ No ☐ Yes, which: _____

Other: _____ **Imaging:** _____

V. PREOPERATIVE TNM-CLASSIFICATION (CLINICAL)

Tumor

- ☐ T0 (no evidence of primary tumor)
- ☐ TIS (carcinoma in situ = intraepithelial or infiltration of the lamina propria)
- ☐ T1 (submucosa)
- ☐ T2 (muscularis propria)
- ☐ T3 (subserosa, not peritonealized, pericolic/perirectal tissue)
- ☐ T4a (visceral peritoneum)
- ☐ T4b (other organs or structures)
- ☐ TX (insufficient information)

Lymph nodes

- ☐ N0 (no regional lymph node metastases)
- ☐ N1a (1 LN) ☐ N1b (2-3 LN) ☐ N1c (satellites in the adipose tissue of the subserosa or pericolic/
perirectal adipose tissue without regional LN)
- ☐ N2a (4-6 LN) ☐ N2b (7 or more LN)
- ☐ NX (insufficient information)

Metastases

- ☐ M0 (no distant metastases)
- ☐ M1 (distant metastases in 1 organ)
- ☐ M2 (distant metastases in more than 1 organ or in peritoneum)
- ☐ MX (uncertain)

Please note whole cTNM formula: _____

Stage: _____

VI. CLINICAL DIAGNOSTICS AND PRIMARY SURGERY

1. Clinical Diagnostics

Please select all types of imaging / examination you applied for **diagnosing** and **staging**
(You may choose multiple options.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Rectal examination | <input type="checkbox"/> High coloscopy | <input type="checkbox"/> PET-CT |
| <input type="checkbox"/> CT | <input type="checkbox"/> MRT | <input type="checkbox"/> Rectosigmoidoscopy |
| <input type="checkbox"/> Colorectal endosonography | <input type="checkbox"/> Tumor-markers/blood sample | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> X-ray chest | <input type="checkbox"/> X-ray bone | |
| <input type="checkbox"/> Double contrast barium enema | <input type="checkbox"/> Faecal occult blood testing | |
- ☐ Additional examinations: _____

2. Tumor Markers (initially)

Date of inquiry:

D	D

M	M

Y	Y	Y	Y

CEA:	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td></tr></table>					Measurement unit	_____	AFP:	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td></tr></table>					Measurement unit	_____
CA 19-9:	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td></tr></table>					_____		CA 125:	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td></tr></table>					_____	
CA 72-4:	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td></tr></table>					_____		Others:	_____						

3. Primary Surgery

(Please include surgical report!)

a) Biopsies

(Please indicate all types of biopsies sampled, you may choose multiple options.)

Number of biopsies: _____

Tumor ☐ Yes ☐ No

Date:

D	D

M	M

Y	Y	Y	Y

Number of biopsies: _____

Regional lymph nodes ☐ Yes ☐ No

Date:

D	D

M	M

Y	Y	Y	Y

Number of biopsies: _____

Tumor environment ☐ Yes ☐ No

Date:

D	D

M	M

Y	Y	Y	Y

Number of biopsies: _____

Distant metastases ☐ Yes ☐ No

Date:

D	D

M	M

Y	Y	Y	Y

Where: _____

b) Resection*(Please select all resected structures, you may choose multiple options.)***Tumor:** ☐ No ☐ Yes**Date of surgery:**

D	D

M	M

Y	Y	Y	Y

Surgical access: _____**Organ** ☐ preserved / only tumor resected
☐ not preserved / parts resected, which (in cm): _____**Type of tumor resection:***Please name and describe the type of surgery as well as resected structures and results obtained***HIPEC (hyperthermic intraperitoneal chemoperfusion) method:** ☐ No ☐ Yes**Which drug:** _____**Multivisceral resection:** ☐ No ☐ Yes
which organs: 1. _____
2. _____
3. _____**Complete resection (macroscop.)** ☐ No ☐ Yes
Incomplete resection ☐ No ☐ Yes: ☐ Macroscopically ☐ Microscopically
Tumor rupture intraoperatively ☐ No ☐ Yes ☐ Unknown
Intralesional surgery ☐ No ☐ Yes ☐ Unknown**Ileus** ☐ No ☐ Yes **Date of surgery**

D	D

M	M

Y	Y	Y	Y

Kind of stoma: _____**Anus praeter:** ☐ No ☐ Yes**Primary re-excision:** ☐ No ☐ Yes, date

D	D

M	M

Y	Y	Y	Y

Surgical access: _____**Organ** ☐ preserved / only tumor resected
☐ not preserved / parts resected, which (in cm): _____**Type of secondary tumor resection:***Please name and describe the type of surgery as well as resected structures and results obtained***HIPEC (hyperthermic intraperitoneal chemoperfusion) method:** ☐ No ☐ Yes**Which drug:** _____**Metastases:** ☐ No ☐ Yes

Date of removal:
D D M M Y Y Y Y

1st Localisation: _____

2nd Localisation: _____

3rd Localisation: _____

Other Localisations: _____

Number of metastases removed: _____

Resection: ☐ complete ☐ incomplete/ metastases left

Where: _____

Lymph nodes: ☐ No ☐ Yes

Date of removal:
D D M M Y Y Y Y

Localisation / which: _____

Complete lymphadenectomy (R0): ☐ No ☐ Yes, indicate date:
D D M M Y Y Y Y

Complications due to any of the mentioned surgeries:

☐ No ☐ Yes, which: _____

☐ intraoperatively ☐ postoperatively

VII. HISTOPATHOLOGY

(PLEASE ADD ALL PATHOLOGICAL REPORTS OF LOCAL AND CENTRAL PATHOLOGIST IF AVAILABLE)

Material: ☐ en-bloc-tumor ☐ sliced/cut tumor ☐ several parts ☐ biopsies

Resection margins: ☐ evaluable ☐ not evaluable

Free resection margins: ☐ No ☐ Yes

R-State: ☐ R0 ☐ R1 ☐ R2

Histological evaluation of central pathologist:

☐ No ☐ Yes: ☐ Kiel, Kindertumorregister-Nr.: _____

☐ other reference pathologist, where: _____

Date of definite diagnosis:
D D M M Y Y Y Y

Diagnosis ICD-O-3: _____

Exact histological diagnosis in words: _____

Type: (you may choose multiple options below)

- Macroscopically: ☐ polypoid ☐ ulcerative ☐ diffuse infiltrative ☐ other: _____

- Microscopically: ☐ mucinous adenocarcinoma ☐ signet ring cell carcinoma

☐ adenocarcinoma ☐ squamous cell carcinoma

☐ Other: _____

Size: _____ x _____ x _____ cm

Growth type: ☐ infiltrative ☐ capsuled ☐ diffuse spreading ☐ displacing

Vasculation: ☐ normal ☐ enhanced ☐ extensive

Lymphangiomatosis carcinomatosa:	<input type="checkbox"/> No / L0	<input type="checkbox"/> Yes	
Hämangiomatosis carcinomatosa:	<input type="checkbox"/> No / V0	<input type="checkbox"/> Yes	
Involvement of joining structures:	<input type="checkbox"/> organs	<input type="checkbox"/> blood vessels	<input type="checkbox"/> nerves
	<input type="checkbox"/> fascia / muscles / bones	<input type="checkbox"/> adipose tissue	<input type="checkbox"/> peritoneum / omentum
Please name the concrete structure: _____			
All biopsies taken out of tumor bed definitively free of tumor:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown
Complete lymphadenectomy / R0:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown
Complete resection of metastases / R0:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown
Special evaluations: <i>(Please select all special evaluations carried out, you may choose multiple options.)</i>			
Performed at: _____			
Grading:	<input type="checkbox"/> Tested	<input type="checkbox"/> Not tested	
	<input type="checkbox"/> well differentiated / G1	<input type="checkbox"/> moderately differentiated / G2	
	<input type="checkbox"/> poorly differentiated / G3	<input type="checkbox"/> undifferentiated / G4	
Tumorspecific gene mutation: <i>(Please select, if tested)</i>			
<input type="checkbox"/> DCC	<input type="checkbox"/> positive	<input type="checkbox"/> negative	<input type="checkbox"/> MSH6 <input type="checkbox"/> positive <input type="checkbox"/> negative
<input type="checkbox"/> APC	<input type="checkbox"/> positive	<input type="checkbox"/> negative	<input type="checkbox"/> PMS1 <input type="checkbox"/> positive <input type="checkbox"/> negative
<input type="checkbox"/> MLH1	<input type="checkbox"/> positive	<input type="checkbox"/> negative	<input type="checkbox"/> PMS2 <input type="checkbox"/> positive <input type="checkbox"/> negative
<input type="checkbox"/> MSH2	<input type="checkbox"/> positive	<input type="checkbox"/> negative	<input type="checkbox"/> MLH3 <input type="checkbox"/> positive <input type="checkbox"/> negative
<input type="checkbox"/> other: _____	<input type="checkbox"/> positive	<input type="checkbox"/> negative	
Type of mutation:			
<input type="checkbox"/> k-ras	<input type="checkbox"/> positive	<input type="checkbox"/> negative	
<input type="checkbox"/> p53	<input type="checkbox"/> positive	<input type="checkbox"/> negative	
<input type="checkbox"/> other: _____	<input type="checkbox"/> positive	<input type="checkbox"/> negative	
<input type="checkbox"/> Instability of microsatellites	<input type="checkbox"/> positive	<input type="checkbox"/> negative	
<input type="checkbox"/> loss of DNA mismatch proteins	<input type="checkbox"/> positive	<input type="checkbox"/> negative	
Expression of growth factors:			
<input type="checkbox"/> EGRF	<input type="checkbox"/> positive	<input type="checkbox"/> negative	<input type="checkbox"/> VGRF <input type="checkbox"/> positive <input type="checkbox"/> negative
<input type="checkbox"/> other: _____	<input type="checkbox"/> positive	<input type="checkbox"/> negative	

VIII. PTNM CLASSIFICATION (ACCORDING TO UICC 2010)

Tumor

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IX. STAGING (ACCORDING TO UICC, 2010)

- ☐ **Stage 0** (TIS, N0, M0)
- ☐ **Stage I** (T1/T2, N0, M0)
- ☐ **Stage II A** (T3, N0, M0)
- ☐ **Stage II B** (T4a, N1, M0)
- ☐ **Stage II C** (T4b, N1, M0)
- ☐ **Stage III A** (T1/T2, N1a, M0 or T1, N2a, M0)
- ☐ **Stage III B** (T3/T4a, N1, M0 or T2/T3, N2a, M0 or T1/T2, N2b, M0)
- ☐ **Stage III C** (T4a, N2a, M0 or T3/T4a, N2b, M0 or T4b, N1/N2, M0)
- ☐ **Stage IV A** (each T, N, M1a)
- ☐ **Stage IV B** (each T, N, M1b)

X.THERAPY PLANNED**Therapy:**

Remarks:

- ☐ Patient is alive
☐ Patient has died

Stamp

Date

Signature