

PATIENT SELECTION AND STAGING WORKSHEET

PATIENT SELECTION & STAGING
Age
Gender
ECOG (preoperative and postoperatively at 3 months, 1 year, 2 years)
FEV-1 (preoperative and postoperatively at 3 months, 1 year, 2 years)
DLCO (preoperative and postoperatively at 3 months, 1 year, 2 years)
Preoperative Clinical Stage:
Pathological Stage (once known):
Biopsy Method (circle one): TTNA, Pleural Fluid, VATS Biopsy, Other
Preoperative Diagnosis (Circle One): Epithelioid, Biphasic (% Sarcomatoid), Pure Sarcomatoid, Other
Postoperative Diagnosis (Circle One): Epithelioid, Biphasic (% Sarcomatoid), Pure Sarcomatoid, Other
<u>Preoperative invasive staging methods:</u>
Nodes: EBUS / Mediastinoscopy / VATS
Laparoscopy:
• Inspection only: YES / NO
• Biopsy: YES / NO (if so YES, random or biopsy of suspicious area?; Suspicious area identified on preoperative radiographs? YES / NO
• Peritoneal lavage YES / NO
Contralateral thoracoscopy? YES / NO
• Biopsy: YES / NO
• Lavage: YES / NO
Maximum SUV on PET:
Maximum tumor thickness seen on CT:
Estimated tumor volume (program used if calculated):
Known asbestos exposure:
History of radiation, (when and for what?):
Platelet count:
Hematocrit/Hgb:
Nutrition labs:
BAP1 mutation present:
Other known mutation:
Preoperative chemotherapy:
Preoperative biomarker? YES / NO If so, what
Preoperative immunotherapy:
Preoperative radiation:
Prior attempted resection:

DETAILS OF LUNG-SPARING OPERATION WORKSHEET

Macroscopic Complete Resection (MCR) *defined as no visible, palpable or viable tumor remaining*

CHEST WALL

Macroscopic Complete Resection? YES / NO

If MCR achieved, complete below (must add up to 100%), otherwise proceed to Incomplete Resection

- Estimated percent of NED parietal pleurectomy ____%
- Estimated percent of parietal pleura cauterized to NED ____%
- Percent of chest wall resected ____% (# of ribs ____; dimension of resection ____ x ____ cm)
- Percent of chest wall bird caged ____% (# of ribs ____; dimension of resection ____ x ____ cm)

Incomplete Resection (must add up to 100%):

- Portion of chest wall with MCR ____%
- Residual viable macroscopic disease ____% (*to be added to Completeness of Resection Score*)
- Clips placed for adjuvant radiation? YES / NO

Other Details of Chest Wall Resection:

- Prior incision resected? YES / NO
- If so, frozen section? YES / NO, Positive YES / NO
- Skin or entire chest wall soft tissue resected through interspace? YES / NO
- If chest wall reconstruction performed, material used: _____
- If chest wall reconstruction performed, drains other than chest tubes placed and where _____
- Did intercostal muscle or vessel/nerves pull down with the specimen? YES / NO
If YES Estimated percent ____%
- If reconstruction performed, what prosthetic employed _____
- If cautery employed, which device(s) _____
- Frozen section assessment (other than prior incision) employed YES / NO;
IF YES, finding?: _____

SUPERIOR MEDIASTINUM

Macroscopic Complete Resection? YES / NO

If MCR achieved, complete below (must add up to 100%);, otherwise proceed to Incomplete Resection

- Estimated percent of NED parietal pleurectomy ____%
- Estimated percent of parietal pleura cauterized to NED ____%

Incomplete Resection (must add up to 100%):

- Portion of superior mediastinum with MCR ____%
- Portion with residual viable macroscopic disease ____% (*to be added to Completeness of Resection Score*)
- Location of residual disease _____
- Clips placed for adjuvant radiation? YES / NO

Other Details of Superior Mediastinum:

- MCR achieved but requiring partial resection of (circle all that apply): azygos, vena cava, phrenic nerve, internal mammary vessels, other?
- If other, specify: _____
- If reconstruction employed, specify: _____
- If cautery employed, which device(s) _____
- Frozen section assessment employed **YES / NO**; finding _____

POSTERIOR MEDIASTINUM

Macroscopic Complete Resection? YES / NO

If MCR achieved, complete below (must add up to 100%);, otherwise proceed to Incomplete Resection

- Estimated percent of NED parietal pleurectomy ____%
- Estimated percent of parietal pleura cauterized to NED ____%

Incomplete Resection (must add up to 100%):

- Portion of posterior mediastinum with MCR ____%
- Portion with residual viable macroscopic disease ____% *(to be added to Completeness of Resection Score)*
- Location of residual disease _____
- Clips placed for adjuvant radiation? **YES / NO**

Other Details of Posterior Mediastinum:

- If cautery employed, which device(s) _____
- Frozen section assessment employed **YES / NO**; finding _____
- Chyle leak identified during surgery? **YES / NO**
- Cream given via NGT? **YES / NO**
- Thoracic duct ligated? **YES / NO**
- If YES, presumptively or to treat identified leak (circle one)?

ANTERIOR MEDIASTINUM

Macroscopic complete resection? YES/NO

If MCR achieved, complete below (must add up to 100%);, otherwise proceed to incomplete resection

- Estimated percent of NED by surgical resection ____%
- Estimated percent of parietal pleura cauterized to NED ____%

Incomplete Resection (must add up to 100%):

- Portion of anterior mediastinum with MCR ____%
- Portion with residual viable macroscopic disease ____% *(to be added to Completeness of Resection Score)*
- Location of residual disease _____
- Clips placed for adjuvant radiation? **YES / NO**

Other details of Anterior Mediastinum:

- If cautery employed, which device(s) _____
- Frozen section assessment employed **YES / NO**; finding _____
- Phrenic nerve preserved? **YES / NO**

- If YES, Completely skeletonized out of bulk tumor? **YES / NO**

Handling of Pericardium:

- Completely preserved? **YES / NO**
- If YES, fenestrated to avoid pericardial effusion? **YES / NO**
- Required resection of fibrous pericardium with preservation of serous pericardium? **YES / NO**
- If YES, percent of fibrous pericardium resected? ____%
- Required full thickness pericardial resection? **YES / NO**
- If YES, percent resected ____%
- Reconstruction performed? **YES / NO**
- If YES, material used: _____

DIAPHRAGM

Macroscopic complete resection? YES / NO

If MCR achieved, complete below (must add up to 100%);, otherwise proceed to incomplete resection

- Estimated percent of resected diaphragmatic pleura ____%
- **Treatment of unresected diaphragmatic pleura:**
 - Unresected microscopic disease (presumed) cauterized - ____%
 - Unresected macroscopic disease cauterized to NED - ____%

Incomplete Resection (must add up to 100%):

- Portion of diaphragm with MCR ____%
- Residual viable macroscopic disease ____% *(to be added to Completeness of Resection Score)*
- Clips placed for adjuvant radiation? **YES / NO**

Other Details of Diaphragm Resection:

- Percent of musculature/central tendon preserved ____%
- Primary reconstruction required? **YES / NO** (staples, sutures, both)
- Prosthetic reconstruction required? **YES / NO**
- If YES, material(s) used: _____
- Breach of peritoneum during dissection? **YES / NO**
- Phrenic insertion preserved? **YES / NO**
- Frozen section assessment employed **YES / NO**; finding _____

LUNG

Macroscopic Complete Resection? YES / NO

If MCR achieved, complete below (must add up to 100%);, otherwise proceed to incomplete resection

- Estimated percent of resected visceral pleura ____%
- Treatment of unresected visceral pleura:
 - Unresected microscopic disease (presumed) cauterized - ____%
 - Unresected macroscopic disease cauterized to NED - ____%
- Lung resection performed **YES / NO**
- IF YES, estimated volume of lung resected ____%
- Anatomic resection **YES / NO**
- Detail of resection (wedge, lobectomy, etc) _____
- Prior staple lines resected Y/N, how many and where _____

Incomplete Resection (estimated percent for MCR and residual disease must add up to 100%):

- Estimated percent of lung where MCR achieved ____%
- Breakdown of how MCR achieved for percent cited above
 - Percent of **entire lung** where visceral pleurectomy performed ____%
 - Percent of **entire lung** where MCR achieved with cautery ____%
 - Percent of **entire lung** resected ____%
- Estimated percent of lung with residual disease ____% (*to be added to Completeness of Resection Score*)
- Location(s) of residual disease (lobe, fissure, etc) _____
- Residual disease cauterized **YES / NO**
- Marked with clips for radiation **YES / NO**

Other Details of Lung Resection:

- Frozen section assessment employed **YES / NO**; finding _____
- Pathologic lymph nodes in fissure **YES / NO**, Resected **YES / NO / NA**
- Lung Sealant applied **YES / NO** (specify product _____)
- Percent of visceral pleurectomy procedure performed with lung inflated ____%
- If lung cauterized, device(s) employed _____
- If visceral pleurectomy performed “cold” instrument employed (Cobb, scissors, etc) _____
- If “finger fracture” performed, percent of lung debrided with this technique ____%
- Number of chest tubes placed ____, locations: _____
- Surgeon’s impression of air leaks at conclusion of surgery, circle one: None, minimal, moderate, large

LYMPH NODES

- Level 1-9? List stations dissected: _____
- Level 10-12? List stations dissected: _____
- Internal mammary nodes? **YES / NO**
- Phrenic nodes? **YES / NO**
- Posterior intercostal lymph nodes? **YES / NO**, (how many levels? _____)

INTRAOPERATIVE ADJUVANT TREATMENTS

- Entire hemithoracic regional therapy utilized (example HIOC, PDT, etc), **YES / NO**
- If yes, what type? _____
- Extensive Cautery utilized **YES / NO**
- If yes, which device(s)? Location(s) employed (chest wall, lung, etc) _____
- Cryotherapy **YES / NO**
- If yes – specify areas treated: _____

OTHER IMPORTANT DETAILS

- Tumor collected for shared tumor bank? **YES / NO** frozen, formalin, both
- Tumor collected for institutional tumor bank? **YES / NO** frozen, formalin, both
- Other specimens collected? (Specify) _____
- Other research activity conducted intraoperatively? (Specify) _____
- Intraoperative complications (Specify): _____
- Estimated blood loss (Specify if blood products given) _____
- Operative time: _____
- If pleurectomy, volume of tumor as determined by saline displacement _____ ml
- Estimated maximal tumor thickness encountered during operation _____ mm, location _____

COMPLETENESS OF RESECTION SCORE

Macroscopic Complete Resection (MCR)

defined as no visible, palpable or viable tumor remaining

Surgical Site	Percent (0-100) of region with residual disease as determined on "details of lung sparing operation worksheet"
Chest Wall	
Superior Mediastinum	
Posterior Mediastinum	
Anterior Mediastinum	
Diaphragm	
Lung	
TOTAL (final score 0-600)	

TUMOR RECURRENCE WORKSHEET

CLINICAL DETAILS	YES / NO	NOTES
Time to recurrence from surgery (months)?		
Ipsilateral chest?		
Contralateral chest?		
Abdomen?		
Pericardium?		
Other site(s)?		
Nodal recurrence? Location:		
Biopsy Confirmed?		Subtype:
Reviewed by multidisciplinary board?		
Surgery employed?		Specifics:
Radiation employed?		Specifics:
Systemic therapy employed?		Specifics:
Did patient progress through selected treatment for the recurrence?		Specifics:
Clinical trial employed?		Specific trial:
Integrative medicine employed?		Specifics:
Modality by which recurrence was first detected: CXR, CT, PET, Serum Marker, other?		
Was recurrence symptomatic?		What was the symptom?