

<b>Hospital Number</b>	<input type="text"/>	<b>NHS Number</b>	<input type="text"/>
<b>DOB</b>	<input type="text"/>	<b>Forename</b>	<input type="text"/>
<b>Postcode</b>	<input type="text"/>	<b>Surname</b>	<input type="text"/>
<b>Consultant</b>	<input type="text"/>	<b>Sex :</b>	<b>1 Male    2 Female</b>

<b>Date of diagnosis</b>	<input type="text"/>	<b>Referral type:</b>	<b>1 GP    2 Emergency    3 Internal</b>
<b>Date of receipt of referral</b>	<input type="text"/>	<b>Was this 1st referral to MDT y/n</b>	<input type="checkbox"/>
<b>Date of first attendance</b>	<input type="text"/>	<b>Was this 1st appointment offered y/n</b>	<input type="checkbox"/>
<b>Has a family history been taken y/n</b>	<input type="checkbox"/>	<b>Urgent appointment y/n</b>	<input type="checkbox"/>

**DIAGNOSIS AND PERI-OPERATIVE COLONOSCOPY**

<b>Colonoscopy:</b>	<b>Reason incomplete:</b>	<b>Complications:</b>
1 Normal    4 Not done	1 obstructing tumour	Over sedation <input type="checkbox"/> Bleeding <input type="checkbox"/>
2 Abnormal    5 Not known	2 poor bowel presentation	Perforation <input type="checkbox"/> Other <input type="checkbox"/>
3 Inadequate	3 Patient intolerance/technical reasons	If 'Other', specify :
<b>Date:</b> <input type="text"/>	4 Other	<input type="text"/>

<b>Barium Enema:</b>	<b>Flexi-sigmoidoscopy:</b>	<b>Distant Metastases:</b>
1 Normal    4 Not done	1 Normal    4 Not done	Liver <input type="checkbox"/> Bone <input type="checkbox"/>
2 Abnormal    5 Not known	2 Abnormal    5 Not known	Lung <input type="checkbox"/> Other <input type="checkbox"/>
3 Inadequate	3 Inadequate	If 'Other', specify :
<b>Date:</b> <input type="text"/>	<b>Date:</b> <input type="text"/>	<input type="text"/>

<b>Screening:</b>	<b>Was this a screened case y/n</b>	<input type="checkbox"/>
If screened, specify :    1 FOB    2 Colonoscopy    3 Other		

**TUMOUR SITE**

**Synchronous tumours y/n**

		Major	Sync			Major	Sync		
1	Caecum	C18.0	<input type="checkbox"/>	<input type="checkbox"/>	7	Descending colon	C18.6	<input type="checkbox"/>	<input type="checkbox"/>
2	Appendix	C18.1	<input type="checkbox"/>	<input type="checkbox"/>	8	Sigmoid colon	C18.7	<input type="checkbox"/>	<input type="checkbox"/>
3	Ascending colon	C18.2	<input type="checkbox"/>	<input type="checkbox"/>	9	Recto/Sigmoid	C19	<input type="checkbox"/>	<input type="checkbox"/>
4	Hepatic flexure	C18.3	<input type="checkbox"/>	<input type="checkbox"/>	10	Rectum	C20	<input type="checkbox"/>	<input type="checkbox"/>
5	Transverse colon	C18.4	<input type="checkbox"/>	<input type="checkbox"/>	If more than 1 site, record the 2nd site as the Sync. site				
6	Splenic flexure	C18.5	<input type="checkbox"/>	<input type="checkbox"/>					

**Height above anal verge (for rectal cancer)**  **cms**

**Modified Dukes Staging :**    A    B    C    D    Not known

**PRE-OP DETAILS**

Was surgery carried out y/n

If No Surgery, complete the reason:

- 1 Patient unfit
- 2 Patient refuses treatment
- 3 Advanced disease
- 4 Other treatment given, specify

Specify:

**ASA Grade**

- 1 Fit
- 2 Relevant disease
- 3 Restrictive disease
- 4 Life threatening disease
- 5 Moribund

Patient Identifier or label

Hosp No.

NHS No.

dob

forename

surname

Thrombo prophylaxis y/n

Antibiotic prophylaxis y/n

Previous Op. related to this tumour

- If Yes was it
- 1 Laparotomy (+/- biopsy)
  - 2 Stoma (either at laparotomy or trephine)

Date of start of 1st definitive procedure:

**SURGERY DETAILS**

Date of Surgery

Start time  :  am / pm

**Mode of operation**

- 1 Elective
- 2 Scheduled
- 3 Urgent
- 4 Emergency

Surgeon:

Assistant:

2nd Ass't:

Was Anastomosis done y/n

Grade of most senior Anaesthetist

**Curability ?**

- 1 Curative      Surgeons opinion of completeness of excision at time of op. Should not be revised after pathology
- 2 Palliative    due to:    1 Local disease    2 Liver Mets    3 Other, specify:
- 3 Uncertain    due to:    1 Local                2 Distant        3 Other, specify:

**Procedure Type**

- 1 Closed without procedure
- 2 Stoma only
- 3 Bypass/Stent
- 4 Excision
- 5 EUA

**Procedure Name**

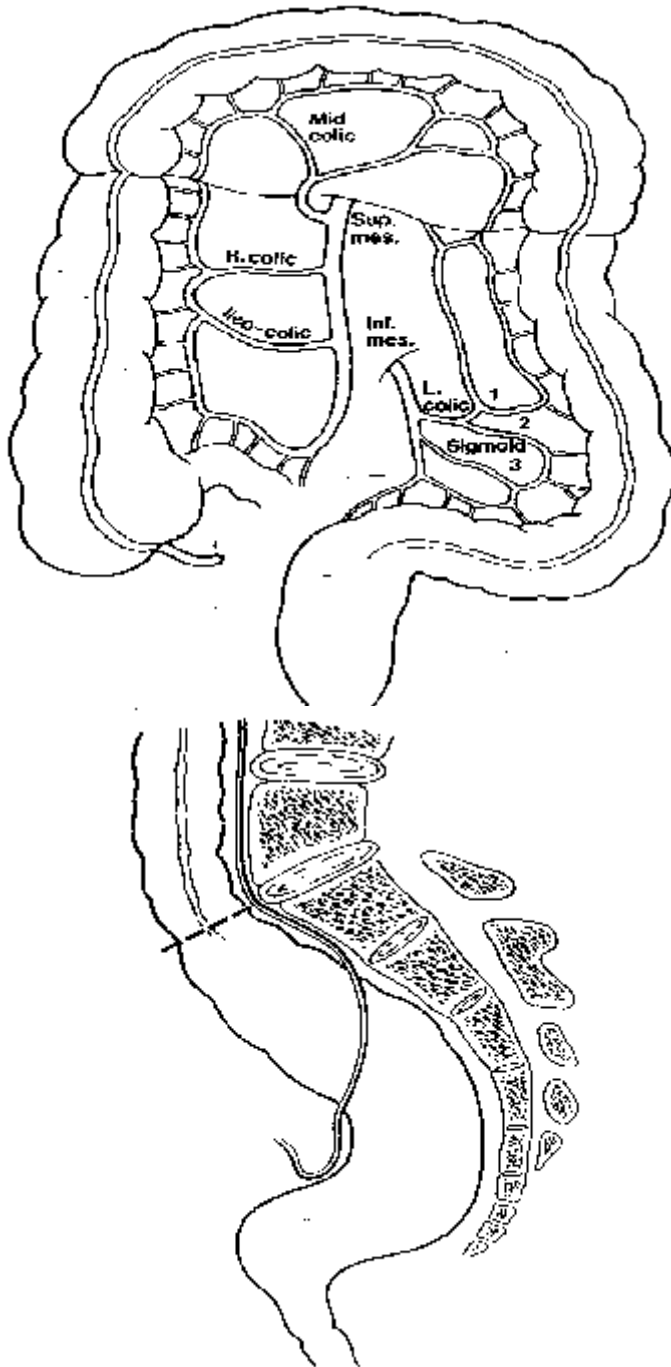
- 1 EUA only
- 2 Laparotomy only
- 3 Laparoscopy only
- 4 Loop stoma only
- 5 End stoma only
- 6 Right hemicolectomy
- 7 Subtotal colectomy
- 8 Transverse colectomy
- 9 Left hemicolectomy
- 10 Sigmoid colectomy
- 11 Anterior resection
- 12 APER
- 13 Hartmann's procedure
- 14 TART
- 15 TEMS
- 16 Polypectomy - colonoscope
- 17 Polypectomy - flexible sigmoidoscope
- 18 Polypectomy - rigid sigmoidoscope
- 19 Stent

Local complications of tumour y/n  If Yes, specify :

- 1 Pericolic abscess
- 2 Free perforation
- 3 Intestinal obstruction
- 4 Other, specify:

**ASA Grade**

- 1 Fit
- 2 Relevant disease
- 3 Restrictive disease
- 4 Life threatening disease
- 5 Moribund



**Type of Operation**

**1 Right hemicolectomy**

Excision of the right colon, preserving the middle colic vessels, with ileocolic anastomosis

**2 Subtotal colectomy**

Excision of most of the colon between the ileum and rectum or distal sigmoid colon. To include ileo-rectal or ileo-sigmoid

**3 Transverse colectomy**

Excision of transverse colon

**4 Left hemicolectomy**

Excision of the descending and/or sigmoid colon with colorectal anastomosis

**5 Sigmoid colectomy**

Excision of the sigmoid colon with colorectal anastomosis

**6 Anterior resection**

Carried out for tumours at the lower margin - 15cm or less from anus

**7 APER**

Abdomino-perineal excision of rectum

**8 Hartmanns procedure**

Excision of part of left colon with end colostomy and closure or exteriorisation of the distal remnant

**9 TART**

Trans-anal resection of tumour (by any method except TEMS)

**10 TEMS**

Trans-anal endoscopic micro-surgery

**11 Polypectomy**

Using colonoscope, flexible sigmoidoscope or rigid sigmoidoscope

Date of Surgery [identifier for operation] 

Patient Identifier or label

Hosp No. NHS No. dob forename surname **POST-OP DETAILS**Date discharged Postoperative death within 30 days y/n Death due to cardiovascular causes y/n Stoma y/n  1 Permanent 2 Temporary with intent to closeDate of closure of stoma Date of referral to colorectal nurse or stoma therapist Date seen by colorectal nurse or stoma therapist **Surgery Complications**

	minor	major
Leak	<input type="checkbox"/>	<input type="checkbox"/>
Abscess	<input type="checkbox"/>	<input type="checkbox"/>
Bleed	<input type="checkbox"/>	<input type="checkbox"/>
Obstruction	<input type="checkbox"/>	<input type="checkbox"/>

**ACP PATHOLOGY**Date of Pathology report 

Dukes Staging A B C Not known

TNM Staging T:  N:  M: 

Histological Grade 1 poor 2 other

Histological Type 1 Adenocarcinoma 2 Mucinous tumour (&gt;50%) 3 Other

Number lymph nodes found Number positive lymph nodes **Positivity of:**

Distal margins 1 Yes 2 No

Proximal margins 1 Yes 2 No

Circumferential margins 1 Yes 2 No 3 N/A

Extramural vascular invasion y/n Perforations or serosal involvement for tumours at sites with a serosal covering y/n Distance between lower end of tumour and resection margin in rectal and recto-sigmoid  mmsDistance between lower end of tumour and the dentate line in APER specimens  mms

Patient Identifier or label

Hosp No. NHS No. dob forename surname **RADIOTHERAPY**Had Radiotherapy y/n RT Given :           Pre-op   
                          Post-op Purpose of RT :   1 Adjuvant  
                          2 PalliativePatient in RT trial y/n **CHEMOTHERAPY**Had Chemotherapy y/n Chemo Given :       Pre-op   
                          Post-op Purpose of Chemo : 1 Adjuvant  
                          2 PalliativePatient in Chemo trial y/n

Date of Follow Up Visit

Date of closure of temp. stoma

Was this visit concerning a Permanent stoma y/n

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**LOCAL RECURRENCE**

Local Recurrence (in field of operation) y/n

Date of diagnosis of local

Local recurrence diagnosed by:

- 1 Clinical
- 2 Imaging
- 3 Histology
- 4 Other

**DEATH**

Death Yes / No / Unknown

Date of death

Cause of death:

- 1 Died of cancer
- 2 Died of other cause (cancer present)
- 3 Died of other cause (no evidence of cancer)
- 4 Unknown

Post mortem y/n

This data is recorded in Patient Details screen

**DISTANT SPREAD**

Distant spread y/n

Date of diagnosis of spread

Liver y/n

Lung y/n

Bone y/n

Other y/n  If 'Other', specify :

Referral to Palliative Care y/n

Date referred to Palliative Care