

Appendix 2

Lung

Proforma Staging Item	Clinical Strategy
Tumour morphology	Baseline for future response assessment
Tumour location	Biopsy target Resectability/ surgical planning Radiotherapy planning
Tumour dimensions	Surgical planning- parenchyma sparing vs lobectomy Adjuvant chemotherapy selection (T2-3, and >4cm (NICE)) Baseline for future treatment response assessment
Differentiation from consolidation	Surgical planning- segmentectomy vs lobectomy Radiotherapy planning
Endobronchial disease	Guide biopsy Radiotherapy/ surgical planning Need for stenting
Tumour locally invades	Operability Surgical planning- en bloc resection Radiotherapy planning Anticipate complications Specialist referral
Distal lung/ lobe atelectasis	Radiotherapy planning Surgical planning
Regional lymph nodes	Operability vs chemotherapy Radiotherapy planning Biopsy approach
Metastatic disease liver	Operability Chemotherapy
Pulmonary nodules	Operability (if in same lobe) Chemotherapy (different lobe to primary)
Adrenal metastatic disease	Surgical planning (if solitary metastasis) Chemotherapy (if multifocal metastasis)
Bone metastatic disease	Need for MRI Chemotherapy Radiotherapy
Cerebral metastatic disease	Surgical resection Radiotherapy planning Need for urgent intervention e.g. decompression in hydrocephalus, steroids for oedema
Pleural disease	Operability Surgical planning Need for drainage
Pericardial effusion	Operability
Other sites of disease	Operability Systemic disease- chemotherapy
Overall stage	Prognosis and risk stratification

Appendix 2

Prostate

Staging item	Clinical Strategy
Gland dimensions/ volume	Calculate PSA/ml enabling risk stratification- active surveillance vs treatment
Lesion location	EBRT/ brachytherapy planning
Organ confined	Radical surgical resection
Extending beyond the prostate	Surgical planning or radiotherapy
Extending into seminal vesicles	Surgical planning
Extending into bladder neck	Operability
Fixed or into adjacent pelvic organs/ wall	Inoperable Radiotherapy planning
Neurovascular bundle	Nerve-sparing surgery possible
Pelvic nodes	Surgical and radiotherapy planning
Nodes benign or malignant	Surgical and radiotherapy planning
Anatomic location if positive	Need for and extent of lymphadenectomy
TNM staging	

Appendix 2

Endometrial cancer

Staging Item	Clinical strategy
Size of uterus	
Endometrial thickness	Diagnosis
Tumour dimensions	
Depth of myometrial invasion	Surgical approach- radical, cytoreductive or palliative Correlates with risk of lymph node involvement- need for lymphadenectomy 5 year prognostic factor
Benign myometrial pathology	
Uterine serosal involvement	Stage III disease Surgical approach- radical, cytoreductive or palliative
Cervix involvement	Surgical approach- radical, cytoreductive or palliative Predictor of lymph node involvement and extra-uterine disease
Ovarian involvement	Surgical approach- radical, cytoreductive or palliative
Peritoneal involvement	Systemic therapeutic approach
Rectum involvement	Need for posterior exenteration
Hydronephrosis	Need for urgent urinary tract decompression Surgical planning - anterior exenteration
Ascites	Risk peritoneal disease
Pelvic nodes	lymphadenectomy
Para-aortic nodes	Para-aortic lymphadenectomy
FIGO stage	Prognostic stratification
TNM stage	Prognostic stratification

Appendix 2

Cervical cancer

Staging item	Clinical strategy
Tumour size	Chemoradiotherapy for bulky tumours Radiotherapy planning Uterus preserving surgery Predictive of lymph node involvement
Tumour position	Surgical planning Trachelectomy planning
Morphology	
Depth of invasion	Radical surgery possible or not- parametrial invasion
Vaginal involvement	Surgical planning CRT planning
PSW involvement	Need for lymphadenectomy in early tumours
Hydronephrosis	Intervention to decompress
Bladder involvement	CRT planning
Rectum involvement	CRT planning
Ascites	Distant metastases
Pelvic nodes	Precludes radical surgery- CRT or debulking and CRT Radiotherapy field
Paraaortic nodes	Metastatic disease
Endometrium	Feasibility of fertility preserving surgery- trachelectomy Predicting risk of nodal metastases
Myometrium	Fertility preserving surgery- trachelectomy Predicting risk of nodal metastases
Adenexae	Surgical planning
TNM	Prognostic stratification
FIGO	Prognostic stratification

Appendix 2

Rectal Cancer

Staging item	Clinical Strategy
Tumour morphology	Prognosis and baseline for tumour response
Height from anal verge	Surgical and radiotherapy planning
Distal edge to PS sling	Surgical planning- organ/ sphincter preservation
Muscularis propria breach	Neoadjuvant treatment decision T1- local excision
Depth of extramural spread	Selective use of chemotherapy/ radiotherapy/ CRT
T sub stage	Prognostic
Description of low rectal tumour	Surgical and radiotherapy planning Treatment intent?
Extra-mural venous invasion	Neoadjuvant treatment decision
Site of closest CRM	Surgical and radiotherapy planning
Tumour distance to mesorectal fascia	Surgical and radiotherapy planning
Peritoneal deposits	Surgical and radiotherapy planning Radicality of neoadjuvant treatment
PSW lymph nodes stated and characterised	Surgical and radiotherapy targeting Neoadjuvant treatment selection
MRI overall T sub stage and N stage	Prognosis and risk stratification
CRM clear or involved	Surgical and radiotherapy planning TME or beyond TME surgery Neoadjuvant treatment selection
EMVI positive/ negative	Neoadjuvant and adjuvant treatment decisions Prognostic indicator

Appendix 2

Colon cancer

Staging item	Clinical strategy
Location in colon	Surgical planning
Advancing edge	Surgical planning
Confined to bowel wall	Neoadjuvant treatment vs primary surgery
Peritoneal infiltration	Surgical planning, neoadjuvant and adjuvant treatment decisions
Tumour extramural extension distance	Surgical planning
Tumour diameter/thickness	Surgical planning
Peritoneal disease	Neoadjuvant treatment
Retroperitoneal lymphadenopathy	Surgical planning Neoadjuvant and adjuvant treatment decisions
Hepatic metastatic disease	Surgical planning- operable? Neoadjuvant adjuvant treatment decisions treatment
Pulmonary metastatic disease	Neoadjuvant treatment Operability Surgical adjuvant treatment decisions planning Prognosis and risk stratification
Resectable/ irresectable	Operable vs inoperable
M0/M1	Neoadjuvant and adjuvant treatment decisions. Palliative treatment selection