

ESMO Checklist: Quality Issues Concerning Newly Diagnosed Gynaecologic 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 and vascular risk factors:		
Other cancers		
Family cancer history		
Gynaecological history: past gyneco surgery, pregnancy, childbirth, fertility preserving procedures, hormonal therapy		
Pap test and HPV status (including HPV vaccination)		
Past surgical, RT history:		
Concurrent medication:		
Allergies:		
Smoking history: __pack/y from age__ to age__		
Alcohol consumption:		
Normal weight:	Height:	BMI:
__/__/__	PRESENT MEDICAL CONDITIONS	
Main symptoms:		
Weight loss:		
ECOG Performance Status:		
Pain (scale):		
Other relevant clinical conditions:		
__/__/__	DIAGNOSIS AND CLINICAL STAGING	
CA 125 CEA, CA 9-19		
BRCA2/1 status		
Nodal staging __/__/__ CT __/__/__ MRI __/__/__ PET/CT __/__/__ Ultrasound		
Staging for metastases __/__/__ Technetium bone scan __/__/__ Whole body CT scan __/__/__ abdomen MRI __/__/__ PET/CT		
__/__/__ TNM stage and grade		
__/__/__	HISTOLOGICAL ANALYSIS	
Biopsy	Surgery	Molecular subtypes (e.g. POLEmut, dMMR, NSMP, p53aberrant)
Histology (including grade, MSI status, LVS1)		_____
Genetic testing: BRCA2/1, HRD, p53		_____
Staging:		
TNM _____		
FIGO _____		
Timeline for further work-up has been checked and it is tight enough		

//_/_	<p>MDT discussion and decision</p> <p>Surgery</p> <p>Adjuvant medical therapy</p> <p>Neo-adjuvant medical therapy</p> <p>Chemoradiotherapy</p> <p>1st line of metastatic therapy</p> <p>2d line of metastatic therapy</p> <p>3d and later lines of metastatic therapy</p> <p>Palliative ST (bones, CNS)</p> <p>Supportive and palliative care</p> <p>Enrolment in a clinical trial</p> <p>Compassionate use/expanded access programme</p>
//_/_	<p>Treatment options have been discussed with the patient and strategy accepted</p>

COMPILER INFORMATION	
Name:	Date: _/_/_/_
Comments:	