



ONSTUDY FORM

Patient seqnr.

____|____|____|____|____|____|____|____|____|____|

Physician:

1. GENERAL PATIENT INFORMATION

Date of first histological diagnosis of rectal cancer |__|__|__|__|__|__|__|__|

ASA classification (choose one) |__|

- Fit & Healthy (I)
- Some illness, normal activity(II)
- Illness, minimal restriction (III)
- Illness, severe restriction (IV)
- Moribund (V)

WHO performance status |__|

- 0 Fully active
- 1 No heavy physical work
- 2 Up more than 1/2 day, no work
- 3 In bed/chair more than 1/2 day
- 4 In bed/chair all day, need help

2. Medical history (0=no, 1=yes) |__|

If yes, select all that apply:

Cerebral Thrombo-embolic event (0=no, 1=yes)..... |__|

Hypertension (0=no, 1=yes) |__|

Diabetes mellitus (0=no, 1=yes) |__|

 Type (1 or 2)..... |__|

 If yes, insulin (0=no, 1=yes)..... |__|

Myocardial infarction (0=no, 1=yes) |__|

Heart failure (0=no, 1=yes) |__|

Chronic lung disease (0=no, 1=yes)..... |__|

Liver disease (0=no, 1=yes) |__|

Kidney disease (0=no, 1=yes) |__|

Leukemia/lymphoma (0=no, 1=yes) |__|

Other

Did patient undergo abdominal surgery in the past (0=no, 1=yes)

If yes, (1=Laparoscopic 2= Open) |__|

If yes, (1=colonic resection, 2=small bowel resection, 3=cholecystectomy, 4=HPB 5= upper GI, 6=other)..|__|

 If other, specify

3. Any previous malignancies (0=no, 1=yes, please specify)

Adequately treated > 5 years, except skin cancer other than melanoma

 Which condition.....

 Treatment.....

Date:..... Investigator's signature:.....



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Physician:

4. Current medication

Anticoagulant therapy (0=no, 1=yes) |_|

Immunosuppressive medication (0=no, 1=yes)..... |_|

5. Preoperative tumor related complications (0= no, 1=yes) |_|

If yes, 1= obstruction, 2= inflammation, 3= fisteling 4= other, specify

If other:.....

6. Preoperative in situ defunctioning stoma (0=no, 1= ileostomy, 2= colostomy) |_|

7. Bowel cancer screening programme

Was the carcinoma diagnosed during the bowel cancer screening programme (0=no, 1=yes, 2= Not applicable, 9=Unknown) |_|

8. Proposed type of resection

1=LAR with colorectal anastomosis, 2=LAR with coloanal anastomosis..... |_|

9. Neoadjuvant treatment given (0=No, 1=Yes, 2=NA) |_|

Preoperative (chemo)radiotherapy given (0=no, 1=1= 5x5(SCRT), 2= 25x1.8/2.0 with chemotherapy, 3= 25x 1.8/2.0 without chemotherapy, 4=Other) |_|

If other type, please specify

Interval between radiotherapy and surgery(weeks) |_|_|

Has patient completed planned (chemo)radiation (0=No, 1=Yes) |_|

If not, specify.....

COMMENTS:

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Date:..... Investigator's signature:.....