

Operation Details Form

Section 1 - Participant Details

Patient Trial Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Initials: <i>First, Middle, Last</i> <input type="text"/> <input type="text"/> <input type="text"/>	Site: _____
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Section 2 - Operation Type

Operation type: *Please tick all that apply*

- Pneumonectomy
 Lobectomy / Bilobectomy
 Wedge resection
 Segmentectomy
 Resection of airway without the removal of lung parenchyma
 Diaphragmatic plication
 Open & Close (inoperable /extensive malignancy)
 Open & Close (benign disease on frozen section)
 Resection of mediastinal tumour/cyst
 Other

If other please specify: _____

Please confirm all above items have been considered and all relevant operation types have been ticked: No Yes

If lobectomy / bilobectomy specify lobe(s)

- Right upper lobe Right middle lobe Right lower lobe Left upper lobe Left lower lobe

Section 3 - Operation Details

First operator classification: *Please tick one only* Consultant Surgeon Trainee SurgeonSide of operation: *Please tick one only* Left RightPlease provide details of the thoracotomy performed: *Please tick one only* Anterior thoracotomy Postero-lateral thoracotomyWas a muscle sparing approach used? No YesIf yes, serratus muscle 'spared'? No YesIf yes, latissimus muscle 'spared'? No YesHas the nerve been spared? No YesWas rib-resection performed? No YesWere the ribs fractured inadvertently during the procedure? No YesWas a chest drain inserted? No YesIf yes, specify number inserted: 1 2Specify closure technique *Please tick one only* Pericostal Rib punch and closure

Section 4 - Histology

Tumour stage

N/A - no cancer/benign disease/not primary tumour: *tick if applicable* pTNM classification of the primary tumour by post-surgical/pathological findings: T N M

Please continue to next page

Patient Trial Number: <input style="width: 80px;" type="text"/>	Initials: <i>First, Middle, Last</i> <input style="width: 40px;" type="text"/>
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Tumour stage continued

Please specify the size of the primary tumour (Longest dimension) from histopathology report . cm

Tumour type

Tumour type of the primary tumour:

Non-small Cell Lung Cancer (NSCLC): <input type="radio"/> No <input type="radio"/> Yes	Small Cell Lung Cancer (SCLC): <input type="radio"/> No <input type="radio"/> Yes	Carcinoid: <input type="radio"/> No <input type="radio"/> Yes	Other: <input type="radio"/> No <input type="radio"/> Yes
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If other please specify:

If NSCLC please specify:

Squamous cell carcinoma: <input type="radio"/> No <input type="radio"/> Yes	Adenocarcinoma: <input type="radio"/> No <input type="radio"/> Yes	Large cell carcinoma: <input type="radio"/> No <input type="radio"/> Yes	Other: <input type="radio"/> No <input type="radio"/> Yes
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If other please specify:

Section 5 - Resection Completeness

Resection completeness: *Please tick one*

- R0 (no residual tumour)
- R1 (microscopic residual tumour)
- R1 (other than microscopic residual tumour)
- R2 (macroscopic residual tumour)
- Not known

If R1 please specify the location of the residual margin: *Please tick one*

- Bronchial margin
- Lung tissue margin
- Vascular margin
- Other peripheral e.g. chest wall, mediastinum or diaphragm
- Not known

Section 6 - Form completion

Completed by (name): <input style="width: 95%;" type="text"/>	Signed: <input style="width: 95%;" type="text"/>	Date: <i>E.g. 31-Dec-2017</i> <input style="width: 95%;" type="text"/>
PI Name: <input style="width: 95%;" type="text"/>	PI confirmation signature: <input style="width: 95%;" type="text"/>	Date: <i>E.g. 31-Dec-2017</i> <input style="width: 95%;" type="text"/>