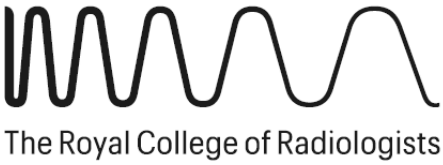


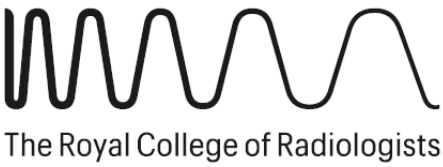
Granular patient data v6.1

* 1. Please select your centre ID number (provided by the RCR):

* 2. Please select your centre name:

* 3. Audit ID (allocated locally - please retain link to unique patient identifier e.g. NHS number)

* 4. Please enter your email address:



Granular patient data v6.1

* 5. Age

* 6. Primary tumour subsite

- ◯ Oral cavity
- ◯ Oropharynx
- ◯ Larynx
- ◯ Nasal cavity
- ◯ Hypopharynx
- ◯ Thyroid
- ◯ Nasopharynx
- ◯ Carcinoma unknown primary
- ◯ Salivary gland (specify which)
- ◯ Paranasal sinus (specify which)

Specify which salivary gland or which paranasal sinus

* 7. Stage of cancer

- ◯ TNM7 (TNM Classification of Malignant Tumours, 7th edition)
- ◯ TNM8 (TNM Classification of Malignant Tumours, 8th edition)

Statement of actual TNM (tumour, node, metastasis) stage

* 8. Intent

- ◯ Radical
- ◯ Adjuvant

* 9. What is the baseline WHO performance status of the patient?

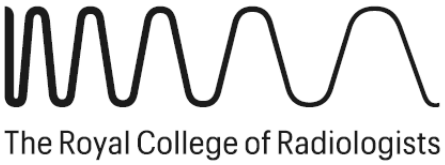
- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ Unknown

* 10. Smoking history

- ◯ Current smoker
- ◯ Ex-smoker
- ◯ Never smoker
- ◯ Unknown

* 11. Dental extraction required?

- ◯ Yes > Q12
- ◯ No > Q13
- ◯ Unknown > Q13



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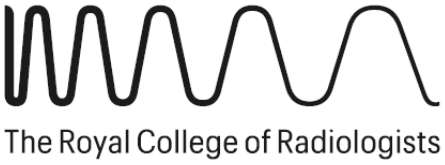
12. Date of dental extraction

Date of dental extraction

Date

DD/MM/YYYY



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* 13. Feeding tube options

- ◯ Nil required
- ◯ Prophylactic RIG (radiologically inserted gastrostomy)/PEG (percutaneous endoscopic gastrostomy)
- ◯ Reactive NG (nasogastric)
- ◯ Unknown
- ◯ Other (please specify)

* 14. Date of DDT (Decision to Treat)

Decision to treat is the date on which it was decided that the patient should receive treatment for cancer. This is the date that the consultation between patient and clinician took place and a treatment plan was agreed.

Date / Time

Date

DD/MM/YYYY

15. Date of ECAD (Earliest Clinically Appropriate Date) and reason (eg dental extractions)

Date of ECAD is the first date that the patient would have been clinically fit to start treatment. This is applicable where enabling treatments are required before patient is ready for radiotherapy planning (eg dental extractions). It is used in some parts of the UK to account for periods of time where it is not appropriate to treat the patient for clinical reasons, for example: where the patient has been admitted to hospital for an unrelated condition and the service cannot commence planned treatment until the patient has been discharged or where the patient is frail and cannot be treated until their condition improves, but it is not appropriate to discharge the patient from the service.

Date of ECAD

Reason

* 16. Start date:

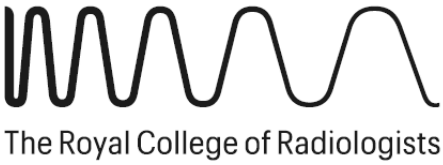
Date / Time

Date

DD/MM/YYYY

* 17. Induction Chemotherapy Regimen:

- ◯ None >Q20
- ◯ TPF (Docetaxel, Cisplatin, 5-Fluorouracil) >Q18
- ◯ CF (Cisplatin, 5FU) >Q18
- ◯ C (Cisplatin) >Q18
- ◯ Other (please specify) >Q18



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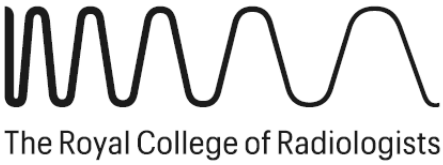
* 18. Rationale for ICT (induction chemotherapy)

* 19. No of cycles

Planned

Given



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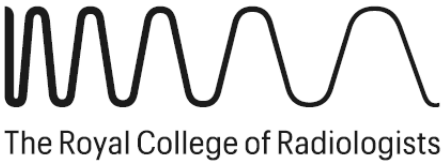
* 20. Synchronous Chemotherapy Regimen:

- None >Q23
- Cisplatin Q7D >Q21
- Cisplatin Q21D >Q21
- Cisplatin Q28D >Q21
- Cetuximab >Q22
- Carboplatin >Q22
- Other (please specify) >Q22



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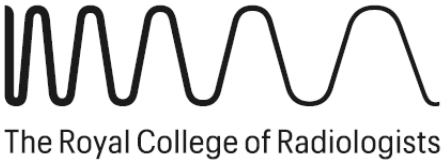
* 21. No of cycles >Q23

Planned

Given



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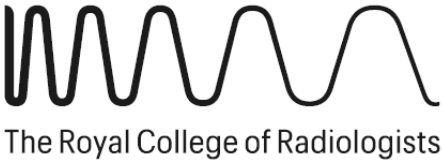
* 22. Reason for not using cisplatin if other radiosensitiser used

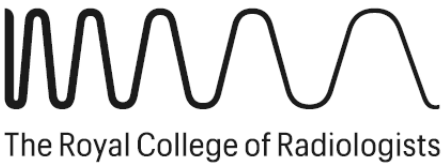


Granular patient data v6.1

* 23. Approach to voluming primary

An anatomical approach estimates tumour size using basic dimensions and geometric formulas, assuming regular shapes. In contrast, a volumetric approach uses advanced imaging and software to precisely calculate the three-dimensional tumour volume by segmenting its boundaries across multiple slices.

- ◯ Anatomical >Q28
- ◯ Volumetric >Q24



Granular patient data v6.1

* 24. Did you follow ‘5+5’ principles?

- ◯ Yes
- ◯ No

Comment

* 25. Did you adapt CTV (clinical target volume) for other histological factors (eg perineural invasion)?

- ◯ Yes
- ◯ No

Comment

* 26. Did you factor in an ITV (internal target volume)?

- ◯ Yes
- ◯ No

Please explain

* 27. Did you involve a radiologist

- ◯ Yes
- ◯ No

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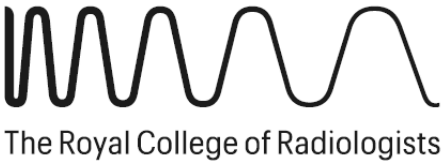
* 28. Management of the neck

- ◯ Unilateral radiotherapy
- ◯ Bilateral radiotherapy
- ◯ Other

Any extra detail to be filled including reasons for above

* 29. Peer reviewed [Note: we will calculate proportion that are peer reviewed]

- ◯ Yes >Q30
- ◯ No >Q32



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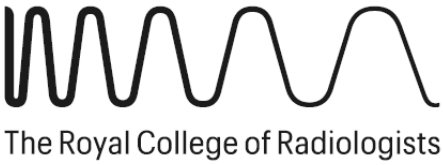
* 30. Was this ‘in house’ or cross centre?

- ◯ In house
- ◯ Cross centre

* 31. No of trained and experienced Clinical Oncologists in RT (radiotherapy) peer review



Granular patient data v6.1

* 32. Cross-sectional Onboard imaging

- ◯ None
- ◯ Daily CBCT (cone beam computed tomography)
- ◯ CBCT D1-3, then weekly
- ◯ Other (please specify)

* 33. Dose of radiotherapy prescribed

High dose	
Intermediate dose	
Elective dose	
Other	

* 34. Fractions

* 35. Finish date

Date / Time

Date

DD/MM/YYYY

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* 36. When was PDL (programmed cell death ligand) status sought?

- ◯ At diagnosis
- ◯ On progression

37. Textbox for clarification of answers/comments

Thank you for completing the audit questionnaire.

All audit data will be held in accordance with the General Data Protection Regulation (2018). You can find out more about our data protection policy and procedures at https://www.rcr.ac.uk/about-us/policies/data-protection-policy-and-procedures/