

**LENT SOMA SCALE FOR BLADDER CARCINOMA RADIOTHERAPY
OBJECTIVE CRITERIA - PART 3**

Lent Soma V5 15/05/01

Blad F

Hospital Number _____ Date of Assessment _____ Initials of Researcher _____

Rectum/Bowel

Bowel Stricture

- 0 = None
- 1 = >2/3 normal diameter with dilatation
- 2 = 1/3 - 2/3 normal diameter with dilatation
- 3 = <1/3 normal diameter
- 4 = Complete obstruction

Ulceration

- 0 = None
- 1 = Superficial $\leq 1\text{cm}^2$
- 2 = Superficial $> 1\text{cm}^2$
- 3 = Deep ulcer
- 4 = Perforation/fistula

Management of Bleeding

- 0 = No bleeding
- 1 = Iron therapy
- 2 = Occasional transfusion
- 3 = Frequent transfusions
- 4 = Surgical intervention

Management of Stricture

- 0 = No stricture
- 1 = Occasional diet adaptation
- 2 = Diet adaption required/occasional dilatation
- 3 = Medical intervention/NG suction/regular dilatation
- 4 = Surgical intervention/permanent colostomy

Management of Ulceration

- 0 = No ulceration
- 1 = Diet modification/stool softener
- 2 = Occasional steroids
- 3 = Steroids per enema, hyperbaric oxygen
- 4 = Surgical intervention/colostomy

Management of Sphincter Control

- 0 = No problem
- 1 = Occasional use of incontinence pads
- 2 = Intermittent use of incontinence pads
- 3 = Daily use of incontinence pads
- 4 = Surgical intervention/permanent colostomy

Date Assessed (ddmmyyyy)

Barium enema,
assessment of lumen and peristalsis:

0=No

1=Yes

Proctoscopy. assessment of lumen and mucosa:

0=No

1=Yes

CT Scan, assessment of wall thickness,
sinus and fistula formation:

0=No

1=Yes

MR Scan, assessment of wall thickness,
sinus and fistula formation:

0=No

1=Yes

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Rectum/Bowel continued

Ultrasound Scan, assessment of wall thickness, sinus and fistula formation: 0=No
 1=Yes

Absorption studies, assessment of protein, fat absorption and metabolic balance: 0=No
 1=Yes

Bladder/Urethra

Haematuria
 0 = None
 1 = Microscopic, normal haemoglobin
 2 = Intermittent, macroscopic <10% reduction in Hb
 3 = Persistent, macroscopic 10-20% reduction Hb
 4 = Refractory, <20% reduction in Hb

Cystoscopy
 0 = Normal
 1 = Patchy atrophy or telangiectasia without bleeding
 2 = Confluent atrophy or telangiectasia with gross bleeding
 3 = Ulceration into muscle
 4 = Perforation, fistula

Bladder Volume
 0 = Normal
 1 = >300-400 mls
 2 = >200-300 mls
 3 = >100-200 mls
 4 = ≤100 mls

Residual Volume
 0 = Normal
 1 = ≤25 mls
 2 = >25-100 mls
 3 = >100 mls

Management of Frequency
 0 = None
 1 = Alkalinization
 2 = Occasional antispasmodic
 3 = Regular narcotic
 4 = Cystectomy

Management of Haematuria/Telangiectasia
 0 = None
 1 = Iron therapy
 2 = Occasional transfusion or single cautery
 3 = Frequent transfusion or coagulation
 4 = Surgical intervention

Management of Decreased Stream
 0 = No decrease
 2 = Self catheterisation ≤x1/day
 3 = Self catheterisation >x1/day
 4 = Permanent catheter, surgical intervention

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Bladder/Urethra continued

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Management of Incontinence

- 0 = No incontinence
- 1 = Occasional use of pads
- 2 = Intermittent use of pads
- 3 = Regular use of pads/self catheterisation
- 4 = Permanent catheter

Management of Dysuria

- 0 = None
- 1 = Occasional non-narcotic
- 2 = Regular non-narcotic
- 3 = Regular narcotic
- 4 = Surgery

Date Assessed (ddmmyyyy)

Cystoscopy, assessment of mucosal surface

0=No

1=Yes

Bladder capacity assessment

0=No

1=Yes

IVU assessment for ulcers, capacity and contractility

0=No

1=Yes

US scan assessment for bladder wall thickness, sinus and fistula formation

0=No

1=Yes

Urodynamic assessment

0=No

1=Yes

Ureter/Kidney

Obstruction

- 0 = No obstruction
- 1 = Ureteral narrowing without hydronephrosis
- 2 = Ureteral narrowing with hydronephrosis
- 3 = Unilateral obstruction
- 4 = Bilateral obstruction

Management of Obstruction

- 0 = No obstruction
- 3 = Unilateral stent or nephrostomy
- 4 = Bilateral nephrostomy or diversion

NB If information **Not Known** fill boxes with 9's, if **Not Applicable** fill boxes with 8's

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Ureter/Kidney continued

Serum Creatinine

- 0 = 'Normal'
- 1 = 1.25 - 2.5 x normal
- 2 = > 2.5 - 5.0 x normal
- 3 = > 5.0 - 10.0 x normal
- 4 = >10.0 x normal

Creatinine Clearance

- 0 = 'Normal'
- 1 = 5 - 10% decrease
- 2 = >10 - 30% decrease
- 3 = >30 - 60% decrease
- 4 = >60% decrease

Date Assessed (ddmmyyyy)

GFR, quantification of filtration rate:

IVU assessment of ureter integrity:

0=No
1=Yes

Renal scan assessment of isotope clearance:

0=No
1=Yes

Vagina/Sexual Dysfunction

Objective Criteria

Vaginal Stenosis

- 0 = No vaginal stenosis
- 1 = >2/3 normal length
- 2 = 1/3 - 2/3 normal length
- 3 = <1/3 normal length
- 4 = Obliteration

Dryness

- 0 = No dryness
- 1 = Asymptomatic
- 2 = Symptomatic
- 3 = Secondary dysfunction

Ulceration/Necrosis

- 0 = No ulceration necrosis
- 1 = Superficial $\leq 1\text{cm}^2$
- 2 = Superficial $> 1\text{cm}^2$
- 3 = Deep ulcer
- 4 = Fistula

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Vagina/Sexual Dysfunction Continued

Atrophy

- 0 = No atrophy
- 1 = Patchy
- 2 = Non confluent
- 3 = Confluent
- 4 = Diffuse

Appearance/Bleeding

- 0 = Normal
- 1 = Telangiectasia without bleeding
- 2 = Telangiectasia with gross bleeding (on contact)
- 3 = Intermittent bleeding
- 4 = Persistent bleeding

Synechiae

- 0 = No synechiae
- 3 = Partial
- 4 = Complete

Frequency of Intercourse

- 0 = Normal
- 2 = Decreased from normal
- 3 = Rare
- 4 = Never
- 8 = Not active
- 9 = I do not wish to answer

Management of Stenosis

- 0 = No stenosis
- 1 = Occasional dilatation
- 2 = Intermittent dilatation
- 3 = Persistent dilatation
- 4 = Surgery

Management of Dryness

- 0 = No dryness
- 1 = HRT
- 2 = Artificial lubrication

Management of Ulceration

- 0 = No Ulceration
- 1 = Conservative
- 2 = Debridement
- 3 = Hyperbaric Oxygen
- 4 = Graft/surgical repair

Management Atrophy

- 0 = No atrophy
- 1 = Occasional hormone cream
- 2 = Intermittent hormone cream
- 3 = Regular hormone cream

Management of Dyspareunia/Pain

- 0 = No dyspareunia/pain
- 1 = Occasional non-narcotic
- 2 = Regular non-narcotic
- 3 = Regular narcotic
- 4 = Surgical intervention

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Vagina/Sexual Dysfunction Continued

Management of Bleeding

- 0 = No bleeding
- 1 = Iron therapy
- 2 = Occasional transfusion
- 3 = Frequent transfusions
- 4 = Surgical intervention

Date Assessed (ddmmyyyy)

MR Scan, assessment of wall thickness,
fistula formation

0=No

1=Yes

EUA/Biopsy, assessment of wall diameter and
length and mucosa

0=No

1=Yes