

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

Lent Soma V5 15/05/01

Hospital Number _____ Date of Assessment _____ Initials of Researcher _____

Uterus/Cervix

Pyometria

- 0 = No pyometria
- 1 = Asymptomatic
- 2 = Symptomatic

Haematometria

- 0 = No haematometria
- 1 = Asymptomatic
- 2 = Symptomatic

Necrosis

- 0 = No necrosis
- 1 = Asymptomatic
- 2 = Symptomatic

Ulceration

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

Cervical os Stenosis

- 0 = No cervical os stenosis
- 1 = Asymptomatic
- 2 = Symptomatic

Management of Pyometria

- 0 = No pyometria
- 2 = D&C, antibiotics

Management of Bleeding

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

Management of Necrosis

- 0 = No necrosis
- 2 = Debridement
- 3 = D&C
- 4 = Hysterectomy

Management of Ulceration

- 0 = No ulceration
- 1 = Conservative
- 2 = Antibiotics
- 3 = Debridement
- 4 = Hysterectomy

Management of Cervical os Stenosis

- 0 = No cervical os stenosis
- 3 = D&C
- 4 = Hysterectomy

Date Assessed (ddmmyyyy)

MR scan assessment of wall thickness, parametria, 0=No
infiltration, sinus or fistula information, 1=Yes
vaginal length

LENT SOMA SCALE FOR CERVIX CARCINOMA RADIOTHERAPY

Lent Soma V5 15/05/01

OBJECTIVE CRITERIA - PART 3

Hospital Number _____ Date of Assessment _____ Initials of Researcher _____

Uterus/Cervix Continued

Date Assessed (ddmmyyyy)

US scan assessment

0=No
1=Yes

EUA/biopsy assessment of mucosal surfaces, ulcers

0=No
1=Yes

Ovary/Reproductive

(All patients offered HRT and infertile once pelvis irradiated)

HRT
0 = Not applicable (No)
2 = Yes

Calcium Supplements
0 = Not applicable (No)
2 = Yes

Osteoporosis
0 = Not applicable (No osteoporosis)
3 = X-ray evidence
4 = Fracture

Measurements	FSH	LH	Oestradiol	Date Assessed (ddmmyyyy)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Bone densitometry
0=No
1=Yes

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 ≤ 1cm²
2 = Superficial > 1cm²
3 = Deep ulcer
4 = Perforation/fistula

Hospital Number _____ Date of Assessment _____ Initials of Researcher _____

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

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

Lent Soma V5 15/05/01

Rectum/Bowel Continued

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

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

Hospital Number _____ Date of Assessment _____ Initials of Researcher _____

LENT SOMA SCALE FOR CERVIX CARCINOMA RADIOTHERAPY
OBJECTIVE CRITERIA - PART 3

Lent Soma V5 15/05/01

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

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

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

Lent Soma V5 15/05/01

Hospital Number _____ Date of Assessment _____ Initials of Researcher _____

Bladder/Urethra continued

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 0=No
 contractility 1=Yes

US scan assessment for bladder wall thickness, 0=No
 sinus and fistula formation 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

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

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

Lent Soma V5 15/05/01

Hospital Number _____ Date of Assessment _____ Initials of Researcher _____

Ureter/Kidney continued

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

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

LENT SOMA SCALE FOR CERVIX CARCINOMA RADIOTHERAPY
OBJECTIVE CRITERIA - PART 3

Lent Soma V5 15/05/01

Hospital Number _____ Date of Assessment _____ Initials of Researcher _____

Vagina/Sexual Dysfunction Continued

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

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