

LENT SOMA SCALE FOR H & N CARCINOMA RADIOTHERAPY - PART 1

Hospital Number

Name (Surname First)

Initials of Assessor

Date of Birth (ddmmyyyy)

Sex 1=Male
 2=Female

Primary Site

Box 1 1=Larynx 4=Nasal Cavity/Sinus
 2=Oral Cavity 5=Ear
 3=Pharynx 6=Major Salivary

Box 2

Larynx	Oral Cavity	Pharynx	Nasal Cav/Sinus	Ear	Salivary
1 Glottic	1 Ant Tongue(2/3)	1 Nasopharynx	1 Nasal Cavity	1 Middle Ear	1 Parotid Benign
2 Supraglottic	2 Floor Mouth	2 Tonsil	(Excl Vestibule)	Carcinoma	2 Parotid Malignant
3 Subglottic	3 Alveolus Lower	3 Post Tongue(1/3)	2 Maxillary Sinus	2 Glomus	3 Submand Benign
	4 Alveolus Upper	4 Soft Palate	3 Ethmoid Sinus		4 Submalignant
	5 Hard Palate	5 Post Cricoid	8 Indeterminate		
	6 Buccal Mucosa	6 Pyriform Sinus	9 Not known		
	(incl. Retromolar)	7 Post Wall			

Stage T N

Pathology 01=SCC
 02=Melanoma
 03=Plemorphic Salivary Adenoma
 04=Adenoid Cystic
 05=Myoepitheial Carcinoma
 06=BCC
 07=Small Cell Neuroendocrine
 08=Adenocarcinoma
 88=Other: _____
 99=Not Known

Pre-treatment Surgery 0=No Date
 1=Yes

Chemotherapy 0=No Start Date
 1=Yes

Give Details of Chemo: _____ Finish Date

No. of Cycles

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Radiotherapy Details

Date of Start of External Beam XRT		d	d	m	m	y	y	y	y
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Finish of External Beam XRT		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intention to Treat Primary	0=No 1=Yes								<input type="text"/>
Intention to Treat Nodes	0=No 1=Yes, Unilateral 2=Yes, Bilateral								<input type="text"/>
No. of Fields									<input type="text"/>
Total Dose (cGy)									<input type="text"/>
No. of Fractions									<input type="text"/>

Follow Up Details

Loco Regional Recurrence	<input type="text"/>	0=No 1=Yes	Date	d	d	m	m	y	y	y	y
				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Distant Metastases	<input type="text"/>	0=No 1=Yes	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Final Assessment Completed				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Study Completion Information

Status at Study Completion	1=Alive 2=Intercurrent death Heart 3=Intercurrent death CVA 4=Intercurrent death 2 nd primary 5=Intercurrent death Other 6=Cancer death - this primary			<input type="text"/>
Date of Death				<input type="text"/>
Reason for withdrawal or completed	1=Did not return postal questionnaire 2=Did not wish to continue in Study 3=Change of Address (lost to FU) 4=Recurrence 5=Died 6=Other: _____ 8=Completed 3yrs of study			<input type="text"/>