

Ongoing Data Collection Form

Please complete the survey below.

Thank you!

Name of Program _____

FIN or CIN _____

How many curative intent pulmonary resections has your program performed in this time period _____

For each case (both complaint and non-compliant) please fill out the following: Minimum 20 cases or all cases within the time period required

Date of Operation: _____

Age: _____

Gender

- Female
 Male

Did this patient receive a pre-operative lymph node evaluation?

- Endobronchial Ultrasound (EBUS)
 Mediastinoscopy
 None

Procedure

	Right	Left	Upper Lobe	Middle Lobe	Lower Lobe	Robotic	Video Assisted Thoracoscopic Surgery (VATS)	Open	Converted Robotic/Vats to Open
Wedge Resection	<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"/>
Segmentectomy	<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"/>
Lobectomy	<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"/>
Bilobectomy	<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"/>
Pneumonectomy	<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"/>

Did this patient receive neoadjuvant therapy? (Remember, Standard 5.8 excludes primary resection specimens with no residual cancer) (e.g., following neoadjuvant therapy)

- Yes
 No

If, yes, please select below

- Neoadjuvant chemotherapy
 Neoadjuvant immunotherapy
 Neoadjuvant immunochemotherapy
 Neoadjuvant chemotherapy and radiation

From the synoptic report, which of the following nodal stations were collected (Select all that apply)

	2	3	4	5	6	7	8	9
Mediastinal Stations (need at least 3 to be compliant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

From the synoptic report, which of the following nodal stations were collected (Select all that apply)

	10	11	12
Hilar Station (need at least one to be compliant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was this case compliant?

- Compliant
 Non-Compliant

Please select ALL known reasons why this case was non-compliant with Standard 5.8

- Surgeon did not perform the required lymphadenectomy
 Submitted nodes were identified by the pathologist to be fat tissue
 A fat pad from a station was sent but no nodes were found
 Pathologist did not report the findings in synoptic format
 Nodes obtained from prior mediastinoscopy were not documented in pathology note
 Specimen was mislabeled or lost
 Other reason not categorized above (please specify below)

Other Non-Compliant

Add another case?

- Yes
 No

Once all cases have been submitted:

Other Comments

For the lung resections reported during this time period, how many were non-compliant with Standard 5.8
