NATIONAL RETINOBLASTOMA REGISTRY

INDIAN COUNCIL OF MEDICAL RESEARCH

INDIAN RETINOBLASTOMA GROUP

Centre Code ☐☐☐☐☐

01.	Dr. Rajendra Parasad Centre for Ophthalmic Sciences	☐
02.	L.V. Prasad Eye Institute, Hyderabad	☐
03.	Sankara Nethralaya, Chennai	☐
04.	Sri Sankaradeva Nethralaya, Guwahati	☐
05	Chhatrapati Shahuji Maharaj Medical University, Lucknow	☐
06	Postgraduate Institute of Medical Research, Chandigarh	☐
07	Gujarat Cancer & Research Institute, Ahmedabad	☐
08	----------	☐
09	Aravind Eye Hospital, Madurai	☐
10	Regional Institute of Ophthalmology & Kidwai memorial Institute of Oncology, Bangalore & Sankara Eye Hospital	☐
11.	Tata Memorial Hospital & J.J. Group of hospitals, Mumbai	☐
12	Regional Institute of Ophthalmology, Kolkata	☐
13.	Miscellaneous Site	☐

Centre Code ☐☐☐☐☐ **Patient's PIN** ☐☐☐☐☐☐☐

A. PATIENT DEMOGRAPHICS

1. Patient Identifier Number ☐
2. Child's given name ☐
3. Child's Family Name ☐
4. Child's Sex ☐ O Male O Female
5. Date of Birth ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)
6. Date of diagnosis ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

7. Father's Name
8. Mother's Name
9. Informer O Mother O Father O Guardian
10. Permanent place of usual residence
    - Village
    - Dist
    - PO
    - Thana
    - State
    - Telephone Landline
    - Mob:
    - PCO (PP)

Centre Code ☐☐☐☐☐ **Patient's PIN** ☐☐☐☐☐☐☐

Address – Local

Pin Code ☎

Address – Caretaker

Pin Code ☎

Address – Family

Pin Code ☎

Address – Contact address

Pin Code ☎

Address – Contact address

Pin Code ☎

Address – Family physician

Pin Code ☎

Centre Code ☐☐☐☐☐ **Patient's PIN** ☐☐☐☐☐☐☐

B. CLINICAL DATA

1. First sign informer noticed (TICK ONLY ONE)

- ☐ Leucocoria (white reflex in the pupil)
- ☐ Squint/strabismus
- ☐ Red eye
- ☐ Protruding / large eye
- ☐ Change in eye colour
- ☐ Reduction in vision
- ☐ Swelling of eyelids
- ☐ Others (Specify)

2. . Other signs noticed

- ☐ Leucocoria (white reflex in the pupil)
- ☐ Squint/strabismus
- ☐ Red eye
- ☐ Protruding / large eye
- ☐ Change in eye colour
- ☐ Reduction in vision
- ☐ Swelling of eyelids
- ☐ Others (Specify)

3. . Date of first sign ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

4. Age at first sign (in months) ☐

5. Is there a family history of RB O Yes O No O Not determined

6. Is there a family history of Cancer O Yes O No O Not determined

7. Religion

- ☐ Hindu
- ☐ Muslim
- ☐ Sikh
- ☐ Buddhism
- ☐ Jainism
- ☐ Christian
- ☐ Others

C. INITIAL PROFESSIONAL DIAGNOSIS

1. How was the diagnosis of retinoblastoma made

- ☐ Clinical examination
- ☐ Examination under anaesthesia
- ☐ Ultrasound
- ☐ CT scan
- ☐ Magnetic resonance imaging (MRI) ..
- ☐ X-ray
- ☐ Others

2. MRI DONE O Yes O No

Magnetic resonance imaging Findings

- ☐ Intraocular mass with no extension
- ☐ Extraocular RB
- ☐ ON invasion- with the extent involved
- ☐ Primary Neuroectodermal Tumor

3. Laterality of Retinoblastoma ☐ O Unilateral O Bilateral
O Trilateral (intracranial primary)
O Conversion from Uni to Bil

4. Who made the diagnosis
☐ Ophthalmologist
☐ Pediatrician
☐ Radiation therapy specialist
☐ Pediatric cancer doctor
☐ Others

INTERNATIONAL CLASSIFICATION FOR INTRAOCULAR DISEASE

Group A – Very low risk ☐ **Right eye** ☐ **Left eye** ☐ **Both eye**

Small discrete intraretinal tumours away from the foveola and disc

- All tumours are 3 mm or smaller in greatest dimension, confined to the retina and
- All tumors are located further than 3 mm from the foveola and 15 mm from the optic disc

Group B – Low risk ☐ **Right eye** ☐ **Left eye** ☐ **Both eye**

All remaining discrete retinal tumors without seeding

- All tumors confined to the retinal not in group A
- Any tumor size and location with no vitreous or subretinal seeding

Group C – Moderate risk ☐ **Right eye** ☐ **Left eye** ☐ **Both eye**

Discrete local disease with minimal focal subretinal or vitreous seeding

- Tumor(s) must be discrete
- Subretinal fluid, present or past without gross seeding, involving up to one quadrant of retina
- Local subretinal seeding, present or past less than 5 mm from the tumor
- Focal the vitreous seeding close to discrete tumor

Group D – High risk ☐ **Right eye** ☐ **Left eye** ☐ **Both eye**

Diffuse disease with significant vitreous and/or subretinal seeding

- Tumor(s) may be massive or diffuse
- Subretinal fluid, present or past up to total retinal detachment
- Diffuse subretinal seeding, may include subretinal plaques or tumor nodules
- Diffuse or massive vitreous disease may include "greasy" seeds or avascular tumor or masses

Group E – Very high risk ☐ **Right eye** ☐ **Left eye** ☐ **Both eye**

Presence of any one or more of these poor prognosis features

- Tumor touching the lens
- Neovascular glaucoma
- Tumor anterior to anterior vitreous face involving ciliary body or anterior segment
- Diffuse infiltrating retinoblastoma
- Opaque media from hemorrhage
- Aseptic orbital cellulitis
- Phthisis bulbi

D. RIGHT EYE/OD CLASSIFICATION

INTRAOCULAR DISEASE ONLY – Reese/Ellsworth Stage:

1. Group I		Very favorable
	☐	A. Solitary tumor, < 4 disk diameters, at or behind the equator
	☐	B. Multiple tumors, none >4 disk diameters, all at or behind the equator
2. Group II		Favorable
	☐	A. Solitary tumor, 4-10 disk diameters in size, at or behind the equator
	☐	B. Multiple tumors, none n4-10 disk diameters, behind the equator
3. Group III		Doubtful
	☐	A. Any lesion anterior to the equator
	☐	B. Solitary tumors larger than 10 disk diameters behind the equator
4. Group IV		Unfavorable
	☐	A. Multiple tumors, some large than 10 disk diameters
	☐	B. Any lesion extending anteriorly to the ora serrata
5. Group V		Very unfavorable
	☐	A. Tumors involving more than half the retina
	☐	B. Vitreous seeding

E. RIGHT EYE/OD TREATMENT

		☐	Enucleation
1.	Primary treatment	☐	Chemotherapy
		☐	Radiotherapy
		☐	Focal Therapy
		☐	Others
2.	Date of Initiation of treatment	☐☐ ☐☐ ☐☐☐☐	(dd-mm-year)
3.	Secondary treatment	☐	Enucleation
		☐	Chemotherapy
		☐	Radio Therapy
		☐	Focal Therapy
		☐	Others

4. whether enucleation was done from outside ☐Yes ☐ No

5. whether histopathology is available in enucleation done from outside ☐Yes ☐ No

F. RIGHT EYE PATHOLOGIC TNM STAGING

1.	Last status of eye	☐	Enucleated ☐ Not Enucleated
2.	Date of enucleation	☐☐ ☐☐ ☐☐☐☐	(dd-mm-year)
3.	Pathological staging	☐	Low risk pre laminar: anterior segment, focal and sub- RPE
		☐	High risk laminar, post laminar ON involvement, meningeal involvement, massive choroidal involvement, scleral and extraocular involvement, extensive necrosis.
4.	TNM classification		
	pTX	☐	Primary tumor cannot be assessed
	pT0	☐	No evidence of primary tumor
	pT1	☐	Tumor confined to the retina, the vitreous, or subretinal space. No optic nerve or choroidal invasion

pT2	☐	Minimal invasion of the optic nerve and/or optic coats
pT2a	☐	Tumour invades optic nerve upto, but not through, the level of the lamina cribrosa
pT2b	☐	Tumor invades choroids focally
pT2c	☐	Tumor invades optic nerve upto, but not through, the level of the lamina cribrosa and invades the choroids vocally
pT3	☐	Significant invasion of the optic nerve and/or optic coats
pT3a	☐	Tumor invades optic nerve through the level of the lamina cribrosa but not to the line of resection
pT3b	☐	Tumor massively invades the choroid
pT3c	☐	Tumor invades the optic nerve through the level of the lamina cribrosa but not to the line of resection and massively invades the choroid
pT4	☐	Extraocular tumor extension that includes: Invasion of optic nerve to the line of resection Invasion or orbit through the sclera Extension both anteriorly or posteriorly into the orbit Extension into the brain Extension to, but not through, the chaism Extension into the brain beyond the chiasm

Regional lymph nodes (pN)

pNX	☐	Regional lymph nodes cannot be assessed
pN0	☐	No regional lymph node metastasis
pN1	☐	Regional lymph node metastasis

Distant metastasis (pM)

PMX	☐	Presence of distant metastasis cannot be assessed
pM0	☐	No distant metastasis
pM1	☐	Distant metastasis
pM1a	☐	Bone marrow
pM1b	☐	Other sites

G. LEFT EYE/OS CLASSIFICATION

INTRAOCULAR DISEASE ONLY – Reese/Ellsworth Stage:

1. Group I		Very favorable
	☐	A. Solitary tumor, < 4 disk diameters, at or behind the equator
	☐	B. Multiple tumors, none >4 disk diameters, all at or behind the equator
2. Group II		Favorable
	☐	A. Solitary tumor, 4-10 disk diameters in size, at or behind the equator
	☐	B. Multiple tumors, none n4-10 disk diameters, behind the equator
3. Group III		Doubtful
	☐	A. Any lesion anterior to the equator
	☐	B. Solitary tumors larger than 10 disk diameters behind the equator
4. Group IV		Unfavorable
	☐	A. Multiple tumors, some large than 10 disk diameters
	☐	B. Any lesion extending anteriorly to the ora serrata
5. Group V		Very unfavorable
	☐	A. Tumors involving more than half the retina
	☐	B. Vitreous seeding

H. LEFT EYE/OS TREATMENT

	☐	Enucleation
1. Primary treatment	☐	Chemotherapy-
	☐	Radiotherapy
	☐	Focal Therapy
	☐	Others

2. Initiation of treatment Date ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

3. Secondary treatment

☐	Enucleation
☐	Chemotherapy
☐	Radiotherapy
☐	Focal Therapy
☐	Others

4. whether enucleation was done from outside ☐Yes ☐ No

5. whether Histopathology in available in enucleation done from outside ☐Yes ☐ No

I. LEFT EYE PATHOLOGICAL STAGING

1. Last status of eye ☐ Enucleated ☐ Not enucleated

2. Date of enucleation ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

	Radiotherapy

3. Pathological staging

☐	Low risk
☐	High risk

4. Pathologic TNM Classification

pTX	☐	Primary tumour cannot be assessed
pT0	☐	No evidence of primary tumor
pT1	☐	Tumor confined to the retina, the vitreous, or subretinal space. No optic nerve or choroidal invasion
pT2	☐	Minimal invasion of the optic nerve and/or optic coats
pT2a	☐	Tumour invades optic nerve upto, but not through, the level of the lamina cribrosa
pT2b	☐	Tumor invades choroids focally

pT2c	☐	Tumor invades optic nerve upto, but not through, the level of the lamina cribrosa and invades the choroids vocally
pT3	☐	Significant invasion of the optic nerve and/or optic coats
pT3a	☐	Tumor invades optic nerve through the level of the lamina cribrosa but not to the line of resection
pT3b	☐	Tumor massively invades the choroid
pT3c	☐	Tumor invades the optic nerve through the level of the lamina cribrosa but not to the line of resection and massively invades the choroid
pT4	☐	Extraocular tumor extension that includes: Invasion of optic nerve to the line of resection Invasion or orbit through the sclera Extension both anteriorly or posteriorly into the orbit Extension into the brain Extension to, but not through, the chaism Extension into the brain beyond the chiasm

Regional lymph nodes (pN)

pNX	☐	Regional lymph nodes cannot be assessed
pN0	☐	No regional lymph node metastasis
pN1	☐	Regional lymph node metastasis

Distant metastasis (pM)

PMX	☐	Presence of distant metastasis cannot be assessed
pM0	☐	No distant metastasis
pM1	☐	Distant metastasis
pM1a	☐	Bone marrow
pM1b	☐	Other sites

J. CLINICAL TNM STAGING

Clinical TNM Classification -Primary tumor

cTX	☐	primary tumor cannot be assessed
cT0	☐	No evidence of primary tumor
cT1	☐	Tumor no more than 2/3 the volume of the eye with no vitreous or Subretinal seeding
cT1 a	☐	No Tumor in either eye is greater than 3 mm in the largest dimension, or located closer than 1.5 mm to the optic nerve or fovea
cT1 b	☐	At least one tumor is greater than 3 mm in the largest dimension, or located closer than 1.5 mm to the optic nerve or fovea .No retinal detachment or subretinal fluid beyond 5 mm from the base of the tumor
cT1 c	☐	At least one tumor is greater than 3 mm in the largest dimension, or located closer than 1.5 mm to the optic nerve or fovea with retinal detachment or subretinal fluid beyond 5 mm from the base of the tumor
cT2	☐	Tumors no more than 2/3 the volume of the eye with vitreous or subretinal seeding can have retinal detachment
cT2a	☐	Foveal vitreous and /or subretinal seedings of fine aggregates of tumor is present but no large clumps or 'Snowballs' of tumor cells
cT2b	☐	Massive vitreous and /or subretinal seedings is present defined as diffuse clumps or 'Snowballs' of tumor cells
cT3	☐	Severe intraocular disease
		Tumor fills more than 2/3of the eye

cT3a	☐	
cT3b	☐	One or more complications present which may include tumor- associated neo vascular or angle closure glaucoma, tumor extension into anterior segment , hyphema, vitreous hemorrhage or orbital cellulutis
cT4	☐	Extraocular disease detected by imaging studies :
cT4a	☐	Invasion of optic nerve
cT4b	☐	Invasion into orbit
cT4c	☐	Intracranial extension not past the chiasm
cT4d	☐	Intracranial extension past the chiasm

Note: The following suffixes may be added to the appropriate T categories:
"m" indicates multiple tumors(eg ,T2[m2])
"f" indicates cases with a known family history
"d" indicates diffuse retina

Regional lymph nodes (cN)

cNX	☐	Regional lymph nodes cannot be
cN0	☐	No regional lymph node metastasis
cN1	☐	Regional lymph node involvement

Distant metastasis (cM)

cMX	☐	Presence of distant metastasis cannot be assessed
cM0	☐	No distant metastasis
cM1	☐	Systemic metastasis
cM1a	☐	Single lesion to sites other than CNS
cM1b	☐	Multiple lesion to sites other than CNS
cM1c	☐	Pre chiasmatic CNS lesion(s)
cM1d	☐	Pre chiasmatic CNS lesion(s)

cM1e ☐ Leptomeningeal or CSF involvement

K. (0)Classification of Retinoblastoma (Chantada etal PBC August 2005)(Baseline)

Stage 0. Patients treated conservatively ☐

Stage I. Eye enucleated, completely resected histologically ☐

Stage II. Eye enucleated, microscopic residual tumor ☐

Stage III. Regional extension ☐

(III a. Overt orbital disease & III b. Preauricular or cervical lymph node extension)

Stage IV Metastatic disease) *** ☐

IV a. Hematogenous metastasis (without CNS involvement)

(1). Single lesions and 2. Multiple lesions)

IV b. CNS extension (with or without any other site of regional)

or Metastatic disease

1. Prechiasmatic lesion
2. CNS mass
3. Leptomeningeal and CSF disease

***

NOTE Please Tick the Stage III and Tick Stage IV . There is no sub Group

K (1). Classification of Retinoblastoma (Chantada etal PBC August 2005) (after the first enucleation)

Stage 0. Patients treated conservatively ☐

Stage I. Eye enucleated, completely resected histologically ☐

Stage II. Eye enucleated, microscopic residual tumor ☐

Stage III. Regional extension ☐

(III a. Overt orbital disease & III b. Preauricular or cervical lymph node extension)

Stage IV Metastatic disease) *** ☐

IV a. Hematogenous metastasis (without CNS involvement)

(1). Single lesions and 2. Multiple lesions)

IV b. CNS extension (with or without any other site of regional)

or Metastatic disease

1. Prechiasmatic lesion
2. CNS mass
3. Leptomeningeal and CSF disease

***

NOTE Please Tick the Stage III and Tick Stage IV . There is no sub Group

K (2). Classification of Retinoblastoma (Chantada etal PBC August 2005)(After Second Enucleation)

Stage 0. Patients treated conservatively ☐

Stage I. Eye enucleated, completely resected histologically ☐

Stage II. Eye enucleated, microscopic residual tumor ☐

Stage III. Regional extension ☐

(III a. Overt orbital disease & III b. Preauricular or cervical lymph node extension)

Stage IV Metastatic disease) *** ☐

IV a. Hematogenous metastasis (without CNS involvement)

(1). Single lesions and 2. Multiple lesions)

IV b. CNS extension (with or without any other site of regional)

or Metastatic disease

1. Prechiasmatic lesion
2. CNS mass
3. Leptomeningeal and CSF disease

***

NOTE Please Tick the Stage III and Tick Stage IV . There is no sub Group

Centre Code ☐☐☐☐☐ **Patient's PIN** ☐☐☐☐☐☐☐

L. CLINICAL TNM STAGING OF LOST TO FOLLOW UP CASES WHO JOIN BACK FOR THERAPY

1) Date of joining back of lost to follow up cases who join back for therapy

Date of lost to follow up ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

Date of joining back ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

2) At time of lost to follow up whether the disease was ☐ Extra ocular

(Please tick) ☐ Intra ocular

3) At time joining back of the lost to follow up cases whether the disease was

(Please tick) ☐ Extra ocular

☐ Intra ocular

4.Clinical TNM Classification -Primary tumor at the time of joining back

cTX	☐	primary tumor cannot be assessed
cT0	☐	No evidence of primary tumor
cT1	☐	Tumor no more than 2/3 the volume of the eye with no vitreous or Subretinal seeding
cT1 a	☐	No Tumor in either eye is greater than 3 mm in the largest dimension, or located closer than 1.5 mm to the optic nerve or fovea
cT1 b	☐	At least one tumor is greater than 3 mm in the largest dimension, or located closer than 1.5 mm to the optic nerve or fovea .No retinal detachment or subretinal fluid beyond 5 mm from the base of the tumor
cT1 c	☐	At least one tumor is greater than 3 mm in the largest dimension, or located closer than 1.5 mm to the optic nerve or fovea with retinal detachment or subretinal fluid beyond 5 mm from the base of the tumor
cT2	☐	Tumors no more than 2/3 the volume of the eye with vitreous or subretinal seeding can have retinal detachment

cT2a	☐	Foveal vitreous and /or subretinal seedings of fine aggregates of tumor is present but no large clumps or 'Snowballs' of tumor cells
cT2b	☐	Massive vitreous and /or subretinal seedings is present defined as diffuse clumps or 'Snowballs' of tumor cells
cT3	☐	Severe intraocular disease
cT3a	☐	Tumor fills more than 2/3of the eye
cT3b	☐	One or more complications present which may include tumor- associated neo vascular or angle closure glaucoma, tumor extension into anterior segment , hyphema, vitreous hemorrhage or orbital cellulutis
cT4	☐	Extraocular disease detected by imaging studies :
cT4a	☐	Invasion of optic nerve
cT4b	☐	Invasion into orbit
cT4c	☐	Intracranial extension not past the chiasm
cT4d	☐	Intracranial extension past the chiasm

Note: The following suffixes may be added to the appropriate T categories:
"m" indicates multiple tumors(eg ,T2[m2])
"f" indicates cases with a known family history
"d" indicates diffuse retina
Regional lymph nodes (cN)

cNX	☐	Regional lymph nodes cannot be
cN0	☐	No regional lymph node metastasis
cN1	☐	Regional lymph node involvement

Distant metastasis (cM)

cMX	☐	Presence of distant metastasis cannot be assessed
cM0	☐	No distant metastasis
cM1	☐	Systemic metastasis
cM1a	☐	Single lesion to sites other than CNS
cM1b	☐	Multiple lesion to sites other than CNS
cM1c	☐	Pre chiasmatic CNS lesion(s)
cM1d	☐	Pre chiasmatic CNS lesion(s)
cM1e	☐	Leptomeningeal or CSF involvement

L.5. Classification of Staging of Retinoblastoma of lost to follow up cases who join back for therapy (Chantada etal PBC August 2005) (Staging at the time of joining back)

Stage 0. Patients treated conservatively ☐

Stage I. Eye enucleated, completely resected histologically ☐

Stage II. Eye enucleated, microscopic residual tumor ☐

Stage III. Regional extension ☐

(III a. Overt orbital disease & III b. Preauricular or cervical lymph node extension)

Stage IV Metastatic disease) *** ☐

IV a. Hematogenous metastasis (without CNS involvement)

(1). Single lesions and 2. Multiple lesions)

IV b. CNS extension (with or without any other site of regional)

or Metastatic disease

4. Prechiasmatic lesion
5. CNS mass
6. Leptomeningeal and CSF disease

***

NOTE Please Tick the Stage III and Tick Stage IV . There is no sub Group

Centre Code ☐☐☐☐☐ **Patient's PIN** ☐☐☐☐☐☐☐

M. TREATMENT

Date of start of Therapy ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

Focal therapy RIGHT EYE

1. Date of focal therapy ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

2. Mode of focal therapy

☐ Cryotherapy

☐ Laser

☐ Thermotherapy

3. Laser O Yes O No

☐ Indirect laser diode (810nm)

☐ Transcleral laser diode 810nm)

☐ Indirect laser green (532nm/argon)

4. No. of sittings

5. *Cryotherapy* O Yes O No

6. No. of sittings

7. *Thermotherapy*

1. Thermotherapy O Yes O No

2. . No. of Sitting

Date of Completion of local therapy ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

Centre Code ☐☐☐☐☐ **Patient's PIN** ☐☐☐☐☐☐☐

Focal therapy LEFT EYE

1. Date of focal therapy ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

2. Mode of focal therapy

- ☐ Cryotherapy
- ☐ Laser
- ☐ Thermotherapy

3. Laser O Yes O No

- ☐ Indirect laser diode (810nm)
- ☐ Transcleral laser diode 810nm)
- ☐ Indirect laser green (532nm/argon)

4. No. of sittings

5*. Cryotherapy* O Yes O No

6. No. of sittings

7*. Thermotherapy*

1. Thermotherapy O Yes O No

2. . No. of Sitting

Date of Completion of local therapy ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

Chemotherapy *O Yes* *O No*

PRIMARY CHEMOTHERAPY ONLY

☐ Neoadjuvant Chemotherapy

☐ Adjuvant Chemotherapy

1. Date of start chemotherapy ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

2. Drugs given

- ☐ Vincristine
- ☐ Etoposide
- ☐ Carboplatin

☐ Cyclosporine to counter drug resistance

☐ Cyclophosphamide

☐ Adriamycin

☐ Cisplatin

☐ Others

3. No. of cycles

4. Date of Completion of chemotherapy ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

External beam radiation

O Rt Eye O Left eye O Both eyes

1. Date of start EBRT ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

2. Total dose (c Gray)

3. Modality

☐ Linear accelerator

☐ Cobalt beam

☐ Proton beam

4. Date of Completion EBRT ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

Brachytherapy Rt Eye O Left eye O Both eyes

8. Date of brachytherapy ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

9. Mode of brachytherapy

☐ Iodine seeds

☐ Ruthenium

☐ Others

10. Date of Completion BRACHY ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

Centre Code ☐☐☐☐☐ **Patient's PIN** ☐☐☐☐☐☐☐

SURGERY

Enucleation O Rt Eye O Left eye O Both eyes

1. Date of enucleation Rt ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

   Left ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

2. Implant inserted O Yes O No

3. Prosthetic eye O Yes O No

4. Date of Exenteration ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

N. OUT COME OF THERAPY/REMISSION

Date of completion of therapy ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

. At the completion of therapy

- ☐ Partial remission
- ☐ Complete remission
- ☐ Not improved
- ☐ Progressive
- ☐ Recurrence

O. SURVIVAL/ STATUS OF THE PATIENT

Survival after one year of Completion of therapy O Yes O No

- ☐ alive and well,
- ☐ alive with metastasis,
- ☐ died of the disease,
- ☐ died because of other causes

Survival after two years of completion of therapy O Yes O No

- ☐ alive and well,
- ☐ alive with metastasis,

☐ died of the disease,

☐ died because of other causes

Survival after 3 years upto 5 years O Yes O No

☐ alive and well,

☐ alive with metastasis,

☐ died of the disease,

☐ died because of other causes

Survival more than 5 years O Yes O No

☐ alive and well,

☐ alive with metastasis,

☐ died of the disease,

☐ died because of other causes

P. QUALITY OF LIFE

Vision Rt Eye O Yes O No

Left eye O Yes O No

Secondary cancers O Yes O No

Q. QUICK GLANCE ☐ 1. NO FU

☐ 2. DIED

☐ 3 On going THERAPY

☐ 4. Completed THERAPY

R. Mortality

1. Mortality 1. Yes 2. No

2. Date of Mortality ☐☐ ☐☐ ☐☐☐☐ (dd-mm-year)

S. Remarks