### Disease Evaluation Form

**ICCRP 1001**  
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**Instructions:** Submit this form at patient's entry on study. This form is to be completed by a researcher or clinical staff member.

1. **Date of Initial Biopsy (first diagnosis of cervix cancer):**

   MM / DD / YYYY

2. **Surgery for cervical cancer?** (Check one box only)
   - None
   - Examination under anesthesia only
   - Radical Hysterectomy
   - Simple Hysterectomy
   - Lymphadenectomy or Biopsy only
   - Other, please specify: ______________________________

3. **Date of Surgery (if applicable):**

   MM / DD / YYYY

4. **FIGO T Stage**
   - IA1
   - IA2
   - IB1
   - IB2
   - IIA1
   - IIA2
   - IIB
   - IIIA
   - IIIB
   - IVA

5. **Tumor Extent (check all that apply)**
   - Invades parametria
   - Invades pelvic side wall
   - Invades proximal 2/3 vagina
   - Invades distal 1/3 vagina
   - Causes hydronephrosis / nonfunctioning kidney
   - Invades bladder
   - Invades rectum
   - Metastasis to pelvic lymph nodes
   - Positive surgical margin (if applicable)

6. **Histologic Type**
   - Squamous Cell Carcinoma
   - Adenocarcinoma
   - Other, please specify: ______________________________

7. **Grade**
   - 1 (Well-Differentiated)
   - 2 (Moderately Differentiated)
   - 3 (Poorly Differentiated)
   - Not Assessed
   
   Note: mark the highest grade specified, e.g., moderate-to-poorly differentiated should be marked “poorly-differentiated”

8. **Depth of Cervical Stromal Invasion**
   - Superficial 1/3
   - Middle 1/3
   - Deep 1/3
   - Not Assessed

9. **Presence of Lymphovascular Invasion**
   - Absent
   - Present
   - Not Assessed

10. **Presence of Perineural Invasion**
    - Absent
    - Present
    - Not Assessed

11. **MRI of Pelvis Acquired for Disease Evaluation?**
    - No
    - Yes
    
    Date: ______________________________ MM / DD / YYYY

12. **PET or PET/CT Acquired for Disease Evaluation?**
    - No
    - Yes
    
    Date: ______________________________ MM / DD / YYYY

13. **Estimated tumor size (cm) – List longest diameter:**
    - Clinical (Physical Exam): ____________
    - Radiographical (CT, MRI): ____________
    - Pathologic (if Applicable): ____________

14. **MRI, PET, or PET/CT Fused with Simulation CT for Radiation Planning?**
    - No
    - Yes

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**Investigator Signature** ___________________________  **Date** ___________________