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# REPORTING TEMPLATE

## I – Tumor description (in case of multifocality, each lesion should be reported separately)

- **Type:** ☐ Primary tumour
  ☐ Recurrent tumour ▯ Type or recurrence: ☐ Local
  ☐ Lymph node
  ☐ Peritoneal
  ☐ Other: ……
  ▯ Level of confidence: ☐ Indeterminate recurrence
  ☐ Likely recurrence
  ☐ Definite recurrence

- **Location:** ☐ Central compartment: rectum – incl. anastomosis if present, Douglas pouch, internal & external sphincter, levator ani muscle
  ☐ Anterior compartment: bladder, urethra, prostate & seminal vesicles, vas deferens, uterus, vagina fallopian tubes, pubic symphysis, superior & inferior ramus of pubic bone
  ☐ Posterior compartment: piriformis muscle, presacral fascia, sacrum, coccyx, sacrospinus & sacrotuberous ligaments, sciatic nerve & branches, coccygeus muscles
  ☐ Lateral compartment: ureters, obturator muscles, ischial spine, ischium, sacral nerves/roots, iliac arteries & veins, lateral pelvic lymph nodes

  Further specification (prose description) of location: ……..

- **Size** Longest dimension: …… cm
  Other dimensions (optional): …… cm x …… cm

## II – Organs and structures with (potential) tumor involvement (BONVUE)*,**

- **Organ/Structure 1**: ……
  Based on: ☐ …. mm margin / ☐ focal contact / ☐ broad-based contact / ☐ frank invasion
  Description: ……

- **Organ/Structure 2**: ……
  Based on: ☐ …. mm margin / ☐ focal contact / ☐ broad-based contact / ☐ frank invasion
  Description: ……

- **Organ/Structure 3, …, etc**

* Note, in case of:
- **Vessel involvement:** describe longitudinal and radial extent of invasion, associated luminal narrowing, occlusion and/or deformity, and (optional) the presence of thrombus or collaterals
- **Ureter involvement:** describe longitudinal and radial extent of invasion, presence & degree of upstream dilatation, kidney function (hydronephrosis, cortical thinning, loss of enhancement)
- **Sacral nerve involvement:** describe which nerve roots are involved, and (optional) the distance (free margin) between the tumor and closest non-involved nerve root
- **Bone invasion**: describe whether there is superficial and/or deep bone invasion; in case of sacral bone invasion, also describe which vertebra are involved, and (optional) the distance from the sacral promontory and coccyx to the level of involvement
- **Anal canal & pelvic floor involvement**: describe which layers (internal sphincter, intersphincteric plane, external sphincter) are involved, and (optional) the craniocaudal extent of invasion

** BONVUE (Useful acronym to remember which structures to check and report):
**B**ones, **O**rgans, **N**erves, **V**essels, **U**reters, **E**xtra tumor sites

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## III – Additional tumor sites

- **Associated lymph node metastases:** ☐ No
  ☐ Yes, specify* ……..
  * incl. specified description of pelvic side wall nodes

- **Extra-pelvic disease sites:** ☐ No
  ☐ Yes, specify ……..

## IV – Reporting for restaging after neoadjuvant treatment

- **Estimated degree of response:** ☐ Progressive disease
  ☐ Stable disease
  ☐ Partial response
  ☐ Very good (incl. possible complete) response

- **Reduction in size (longest diameter):** From ….. cm on (date of prior study) to ….. cm

## V – Other

- Relevant **anatomical variants** (incl. pelvic sidewall vessels)
- Description of pre-existent **post-treatment changes** (e.g. post-surgery or post-radiotherapy)
- (Optional: Surgical planning 'roadmap' discussion)