SGO COR
Clinical Outcomes Registry

FOLLOW UP CARE AND SURVEILLANCE CERVICAL CANCER Data Collection Form

July 2021

I. PATIENT DEMOGRAPHICS

Medical Record Number	Date of Birth	Zip Code

Race (select all applicable)				
	◯ White/Caucasian	◯ Asian	◯ Native Hawaiian/Pacific Islander	◯ Unknown
	◯ African American	◯ American Indian/Alaskan Native	◯ Hispanic/Latino/Spanish	◯ Chose Not to Disclose

Date of Service	Provider Specialty:	◯ Gynecologic Oncology	◯ Obstetrics and Gynecology	◯ Other _____

II. FOLLOW UP CARE AND SURVEILLANCE

PATIENT FOLLOW UP CARE PROVIDED ELSEWHERE ◯ Data unavailable ◯ Data provided (please complete below)	◯ Patient Declined Follow Up Care	◯ Not part of care plan
Clinical Trial Offered: ◯ Yes ◯ No ◯ Unavailable		

◯ Primary therapy	◯ Recurrence / Progression Therapy Recurrence Date:_____ Recurrence Site: ◯ Vaginal ◯ Pelvic ◯ Abdominal ◯ Distant (outside abdomen)		
Chemotherapy Given: ◯ Yes ◯ No If Yes, Provide Agents	Cisplatin # Cycles _____	Carboplatin # Cycles _____	Docetaxel (Taxotere) # Cycles _____
	Paclitaxel # Cycles _____	Topotecan # Cycles _____	Bevacizumab # Cycles _____
	Gemcitabine # Cycles _____	Ifosfamide # Cycles _____	Other _____ # Cycles _____
Was a chemosensivity assay consulted during treatment: ◯ Yes ◯ No	If Yes, Chemosensitivity Patient Report Accession Number: _____		

Vaginal Brachytherapy: ◯ Yes ◯ No	If Yes, Number of Treatments	Total Dose
External Beam Radiation Pelvis: ◯ Yes ◯ No	If Yes, Number of Treatments	Total Dose
Para-aortic Radiation: ◯ Yes ◯ No	If Yes, Number of Treatments	Total Dose

III. FOLLOW UP CARE-RELATED DEATH

◯ Yes ◯ No	Date of Death