

Patient Study code:

**Patient MRI datasheet**

Radiologist

Date:

Study Code:

Patient Name:

Date of Birth:

Baseline Scan:	Yes: date    /    /	No
Post Pre-op Treatment Scan:	Yes: date    /    /	No
Tumour height from anal verge (cm.):		

<b>MRI T-stage:</b>		<b>Extramural venous invasion:    Yes        No</b>
<input type="checkbox"/>	T1 Submucosa	If yes, score:    0        1        2        3        4 (see EMVI scoring sheet supplement)
<input type="checkbox"/>	T2 muscularis	
<input type="checkbox"/>	T3a : <1mm	<b>Do involved veins threaten mesorectal fascia?</b> <b>Yes                      No</b> (i.e. are they ≤ 1mm from the fascia)
<input type="checkbox"/>	T3b : 1-5mm	
<input type="checkbox"/>	T3c : 5-15mm	
<input type="checkbox"/>	T3d : >15mm	
<input type="checkbox"/>	T4a Into adjacent organs / external sphincter	
<input type="checkbox"/>	T4b perforation of visceral peritoneum	

**Mesorectal Lymph Node Morphology:****High resolution****No nodes visible/only high signal nodes**

&lt; 4 nodes with either irregular border or mixed signal

&lt; 4 nodes with both irregular border and mixed signal

&gt; 4 nodes with irregular border or mixed signal

**Certainty of malignancy:**Unlikely ☐Doubtful ☐Definite ☐**Do any malignant nodes lie within 1mm of the CRM?**Yes ☐No ☐**Evidence of Pelvic Sidewall Lymph Nodes:**

(if yes, please circle and tick all that apply below)

**Yes****No**

Benign features only

☐☐

Grossly disrupted with mixed signal

☐☐**Site of node:** HYPOGASTRIC/ INTERNAL ILIAC/ OBTURATOR/ EXTERNAL ILIAC/ COMMON ILIAC./INGUINAL**Certainty of malignancy:**Unlikely ☐Doubtful ☐Definite ☐

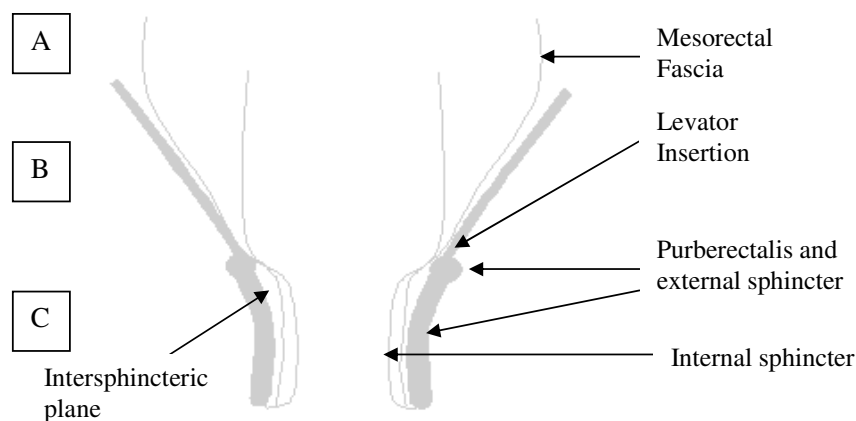
<b>Tumour is [not present] within 10mm of the top of the puborectalis sling</b> and mesorectal margins are safe therefore distal TME plane is safe, sphincter preserving TME is possible	<input type="checkbox"/>
<b>Tumour is [present]] within 10mm of the top of the puborectalis sling at this level:</b> Tumour is confined to submucosa with preservation of the full thickness of muscularis propria and may be considered suitable for initial local excision [Tumour is confined to the submucosal layer/part thickness of muscularis propria indicating that the intersphincteric plane/mesorectal plane is safe and intersphincteric APE or ultra low TME is possible] [Tumour extends through the full thickness of the muscularis propria : intersphincteric plane/mesorectal plane is unsafe, Extralevator APE. is indicated for radial clearance] [Tumour extends into the intersphincteric plane : intersphincteric plane/mesorectal plane is unsafe, therefore an extralevator APE. is indicated for radial clearance] [Tumour extends into the external sphincter : intersphincteric plane/mesorectal plane is unsafe: therefore an extralevator APE. is indicated for radial clearance]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Tumour extends beyond mesorectal fascia</b> into adjacent [prostate/vagina/bladder/sacrum/pelvic fascia and beyond : exenterative procedure will be required]	<input type="checkbox"/>

- Anterior Resection: >1mm from MRF & levators
- Intersphincteric APE: muscularis propria with 1mm clear margin
- Extended APE: intersphincteric plane or external sphincters
- Anterior enhanced: if en-bloc removal of prostate/vagina required
- Exenteration: Extensive T4 disease

Please mark tumour position on diagram:

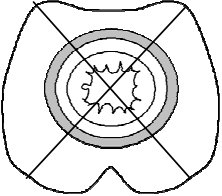
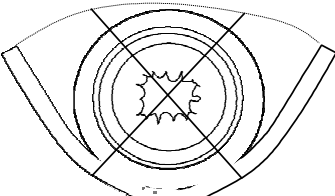
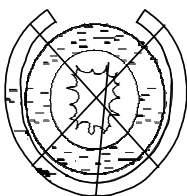
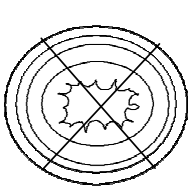
Based on imaging the possible operations are:

- a) Low anterior resection ☐
- b) APE:
  - a. Standard ☐
  - b. Intersphincteric ☐
- c) Enhanced APE
  - a. Left lateral ☐
  - b. Right lateral ☐
  - c. Posterior ☐
- d) Anteriorly enhanced APE ☐
- e) Exenteration ☐



Please mark tumour position  
on diagram & grid:

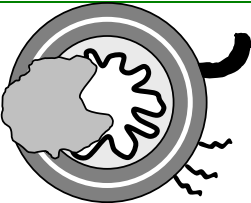
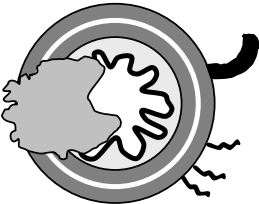
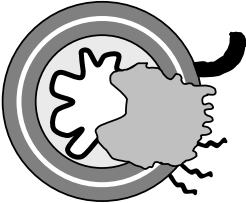
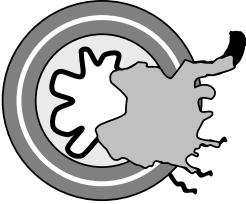
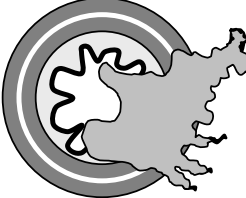
Insertion into  
perineal body

Right					Left																																				
	<b>Area A (1)</b> <table border="1"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> </table>	1	2	3	4	5	6	7	8	9	<b>Area A (2)</b> <table border="1"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> </table>	1	2	3	4	5	6	7	8	9	<b>Puborectal Sling (3)</b> <table border="1"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> </table>	1	2	3	4	5	6	7	8	9	<b>Area C (4)</b> <table border="1"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> </table>	1	2	3	4	5	6	7	8	9	
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### Tumour regression grade scoring table

<b><u>FOR ANY POST RX MRI RADIOLOGICAL TUMOUR REGRESSION GRADE</u></b>	
Which best describes the tumour regression on MRI (please circle):	
Grade 5	No response (intermediate signal intensity, same appearances as original tumour)
Grade 4	Slight response (little areas of fibrosis or mucin but mostly tumour)
Grade 3	Moderate response (>50% fibrosis or mucin, and visible intermediate signal)
Grade 2	Good response (dense fibrosis; no obvious residual tumour, signifying minimal residual disease or no tumour)
Grade 1	Radiological complete response (rCR) (linear/crescentic 1-2mm scar in mucosa or submucosa only.)

Patient Study code:

MRI-EMVI score	Imaging features	Illustration
0		
1	Minimal extramural stranding / nodular extension seen, but not in the vicinity of any vascular structures.	
2	Stranding demonstrated in the vicinity of extramural vessels, but these vessels are of normal calibre, and there is no definite tumour signal seen within the vessel.	
3	Intermediate signal intensity apparent within vessels, although the contour and calibre of these vessels is only slightly expanded	
4	Obvious irregular vessel contour or nodular expansion of vessel by definite tumour signal.	

Form completed out by:  
(Please print name)