

QOMS - NMSC 2023



Date of collection

D	D	M	M	Y	Y
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Collected by:

Patient identifiable information

NHS, CHI or Admission number

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Date of birth

D	D	M	M	Y	Y
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Sex

Female

Male

Date of index procedure

D	D	M	M	Y	Y
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REDCap record ID

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Office use only

How many lesions were removed during the current care episode?

For each lesion, complete a copy of the "Individual lesion" form

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Data collection focuses on index excisions only.

Do not collect data about biopsies, recurrences and re-excision surgeries.

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Collected by:

Complete a copy of this form for each treated lesion

Record Identification

NHS, CHI or Admission number

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Indicate lesion number

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Individual lesion clinical data

Site of surgery. Select only one

Scalp	<input type="checkbox"/>	Periocular (including eyelid and canthi)	<input type="checkbox"/>	Lip skin	<input type="checkbox"/>
Forehead	<input type="checkbox"/>	Ear (or within 2 cm) and auditory canal	<input type="checkbox"/>	Cheek	<input type="checkbox"/>
Temple	<input type="checkbox"/>	Nose or within 1 cm, excluding medial canthus but inc. columella	<input type="checkbox"/>	Chin	<input type="checkbox"/>
Eye brow	<input type="checkbox"/>			Neck	<input type="checkbox"/>

Clinical predetermined margin (mm) <3 3 4 5 6 6<

Type of repair

Primary closure	<input type="checkbox"/>	Local flap	<input type="checkbox"/>	* Other type of repair:
Secondary intention wound healing	<input type="checkbox"/>	Pedicled flap (e.g. paramedian flap)	<input type="checkbox"/>	
Full thickness skin graft	<input type="checkbox"/>	Free flap	<input type="checkbox"/>	
Split thickness skin graft	<input type="checkbox"/>	Other *	<input type="checkbox"/>	

Pre-operative diagnosis BCC SCC Unsure

Method of diagnosis prior to definitive surgery

Clinical without dermatoscopy Clinical with dermatoscopy Biopsy

Final diagnosis

BCC Complete only the questions related to BCC

SCC Complete only the questions related to SCC

Other Give details:

STOP HERE!

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Indicate lesion number

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Items for BCC lesions

BCC subtype Nodular Superficial Infiltrative Other *

* Other BCC subtype(s)

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Largest tumour diameter in mm

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Tumour thickness <2mm 2-3.99mm 4-5.99mm ≥6mm

Depth of invasion

Into the epidermis only (in-situ / Clark I) or into the papillary dermis (Clark II)

Into the papillary-reticular dermal interface or the reticular dermis (Clark III-IV)

Into subcutaneous fat (Clark V)

Beyond subcutaneous fat

Is there bone invasion?

Y	N
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Lateral margins (mm)

		.	
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Deep margins (mm)

		.	
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Indicate lesion number

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Items for SCC lesions

SCC Differentiation Well Moderately Poorly Undifferentiated

T-stage

TX Primary tumour cannot be assessed

T0 No evidence of primary tumour

Tis Carcinoma in situ

T1 Tumour ≤ 2 cm in greatest dimension

T2 Tumour > 2 cm and ≤ 4 cm in greatest dimension

T3 Tumour > 4 cm in greatest dimension or minor bone erosion or perineural invasion or deep invasion *

T4a Tumour with gross cortical bone / marrow invasion

T4b Tumour with skull base or axial skeleton invasion including foraminal involvement and/or vertebral foramen involvement to the epidural space

If heavy nodal involvement, please enter the case in the QOMS Oncology & Reconstruction registry if you are contributing to this registry.

Largest tumour diameter in mm

Tumour thickness <2mm 2-3.99mm 4-5.99mm ≥6mm

Depth of invasion Into the epidermis only (in-situ / Clark I) or into the papillary dermis (Clark II)

Into the papillary-reticular dermal interface or the reticular dermis (Clark III-IV)

Into subcutaneous fat (Clark V)

Beyond subcutaneous fat

Is there bone invasion? Y N

Is there perineural invasion? Y N

Lateral margins (mm) .

Deep margins (mm) .

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Follow-up form

1. To be completed once for each case, NOT for each lesion
2. To be completed after 4 months post index surgery

Unplanned re-operation

Was an unplanned re-operation required?

 Y N

Indicate for which lesion(s)?

(If applicable)

Reason(s) for re-operation

Further excision of margins

Other *

* Other reason(s) for re-operation:

Incision and drainage of infection

Scar revision

For further excision of margins ONLY

Date of re-excision

D	D	M	M	Y	Y
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New lateral margin (mm)

		.	
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New deep margin (mm)

		.	
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Flap outcome (if applicable)

What was the graft / flap outcome?

Complete success

Partial failure

Complete failure

Indicate for which lesion(s)?

(If applicable)

Indicate the impact of reconstruction failure on the patient's care

Clavien-Dindo Grade II

Clavien-Dindo Grade III (the patient needs a new reconstruction/surgical procedure)

Adjuvant Radiotherapy (ART) - SCC only

Was ART required?

 Y N

Was ART started?

 Y N

Date of ART start

D	D	M	M	Y	Y
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