

QOMS - Oncology & Reconstruction



Date of collection

D	D	M	M	Y	Y
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Collected by:

Does the patient have synchronous head and neck cancers (including malignant salivary gland, excluding NMSC [SCC & BCC])? If yes, the more advanced staged tumour should be the index tumour recorded in the QOMS registry

Y	N
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Diagnosis classification
 Squamous cell carcinoma (SCC)
 Other types of cancer

Non-cancer diagnosis



Definitive Morphology SNOMED (Appendix 1)

Diagnosis details



If SCC, was the SCC a primary untreated tumour? Y N

Primary cancer site (for all tumours). Where was the cancer centred on? Select one only

Oral lip <input type="checkbox"/>	Nasopharynx <input type="checkbox"/>	Larynx <input type="checkbox"/>	Other site (including orbit / skull base / temporal bone) <input type="checkbox"/>
Oral cavity <input type="checkbox"/>	Hypopharynx <input type="checkbox"/>	Paranasal sinuses <input type="checkbox"/>	
Oropharynx <input type="checkbox"/>	Supraglottis <input type="checkbox"/>	Salivary gland <input type="checkbox"/>	Neck only * <input type="checkbox"/>

Care plan intent Curative Palliative

Did the patient have a neck dissection? Provide OPCS code below Y N

↳ If yes, type of neck dissection

- An elective neck dissection carried out at the same sitting as the resection (± reconstruction) of the primary tumour
- An elective neck dissection carried out after resection of the primary tumour as a secondary procedure
- A completion neck dissection after a positive sentinel lymph node biopsy
- A sentinel-node-biopsy-assisted neck dissection

↳ If yes, laterality of neck dissection Left Right

↳ If no, Sentinel Lymph Node Biopsy Y N

Did the patient have a tracheostomy performed during surgery? Provide OPCS code below Y N

Did the patient have FREE or REGIONAL PEDICLED flap reconstructive surgery? Provide appropriate OPCS codes below Y N

↳ Type(s) of flap used Free flap Pedicled flap Free and pedicled flap

↳ Number of flap(s)

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Collected by:

Procedures. Select procedure(s) and code(s) from list provided in Appendix 2

1

2

3

4

5

6

7

8

Other

Scale of surgery

Minor
(< 1 hour)

Intermediate
(< 6 hours)

Major (\geq 6 hours or requirement for
free tissue transfer)

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Collected by:

"Discharge" and "Complication" sections to be completed for all patients

Discharge details

Discharge status

Alive Dead

Date of discharge

D	D	M	M	Y	Y
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Destination at discharge

Usual place of residence

NHS - care home

Temporary place of residence

LA residential accommodation i.e. where care is provided

Repatriation from high security psychiatric accommodation in an NHS Hospital Provider

Non-NHS run care home

NHS - ward for general patient or the younger physically

Non-NHS run hospital

NHS - ward for maternity patients or neonates

Non-NHS run hospice

NHS - ward for patients who are mentally ill or have learning disabilities

Not applicable

Not known

Complications within 30 days of index surgery

Did the patient develop a post-operative complication within 30 days of surgery?

Surgical Medical None

Complication(s) at the donor site?

No

Surgical site wound infection

Haematoma

Haemorrhage

Carotid blowout

Dehiscence

Complication(s) at the recipient site?

No

Surgical site wound infection

Haematoma

Haemorrhage

Dehiscence

Orocutaneous fistula

Pharyngocutaneous fistula

Sialocele

Salivary fistula

Cardiac instability?

No

Atrial fibrillation (AF)

Cardiac arrest

Myocardial infraction (MI)

Congestive heart failure

Respiratory compromise? (Pneumonia, Pneumothorax/Atelectasis, Pulmonary embolism [PE], Unspecified respiratory compromise, COPD, LVRI...)

Infective Non-infective No

Other medical complication(s)? (Gastrointestinal: upper GI bleed, pancreatitis; Genitourinary: urinary retention, UTI; other non-infective complications: delirium, fall, psychosis, suicide; or other infective complications: septicaemia, C. Difficile, COVID, MRSA...)

Infective Non-infective No

(Continue on next page)

QOMS - Oncology & Reconstruction



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D	D	M	M	Y	Y
---	---	---	---	---	---

Collected by:

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Other surgical complication(s)?

No

Complication related to PEG

Complication related to SLNB

Complication related to tracheostomy

Other complication

Complication related to neck dissection

Indicate the grade of the most severe complication(s) the patient experienced according to the Clavien-Dindo classification of surgical complication.

GRADE I: Any deviation from the normal postoperative course not requiring surgical, endoscopic or radiological intervention. This includes the need for certain drugs (e.g. antiemetics, antipyretics, analgesics, diuretics and electrolytes), treatment with physiotherapy and wound infections that are opened at the bedside.

GRADE II: Complications requiring drug treatments other than those allowed for Grade I complications; this includes blood transfusion and total parenteral nutrition.

GRADE IIIa: Complications requiring surgical, endoscopic or radiological intervention NOT under GA

GRADE IIIb: Complications requiring surgical, endoscopic or radiological intervention UNDER GA

GRADE IVb: Life-threatening complications; this includes CNS complications (e.g. brain haemorrhage, ischaemic stroke, subarachnoid haemorrhage) which require intensive care, but excludes transient ischaemic attacks: multiorgan dysfunction.

GRADE V: Death of the patient

Indicate the date of return to theatre (Clavien-Dindo Grade III or more)

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Collected by:

Flap outcomes, 30 days after surgery

Flap number

Section to complete for free or pedicled flap patients ONLY

Flap monitoring method

Clinical/non-invasive (includes handheld Doppler)

Invasive (e.g. implantable Doppler, microdialysis)

Special (provide details in box)

Flap outcome

Complete success

Partial success with loss of some components of the flap, but no secondary reconstruction or prosthesis not required

Partial failure requiring a second flap (free or pedicled) to rehabilitate defect

Partial failure requiring prosthesis to address residual defect

Complete flap failure requiring a second flap (free or pedicled) to rehabilitate it

Complete flap failure requiring prosthesis to address it

Complete flap failure requiring no further reconstructive or prosthetic rehabilitation

Failure to establish reconstruction

If partial failure, Indicate reason for flap failure

Arterial failure Venous failure Uncertain/other causes - e.g. microcirculatory

If failure to establish reconstruction, indicate the reason for flap failure

Flap harvest attempted but abandoned because of unfavourable anatomy - e.g. inadequacy of vascularity or perforators

Flap harvested but abandoned because of failure to perfuse before release from donor site, or inadequacy of the recipient vessels available

Flap harvested and transferred to recipient site but abandoned/discarded because of failure to perfuse after attempted anastomosis to recipient vessels

If more than 1 flap, complete a copy of this page for each flap

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D	D	M	M	Y	Y
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Collected by:

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Histology

Date of pathology report

D	D	M	M	Y	Y
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Margins

Section to be completed for oral lip, OC and oropharynx SCC only

	Mucosal	Deep
What are the closest margins (in mm)?	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
Was re-excision performed?	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
	<input type="checkbox"/> Y <input type="checkbox"/> N	

Pathological staging

Section to complete for ALL cancers

pT stage pT0 pT1 pT2 pT3 pT4a pT4b

pN stage pNX pN0 pN1 pN2a pN2b pN2c pN3a pN3b

Depth of tumour invasion (mm)

Neck dissection / Neck lymphadenectomy

Section to complete for untreated primary SCC of the oral lip, OC, oro/naso/hypopharynx and "other sites"

	Left	Right
Total number of lymph nodes removed	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Number of positive lymph nodes	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
On which level(s) were the positive lymph nodes located?		
Left	la <input type="checkbox"/>	lb <input type="checkbox"/> IIa <input type="checkbox"/> IIb <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Va <input type="checkbox"/> Vb <input type="checkbox"/> VI <input type="checkbox"/> VII <input type="checkbox"/>
Right	la <input type="checkbox"/>	lb <input type="checkbox"/> IIa <input type="checkbox"/> IIb <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Va <input type="checkbox"/> Vb <input type="checkbox"/> VI <input type="checkbox"/> VII <input type="checkbox"/>
Was extracapsular spread detected?	Left <input type="checkbox"/> Y <input type="checkbox"/> N	Right <input type="checkbox"/> Y <input type="checkbox"/> N

Adjuvant treatment

Section to complete for patients with HN cancer and reconstructive flap surgery

Was adjuvant treatment required?

Yes, radiotherapy (RT) only

Yes, chemo-radiotherapy (CRT)

No

Was the treatment started? Y N Start date of adjuvant treatment

Why was the treatment not started?

Patient refusal Not indicated

Patient too unfit Other (specify below)

QOMS - Oncology & Reconstruction



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Collected by:

Sentinel lymph node biopsy

As of September 1st, 2022, QOMS will be collecting information about Sentinel Lymph Node Biopsy (SLNB). Participating hospitals where SLNB take place can use this form to record the necessary information. Other hospitals can keep using the form as previously. Make sure to use the most updated version of the form.

Date of SLNB

D	D	M	M	Y	Y
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Cancer subsite

Oral cavity (OC) subsite(s)

<input type="checkbox"/> Tongue	➔	Lateral border of tongue (C021)	<input type="checkbox"/>			
		Dorsal surface of tongue (C020)	<input type="checkbox"/>			
		Ventral surface of tongue (C022)	<input type="checkbox"/>			
		Tongue cancer, location not clear (C029)	<input type="checkbox"/>			
<input type="checkbox"/> Gum, palate, maxilla and mandible	➔	Upper (maxillary) gums (C030)	<input type="checkbox"/>			
		Lower (mandibular) gums (C031)	<input type="checkbox"/>			
		Cancer of the gums, exact site unclear (C039)	<input type="checkbox"/>			
		Hard palate (maxilla) (C050)	<input type="checkbox"/>			
		Hard and soft palate (C058)	<input type="checkbox"/>			
		Palate, exact site unclear (C059)	<input type="checkbox"/>			
<input type="checkbox"/> Other OC sites	➔	Floor-of-mouth (C049)	<input type="checkbox"/>	➔	Left	<input type="checkbox"/>
		Retromolar trigone (C062)	<input type="checkbox"/>		Right	<input type="checkbox"/>
		Oral vestibule (C061)	<input type="checkbox"/>		Midline	<input type="checkbox"/>
		Cheek mucosa (C060)	<input type="checkbox"/>		Anterior	<input type="checkbox"/>
					Posterior	<input type="checkbox"/>

Oropharynx subsites

<input type="checkbox"/> Tonsils (C099)	<input type="checkbox"/> Vallecula (C100)
<input type="checkbox"/> Base of tongue / Glosso-tonsillar fossa (C01X)	<input type="checkbox"/> Epiglottis (C101)
<input type="checkbox"/> Lateral (oro)pharyngeal wall (C102)	<input type="checkbox"/> Soft palate (C051)
<input type="checkbox"/> Posterior (oro)pharyngeal wall (C103)	<input type="checkbox"/> Uvula (C052)

Location and characteristics of sentinel lymph nodes

Which side(s) were the sentinel lymph node(s) harvested relative to the primary tumour?

Ipsilateral

Contralateral

Bilateral

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Collected by:

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Where applicable, indicate for each level the number of LN (a) identified by lymphoscintigraphy (b) harvested (c) Positive, (d) Largest type of metastases and (e) the actual size of the largest (micro)metastasis *

Number of LN		Identified	Harvested	Positive	Largest type of metastases	Actual size of largest (micro)metastasis
Level Ia	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	No <input type="checkbox"/>					
Level Ib	Left	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level IIa	Left	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level IIb	Left	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level III	Left	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level IV	Left	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level Va	Left	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level Vb	Left	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level VI	Left	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level VII	Left	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level Ib	Right	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level IIa	Right	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level IIb	Right	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level III	Right	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level IV	Right	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level Va	Right	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level Vb	Right	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level VI	Right	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level VII	Right	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Largest type of metastases choose one of the following code: 1, Isolated tumour cells (ITC); 2, Micrometastasis or 3, Metastasis

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Collected by:

Completion neck dissection / Neck lymphadenectomy

As a result of the SLN biopsy, was neck dissection completed?

Y	N
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If no, why was the neck dissection not completed?

- Patient referred directly for RT
- Patient not fit enough
- Patient's choice
- Other reason(s) (provide details in box)

Date of completion neck dissection

D	D	M	M	Y	Y
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Left side

Right side

Total number of lymph nodes removed on

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Number of positive lymph nodes on

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On which level(s) were the positive lymph nodes located?

Level Ia

Level Ib

Level IIa

Level IIb

Level III

Level IV

Level Va

Level Vb

Level VI

Level VII

Was extracapsular spread detected?

Comment

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Collected by:

Provide information about the last available/scheduled follow-up visit for that patients between 12 and 24 months post-surgery

Follow-up questionnaires

Is the patient alive at the last scheduled visit?

<input type="checkbox"/> Y
<input type="checkbox"/> N

Please complete "Patient's cancer status at 24 months" section

Please complete all the relevant section(s)

Patient's status at the last available scheduled visit (12-24 months post index surgery)

Date of latest follow-up visit

D	D	M	M	Y	Y
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Follow-up event(s) between index surgery and last visit / Indicate "Date of diagnosis" for recurrence

No recurrence

Local recurrence

D	D	M	M	Y	Y
---	---	---	---	---	---

Distant metastasis

D	D	M	M	Y	Y
---	---	---	---	---	---

Regional recurrence

D	D	M	M	Y	Y
---	---	---	---	---	---

New primary cancer

D	D	M	M	Y	Y
---	---	---	---	---	---

Location of the new primary cancer

Oral cavity * Oropharynx * Other head and neck Non-head and neck |

* Please start another entry for the new episode of care if appropriate

BMI at 24 months

Not available

BMI < 18.50 (chronic energy deficiency)

BMI = 25 to 29.9 (overweight / pre-obese)

BMI = 18.50 to 24.99 (normal)

BMI ≥ 30.0 (obese)

Normalcy of diet at the last visit

Full diet (no restrictions) Dry bread and crackers Warm liquids

Full diet with liquid assistance Soft chewable foods (sausage) Cold liquids

All meats (pork chops, steaks) Soft foods requiring no chewing Non-oral

Carrots; celery (apple, crisps...) Puréed foods

Maximum mouth opening at the last visit (mm)

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Patient's death details

Date of death

D	D	M	M	Y	Y
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Primary cause of death (as registered)

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Did the patient...?

Die with cancer

Die because of cancer

Die cancer-free

Where was the cancer located?

Oral/head and neck cancer treated in this episode of care

Other types of cancer