Addendum - Questionnaire

QUESTIONNAIRE THERAPY CERVICAL CANCER GERMANY 2012
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Miscellaneous

1) Type of medical facility?
   University hospital
   Hospital of maximum care
   Primary health care hospital
   Ambulatory health care center

2) Is your department certified as gynecologic oncology centre?
   Yes
   No

3) How many patients with primary invasive cervical cancer have you been treated in 2011 according to FIGO stages?
   IB1
   IB2
   IIA
   IIB
   IIIA/IIB
   IVA/IVB
   Are these numbers from a register?
   Or estimated?

Staging

4) Which imaging system/ staging procedure you usually perform or demand prior to therapy (please mark with a cross – multiple answers possible)?
   • Bimanual examination
   • Cystoscopy
   • Rectoscopy
- CT □
- MRI □
- PET-CT □
- Surgical staging □

**Therapy**

5) **What kind of radiation equipment do you usually use in the treatment of cervical cancer patients (please mark with a cross – multiple answers possible)?**

- Linear accelerator □
- Tomotherapy® □
- Stereotactic accelerator □
- CyberKnife® □
- Protons- or/and heavy ions therapy □
- Brachytherapy □

6) **Which radiation techniques do you usually use in the therapy of cervical cancer (please mark with a cross – multiple answers possible)?**

- 3D-technique □
- IMRT □
- VMAT/Rapid Arc® □
- Stereotaxis □
- CyberKnife® □
- HDR-Brachytherapy □
- LDR-Brachytherapy □
- PDR-Brachytherapy □

7) **How is your standard fractioning?**

- Conventional 1.8/2.0 Gy single dose □
- Hypofractioning □
- Hyperfractioning/Acceleration □
- Simultan integrated boost □

8) **What’s your intended overall dose for percutaneous therapy?**
Pelvic region       ____Gy

Paraaortic region   ____Gy
Parametric region   ____Gy

9) When do you perform radiation of paraaortic lymph node region additionally?
   - Histologic proof of paraaortic lymph node metastases
   - Suspicion of paraaortic lymph node metastases on imaging
   - Histologic proof of common iliac lymph node metastases
   - Suspicion of common iliac lymph node metastases

10) How many fractions of brachytherapy do you usually apply?
    ______

11) Planning of brachytherapy takes place:
   - Clinical
   - 3D-planned
   - 3D - MRI-based

12) How is your intended overall dose for brachytherapy?
   - Point A       ____Gy
   - HR-CTV*       ____Gy
   - Tumor covering       ____Gy
   *according to GEC-ESTRO

13) Do you usually perform brachytherapy
   - after application of a tube (for example Smit Sleeve®)?
   - after dilatation and uterine probing at each session?

14) Who is performing the placement of afterloading applicators?
    - Gynecologist
    - Radiooncologist
Chemotherapy

15) How is your usually performed treatment modality for primary/adjuvant therapy of patients with cervical cancer?
   - Radiatio alone
   - Combined chemoradiation
   - Combined chemoradiation followed by sequential chemotherapy

16) What drug(s) do you usually use as part of simultaneous chemotherapy?
   - Cisplatinum
   - Cisplatinum and 5-FU
   - Others (please indicate) ____________________________

17) What drug do you use in case of contraindication against cisplatinum?
   - Carboplatinum
   - Others (please indicate) ____________________________

18) What is your usually dosage of cisplatinum?
   - 40 mg/m² BSA weekly x5
   - 40 mg/m² BSA weekly x6
   - 20 mg/m² BSA 5 days week 1 and 5
   - Other dosage __________________

Stage specific indications

19) When do you recommend adjuvant chemoradiation after radical hysterectomy in cervical cancer stages IB1/IB2 (multiple answers possible):
   - Only if nodal positivity, R1/R2-resection and/or tumor involvement of parametrial structures is proven  Yes □
   - No □
If no lymph node involvement (N0), resection in sound margins (R0) and stage pT1b1/pT1B2 when do you recommend adjuvant chemoradiation according to following risk factors (multiple answers possible):

- only grading 3 (G3)  □ Yes □ No
- only tumor size >4 cm  □ Yes □ No
  - only age <40 years  □ Yes □ No
- only lymphvascular space involvement (LVSI)  □ Yes □ No
- only adenocarcinoma as histologic subtype  □ Yes □ No

Combined 2 risk factors:

- combination G3+age <40  □ Yes □ No
- combination G3+size >4cm  □ Yes □ No
- combination G3+LVSI  □ Yes □ No
- combination G3 + adenocarcinoma  □ Yes □ No
- combination size >4cm + age <40  □ Yes □ No
- combination size >4cm + LVSI  □ Yes □ No
- combination size >4cm + adenocarcinoma  □ Yes □ No
- combination age <40 + LVSI  □ Yes □ No
- combination age <40 + adenocarcinoma  □ Yes □ No
- combination LVSI + adenocarcinoma  □ Yes □ No

Combined 3 risk factors:

- combination G3 + size>4cm + age<40  □ Yes □ No
- combination G3 + size>4cm + LVSI  □ Yes □ No
- combination G3 + size>4cm + adenocarcinoma  □ Yes □ No
- combination G3 + age<40 + LVSI  □ Yes □ No
- combination G3 + age<40 + adenocarcinoma  □ Yes □ No
- combination G3 + LVSI + adenocarcinoma  □ Yes □ No
- combination size>4cm + age<40 + LVSI  □ Yes □ No
- combination size>4cm + age<40 + adenocarcinoma  □ Yes □ No
- combination size>4cm + LVSI + adenocarcinoma  □ Yes □ No
- combination age<40 + LVSI+ adenocarcinoma  □ Yes □ No

Combined 4 risk factors:

- combination G3 + size>4cm + age<40 + LVSI  □ Yes □ No
- combination G3 + size>4cm + age<40 + adenocarcinoma  □ Yes □ No
- combination G3 + size>4cm + LVSI + adenocarcinoma  □ Yes □ No
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Selected</th>
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<tbody>
<tr>
<td>In which stage of disease do you indicate neoadjuvante chemoradiation?</td>
<td>Stage(s) _____________________________</td>
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<tr>
<td></td>
<td>There is no indication for neoadjuvant chemoradiation at all.</td>
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<td>What is your preferential therapy in most patients with FIGO stage IIB</td>
<td>Primary chemoradiation</td>
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<td>(please mark only one box)?</td>
<td>Operative staging followed by primary chemoradiation</td>
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<td></td>
<td>Radical hysterectomy followed by adjuvant chemoradiation</td>
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<td>Others (please specify)</td>
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<td>What kind of staging do you prefer prior to RCTX in FIGO stage IIIA/IIIB</td>
<td>Clinical staging prior to chemoradiation</td>
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<td>Surgical staging prior to chemoradiation</td>
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<td>What is your therapy of choice in stage IVA (multiple answers possible)?</td>
<td>Always primary chemoradiation</td>
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<td>Always primary exenteration</td>
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<td>Primary exenteration only on cases with urogenital and/or intestinogenital fistula</td>
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<td>Individual decision</td>
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<td>Follow-up</td>
<td>Gynecologic examination</td>
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<td>Sonography of kidneys</td>
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<td>Vaginal sonography</td>
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<td>Tumor markers</td>
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- MRI Pelvis
- PET-CT
- Curettage of uterine cervix
- PAP-Smear

25) **When do you indicate operation after primary chemoradiation (without previous radical hysterectomy) - (please mark only one box)?**

- I do not see any indication because lack of survival benefit
- I always send patients to secondary hysterectomy
- Secondary hysterectomy is only indicated in cases of persistent tumor (as for instance in curettage)
- In case of local recurrence always exenterative surgery is required