

**NAME OF THE HOSPITAL:** \_\_\_\_\_

**1). Composite Resection & Reconstruction: S11J1.1**

1. Name of the Procedure: Composite Resection & Reconstruction
2. Indication: Carcinoma- Lips/ Buccal Mucosa/ Alveolus/ Floor of mouth/ Tongue
3. Does the patient presented with T3 & T4 lesions/ N0, N1 & N2 neck status requiring resection of primary tumors along with nodal clearance & reconstruction with loco-regional flap: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - FNAC/ Biopsy, USG/ CT Scan/ MRI, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease
  - b. Skull base involvement
  - c. Surgically unfit

For Eligibility for Composite Resection & Reconstruction the answer to questions 5a, 5b & 5c must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**2). Hemimandibulectomy: S11J1.10**

1. Name of the Procedure: Hemimandibulectomy
2. Indication: Carcinoma- Lower alveolus
3. Does the patient presented with T3 & T4 lesions/ N0, N1 & N2 neck status: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - FNAC/ Biopsy, USG/ CT Scan/ MRI, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient surgically unfit

For Eligibility for Hemimandibulectomy the answer to questions 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**3). Wide Excision for tumour: S11J1.2**

1. Name of the Procedure: Wide Excision for tumour
2. Indication: Carcinoma- Tongue/ Palate/ Buccal Mucosa/ Lips
3. Does the patient presented with T1 & T2 lesions: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan/ MRI, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Neck node metastasis
  - b. Involvement of bone
  - c. Surgically unfit

For Eligibility for Wide Excision for tumour the answer to questions 5a, 5b & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**4). Neck Dissection Any Type: S11J1.3**

1. Name of the Procedure: Neck Dissection Any Type
2. Indication: N1, N2a, N2b, N2c Neck
3. Does the patient presented with N1 & N2 neck: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - FNAC/Biopsy, USG/CT Scan, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease
  - b. N3 neck
  - c. Surgically unfit

For Eligibility for Neck Dissection Any Type the answer to questions 5a, 5b & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**5). Hemiglossectomy: S11J1.4**

1. Name of the Procedure: Hemiglossectomy
2. Indication: Carcinoma- Tongue
3. Does the patient presented with T1, T2 & T3 lesions: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan/MRI, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Carcinoma crossing midline of tongue
  - b. Involving floor of mouth
  - c. Surgically unfit

For Eligibility for Hemiglossectomy the answer to questions 5a, 5b & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**6). Maxillectomy Any Type: S11J1.5**

1. Name of the Procedure: Maxillectomy Any Type
2. Indication: Carcinoma- Maxilla, Upper Alveolus
3. Does the patient presented with T2, T3 & T4a lesions: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan/MRI, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Involving base of skull
  - b. Surgically unfit

For Eligibility for Maxillectomy Any Type the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**7). Thyroidectomy Any Type: S11J1.6**

1. Name of the Procedure: Thyroidectomy Any Type
2. Indication: Carcinoma- Thyroid (Follicular Neoplasm & Papillary Carcinoma)
3. Does the patient presented with lesions involving one or both lobes of thyroid: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - FNAC, USG/ CT Scan, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Lesion involving trachea
  - b. Lesion involving oesophagus
  - c. Carotid engulfment by the lesion
  - d. Surgically unfit

For Eligibility for Thyroidectomy Any Type the answer to questions 5a, 5b, 5c & 5d must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**8). Parotidectomy Any Type: S11J1.7**

1. Name of the Procedure: Parotidectomy Any Type
2. Indication: Carcinoma- Parotid Gland
3. Does the patient presented with T2 & T3 lesions involving superficial or deep lobe:  
Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - FNAC, CT Scan/  
MRI, relevant hematological investigations: Yes/No (Upload reports & clinical  
photograph)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Lesion involving mandible
  - b. Lesion involving skull bone
  - c. Trismus

For Eligibility for Parotidectomy Any Type the answer to questions 5a, 5b & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**9). Laryngectomy Any Type: S11J1.8**

1. Name of the Procedure: Laryngectomy Any Type
2. Indication: Carcinoma- Pyriform Fossa, Arytenoids, Laryngeal surface of epiglottis, glottis, subglottis
3. Does the patient presented with T2, T3 & T4 lesions: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, USG/ CT Scan, routine hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. post cricoid area involvement
  - b. Proximal portion of oesophagus involvement
  - c. Involvement of recurrent laryngeal nerve
  - d. Surgically unfit

For Eligibility for Laryngectomy Any Type the answer to questions 5a, 5b, 5c & 5d must be No

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**10). Laryngo Pharyngo Oesophagectomy: S11J1.9**

1. Name of the Procedure: Laryngo Pharyngo Oesophagectomy
2. Indication: Carcinoma- Post cricoid, proximal part of oesophagus, glottis, sub glottis, pyriform fossa
3. Does the patient presented with salvage surgery following CT + RT, T3 & T4 lesions:  
Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, USG/ CT Scan, routine hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient surgically unfit

For Eligibility for Laryngo Pharyngo Oesophagectomy the answer to question 5 must be No

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**11). Small Bowel Resection: S11J10.1**

1. Name of the Procedure: Small Bowel Resection
2. Indication: Tumor of small bowel may or may not obstructing bowel
3. Does the patient presented with FNAC or biopsy proven small bowel neoplasm, bowel obstruction with any stage of disease as palliative surgery: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CEA, CT/USG guided FNAC or biopsy, CECT of abdomen & pelvis, Endoscopy – (optional): Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of ascites

For Eligibility for Small Bowel Resection the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**12). Closure Of Ileostomy: S11J10.2**

1. Name of the Procedure: Closure Of Ileostomy
2. Indication: Previously done diversion ileostomy till healing of distal anastomosis or previously done ileostomy to relieve obstruction followed by neoadjuvant CT/RT
3. Does the patient presented with FNAC or biopsy proven small bowel neoplasm with relief of distal obstruction or healed distal anastomosis: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - USG of abdomen, relevant blood investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Distal Obstruction
  - b. Palliative intent of previous ileostomy
  - c. Ascites/Metastasis

For Eligibility for Closure Of Ileostomy the answer to question 5a, 5b & 5c must be No

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**13). Closure Of Colostomy: S11J10.3**

1. Name of the Procedure: Closure Of Colostomy
2. Indication: Previously done diversion for healing of distal anastomosis or relieving acute obstruction due to Ca Colon or Ca Rectum, now relieved
3. Does the patient presented with FNAC or biopsy proven large bowel malignancy with healed distal anastomosis or Relief of obstruction due to neoadjuvant CT/RT: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - USG of abdomen, distal cologram, endoscopy – (optional): Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Distal Obstruction
  - b. Palliative intent of previous colostomy
  - c. Ascites/ Solid organ Metastasis

For Eligibility for Closure Of Colostomy the answer to question 5a, 5b & 5c must be No

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**14). Abdomino Perineal Resection (Apr) + Sacrectomy: S11J10.4**

1. Name of the Procedure: Abdomino Perineal Resection (Apr) + Sacrectomy
2. Indication: Primary Sacral tumor invading rectum/ Rectal tumor invading sacrum, as a salvage surgery
3. Does the patient presented with FNAC or biopsy proven sacral neoplasm/ FNAC or biopsy proven adenocarcinoma of rectum: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CECT of abdomen & pelvis, serum CEA, FNAC/ Biopsy: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Ascites
  - b. Solid organ Metastasis

For Eligibility for Abdomino Perineal Resection (Apr) + Sacrectomy the answer to question 5a & 5b must be No

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**15). Posterior Exenteration: S11J11.1**

1. Name of the Procedure: Posterior Exenteration
2. Indication: Carcinoma rectum with involvement of vagina or uterus/ Post neoadjuvant chemo radiation
3. Does the patient presented with residual disease involving rectum with vagina and/or uterus following chemotherapy & radiotherapy, with no evidence of metastasis: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy proven adenocarcinoma of rectum, colonoscopy, CECT of abdomen & pelvis, serum CEA: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Ascites
  - b. Liver/ Solid organ Metastasis

For Eligibility for Posterior Exenteration the answer to question 5a & 5b must be No

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**16). Total Exenteration: S11J11.2**

1. Name of the Procedure: Total Exenteration
2. Indication: Carcinoma rectum with involvement of vagina/uterus/bladder or Post neoadjuvant chemo radiation as salvage surgery
3. Does the patient presented with FNAC/Biopsy proven carcinoma rectum with vesico-vaginal/ rectal fistula or recto vaginal fistula. No evidence of metastasis: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - FNAC/Biopsy of rectal growth, colonoscopy/uteroscopy, CECT of abdomen & pelvis, serum CEA: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Ascites
  - b. Metastasis

For Eligibility for Total Exenteration the answer to question 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**17). Oesophagectomy Any Type: S11J12.1**

1. Name of the Procedure: Oesophagectomy Any Type
2. Indication: Carcinoma- oesophagus
3. Does the patient presented with middle or distal third oesophagus or gastro esophageal junction adenocarcinoma, Disease involving < 10 cms of oesophagus: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Upper G.I endoscopy, Biopsy, CECT of abdomen & thorax: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastasis to solid organs or ascites
  - b. Disease involving more than 10 cms of oesophagus
  - c. Contiguous involvement of neighbouring organs

For Eligibility for Oesophagectomy Any Type the answer to question 5a, 5b & 5c must be No

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**18). Gastrectomy Any Type: S11J12.2**

1. Name of the Procedure: Gastrectomy Any Type
2. Indication: Adenocarcinoma of stomach (body/fundus/antrum)
3. Does the patient presented with biopsy proven adenocarcinoma of stomach with or without nodal disease: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Upper G.I endoscopy, Biopsy, CECT of abdomen/pelvis: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Ascites
  - b. Metastasis
  - c. Contiguous infiltration of surrounding organs

For Eligibility for Gastrectomy Any Type the answer to question 5a, 5b & 5c must be No

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**19). Colectomy Any Type: S11J12.3**

1. Name of the Procedure: Colectomy Any Type
2. Indication: Neoplasm of any part of colon except rectum
3. Does the patient presented with biopsy proven adenocarcinoma of colon with or without nodal disease: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Colonoscopy, Biopsy, CECT of abdomen/pelvis, CEA: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastasis
  - b. Ascites

For Eligibility for Colectomy Any Type the answer to question 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**20). Anterior Resection: S11J12.4**

1. Name of the Procedure: Anterior Resection
2. Indication: Adenocarcinoma of rectum involving rectum > 5 cms proximal to anal verge
3. Does the patient presented with biopsy proven adenocarcinoma of rectum with no perirectal involvement: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Colonoscopy, Biopsy, CECT/MRI of abdomen/pelvis, CEA: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Growth involving sphincter or < 5cms distance from verge
  - b. Metastasis/Ascites

For Eligibility for Anterior Resection the answer to question 5a & 5b must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**21). Abdominoperineal Resection: S11J12.5**

1. Name of the Procedure: Abdominoperineal Resection
2. Indication: Adenocarcinoma of rectum with < 5 cms distance from anal verge/  
Squamous cell carcinoma of anal canal as a palliative surgery after CT/RT
3. Does the patient presented with bleeding PR, painful defecation, constipation: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Colonoscopy,  
Biopsy, CECT of abdomen/pelvis, CEA: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Upfront for squamous cell carcinoma of anal canal
  - b. Metastasis/Ascites

For Eligibility for Abdominoperineal Resection the answer to question 5a & 5b must be No

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**22). Whipples Any Type: S11J12.6**

1. Name of the Procedure: Whipples Any Type
2. Indication: Lower end CBD/ Peri-ampillary Carcinoma/ Small volume pancreatic head carcinoma/ Duodenal carcinoma
3. Does the patient presented with obstructive jaundice, pancreatitis: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Endoscopic USG/ CT Scan, Chest X ray, ERCP/MRCP, routine hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Larger tumor of pancreatic head
  - b. Metastasis
  - c. Vascular involvement

For Eligibility for Whipples Any Type the answer to question 5a, 5b & 5c must be No

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**23). Tripple Bypass: S11J12.7**

1. Name of the Procedure: Tripple Bypass
2. Indication: Obstructive jaundice (where definitive surgery not possible)
3. Does the patient presented with raised bilirubin: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Scan – Abdomen/Pelvis, Chest X ray, ERCP/MRCP, routine hematological investigations: Yes/No (Upload reports)

For Eligibility for Tripple Bypass the answer to question 4 must be Yes

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**24). Other Bypasses-Pancreas: S11J12.8**

1. Name of the Procedure: Other Bypasses-Pancreas
2. Indication: Obstructive jaundice (where definitive surgery not possible)
3. Does the patient presented with features of obstructive jaundice: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Scan – Abdomen/Pelvis, Chest X ray, routine hematological investigations: Yes/No (Upload reports)

For Eligibility for Other Bypasses-Pancreas the answer to question 4 must be Yes

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**25). Radical Cholecystectomy: S11J13.1**

1. Name of the Procedure: Radical Cholecystectomy
2. Indication: Carcinoma- Gall Bladder
3. Does the patient presented with gall bladder mass diagnosed with carcinoma, obstructive jaundice: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - USG/ CT Scan – Abdomen/Pelvis, Chest X ray, routine hematological investigations, radiology guided FNAC/biopsy: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Locally advanced disease
  - b. Metastatic disease
  - c. Large fixed node at porta with vascular involvement
  - d. Ca – gall bladder associated with multicentric cholangio-carcinoma

For Eligibility for Radical Cholecystectomy the answer to question 5a, 5b, 5c & 5d must be No

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**26). Splenectomy: S11J14.1**

1. Name of the Procedure: Splenectomy
2. Indication: Splenic tumors/ Part of D2 gastrectomy/ Distal pancreatectomy
3. Does the patient presented with signs & symptoms suggestive of hypersplenism/ splenic tumors: Yes/No
4. If the answer to question 3 is Yes then is there evidence of malignancy - USG/ CT Scan – Abdomen/Pelvis, Chest X ray, routine hematological investigations: Yes/No (Upload reports)

For Eligibility for Splenectomy the answer to question 4 must be Yes

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**27). Resection Of Retroperitoneal Tumours: S11J15.1**

1. Name of the Procedure: Resection Of Retroperitoneal Tumours
2. Indication: Large retroperitoneal tumor mass
3. Does the patient presented with large intra-abdominal mass, features depending on area of involvement: Yes/No
4. If the answer to question 3 is Yes then is there evidence of malignancy - CT Scan – Abdomen/Pelvis, Chest X ray, routine hematological investigations, radiology guided FNAC/biopsy: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease
  - b. Gross involvement/Encasement of major structure

For Eligibility for Resection Of Retroperitoneal Tumours the answer to question 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**28). Abdominal Wall Tumour Resection: S11J16.1**

1. Name of the Procedure: Abdominal Wall Tumour Resection
2. Indication: Large abdominal wall lesions
3. Does the patient presented with large abdominal wall lesions, features involving area of involvement: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Scan – Abdomen/Pelvis, Chest X ray, routine hematological investigations, radiology guided FNAC/biopsy: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease
  - b. Gross involvement of major structure

For Eligibility for Abdominal Wall Tumour Resection the answer to question 5a & 5b must be No

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**29). Resection With Reconstruction of Abdominal Wall Tumour: S11J16.2**

1. Name of the Procedure: Resection With Reconstruction of Abdominal Wall Tumour
2. Indication: Abdominal wall tumours/ Localized infiltrative intra-abdominal disease involving the abdominal wall/ Desmoid tumor of abdominal wall/ Metastatic skin nodules
3. Does the patient presented with abdominal wall mass, pain at the local site: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Scan, Chest X ray, ECG, routine hematological investigations, FNAC/biopsy: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease
  - b. Cutaneous manifestation of lymphomas

For Eligibility for Resection With Reconstruction of Abdominal Wall Tumour the answer to question 5a & 5b must be No

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**30). Bilateral Pelvic Lymph Node Dissection (BPLND): S11J17.1**

1. Name of the Procedure: Bilateral Pelvic Lymph Node Dissection (BPLND)
2. Indication: Carcinoma- Cervix/ Endometrium/ Ovary/ Germ Cell Tumor (residual retroperitoneal nodes after neoadjuvant chemo) & Non- seminomatous germ cell tumor
3. Does the patient presented with persistent residual nodal disease on CT scan: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Scan, Chest X ray, ECG, routine hematological investigations, Specific tumor markers: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of major vascular encasement or involvement

For Eligibility for Bilateral Pelvic Lymph Node Dissection (BPLND) the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**31). Radical Trachelectomy: S11J17.2**

1. Name of the Procedure: Radical Trachelectomy
2. Indication: Early Carcinoma Cervix Stage-I
3. Does the patient presented with whitish discharge per vagina, post-coital bleeding/spotting: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Scan- Abdomen/Pelvis, Chest X ray, ECG, routine hematological investigations, pap smear, cervical biopsy: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Locally advanced disease
  - b. Metastatic disease
  - c. Surgically unfit

For Eligibility for Radical Trachelectomy the answer to question 5a, 5b & 5c must be No

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**32). Radical Vaginectomy: S11J17.3**

1. Name of the Procedure: Radical Vaginectomy
2. Indication: Carcinoma- Vagina/ Vulva involving part of vagina
3. Does the patient presented with neoplastic lesion involving vagina: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Scan- Abdomen/Pelvis, Chest X ray, ECG, routine hematological investigations, histopathology confirmation: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Locally advanced
  - b. Metastatic disease
  - c. Surgically unfit

For Eligibility for Radical Vaginectomy the answer to question 5a, 5b & 5c must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

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**33). Radical Vaginectomy + Reconstruction: S11J17.4**

1. Name of the Procedure: Radical Vaginectomy + Reconstruction
2. Indication: Carcinoma- Vagina/ Vulva involving part of vagina with anticipated skin & soft tissue loss
3. Does the patient presented with neoplastic lesion involving vagina with involvement of surrounding skin, labia majora & minora: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Scan- Abdomen/Pelvis, Chest X ray, ECG, routine hematological investigations, histopathology confirmation: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease
  - b. Surgically unfit

For Eligibility for Radical Vaginectomy + Reconstruction the answer to question 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**34). Radical Hysterectomy +Bilateral Pelvic Lymph Node Dissection (BPLND) + Bilateral Salpingo Oophorectomy (BSO) / Ovarian Transposition: S11J18.1**

1. Name of the Procedure: Radical Hysterectomy +Bilateral Pelvic Lymph Node Dissection (BPLND) + Bilateral Salpingo Oophorectomy (BSO) / Ovarian Transposition
2. Indication: Carcinoma- Cervix (Upto Stage II A)
3. Does the patient presented with bleeding PV, whitish discharge, proliferative lesion at cervix: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Scan- Abdomen/Pelvis, Chest X ray, ECG, routine hematological investigations, histopathology confirmation: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Stage II B & above
  - b. Surgically unfit

For Eligibility for Radical Hysterectomy +Bilateral Pelvic Lymph Node Dissection (BPLND) + Bilateral Salpingo Oophorectomy (BSO) / Ovarian Transposition the answer to question 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**35). Anterior Exenteration: S11J18.2**

1. Name of the Procedure: Anterior Exenteration
2. Indication: Carcinoma- Cervix involving the posterior bladder wall/ Carcinoma- Endometrium
3. Does the patient presented with bleeding PV, bleeding per urethra, chronic cystitis, utero-vesical fistula, vesico-vaginal fistula: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Scan- Abdomen/Pelvis, Chest X ray, ECG, routine hematological investigations, cystoscopy, histopathology confirmation: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Gross metastasis disease
  - b. Poor performance score
  - c. Gross sacral involvement
  - d. Surgically unfit

For Eligibility for Anterior Exenteration the answer to question 5a, 5b, 5c & 5d must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**36). Posterior Exenteration: S11J18.3**

1. Name of the Procedure: Posterior Exenteration
2. Indication: Carcinoma- Cervix involving the rectum
3. Does the patient presented with bleeding PV/PR, recto-uterine fistula, recto-vaginal fistula, discharge per rectum, faecal discharge per vagina: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Scan- Abdomen/Pelvis, Chest X ray, ECG, routine hematological investigations, proctoscopy/sigmoidoscopy, histopathology confirmation: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Gross metastasis disease
  - b. Poor performance score
  - c. Gross sacral involvement
  - d. Surgically unfit

For Eligibility for Posterior Exenteration the answer to question 5a, 5b, 5c & 5d must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**37). Total Pelvic Exenteration: S11J18.4**

1. Name of the Procedure: Total Pelvic Exenteration
2. Indication: Salvage procedure for Ca cervix/ Ca rectum involving bladder & vice versa
3. Does the patient presented with bleeding PV/PR, discharge PV/PR, faecal discharge per vagina: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Scan- Abdomen/Pelvis, Chest X ray, ECG, routine hematological investigations, cystoscopy, proctoscopy/sigmoidoscopy, histopathology confirmation: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Poor performance score
  - b. Surgically unfit

For Eligibility for Total Pelvic Exenteration the answer to question 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**38). Supra Levator Exenteration: S11J18.5**

1. Name of the Procedure: Supra Levator Exenteration
2. Indication: Salvage procedure for advanced Ca cervix
3. Does the patient presented with bleeding PV/PR, discharge PV/PR, faecal discharge per vagina: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Scan- Abdomen/Pelvis, Chest X ray, ECG, routine hematological investigations, cystoscopy, proctoscopy/sigmoidoscopy, histopathology confirmation: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Poor performance score
  - b. Surgically unfit

For Eligibility for Supra Levator Exenteration the answer to question 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**39). Total Abdominal Hysterectomy (TAH) + Bilateral Salpingo Oophorectomy (BSO) + Bilateral Pelvic Lymph Node Dissection (BPLND) + Omentectomy: S11J19.1**

1. Name of the Procedure: Total Abdominal Hysterectomy (TAH) + Bilateral Salpingo Oophorectomy (BSO) + Bilateral Pelvic Lymph Node Dissection (BPLND) + Omentectomy
2. Indication: Ca endometrium
3. Does the patient presented with dysfunctional uterine bleeding, discharge per vagina: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Scan- Abdomen/Pelvis, Chest X ray, ECG, routine hematological investigations, dilatation curettage & biopsy: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Poor performance score
  - b. Gross metastatic disease
  - c. Surgically unfit

For Eligibility for Total Abdominal Hysterectomy (TAH) + Bilateral Salpingo Oophorectomy (BSO) + Bilateral Pelvic Lymph Node Dissection (BPLND) + Omentectomy the answer to question 5a, 5b & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**40). Orbital Exenteration: S11J2.1**

1. Name of the Procedure: Orbital Exenteration
2. Indication: Rhabdomyosarcoma/ retinoblastoma/ locally advanced orbital tumors/ advanced maxillary tumors
3. Does the patient presented with mass involving orbit, discharge from orbit, loss of vision, pain, ophthalmoplegia: Yes/No
4. If the answer to question 3 is Yes then is there evidence of malignancy - CT Scan- Orbit, Chest X ray, ECG, routine hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastasis disease
  - b. Surgically unfit

For Eligibility for Orbital Exenteration the answer to question 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**41). Maxillectomy + Orbital Exenteration: S11J2.2**

1. Name of the Procedure: Maxillectomy + Orbital Exenteration
2. Indication: Maxillary advanced tumours involving orbit
3. Does the patient presented with mass involving maxilla, mass from maxilla spreading to orbit, pain, loss of vision: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Scan- PNS, Chest X ray, ECG, routine hematological investigations, histopathology confirmation: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Poor performance score
  - b. Metastatic disease

For Eligibility for Maxillectomy + Orbital Exenteration the answer to question 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**42). Maxillectomy + Infratemporal Fossa Clearance: S11J2.3**

1. Name of the Procedure: Maxillectomy + Infratemporal Fossa Clearance
2. Indication: Locally advanced Ca Maxilla involving infratemporal fossa & skull base
3. Does the patient presented with large maxilla lesions, diplopia, pain, headache, lesion involving infratemporal fossa: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Scan- PNS, Chest X ray, ECG, routine hematological investigations, histopathology confirmation: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Poor performance score
  - b. Metastasis disease

For Eligibility for Maxillectomy + Infratemporal Fossa Clearance the answer to question 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**43). Cranio Facial Resection: S11J2.4**

1. Name of the Procedure: Cranio Facial Resection
2. Indication: Locally advanced paranasal sinus tumors/ skull base tumors
3. Does the patient presented with pain, headache, swelling, nasal bleeding: Yes/No
4. If the answer to question 3 is Yes then is there evidence of malignancy - CT Scan- PNS, Chest X ray, ECG, routine hematological investigations, histopathology confirmation: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease
  - b. Poor performance score
  - c. Surgically unfit

For Eligibility for Cranio Facial Resection the answer to question 5a, 5b & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**44). Chest Wall Resection: S11J20.1**

1. Name of the Procedure: Chest Wall Resection
2. Indication: Primary chest wall tumours - soft tissue sarcoma + metastatic nodules
3. Does the patient presented with neoplastic mass – chest wall pain & swelling: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Scan- Thorax, Chest X ray, ECG, routine hematological investigations, histopathology confirmation: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease
  - b. Poor performance score
  - c. Surgically unfit

For Eligibility for Chest Wall Resection the answer to question 5a, 5b & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**45). Chest Wall Resection + Reconstruction: S11J20.2**

1. Name of the Procedure: Chest Wall Resection + Reconstruction
2. Indication: Primary chest wall tumours - soft tissue/bone tumours with significant loss and not amenable for primary closure
3. Does the patient presented with large tumors seen in chest wall, skin, bone: Yes/No
4. If the answer to question 3 is Yes then is there evidence of malignancy - CT Scan- Thorax, Chest X ray, ECG, routine hematological investigations, histopathology confirmation: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Poor performance score
  - b. Surgically unfit
  - c. Metastatic disease

For Eligibility for Chest Wall Resection + Reconstruction the answer to question 5a, 5b & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**46). Limb Salvage Surgery Without Prosthesis: S11J22.1**

1. Name of the Procedure: Limb Salvage Surgery Without Prosthesis
2. Indication: Tick off for Shoulder Girdle tumors (localized)/ Extremity tumors (localized) without neurovascular involvement
3. Does the patient presented with pain, swelling & localized extremity tumors: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Bone scan, MRI, CT-Chest, Biopsy: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No
  - c. Neurovascular involvement: Yes/No

For Eligibility for Limb Salvage Surgery without Prosthesis the answer to questions 5a, 5b & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**47). Sacral Resection: S11J22.10**

1. Name of the Procedure: Sacral Resection
2. Indication: Tumors of sacrum (Chordoma)/ Locally advanced non-metastatic Ca rectum involving sacrum
3. Does the patient presented with severe pain, bleeding per rectum, neurological deficits: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT, MRI, Biopsy: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Sacral Resection the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**48). Limb Salvage Surgery With Custom Made Prosthesis: S11J22.2**

1. Name of the Procedure: Limb Salvage Surgery With Custom Made Prosthesis
1. Indication: Shoulder Girdle tumors/ Localized extremity tumors without neurovascular involvement
2. Does the patient presented with pain, swelling: Yes/No
3. If the answer to question 3 is Yes then is there evidence of carcinoma - Bone Scan, MRI, CT-Chest local part, Biopsy: Yes/No (Upload reports)
4. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Limb Salvage Surgery with Custom Made Prosthesis the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**49) Limb Salvage Surgery With Modular Prosthesis: S11J22.3**

1. Name of the Procedure: Limb Salvage Surgery With Modular Prosthesis
2. Indication: Shoulder Girdle tumors/ Localized extremity tumors without neurovascular involvement
3. Does the patient presented with pain & localized tumors: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Bone Scan, MRI, CT-Chest local part, Biopsy: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Limb Salvage Surgery with Modular Prosthesis the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**50). Forequarter Amputation: S11J22.4**

1. Name of the Procedure: Forequarter Amputation
2. Indication: Upper humerus & scapular lesions involving shoulder joint
3. Does the patient presented with pain & restricted movements: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Chest/ MRI, relevant hematological investigations, Biopsy: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Forequarter Amputation the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**51). Hemipelvectomy: S11J22.5**

1. Name of the Procedure: Hemipelvectomy
2. Indication: Bony tumours of Hip bone (Ischium, Pubis & Ilium)
3. Does the patient presented with pain, tenderness, restriction of movements, large mass in pelvis: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Pelvis/ MRI Pelvis, CT Chest, relevant hematological investigations, Biopsy: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Hemipelvectomy the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**52). Internal Hemipelvectomy: S11J22.6**

1. Name of the Procedure: Internal Hemipelvectomy
2. Indication: Ilium Sarcomas (Ewings, Osteo, Chondro)/ Tumors of pelvic bone
3. Does the patient presented with pain, tenderness, restriction of movements, large mass in pelvis: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Pelvis/ MRI Pelvis, CT Chest, relevant hematological investigations, Biopsy: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Internal Hemipelvectomy the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**53). Curettage & Bone Cement: S11J22.7**

1. Name of the Procedure: Curettage & Bone Cement
2. Indication: Localised low grade (Grade II) giant cell tumors of bone
3. Does the patient presented with pain, swelling, restricted movements, tenderness:  
Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT/ MRI,  
relevant hematological investigations, Biopsy: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Curettage & Bone Cement the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**54). Bone Resection: S11J22.8**

1. Name of the Procedure: Limb Bone Resection
2. Indication: Localised post-chemo residual tumour of long bones
3. Does the patient presented with pain & localized tenderness: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT/ MRI, relevant hematological investigations, Biopsy: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Limb Bone Resection the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**55). Shoulder Girdle Resection: S11J22.9**

1. Name of the Procedure: Shoulder Girdle Resection
2. Indication: Large tumors of upper end humerus/scapula
3. Does the patient presented with pain, swelling, tenderness, restricted movements:  
Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Bone scan,  
relevant hematological investigations, Biopsy, CT scan/MRI: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Shoulder Girdle Resection the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**56). Partial Nephrectomy: S11J23.1**

1. Name of the Procedure: Partial Nephrectomy
2. Indication: Small tumors of renal involving one pole without any major vascular involvement/ Renal tumor involving solitary kidney
3. Does the patient presented with pain & tenderness of local area: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT/ Isotope renogram, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Partial Nephrectomy the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**57). Radical Prostatectomy: S11J23.10**

1. Name of the Procedure: Radical Prostatectomy
2. Indication: Ca Prostrate – T1, T2, N0, M0
3. Does the patient presented with dysuria, pain, tenderness in abdomen: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT/ USG KUB, relevant hematological investigations, Prostatic biopsy, Bone scan, Sr PSA: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Radical Prostatectomy the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**58). High Orchiectomy: S11J23.11**

1. Name of the Procedure: High Orchiectomy
2. Indication: Testicular tumors
3. Does the patient presented with testicular swelling, loss of testicular sensation, abdominal mass, pain & swelling in ectopic testis: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - USG, relevant hematological investigations, CT scan, Serum Alfa Fetoprotein, Serum B-HCG: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for High Orchiectomy the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**59). Bilateral Orchiectomy: S11J23.12**

1. Name of the Procedure: Bilateral Orchiectomy
2. Indication: Ca prostate, residual/sanctuary sites post treatment lymphoma
3. Does the patient presented with raised PSA: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy/ USG, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Bilateral Orchiectomy the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**60). Nephroureterectomy For Transitional Cell Carcinoma Of Renal Pelvis: S11J23.2**

1. Name of the Procedure: Nephroureterectomy For Transitional Cell Carcinoma Of Renal Pelvis
2. Indication: Transitional Cell Ca kidney with/without involvement of ureter
3. Does the patient presented with painless hematuria, pain in loin, high blood pressure: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT abdomen/pelvis, relevant hematological investigations, Biopsy: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Locally advanced disease with vascular involvement: Yes/No
  - c. Surgically unfit: Yes/No

For Eligibility for Nephroureterectomy for Transitional Cell Carcinoma of Renal Pelvis the answer to questions 5a, 5b & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**61). Radical Nephrectomy: S11J23.3**

1. Name of the Procedure: Radical Nephrectomy
2. Indication: Renal tumors/ Cancers - Malignant
3. Does the patient presented with painless hematuria, pain in loin, high blood pressure:  
Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - USG KUB/ IVP/  
CT abdomen/pelvis, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Radical Nephrectomy the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**62). Emasculation: S11J23.4**

1. Name of the Procedure: Emasculation
2. Indication: Carcinoma penis involving scrotum
3. Does the patient presented with growth involving penis & scrotum, no involvement of surrounding skin, free from bone, no metastases: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, USG/ CT pelvis including testes, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Involvement of perineal skin: Yes/No
  - b. Metastatic disease: Yes/No
  - c. Regional Nodes: Yes/No

For Eligibility for Emasculation the answer to questions 5a, 5b & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**63). Radical Cystectomy: S11J23.5**

1. Name of the Procedure: Radical Cystectomy
2. Indication: Bladder tumor (malignant) - Muscle invasive/ Recurrent in situ carcinomas – Multicentric or Unicentric
3. Does the patient presented with hematuria, pain, urinary infection, anemia: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, USG KUB/ IVP/ CT abdomen/pelvis, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastases: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Radical Cystectomy the answer to question 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**64). Other Cystectomies: S11J23.6**

1. Name of the Procedure: Other Cystectomies
2. Indication: Radical Partial Cystectomy
3. Does the patient presented with Ca urinary bladder with growth amenable to wide local excision & not involving trigone: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, USG KUB/ IVP/ CT abdomen/pelvis, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Involving trigone: Yes/No
  - b. Metastatic Disease: Yes/No

For Eligibility for Other Cystectomies the answer to question 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**65). Total Penectomy: S11J23.7**

1. Name of the Procedure: Total Penectomy
2. Indication: Ca Penis involving glans & shaft of penis
3. Does the patient presented with proliferative lesion involving penis, recurrent infection, bleeding: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan abdomen/pelvis, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Total Penectomy the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**66). Partial Penectomy: S11J23.8**

1. Name of the Procedure: Partial Penectomy
2. Indication: Small penile lesion involving glans
3. Does the patient presented with proliferative lesion involving penis, recurrent infection, bleeding: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan abdomen/pelvis, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Partial Penectomy the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**67). Inguinal Block Dissection One Side: S11J23.9**

1. Name of the Procedure: Inguinal Block Dissection One Side
2. Indication: Unilateral LN involvement for Malignant disease of Genito-urinary tract (penis/vulva/scrotum/anal canal/vagina) or malignant melanoma of lower limb
3. Does the patient presented with swelling in groin/ pedal oedema, fungating mass: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma – FNAC/ Biopsy, CT Scan abdomen/pelvis, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Inguinal Block Dissection One Side the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**68). Retro Peritoneal Lymph Node Dissection (RPLND) (For Residual Disease): S11J24.1**

1. Name of the Procedure: Retro Peritoneal Lymph Node Dissection(RPLND) (For Residual Disease)
2. Indication: Seminomatous/ Non-seminomatous germ cell tumors post-therapy with residual RPLND
3. Does the patient presented with backache, oliguria: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Abdomen/ pelvis, Tumour Markers, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. systematic metastases: Yes/No
  - b. surgically unfit: Yes/No

For Eligibility for Retro Peritoneal Lymph Node Dissection (RPLND) (For Residual Disease) the answer to question 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**69). Adrenalectomy: S11J24.2**

1. Name of the Procedure: Adrenalectomy
2. Indication: Tumors of adrenal gland, Enlarged gland > 4 cms
3. Does the patient presented with hormonal imbalances/ disturbances: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT/ MRI, Urinary Hormones, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of surgically unfit: Yes/No

For Eligibility for Adrenalectomy the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**70). Urinary Diversion: S11J24.3**

1. Name of the Procedure: Urinary Diversion
2. Indication: Uretro-sigmoidostomy/ Percutaneous Nephrostomy/ Ureterostomy
3. Does the patient presented with pelvic or abdominal tumors causing bladder outlet, unilateral or bilateral ureteric obstruction, may present with anuria, oliguria or uremia:  
Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT/ USG, relevant hematological investigations, Biopsy: Yes/No (Upload reports)

For Eligibility for Urinary Diversion the answer to question 4 must be Yes

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**71). Retro Peritoneal Lymph Node Dissection Rplnd As Part Of Staging: S11J24.4**

1. Name of the Procedure: Retro Peritoneal Lymph Node Dissection Rplnd As Part Of Staging
2. Indication: Ca Testis/ Ca Ovary/ Lymphoma
3. Does the patient presented with distention of abdomen, pain in abdomen, hepatosplenomegaly: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT scan abdomen/ pelvis, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of distant visceral metastasis: Yes/No

For Eligibility for Retro Peritoneal Lymph Node Dissection Rplnd As Part Of Staging the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**72). Anterior Exenteration: S11J25.1**

1. Name of the Procedure: Anterior Exenteration
2. Indication: Locally advanced Ca bladder involving uterus (females), Post radiation Carcinoma Cervix involving bladder base
3. Does the patient presented with vesico-vaginal fistula, vaginal discharge, bleeding: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy/ Cystoscopy/ CT, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Involvement of lateral pelvic walls: Yes/No
  - c. Surgically unfit: Yes/No

For Eligibility for Anterior Exenteration the answer to questions 5a, 5b & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**73). Total Exenteration: S11J25.2**

1. Name of the Procedure: Total Exenteration
2. Indication: Ca bladder with rectum involvement of uterus/ vagina, Post radiation Carcinoma Rectum involving bladder
3. Does the patient presented with vesico-vaginal fistula, recto-vaginal fistula, hematuria, tenesmus, rectovesical fistula: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy/ Cystoscopy/ CT, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Total Exenteration the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**74). Bilateral Pelvic Lymph Node Dissection (BPLND) for CA Urinary Bladder: S11J25.3**

1. Name of the Procedure: Bilateral Pelvic Lymph Node Dissection (BPLND) for CA Urinary Bladder
2. Indication: Ca Genito-urinary tract with bilateral lymph nodal involvement
3. Does the patient presented with swelling & abdominal pain: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan abdomen/pelvis, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Systemic metastases: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Bilateral Pelvic Lymph Node Dissection (BPLND) for CA Urinary Bladder the answer to question 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**75). Mediastinal Tumour Resection: S11J26.1**

1. Name of the Procedure: Mediastinal Tumour Resection
2. Indication: Tumors of mediastinum
3. Does the patient presented with pain in chest, dyspnoea, trachypnoea, myasthenia gravis: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan thorax, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. SVC syndrome: Yes/No
  - b. Distant metastases: Yes/No
  - c. Surgically unfit: Yes/No

For Eligibility for Mediastinal Tumour Resection the answer to questions 5a, 5b & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**76). Lung Metastatectomy Solitary: S11J27.1**

1. Name of the Procedure: Lung Metastatectomy Solitary
2. Indication: Solitary metastatic lung lesion, stable for atleast 1 year with no other lesion in the body
3. Does the patient presented with cough & hemoptysis: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan thorax, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Distant metastases: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Lung Metastatectomy Solitary the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**77). Lung Metastatectomy Multiple: S11J27.2**

1. Name of the Procedure: Lung Metastatectomy Multiple
2. Indication: Multiple lung metastases within one lung
3. Does the patient presented with cough & hemoptysis: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan thorax, relevant hematological investigations, Pulmonary function tests: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Distant metastases: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Lung Metastatectomy Multiple the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**78). Sleeve Resection Of Lung Cancer: S11J27.3**

1. Name of the Procedure: Sleeve Resection Of Lung Cancer
2. Indication: Tracheal tumors involving segment of main stem bronchus/ Bronchial Carcinoids
3. Does the patient presented with cough, respiratory distress, hemoptysis, lower respiratory tract infection: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan thorax, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Vascular involvement: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Sleeve Resection Of Lung Cancer the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**79). Lung Cancer Pneumonectomy: S11J27.4**

1. Name of the Procedure: Lung Cancer Pneumonectomy
2. Indication: Malignant tumor of lung involving more than 1 lobe of lung  
OR/AND close to hilum  
OR/AND main stem bronchus
3. Does the patient presented with cough, respiratory distress, hemoptysis, collapse/  
consolidation of lungs: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan  
thorax, Chest X ray/ PFT, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Poor PFT: Yes/No
  - c. Surgically unfit: Yes/No

For Eligibility for Lung Cancer Pneumonectomy the answer to questions 5a, 5b & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**80). Lung Cancer Lobectomy: S11J27.5**

1. Name of the Procedure: Lung Cancer Lobectomy
2. Indication: Tumor involving one lobe
3. Does the patient presented with cough, respiratory distress, hemoptysis: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan thorax, Chest X ray/ PFT, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Poor PFT: Yes/No
  - c. Surgically unfit: Yes/No

For Eligibility for Lung Cancer Lobectomy the answer to questions 5a, 5b & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**81). Lung Cancer Decortication: S11J27.6**

1. Name of the Procedure: Lung Cancer Decortication
2. Indication: Mesothelioma of lung
3. Does the patient presented with cough, pleural effusion, pleural based plaques, respiratory distress, pain: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan thorax, Chest X ray, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Distant metastases: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Lung Cancer Decortication the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**82). Oesophagectomy With Two Field Lymphadenectomy: S11J28.1**

1. Name of the Procedure: Oesophagectomy With Two Field Lymphadenectomy
2. Indication: Malignant tumors of oesophagus
3. Does the patient presented with dysphagia & retrosternal pain: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, Upper GI Endoscopy/ CT, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No
  - c. Skip lesions involving upper 1/3<sup>rd</sup> of oesophagus: Yes/No

For Eligibility for Oesophagectomy with Two Field Lymphadenectomy the answer to questions 5a, 5b & 5c must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**83). Oesophagectomy With Three Field Lymphadenectomy: S11J28.2**

1. Name of the Procedure: Oesophagectomy With Three Field Lymphadenectomy
2. Indication: Carcinoma of oesophagus/ Malignant tumors of mid or lower 1/3<sup>rd</sup> oesophagus with Squamous Cell Carcinoma
3. Does the patient presented with dysphagia & retrosternal pain: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, Upper GI Endoscopy/ CT, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Oesophagectomy with Three Field Lymphadenectomy the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**84). Tracheostomy: S11J29.1**

1. Name of the Procedure: Tracheostomy
2. Indication: Ca vocal cord/ pyriform fossa, larynx
3. Does the patient presented with pain, dysphagia, stridor & dyspnoea: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Neck, Chest X ray, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Tracheostomy the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**85). Ileotransverse Colostomy: S11J29.10**

1. Name of the Procedure: Ileotransverse Colostomy
2. Indication: Large obstructing lesion (locally advanced) of caecum, ascending colon, proximal transverse colon with intestinal obstruction
3. Does the patient presented with pain, vomiting, obstipation, distention: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan abdomen & pelvis/ Colonoscopy, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient surgically unfit: Yes/No

For Eligibility for Ileotransverse Colostomy the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**86). Substernal Bypass: S11J29.2**

1. Name of the Procedure: Substernal Bypass
2. Indication: Obstructing Carcinoma Esophagus
3. Does the patient presented with dysphagia, cachexia, anemia: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan thorax, Chest X ray, relevant hematological investigations : Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient surgically unfit: Yes/No

For Eligibility for Substernal Bypass the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**87). Gastrostomy: S11J29.3**

1. Name of the Procedure: Gastrostomy
2. Indication: Obstructing lesions of larynx/ pharynx/ postcricoid/ esophagus/ GE junction
3. Does the patient presented with dysphagia to solid & liquids: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT scan: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient surgically unfit: Yes/No

For Eligibility for Gastrostomy the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**88). Jejunostomy: S11J29.4**

1. Name of the Procedure: Jejunostomy
2. Indication: Obstructive lesions/ Ca stomach with gastric outlet
3. Does the patient presented with vomiting, weakness, anemia, cachexia: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan-thorax/abdomen/pelvis, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient surgically unfit: Yes/No

For Eligibility for Jejunostomy the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**89). Ileostomy: S11J29.5**

1. Name of the Procedure: Ileostomy
2. Indication: Diversion procedure
3. Does the patient presented with vomiting, abdominal distension, obstipation, colonic fistula: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan- abdomen/pelvis, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient surgically unfit: Yes/No

For Eligibility for Ileostomy the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**90). Colostomy: S11J29.6**

1. Name of the Procedure: Colostomy
2. Indication: Obstructing rectal lesion or locally advanced rectal malignancy/ Recto vaginal fistula/ Rectovesical fistula/ Diversion following anterior resection/ After pelvic total exenteration
3. Does the patient presented with pain: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan- abdomen, pelvis/ colonoscopy, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient surgically unfit: Yes/No

For Eligibility for Colostomy the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**91). Suprapubic Cystostomy: S11J29.7**

1. Name of the Procedure: Suprapubic Cystostomy
2. Indication: Retention of urine due to bladder outlet obstruction
3. Does the patient presented with dysuria, pain, swelling/distention: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan-abdomen/pelvis, USG, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient surgically unfit: Yes/No

For Eligibility for Suprapubic Cystostomy the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**92). Intercostal Drainage (ICD): S11J29.8**

1. Name of the Procedure: Intercostal Drainage (ICD)
2. Indication: Malignant pleural effusion due to any case
3. Does the patient presented with respiratory distress, chest pain: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan thorax, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient surgically unfit: Yes/No

For Eligibility for Intercostal Drainage (ICD) the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**93). Gastro Jejunostomy: S11J29.9**

1. Name of the Procedure: Gastro Jejunostomy
2. Indication: Ca stomach/ Gastric Outlet Obstruction/ Ca duodenum/ Ca head of pancreas with duodenal obstruction
3. Does the patient presented with vomiting, retraction of food in stomach, dysphagia, weight loss: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, Upper GI endoscopy/ CT Scan abdomen/pelvis, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient surgically unfit: Yes/No

For Eligibility for Gastro Jejunostomy the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**94). Resection Of Nasopharyngeal Tumour: S11J3.1**

1. Name of the Procedure: Resection Of Nasopharyngeal Tumour
2. Indication: Tumors of nasopharynx without inter-cranial extention (Nasopharyngeal angiofibroma)
3. Does the patient presented with pain, bleeding from nose, blocked nose: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan/ MRI, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Resection Of Nasopharyngeal Tumour the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**95). Myocutaneous / Cutaneous Flap: S11J30.1**

1. Name of the Procedure: Myocutaneous / Cutaneous Flap
2. Indication: Volume loss requiring both skin & soft tissue replacement
3. Does the patient presented with large soft tissue defects, large skin defects: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Chest X ray, ECG, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient surgically unfit: Yes/No

For Eligibility for Myocutaneous/ Cutaneous Flap the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**96). Micro Vascular Reconstruction: S11J30.2**

1. Name of the Procedure: Micro Vascular Reconstruction
2. Indication: Large soft tissue & skin defects with or without bone
3. Does the patient presented with post-surgical volume loss: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Chest X ray, ECG, USG neck, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Surgically unfit: Yes/No
  - b. Atherosclerotic vessels: Yes/No

For Eligibility for Micro Vascular Reconstruction the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**97). Hysterectomy for Tumour: S11J31.1**

1. Name of the Procedure: Hysterectomy for Tumour
2. Indication: Ca ovary/ Ca fallopian tube/ Ca endometrium/ Sarcoma of uterus
3. Does the patient presented with pain abdomen, mass in abdomen, bleeding P/V: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy/  
Endoscopy, USG/CT abdomen & pelvis, relevant hematological investigations: Yes/No  
(Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Hysterectomy for Tumour the answer to questions 5a & 5b must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**98). Radical Hysterectomy for Tumour: S11J31.2**

1. Name of the Procedure: Radical Hysterectomy for Tumour
2. Indication: Stage up to II A grade of Ca Cervix, Carcinoma Endometrium
3. Does the patient presented with bleeding P/V, discharge P/V, pain in abdomen: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, USG/ CT/ Endoscopy, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Stage > II B: Yes/No
  - b. Unfit for surgery: Yes/No

For Eligibility for Radical Hysterectomy for Tumour the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**99). Surgery For Ca Ovary Early Stage: S11J31.3**

1. Name of the Procedure: Surgery For Ca Ovary Early Stage
2. Indication: Ca ovary – confined to only one ovary, No locoregional spread ovarian mass diagnosed to be Ca on frozen section
3. Does the patient presented with pain, mass per abdomen, menstrual irregularities: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, USG/ CT/ Endoscopy, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Locoregional spread: Yes/No
  - c. Unfit for surgery: Yes/No

For Eligibility for Surgery for Ca Ovary Early Stage the answer to questions 5a, 5b & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**100). Surgery For Ca Ovary Advance Stage: S11J31.4**

1. Name of the Procedure: Surgery For Ca Ovary Advance Stage
2. Indication: Internal cytoreduction
3. Does the patient presented with pain, mass per abdomen, distention: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma – Sr CA 125, Fluid cytology or Biopsy, USG/ CT/ Endoscopy, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Surgery for Ca Ovary Advance Stage the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**101). Vulvectomy: S11J31.5**

1. Name of the Procedure: Vulvectomy
2. Indication: Malignant tumors of vulva
3. Does the patient presented with proliferative lesion involving labia majora/minora, itching, discharge, dysuria: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, USG/ CT/ Endoscopy, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Vulvectomy the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**102). Salpino Oophorectomy: S11J31.6**

1. Name of the Procedure: Salpino Oophorectomy
2. Indication: Germ cell tumors of ovary, teratomas
3. Does the patient presented with pain, vague mass, menstrual irregularity: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, USG/ CT/ Endoscopy, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient surgically unfit: Yes/No

For Eligibility for Salpino Oophorectomy the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**103). Mastectomy Any Type: S11J32.1**

1. Name of the Procedure: Mastectomy Any Type
2. Indication: Large operable carcinoma breast/ Ca breast with multicentric disease/ DCIS with extensive intraductal component/ Lobular variety of invasive carcinoma
3. Does the patient presented with painless & progressive lump in breast, nipple/skin retraction, nipple discharge: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - FNAC/ Biopsy, Mammography, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No

For Eligibility for Mastectomy Any Type the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**104). Axillary Dissection: S11J32.2**

1. Name of the Procedure: Axillary Dissection
2. Indication: Ca breast (proven) for staging of disease and locoregional control
3. Does the patient presented with axillary swelling: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - FNAC/ Biopsy/ Mammography, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No
  - c. Large axillary mass > 3 cms, skin ulceration, I/L upper limb swelling: Yes/No

For Eligibility for Axillary Dissection the answer to questions 5a, 5b & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**105). Wide Excision of Breast for Tumour: S11J32.3**

1. Name of the Procedure: Wide Excision of Breast for Tumour
2. Indication: Suspected or Proven Carcinoma breast/ Suspected or Proven Carcinoma in situ presenting as lump/ Malignant cystosarcoma phylloides/ Sarcoma of breast
3. Does the patient presented with painless & progressive lump, nipple discharge, skin or nipple retraction: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - FNAC/ Biopsy, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Surgically unfit: Yes/No
  - c. Imaging suggestive of multicentric disease: Yes/No
  - d. Locally advanced disease in the form of skin ulcer, satellite nodules, Peau de Orange, Chest wall fixity: Yes/No

For Eligibility for Wide Excision of Breast for Tumour the answer to questions 5a, 5b, 5c & 5d must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**106). Lumpectomy Breast: S11J32.4**

1. Name of the Procedure: Lumpectomy Breast
2. Indication: Fibroadenoma of breast/ Antibioma of breast/ Benign Cystosarcoma phylloides
3. Does the patient presented with painless & progressive lump in breast, pain as part of premenstrual syndrome: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - FNAC/ Biopsy/ Mammography, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Surgically unfit: Yes/No
  - b. Clinical/ Radiological suspicion of malignancy: Yes/No

For Eligibility for Lumpectomy Breast the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**107). Breast Reconstruction: S11J32.5**

1. Name of the Procedure: Breast Reconstruction
2. Indication: After lumpectomy, causing volume loss that is cosmetically unacceptable/  
After mastectomy
3. Does the patient presented with lump in breast, nipple discharge: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - FNAC/ Biopsy,  
relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Surgically unfit: Yes/No
  - b. Locally advanced Ca breast: Yes/No
  - c. Post-op radiation required: Yes/No

For Eligibility for Breast Reconstruction the answer to questions 5a, 5b & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**108). Chest Wall Resection: S11J32.6**

1. Name of the Procedure: Chest Wall Resection
2. Indication: Chest Wall Tumors
3. Does the patient presented with tumors involving chest wall, muscles, ribs, overlying skin, underlying pleura: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, USG/ CT Thorax, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Lung infiltration: Yes/No
  - b. Metastatic Disease: Yes/No

For Eligibility for Chest Wall Resection the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**109). Skin Tumours Wide Excision: S11J33.1**

1. Name of the Procedure: Skin Tumours Wide Excision
2. Indication: Primary tumors of skin/ Mets tumors of skin/ Cutaneous manifestations of malignancy
3. Does the patient presented with non-tender skin nodules: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient medically unfit: Yes/No

For Eligibility for Skin Tumours Wide Excision the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**110). Skin Tumours Wide Excision + Reconstruction: S11J33.2**

1. Name of the Procedure: Skin Tumours Wide Excision + Reconstruction
2. Indication: Skin tumors of scalp/ neck/ other regions reconstruction with local flaps/ distant flaps
3. Does the patient presented with skin nodules & ulcerations: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient medically unfit: Yes/No

For Eligibility for Skin Tumours Wide Excision + Reconstruction the answer to questions 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**111). Skin Tumours Amputation: S11J33.3**

1. Name of the Procedure: Skin Tumours Amputation
2. Indication: Large squamous cell carcinoma/ melanoma/ Basal cell carcinoma involving extremities
3. Does the patient presented with skin nodules & ulcerations, pain: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, MRI/CT scan, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient medically unfit: Yes/No

For Eligibility for Skin Tumours Amputation the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**112). Wide Excision soft tissue/Bone Tumours: S11J34.1**

1. Name of the Procedure: Wide Excision soft tissue/Bone Tumours
2. Indication: Osteosarcoma/ Soft tissue sarcoma/ Bone tissue sarcomas/ Mesenchymal tumors
3. Does the patient presented with pain, swelling, pathological fractures: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan/ MRI, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Medically unfit: Yes/No

For Eligibility for Wide Excision soft tissue/Bone Tumours the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**113). Wide Excision + Reconstruction soft tissue/Bone Tumours: S11J34.2**

1. Name of the Procedure: Wide Excision + Reconstruction soft tissue/Bone Tumours
2. Indication: Soft tissue sarcoma/ Bone tissue tumors/ Larger defects with skin where primary closure not possible
3. Does the patient presented with pain, ulceration, swelling, pathological fractures:  
Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan/ MRI, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Medically unfit: Yes/No

For Eligibility for Wide Excision + Reconstruction soft tissue/Bone Tumours the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**114). Amputation for soft tissue/Bone Tumours: S11J34.3**

1. Name of the Procedure: Amputation for soft tissue/Bone Tumours
2. Indication: Extensive soft tissue/ Bone tumors
3. Does the patient presented with pain, swelling, pathological fractures: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan/ MRI, relevant hematological investigations: Yes/No (Upload reports & clinical photograph)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic workup: Yes/No
  - b. Medically unfit: Yes/No

For Eligibility for Amputation for soft tissue/Bone Tumours the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**115). Surgical Correction Of Bronchoplural Fistula Thoracoplasty: S11J36.1**

1. Name of the Procedure: Surgical Correction Of Bronchoplural Fistula Thoracoplasty
2. Indication: Post pneumonectomy leak/ Post lobectomy leak/ Bronchial leak
3. Does the patient presented with respiratory distress, persistent air leak in chest drain:  
Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan, Chest X ray/ Bronchoscopy, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient medically unfit: Yes/No

For Eligibility for Surgical Correction Of Bronchoplural Fistula Thoracoplasty the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**116). Surgical Correction Of Bronchoplural Fistula. Myoplasty: S11J36.2**

1. Name of the Procedure: Surgical Correction Of Bronchoplural Fistula. Myoplasty
2. Indication: Large fistula not responding to conservative management/ Persistent Bronchoplural fistulas
3. Does the patient presented with respiratory distress, persistent air leak in chest drain: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan, Chest X ray/ Bronchoscopy, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient medically unfit: Yes/No

For Eligibility for Surgical Correction Of Bronchoplural Fistula. Myoplasty the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**117). Surgical Correction Of Bronchoplural Fistula Trans Plural BPF Closure: S11J36.3**

1. Name of the Procedure: Surgical Correction Of Bronchoplural Fistula Trans Plural BPF Closure
2. Indication: Failure of conservative & bronchoscopic methods of fistula closure
3. Does the patient presented with respiratory distress, persistent air leak, increase air fluid level on chest drain: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan, Chest X ray/ Bronchoscopy, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient medically unfit: Yes/No

For Eligibility for Surgical Correction Of Bronchoplural Fistula Trans Plural BPF Closure the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**118). Marginal Mandibulectomy: S11J37.1**

1. Name of the Procedure: Marginal Mandibulectomy
2. Indication: Ca Tongue/ Ca Floor of mouth/ Ca Buccal Mucosa encroaching in GB sulcus but not involving bone
3. Does the patient presented with proliferative/ uluro-proliferative lesions involving tongue/floor of mouth/buccal mucosa, recurrence of lesions involving gingiva: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Orthopantogram, USG/ CT Scan Neck including mandible, Biopsy, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Gross involvement of mandible: Yes/No
  - c. Medically compromised patient: Yes/No

For Eligibility for Marginal Mandibulectomy the answer to questions 5a, 5b & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**119). Segmental Mandibulectomy: S11J37.2**

1. Name of the Procedure: Segmental Mandibulectomy
2. Indication: Ca Floor of mouth/ Ca Alveolus/ Ca Buccal Mucosa involving mandibular front
3. Does the patient presented with proliferative lesions arising from alveolus/ lesions of gingival of buccal mucosa/ ameloblastoma or osteosarcomas of mandible/ osteoradionecrosis of mandible/ recurrent lesions: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Orthopantomogram, USG/ CT Scan Neck, Biopsy, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Medically compromised: Yes/No

For Eligibility for Segmental Mandibulectomy the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**120). Total Glossectomy + Reconstruction: S11J37.3**

1. Name of the Procedure: Total Glossectomy + Reconstruction
2. Indication: Ca Tongue involving floor of mouth & significant part of tongue, reconstruction with myocutaneous or free flap
3. Does the patient presented with uluro-proliferative lesions on tongue, deviation of tongue, pain, tongue fixity, dysphagia, impairment of speech: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - USG Neck, CT Scan/ MRI Neck, Biopsy, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Medically compromised: Yes/No
  - b. Lesion involving base of tongue/pharynx: Yes/No

For Eligibility for Total Glossectomy + Reconstruction the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**121). Full Thickness Buccal Mucosal Resection & Reconstruction: S11J37.4**

1. Name of the Procedure: Full Thickness Buccal Mucosal Resection & Reconstruction
2. Indication: Ca Buccal Mucosa with skin/ subcutaneous involvement/ Reconstruction with myocutaneous or free flap/ Recurrent lesion of buccal mucosa
3. Does the patient presented with proliferative lesion, infiltration to skin, skin not pinchable, fungation of skin externally: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - USG Neck, CT Scan/ MRI Neck, Biopsy, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Medically compromised: Yes/No

For Eligibility for Full Thickness Buccal Mucosal Resection & Reconstruction the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**122). Palatectomy Any Type: S11J4.1**

1. Name of the Procedure: Palatectomy Any Type
2. Indication: Ca soft palate (T1-T3)
3. Does the patient presented with ulcero-proliferative lesion, swelling in soft palate region: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan PNS/Neck, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient medically compromised: Yes/No

For Eligibility for Palatectomy Any Type the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**123). Sleeve Resection: S11J5.1**

1. Name of the Procedure: Sleeve Resection
2. Indication: Ca External Auditory Canal
3. Does the patient presented with bleeding & ulcerations of external auditory canal, lesion from ear: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Scan, Biopsy, Audiometric tests/ Otoscopy, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient medically unfit: Yes/No

For Eligibility for Sleeve Resection the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**124). Lateral Temporal Bone Resection: S11J5.2**

1. Name of the Procedure: Lateral Temporal Bone Resection
2. Indication: Tumors of temporal bone – Malignant/ Internal auditory cord tumors/  
Tumors involving bony ear canal
3. Does the patient presented with pain, hearing loss, tinnitus, ear discharge: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Scan/ MRI  
Ear/Temporal bone, Otoscopy, relevant hematological investigations: Yes/No (Upload  
reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease & gross intracranial spread: Yes/No
  - b. Medically unfit: Yes/No

For Eligibility for Lateral Temporal Bone Resection the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**125). Subtotal Temporal Bone Resection: S11J5.3**

1. Name of the Procedure: Subtotal Temporal Bone Resection
2. Indication: Tumors including 1/2 of temporal bone (depending upon volume of tumor)
3. Does the patient presented with pain, hearing loss, tinnitus, ear discharge: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan/ MRI Temporal bone, Otoscopy, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease & gross intracranial spread: Yes/No
  - b. Medically unfit: Yes/No

For Eligibility for Subtotal Temporal Bone Resection the answer to questions 5a & 5b must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**126). Total Temporal Bone Resection: S11J5.4**

1. Name of the Procedure: Total Temporal Bone Resection
2. Indication: Tumors involving complete temporal bone
3. Does the patient presented with pain, hearing loss, tinnitus, ear discharge: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, CT Scan/ MRI Temporal bone, Otoscopy, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease & gross intracranial spread: Yes/No
  - b. Medically unfit: Yes/No

For Eligibility for Total Temporal Bone Resection the answer to questions 5a & 5c must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**127). Submandibular Gland Excision: S11J6.1**

1. Name of the Procedure: Submandibular Gland Excision
2. Indication: Salivary gland neoplasm/ Part of radical neck dissection/ MRND involving floor of mouth
3. Does the patient presented with swelling, pain, meal-time syndrome: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - FNAC/ Biopsy, USG/ CT Scan Neck, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient medically compromised: Yes/No

For Eligibility for Submandibular Gland Excision the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**128). Tracheal Resection: S11J7.1**

1. Name of the Procedure: Tracheal Resection
2. Indication: Ca thyroid with tracheal infiltration as salvage surgery
3. Does the patient presented with swelling in neck, moves on deglutition, respiratory distress: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Bronchoscopy, CT scan neck, Thyroid function test: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient medically unfit: Yes/No

For Eligibility for Tracheal Resection the answer to question 5 must be No

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**129). Sternotomy + Superior Mediastinal Dissection: S11J8.1**

1. Name of the Procedure: Sternotomy + Superior Mediastinal Dissection
2. Indication: Superior mediastinal tumors/ Extension of tracheal tumors to lymph node/  
Ca thyroid with tracheal involvement
3. Does the patient presented with respiratory distress, superior mediastinal syndrome:  
Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - Biopsy, USG/ CT  
Scan Neck, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Medically compromised: Yes/No
  - b. Involvement of adjacent vital structures: Yes/No

For Eligibility for Sternotomy + Superior Mediastinal Dissection the answer to questions 5a & 5b must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**130). Tracheal Resection: S11J8.2**

1. Name of the Procedure: Tracheal Resection
2. Indication: Ca Trachea (Localized)
3. Does the patient presented with cough & respiratory distress: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - USG/ CT Scan Neck, Bronchoscopy, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
  - a. Metastatic disease: Yes/No
  - b. Medically compromised: Yes/No

For Eligibility for Tracheal Resection the answer to questions 5a & 5b must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**131). Parathyroidectomy: S11J9.2**

1. Name of the Procedure: Parathyroidectomy
2. Indication: Tumors of parathyroid gland/ Curative treatment for multiple endocrine neoplasia syndrome
3. Does the patient presented with pain, osteolytic lesions, kidney stones, lump in neck, dystrophic calcifications: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - CT Neck/ Nuclear Scan, parathyroid hormone, relevant hematological investigations: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient medically compromised: Yes/No

For Eligibility for Parathyroidectomy the answer to question 5 must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

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