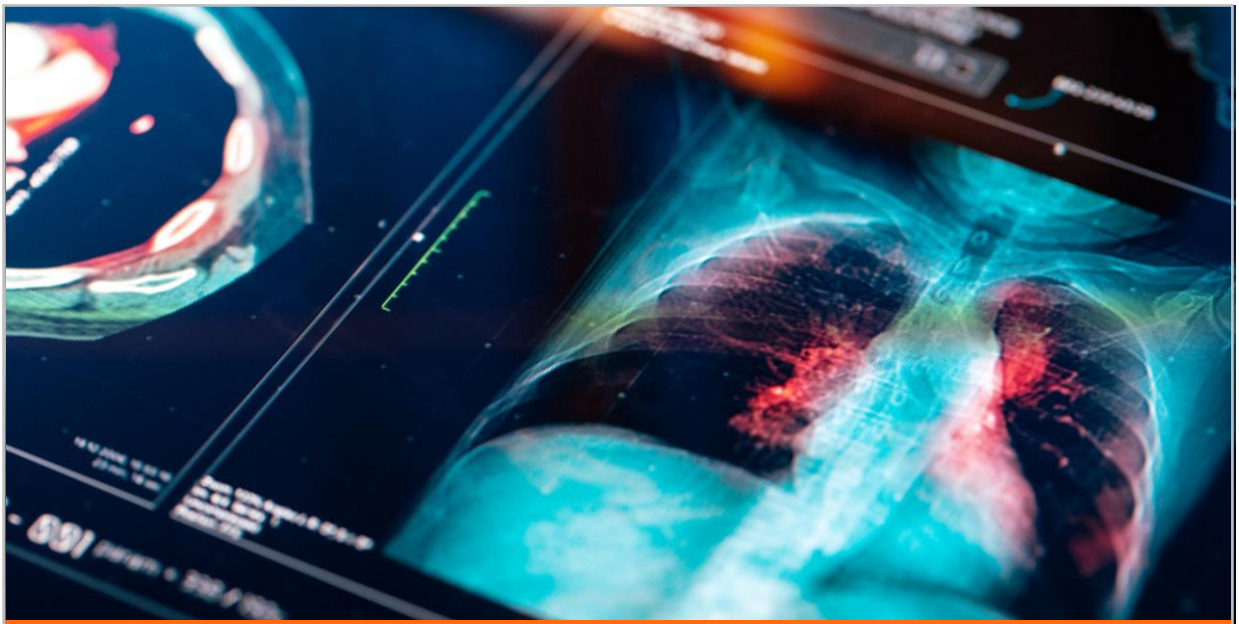
NATIONAL CANCER GRID
COLLABORATION FOR CANCER CARE

Koita Centre for Digital Oncology



NCG-KCDO Synoptic Reporting Templates – Radiology

Version 2.0

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FOREWORD

Following the success of the National Cancer Grid (NCG) Electronic Medical Records (EMR) initiative, we are pleased to introduce a new initiative – the **NCG Radiology Synoptic Reporting Initiative** – targeted to improve the consistency, quality and comprehensiveness of radiology reporting in oncology.

Radiology plays a pivotal role in oncology care, serving as the cornerstone for cancer screening, diagnosis, staging, treatment planning, and monitoring. Imaging not only provides critical insights into tumour morphology and spread, but also guides biopsies, surgical interventions, and radiation therapy. As oncology advances, the need for standardized radiology reports becomes increasingly vital to support multidisciplinary care, reduce variability, and improve outcomes for patients with cancer.

The National Cancer Grid drew on its core strength of experienced radiologists from its member hospitals to develop synoptic reporting templates tailored for cancer care. This will ensure that treating doctors have easy access to essential and complete patient information for informed decision-making. Synoptic reporting will also facilitate seamless report sharing, support research, and potentially help develop predictive AI/ML models, advancing diagnostics and innovation in cancer care.

The Indian College of Radiology and Imaging (ICRI) and the Indian Radiological and Imaging Association (IRIA) endorsing the NCG synoptic formats will help disseminate and promote their use, bringing in uniform standards of radiology reporting in cancer across India. Your insights and feedback will be instrumental in evolving these templates to ensure they address the needs of the radiology community and advance cancer care.

Dr. C.S. Pramesh
Convener, National Cancer Grid

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SYNOPTIC REPORTING OVERVIEW

A. What is Synoptic Reporting?

Synoptic reporting is a structured and standardized approach to creating medical reports using predefined templates. Unlike traditional narrative-style reports, it employs a checklist or point-by-point format to capture all critical elements systematically. This ensures consistency, clarity, and completeness in documenting clinical findings.

B. Why is Synoptic Reporting Important in Oncology?

In oncology, precise and comprehensive documentation is essential for:

1. **Treatment Planning:** Facilitates the development of accurate and personalized treatment strategies.
2. **Prognosis:** Enables reliable assessment of patient outcomes.
3. **Multidisciplinary Care Coordination:** Provides a uniform language for seamless collaboration among oncologists, radiologists, surgeons, and other healthcare professionals.

C. Key Features of Synoptic Reporting Templates:

1. **Adherence to Guidelines:** Templates are designed to comply with global and national standards for radiological reporting in oncology.
2. **Modality-Specific Parameters:** Custom fields for modalities like MRI and CT, including:
   - Field Strength
   - Contrast Use
   - Technical Details
3. **Detailed Lesion Characterization:** Structured fields to capture:
   - Lesion size, shape, and margins
   - Signal intensity and enhancement patterns
4. **Multi-Dimensional Assessment:** Includes comprehensive evaluation of:
   - Lymph nodes (size, location, involvement)
   - Metastatic disease
   - Systemic implications and additional findings

1. PROSTATE CANCER REPORTING TEMPLATE

Prostate Cancer Reporting Template			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
A	Case Number		
B	Name		Auto populate as per case no
C	Age/Sex		Auto populate as per case no
D	Name of the doctor		

1	**Clinical Details**		
A	PSA		
B	Free PSA		
C	Free to Total PSA Ratio		
D	Biopsy		
E	Treatment History		
F	Bone Scan		

2	**Technique**		
A	Modality-MRI		
B	Field Strength	☐ 0.1 ☐ 1 ☐ 1.5 ☐ 3	
C	IV Contrast	☐ Yes ☐ No	
D	PIQUAL	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	

3	Comparison		
A	Date of Document		Enable date picker
B	Modality of comparison study		

4	Findings- Prostate and Seminal Vessels		
A	Hemorrhage	☐ Yes ☐ No	
B	Prostate Size (cm)	___*_____*____	
C	Prostate Volume (cc)		
D	PSA Density (ng/ml^2)		

Lesions- (Max of only 4 lesions in the prostate; choose the most significant and describe the following in each)

A	Lesions		Repeat Row 1-13 for number of lesions present (Max only 4 lesions)
1	Size		
2	T2- Signal Intensity	☐ Hyperintense ☐ Hypointense ☐ Mixed	
3	T2- Homogeneity	☐ Heterogeneous ☐ Homogeneous	
4	T2- Margins	☐ Circumscribed ☐ Non-Circumscribed	
5	T2- Shape	☐ Round ☐ Lentiform ☐ Circumscribed ☐ Wedge ☐ Linear	
6	DWI Score	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	

7	ADC Value (mm^2/s)		
8	CE-MRI	☐ Contemporaneous (enhances at the same time as rest of prostate) ☐ Non contemporaneous (enhancement does not follow rest of prostate)	
9	Local Extent	☐ Capsule ☐ NVB ☐ Urethra ☐ Seminal Vesicles ☐ Ejaculatory Ducts ☐ Pelvic side wall muscles ☐ Bladder ☐ Rectum ☐ Penile Crura	
10	Location	☐ Base ☐ Midgland ☐ Apex	Multiple Choice possible
11	MRI Zonal Location	☐ PZ ☐ CZ ☐ TZ	Multiple Choice Possible
12	Sectoral Location	☐ L posteromedial PZ ☐ L posterolateral PZ ☐ L anterior PZ ☐ R posteromedial PZ ☐ R posterolateral PZ ☐ R anterior PZ ☐ L posterior TZ ☐ L anterior TZ ☐ R posterior TZ ☐ R anterior TZ ☐ Anterior fibromuscular zone ☐ Central zone ☐ Periurethral zone	Multiple Choice Possible

13	Local Extent	☐ Capsule ☐ NVB ☐ Urethra ☐ Seminal Vesicles ☐ Ejaculatory ducts ☐ Pelvic Side wall muscles ☐ Bladder ☐ Rectum ☐ Penile Crura	

B	**Nodes**	☐ Present ☐ Absent	
	If present, Laterality		Following options to open if the answer is present. Multiple Choice Possible
i	Mesorectal Nodes	☐ Right ☐ Left ☐ NA	
ii	Internal Iliac Nodes	☐ Right ☐ Left ☐ NA	
iii	Obturator Nodes	☐ Right ☐ Left ☐ NA	
iv	External Iliac Nodes	☐ Right ☐ Left ☐ NA	
v	Common Iliac Nodes	☐ Right ☐ Left ☐ NA	
vi	Inguinal	☐ Right ☐ Left ☐ NA	

vii	Para-aortic	☐ Right ☐ Left ☐ NA	
viii	Upper abdominal nodes	☐ Right ☐ Left ☐ NA	

C	**Metastases**	☐ Present ☐ Absent	
	If Present	☐ Bones ☐ Liver ☐ Lungs ☐ Adrenals ☐ Other, specify_____	Multiple Choice Possible

D	**Kidney and Ureters**		
i	Hydronephrosis	☐ Yes ☐ No	
ii	Concurrent signs upper tract infection	☐ Yes ☐ No	
iii	Other Significant Findings		

5	**Impression**		
i	Volume of Prostate		Auto populate
ii	PSA Density		Auto populate
iii	PIRADS	☐ PI-RADS 1 – Very low (clinically significant cancer is highly unlikely to be present) ☐ PI-RADS 2 – Low (clinically significant cancer is unlikely to be present) ☐ PI-RADS 3 – Intermediate (the presence of clinically significant cancer is equivocal) ☐ PI-RADS 4 – High (clinically significant cancer is likely to be present) ☐ PI-RADS 5 – Very high (clinically significant cancer is highly likely to be present)	

iv	Suggested Site for Targeted Biopsy	☐ Base ☐ Midgland ☐ Apex	
v	MRI Zonal Location	☐ PZ ☐ CZ ☐ TZ	
vi	T Stage	☐ T0 ☐ T1 ☐ T2 ☐ T3a ☐ T3b ☐ T4	
vii	N Stage	☐ N0 ☐ N1	
viii	M Stage	☐ M0 ☐ M1a ☐ M1b ☐ M1c	
ix	Metastatic Disease	☐ Oligo metastatic- Less than 5 metastases ☐ Polymetastatic	

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2. CERVICAL CANCER REPORTING TEMPLATE

Cervical Cancer Reporting Template			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
A	Case Number		
B	Name		Auto populate as per case no
C	Age/Sex		Auto populate as per case no
D	Name of the doctor		
1	**Clinical Details**		
A	Per Vaginal Examination		
B	Biopsy	☐ Available ☐ Not Available	
C	HPE	☐ Squamous ☐ Adenosquamous ☐ Adenocarcinoma ☐ Others, Neuroendocrine / Lymphoma, etc.	
D	Differentiated	☐ Well ☐ Moderate ☐ Poor	
2	**Technique**		
A	Modality	☐ USG ☐ CT ☐ MRI	

3	Comparison		
A	Date of Document		Enable date picker
B	Modality of comparison study	☐ MRI ☐ USG ☐ PET CT ☐ CT	

4	Findings		
I	**Uterocervix**		
A	Morphology	☐ Exophytic ☐ Infiltrative ☐ Endophytic	
B	Signal Intensity of T2	☐ Hyperintense ☐ Hypointense ☐ Intermediate	
C	DWI	☐ Diffusion restriction present ☐ Diffusion restriction absent ☐ Not Applicable	
D	ADC Value ($*10^{-3}$ mm^2/s) If diffusion present, then ADC		Enable if the response to 4C is Diffusion restriction present
E	Tumour Size (greatest dimension in cm)		
F	Superior Extent	☐ Limited to cervix ☐ Reaches interna os ☐ Extends above internal os	
G	Tumour to internal cervical os distance		
H	Cervical stromal invasion	☐ Limited to inner 2/3rd ☐ Involves outer 1/3rd ☐ Full thickness stromal invasion	
I	Parametrial Invasion	☐ Present ☐ Absent	

J	Vaginal Invasion	☐ Equivocal ☐ Present ☐ Absent	
K	Extent of Vaginal Involvement	☐ Limited to upper 2/3rd ☐ Lower 1/3rd	
L	Distal Ureter involvement or Hydroureter	☐ Absent ☐ Present	
M	If Present, Laterality	☐ Right ☐ Left ☐ Both	
N	Pelvic Sidewall Invasion	☐ Present ☐ Absent	
O	If Present, Pelvic Sidewall Invasion	☐ Involves the pelvic bones ☐ Encases the iliac vessels ☐ Levator ani muscles ☐ Pyriformis ☐ Infiltrates obturator internus	Multiple choice possible
P	Bladder Invasion	☐ Absent ☐ Present	
Q	If present, bladder invasion	☐ Invasion of bladder serosal surface ☐ Invasion of bladder muscle ☐ Extension into lumen ☐ Fistulous formation with the bladder	
R	Rectal Invasion	☐ Absent ☐ Present	
S	If present, Rectal invasion	☐ Invasion of rectal serosal surface ☐ Invasion of rectal muscle ☐ Extension into lumen ☐ Fistulous formation	
T	Retroverted Uterus	☐ Yes ☐ No	

U	Hydro/Pyometra	☐ Yes ☐ No	
V	Other associated benign uterine condition		
W	Ovaries	☐ Normal ☐ Solid Mass	
X	Tubes	☐ Hydrosalpinx ☐ Pypsalpinx	

#	Lymphadenopathy	Laterality	Size (in mm)
1	Inguinal	☐ Right ☐ Left ☐ Both	
2	External Iliac		
3	Internal Iliac		
4	Common Iliac		

Y	**Para-aortic**	☐ Below renal vessels ☐ Above renal vessels	

II	**Kidney, Ureter and Bladder**		
i	Hydronephrosis	☐ Absent ☐ Mild ☐ Moderate ☐ Severe	
ii	Renal Function (If Contrast is administered)		
iii	Metastases	☐ Liver ☐ Lungs ☐ Adrenals ☐ Peritoneum ☐ Bones ☐ Other, Pls Specify_____	Multiple choice possible

III	**Any other findings, if present**

5	Impression		
i	Biopsy	☐ Not Known ☐ Known	
ii	If Adenocarcinoma, IHC		
iii	Cervical or Uterocervical mass present in	☐ Parametrial Invasion ☐ Vaginal Invasion ☐ Distal Ureter Involvement ☐ Pelvic Sidewall Invasion ☐ Bladder/Rectal Invasion	Auto populate if present
iv	Nodes	☐ Iliac Nodes ☐ Para Aortic Nodes ☐ Others, Pls Specify	Auto populate
v	Distant Metastases	☐ Liver ☐ Lungs ☐ Peritoneum ☐ Ovaries ☐ Metastatic Nodes ☐ Bones ☐ Other, Pls Specify___	Multiple Choice possible
vi	FIGO Stage (2018)	☐ 1A ☐ 1B ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IVA ☐ IVB	

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3. RECTAL CANCER STAGING MRI TEMPLATE

Rectal Cancer Staging MRI Template			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
A	Case Number		
B	Name		Auto populate as per case no
C	Age/Sex		Auto populate as per case no
D	Name of the doctor		
1	**Biopsy**		
A	HPE	☐ Adenocarcinoma ☐ Squamous cell carcinoma ☐ Neuroendocrine carcinoma ☐ Lymphoma ☐ GIST ☐ Others, Pls Specify___	
B	Differentiation / Grade	☐ Well ☐ Moderate ☐ Poor	
C	Signet Ring Cells	☐ Yes ☐ No	
D	Mucin	☐ Yes ☐ No	
E	CEA		
F	Colonoscopy location and diagnosis	☐ Low Rectum ☐ Mid Rectum ☐ High Rectum ☐ Sigmoid Colon ☐ Others, Pls Specify_____	Multiple choice possible

G	Clinical Exam Location	☐ Low Rectum ☐ Mid Rectum ☐ High Rectum ☐ Sigmoid Colon ☐ Others, Pls Specify_____	

2	Modality		
A	Metastatic Workup	☐ CT Thorax abdomen Pelvis ☐ CT Abdomen and Pelvis ☐ MRI ☐ PET CT	
B	Quality of MRI Images	☐ 1- Worst ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10- Best	

4	Findings		
A	Number of lesions	☐ 1 ☐ 2 ☐ Multiple lesions	
(i)	If multiple, Specify number of lesions		
B	Location of Tumour	☐ Anal Canal ☐ Low rectum ☐ Mid rectum ☐ High rectum ☐ Sigmoid colon	

5	For Rectal and Anal MRI		
A	T2 Signal Intensity	☐ Intermediate ☐ Hyperintense ☐ Mixed Signal ☐ Hypointense	
B	DWI	☐ Facilitated Diffusion ☐ Restricted Diffusion	
C	Location (based on distance from anal verge)	☐ High ☐ Mid ☐ Low	
D	Radial extent	☐ Annular ☐ Semi-Annular	
E	Morphology	☐ Polypoidal ☐ Infiltrating ☐ Ulcerative	
F	Perforation	☐ Yes ☐ No	
G	Obstruction	☐ Yes ☐ No	
H	Tumour Border Configuration	☐ Pushing ☐ Infiltrating	

Measurements	Distance/Length
Length (cm)	
Distance between distal margin of tumour to anal verge (cm)	
Distance between distal margin of tumour to ano-rectal junction (cm)	
Extramural spread (mm)	
Distance between MRF to invading tumour margin In Numeric (mm)	

I	Involvement	
		Involvement
	MRF	☐ Involved ☐ Not Involved
	Peritoneal Reflection	
	Puborectalis / levator ani	

J	Absent/Present	
		Absent/Present
	EMVI	
	Tumour Deposits	

K	Margin of Error	
		Choose one
	Highest Margin of Tumour	☐ Below Peritoneal Reflection ☐ At the peritoneal function
	Lowest Margin of Tumour	☐ Above Peritoneal function

L	Anal sphincter complex	☐ Internal sphincter infiltration ☐ external sphincter infiltration ☐ Internal sphincteric space infiltration ☐ No infiltration	
M	Adjacent organs	☐ Prostrate ☐ Seminal vesicles ☐ Uterus ☐ Vagina ☐ Cervix	
N	Others structure infiltration	☐ Muscles like piriformis ☐ Extra mesorectal fat ☐ Sacrum above S3 ☐ Obturator internus ☐ Pelvic side well ☐ Sacrum below S3 ☐ Obturator externus ☐ Presacral fascia ☐ Others, specify_____	

6	Lymph Nodes

	Significance	If Significant, Mention number of nodes	Laterality
Mesorectal Nodes	☐ Significant ☐ Insignificant		☐ Right ☐ Left ☐ Bilateral ☐ NA
Internal Iliac Nodes			
Obturator Nodes			
External Iliac Nodes			
Common Iliac Nodes			
Inguinal			
Para-aortic			
Upper abdominal nodes			

A	Rest of bowel		
		Tick if present	
	Obstruction		
	Synchronous colon cancer		

7	Metastases		
A	Spread	☐ Liver ☐ Lungs ☐ Peritoneum ☐ Metastatic modes ☐ Bones ☐ Others, specify_____	
B	If additional findings are present, Please Specify		

8	Impression		
A	Location of tumour	☐ Anal Canal ☐ Low rectum ☐ Mid rectum ☐ High rectum ☐ Sigmoid colon	

B	CRM	☐ Involved ☐ Not Involved	
C	EMVI	☐ Absent ☐ Present	
D	TD	☐ Absent ☐ Present	
E	Pelvic Side Wall Nodes/Nodules	☐ Absent ☐ Present	
F	T Stage	☐ T0 ☐ T1 ☐ T2 ☐ T3a ☐ T3b ☐ T3c ☐ T3d ☐ T4a ☐ T4b	
G	N Stage	☐ N0 ☐ N1 ☐ N1c ☐ N2	
H	M Stage	☐ M0 ☐ M1a ☐ M1b ☐ M1c	

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4. COLON CANCER REPORTING TEMPLATE

Colon Cancer Reporting Template			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
1	**Clinical Details**		
A	Age		
B	Biopsy- HPE Type	☐ Adenocarcinoma ☐ Squamous Cell Carcinoma ☐ Neuroendocrine Carcinoma ☐ Lymphoma ☐ GIST ☐ Others, specify_____	
C	Differentiation Grade	☐ Well Differentiated ☐ Poorly Differentiated ☐ Moderately Differentiated	
D	Mucin	☐ Yes ☐ No	
E	Signet Cell	☐ Yes ☐ No	
F	CEA		
G	Colonoscopy location and diagnosis		
2	**Findings**		
A	**Colon Mass**		
i	Is it a mass of lower bowel margin	☐ Yes ☐ No	
ii	Location	☐ Rectum ☐ Sigmoid Colon ☐ Descending Colon ☐ Splenic Flexure	Multiple Choice Possible

ii	Location	☐ Transverse Colon ☐ Hepatic Flexure ☐ Ascending Colon ☐ Caecum ☐ Others, Pls specify	Multiple Choice Possible
iii	Obstruction	☐ Yes ☐ No	
iv	Perforation	☐ Yes ☐ No	
v	Morphology	☐ Polypoidal ☐ Ulceroinfiltrating ☐ Infiltrating	
vi	T Stage	☐ T1 ☐ T2 ☐ T3 ☐ T4a ☐ T4b	
vii	Extend of extramural spread	☐ Less than 5mm ☐ Greater than 5 mm	
viii	EMVI	☐ Yes ☐ No	
ix	Adjacent structure infiltration to		

B	**Lymph Nodes**		
i	Pericolic Nodes		
ii	Number		
iii	Size (mm)		
iv	Morphology	☐ Round ☐ Irregular	

C	Metastases		
	Yes	**No**	
Liver			☐ Less than 3
			☐ More than 3
Lungs			☐ Less than 3
			☐ More than 3

i	Peritoneal	☐ Yes ☐ No	
ii	r-PCI	☐ Less than 3 ☐ More than 3	
iii	Nodes	☐ Para Aortic ☐ Para Iliac ☐ Inguinal ☐ Mediastinal ☐ Hilar ☐ Supraclavicular ☐ Neck	
iv	Bones	☐ Yes ☐ No	
v	Adrenals	☐ Yes ☐ No	
vi	Ovaries	☐ Yes ☐ No	
vii	Other Significant findings	☐ Yes ☐ No	
viii	If yes, please specify		
ix	Ascites	☐ Yes ☐ No	

D	KUB		
i	Hydronephrosis	☐ Yes ☐ No	
ii	Ureter dilated till	☐ Mid ☐ Distal ☐ Proximal	

3	Impression		
i	Location		
ii	Morphology		
iii	T Stage	☐ T1 ☐ T2 ☐ T3 ☐ T4a ☐ T4b	
iv	N Stage	☐ N1 ☐ N2	
V	M Stage	☐ M0 ☐ M1a ☐ M1b ☐ M1c	

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5. RESPONSE ASSESSMENT MRI FOR RECTAL CANCER

Response Assessment MRI For Rectal Cancer Reporting Template			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
1	**Clinical Details**		
A	Differentiation Grade	☐ Well Differentiated ☐ Poorly Differentiated ☐ Moderately Differentiated	
B	Mucin	☐ Yes ☐ No	
C	Signet Ring Cell	☐ Yes ☐ No	
2	**Neoadjuvant Therapy**		
A	Types of Neoadjuvant therapy	☐ Short Course ☐ Long Course ☐ Total Neoadjuvant ☐ Chemotherapy Only	
B	If total neoadjuvant therapy, was it	☐ Induction	
C	Date of completion of neoadjuvant therapy		Date picker
3	**Quality of the scan**		
A	Artefacts	☐ Yes ☐ No	
B	Imaging Planes	☐ Optimal ☐ Suboptimal	
4	**Baseline MRI**		
A	Date of Baseline MRI		Date picker

B	T2 Signal Intensity on baseline MRI	☐ Intermediate ☐ Hyperintense ☐ Mixed Signal ☐ Hypointense	
C	DWI on baseline MRI	☐ Restricted diffusion ☐ Facilitated diffusion	
D	Location on baseline MRI	☐ High ☐ Mid ☐ Low	
E	Radial Extent on baseline MRI	☐ Annular ☐ Semi Annular	
F	Morphology on baseline MRI	☐ Polypoidal ☐ Ulcero-infiltrating tumour	

5	**Current response assessment MRI**		
A	T2 appearance: Previous tumour replaced by	☐ Normal Wall ☐ Thin Radial Scar ☐ Thick Radial Scar with tumour signal ☐ Residual tumour smaller than baseline ☐ Residual tumour unchanged since baseline	
B	DWI appearance: Previous tumour now shows	☐ No restricted diffusion ☐ Few small FOCI diffusion restriction ☐ C Shaped or nodular restricted diffusion along the mucosal surface ☐ Frank diffusion restricting residual tumour ☐ Unchanged since previous	
C	Response	☐ Complete Response (cCR) ☐ Near Complete Response (nCR) ☐ Incomplete Response (iCR) ☐ Tumour Regrowth	

D	**Tumour Measurements**		
i	Length	___cm Vs _____ in the previous	
ii	Extramural spread (mm)		

ii	Extramural spread (mm)		
iii	Distance between distal margin of residual tumour or scar to anal verge (cm)		
iv	Distance between distal margin of residual tumour or scar to ano-rectal junction (cm)		
v	Shortest distance between mesorectal fascia (MRF) and one of these (residual tumour/ scar tissue/ mesorectal node >5mm, residual EMVI or TD) mm		

E	**Poor prognostic imaging biomarkers**		
i	Mesorectal fascia (involved if 1 mm or less)	☐ Involved ☐ Not Involved	
ii	EMVI	☐ Present ☐ Absent	
iii	mr-vTRG	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	
iv	Tumour Deposits	☐ Present ☐ Absent	
v	Pelvic side wall disease (present if there are persistent internal iliac nodes >4 mm or obturator nodes >6 mm in short axis diameter)	☐ Present ☐ Absent	
vi	mr-TRG	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	

F	**Current extent of tumour to decide the surgical strategy**		
i	Highest margin of the treated cancer	☐ Below ☐ At ☐ Above the Peritoneal reflection	

ii	Lowest margin of the treated cancer	☐ Below ☐ At ☐ Above the Puborectalis	

iii	Pelvic Peritoneal reflection, Puborectalis and Anal sphincter complex		
a	Peritoneal reflection	☐ Involved ☐ Not Involved	
b	Puborectalis/ levator ani	☐ Involved ☐ Not Involved	
c	Internal sphincter	☐ Involved ☐ Not Involved	
d	Inter-sphincteric space	☐ Involved ☐ Not Involved	
e	External sphincter	☐ Involved ☐ Not Involved	
f	Ischio-rectal fossa	☐ Involved ☐ Not Involved	

iv	Adjacent Organ Infiltration		
a	Prostate	☐ Involved ☐ Not Involved	
b	Seminal Vessels	☐ Involved ☐ Not Involved	
c	Uterus	☐ Involved ☐ Not Involved	
d	Cervix	☐ Involved ☐ Not Involved	
e	Vagina	☐ Involved ☐ Not Involved	
f	Ovaries	☐ Involved ☐ Not Involved	
g	Bladder	☐ Involved ☐ Not Involved	

v	Pelvic Muscle and fascial Infiltration

	Right	Left	No of Significant Nodes	Size of the largest node (mm) SAD
Mesorectal				
Internal iliac				
Obturator				
External iliac				
Inguinal				
Common Iliac				
Para-aortic				

vi	Metastasis	☐ Non-Regional Nodes ☐ Liver ☐ Lungs ☐ Peritoneum ☐ Others, Pls specify_____	Multiple choice possible
vii	Is local response on MRI concordant with clinical exam and scopy?	☐ Yes ☐ No	
viii	Stage on response assessment MRI		
a	ymrT		
b	ymrN		
c	YmrM		
ix	Overall response		
a	Complete Response		
b	Partial Response		
c	No Response		
d	Progressive Disease		
ix	Any additional findings		

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6. ORAL CAVITY – CT REPORTING TEMPLATE

Oral Cavity CT Reporting Template			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
1	**Clinical Details**		
A	Age		
B	Gender		
C	Habits		
D	Biopsy		
E	Treatment History		
2	**Technique**		
A	Modality		
B	IV Contrast	☐ Yes ☐ No	
C	Puffed Cheek/Open mouth- Only for Buccal Mucosa	☐ Yes ☐ No	
3	**Comparison**		
A	Date of document		Date Picker
B	Modality of comparison study	☐ USG ☐ CT ☐ MRI ☐ PET CT ☐ NIL	
4	**Findings**		
A	T Stage		
B	Laterality	☐ Right ☐ Left ☐ Both	

C	Location/Epicenter	☐ Buccal Mucosa ☐ Retromolar Trigone ☐ Alveolus ☐ Lip ☐ Palate ☐ Floor of Mouth	
D	If Buccal Mucosa- Buccinator Complex	☐ Involved ☐ Not Involved	
E	If Retromolar Trigone	☐ Upper ☐ Lower ☐ Both	
F	If Lip	☐ Upper ☐ Lower ☐ Angle	
G	Angle		
H	If Alveolus	☐ Upper ☐ Lower	
I	Whether Measurable	☐ Yes ☐ No	
J	Size	_____*_____*_____cm	
K	Depth of Invasion		

5	Primary Disease Extent		
A	Gingivobuccal Sulcus	☐ Lower ☐ Upper ☐ Both	
B	Retromolar Trigone	☐ Involved, Extent_____ ☐ Not Involved	
C	Floor of Mouth	☐ Involved, Extent_____ ☐ Not Involved	
D	Gingivolingual Sulcus	☐ Involved, Extent_____ ☐ Not Involved	
E	Tongue	☐ Involved, Extent_____ ☐ Not Involved	

F	Masseter Muscle Involvement	☐ Involved, Extent_____ ☐ Not Involved	
G	Masticator space Involvement	☐ Involved, Extent_____ ☐ Not Involved	
H	If Infratemporal Fossa (ITF) is involved, then high ITF extension	☐ Present _____ ☐ Absent	
I	Medial pterygoid muscles involvement	☐ Involved, Extent_____ ☐ Not Involved	
J	Retroantral space extension	☐ Involved, Extent_____ ☐ Not Involved	
K	Lateral pterygoid muscles involvement	☐ Involved, Extent_____ ☐ Not Involved	
L	Pterygoid plates	☐ Involved, Extent_____ ☐ Not Involved	
M	Pterygopalatine Fossa	☐ Involved, Extent_____ ☐ Not Involved	
N	Pterygomaxillary Fissure	☐ Involved, Extent_____ ☐ Not Involved	
O	Temporalis Muscle	☐ Involved, Extent_____ ☐ Not Involved	
P	Condylar Fossa	☐ Involved, Extent_____ ☐ Not Involved	
Q	Maxillary Sinus Involvement	☐ Involved, Extent_____ ☐ Not Involved	
R	Hard Palate Involvement	☐ Involved, Extent_____ ☐ Not Involved	
S	Skin Involvement	☐ Involved, Extent_____ ☐ Not Involved	

A	Perineural Spread	☐ Absent ☐ Present ☐ Suspicious or cannot be commented	
B	Extension upto skull base	☐ Absent ☐ Present ☐ Suspicious or cannot be commented	
C	Intracranial extension	☐ Absent ☐ Present ☐ Suspicious or cannot be commented	
D	Vascular Involvement	☐ Absent ☐ Present ☐ Suspicious or cannot be commented	
E	If Perineural Spread, Nerve involved (V1, V2, V3 etc)	☐ Absent ☐ Present ☐ Cannot be commented	
F	If Yes, Extension up to skull base	☐ Foramen Ovale ☐ Foramen rotundum ☐ Vidian canal ☐ Greater palatine foramen	
G	If Yes, Intracranial extension, Cavernous Sinus Involvement	☐ Absent ☐ Present	

6	Bone Status		
A	Dentition	☐ Absent ☐ Present	
B	Bony Erosion	☐ Absent ☐ Present	
C	If Bony Erosion is present	☐ Mandibular ☐ Maxillary	
D	Height of the mandible free from Para mandibular soft tissue (mm)		
E	Bone invasion absent or limited to cortical bone	☐ Absent ☐ Present	

F	Medullary/ marrow invasion	☐ Absent ☐ Present	
G	Mandibular canal (MC) involvement	☐ Absent ☐ Present	
H	Mandibular foramen (MF) involvement	☐ Absent ☐ Present	
I	If Mandibular foramen (MF) involved, superior extent of the perineural spread	☐ Low ITF Level ☐ High ITF but more than 15mm below Foramen Ovale ☐ Less than 15mm from Foramen Ovale / Foramen Ovale Involved ☐ Extension till cavernous sinus	
J	The height of the intact mandible at the site of erosion (mm)		
K	Pharynx	☐ Normal ☐ Abnormal	
L	Larynx	☐ Normal ☐ Abnormal	
M	Paranasal Sinuses	☐ Normal ☐ Abnormal	
N	Orbits	☐ Normal ☐ Abnormal	
O	Thyroid	☐ Normal ☐ Abnormal	

7	**N Stage**		
A	Presence of nodal disease	☐ Yes ☐ No ☐ Indeterminate	
B	If indeterminate / suspicious, mention additional imaging requirement		
C	Laterality	☐ Ipsilateral ☐ contralateral ☐ Bilateral	

D	Right levels	☐ Level IA ☐ Level IB ☐ Level II ☐ Level III ☐ Level IV ☐ Level V ☐ Level VI ☐ Retropharyngeal ☐ Supraclavicular	
E	Left levels	☐ Level IA ☐ Level IB ☐ Level II ☐ Level III ☐ Level IV ☐ Level V ☐ Level VI ☐ Retropharyngeal ☐ Supraclavicular	
F	Necrosis	☐ Absent ☐ Present	
G	Perinodal extension/extracapsular spread	☐ Present ☐ Absent	

H	Vascular involvement		
		Present	Absent
CCA abutment			
ICA abutment			
ECA abutment			
Strap muscles involvement			
Prevertebral fascia invasion			

I	If present angle of contact for CCA and ICA	☐ Less than 90 ☐ 90-179 ☐ 180-269 ☐ Greater than 270	

J	Size of the largest node		
	Right		
	Left		
	Remarks		

8	M Stage		
A	Lung nodules	☐ Absent ☐ Present	
B	If present	☐ Solitary ☐ Multiple	
C	Location		
D	Size		
E	Nodule characteristic	☐ Suspicious ☐ Benign ☐ Too small to characterize	
F	Any other metastatic lesion (hepatic, adrenal, skeletal)	☐ Absent ☐ Present	
G	Location		
H	Size		
I	Remarks		
J	Recommendation	☐ For Suspicious Nodules- CT Guided Biopsy ☐ For Too small to characterize - Interval FU Imaging ☐ Others, Pls Specify____	
K	Lymph Nodes		
L	Mediatinal Lymph nodes	☐ Yes ☐ No ☐ Indeterminate	
M	Axillary Lymph Nodes	☐ Yes ☐ No ☐ Indeterminate	
N	Supraclavicular Lymph Nodes	☐ Yes ☐ No ☐ Indeterminate	

9	Impression		
A	T Stage	☐ Tx ☐ T0 ☐ Ti ☐ T2 ☐ T3 ☐ T4a ☐ T4b	
B	N Stage	☐ Nx ☐ N0 ☐ N1 ☐ N2a ☐ N2b ☐ N2c ☐ N3a ☐ N3b	
C	M Stage	☐ M0 ☐ M1	
D	Specific Comments, If any		

To access the form, scan the QR code

7. CARCINOMA ORAL TONGUE REPORTING TEMPLATE

Carcinoma Oral Tongue Reporting Template			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
1	**Clinical Details**		
A	Age		
B	Gender		
C	Habits		
D	Biopsy		
E	Treatment History		
2	**Technique**		
A	Modality	☐ CT ☐ MRI	
B	IV Contrast	☐ Yes ☐ No	
3	**Comparison**		
A	Date of document		Date Picker
B	Modality of comparison study	☐ USG ☐ CT ☐ MRI ☐ PET CT ☐ NIL	
4	**Findings**		
A	Laterality	☐ Right ☐ Left ☐ Both	
B	Tumour Size (mm)	___*___*___	

C	Depth of Invasion (mm)		

D	**T Stage**		
I	Crossing midline	☐ Yes ☐ No ☐ Abuts lingual raphe	

II	Primary Tumour Extent		
		Involved	Not Involved
Extrinsic muscles			
Genioglossus			
Hyoglossus			
Geniohyoid			
Lingual neurovascular bundle			
Sublingual Space			
Submandibular Space			
Mylohyoid Muscle			
Floor of Mouth			
Masticator Space			
Infratemporal Fossa (ITF)			
Posterior One-Third of Tongue (BOT)			
Retromolar Trigone (RMT)			
Tonsillo-Lingual Sulcus			
Tonsil			
Hyoid Involvement			
Valleculae			
Epiglottis			
Piriform Sinus (PFS)			

III	If Involved, Lingual neurovascular bundle, Laterality	☐ Bilateral ☐ Unilateral	
IV	Inferior extent of tongue lesion	☐ Vallecular ☐ Epiglottis ☐ Piriform Sinus (PFS)	

V	If Hyoid Bone is not Involved, Distance from Hyoid Bone (mm)		

VI	Mandibular involvement		
i	Cortical breach	☐ Absent ☐ Present	
ii	Marrow signal abnormality	☐ Absent ☐ Present	

VII	Need for additional imaging		

E	**N Stage**		
I	Presence of nodal disease	☐ Yes ☐ No ☐ Indeterminate	
II	If indeterminate/ suspicious, mention additional imaging requirement		
III	Laterality	☐ Ipsilateral ☐ contralateral ☐ Bilateral	
IV	Right levels	☐ Level IA ☐ Level IB ☐ Level II ☐ Level III ☐ Level IV ☐ Level V ☐ Level VI ☐ Retropharyngeal ☐ Supraclavicular	
V	Left levels	☐ Level IA ☐ Level IB ☐ Level II ☐ Level III	

V	Left levels	☐ Level IV ☐ Level V ☐ Level VI ☐ Retropharyngeal ☐ Supraclavicular	
VI	Necrosis	☐ Absent ☐ Present	
VII	Extranodal extension	☐ Present ☐ Absent	
VIII	IJV	☐ Involved ☐ Compressed ☐ Cannot be commented upon	
	If IJV is involved, then 1cm patent cranial and caudal IJV stump	☐ Present ☐ Absent	

IX	Vascular involvement	
	Present	Absent
CCA abutment		
ICA abutment		
ECA abutment		
Strap muscles involvement		
Prevertebral fascia invasion		

X	If present angle of contact for CCA and ICA	☐ Less than 90 ☐ 90-179 ☐ 180-269 ☐ Greater than 270	
XI	Size of the largest node Right Left Remarks		

5	Impression		
A	T Stage	☐ Tx ☐ T0 ☐ T1 ☐ T3 ☐ T4	
B	N Stage	☐ Nx ☐ N0 ☐ N1 ☐ N2a ☐ N2b ☐ N2c ☐ N3a ☐ N3b	
C	Specific Comments, If any		

To access the form, scan the QR code

8. LARYNX AND HYPOPHARYNX – CT REPORTING TEMPLATE

Larynx and Hypopharynx CT Reporting Template			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
1	**Clinical Details**		
A	Age		
B	Gender		
C	Habits		
D	Biopsy		
E	Treatment History		
2	**Technique**		
A	Modality	☐ CT ☐ MRI	
B	IV Contrast	☐ Yes ☐ No	
3	**Comparison**		
A	Date of document		Date Picker
B	Modality of comparison study	☐ USG ☐ CT ☐ MRI ☐ PET CT ☐ NIL	
4	**Findings**		
A	Laterality	☐ Right ☐ Left ☐ Both	

B	Choose one to continue	☐ Larynx ☐ Hypopharynx	
C	If Larynx, epicenter of disease	☐ Glottic ☐ Supraglottic ☐ Sub glottic	
D	If Hypopharynx, epicenter of disease	☐ Pyriform Sinus ☐ Post- Cricoid ☐ Posterior Pharyngeal Wall	
E	Extent of disease	☐ Measurable ☐ Non-measurable	
F	If Measurable, Transverse dimensions		
G	If Measurable, Volume in cc		

H	**T Stage**		
i	Epiglottis	☐ Involved ☐ Not Involved	
ii	If involved	☐ Base ☐ Free edge ipsilateral ☐ Free edge both sides	
iii	Pre-epiglottic space	☐ Involved ☐ Not involved	
iv	If involved	☐ Less than 25 % ☐ Less than 50 % ☐ More than 50%	

v	Tumour Extent		
	Involved	Not Involved	If Involved
Valleculae			☐ Ipsilateral ☐ Contralateral
Hyoid Bone			
Medial wall of pyriform & AE fold			
Lateral wall of pyriform sinus			

Apex of pyriform sinus			
Para Glottic space			
False Vocal Cord			
True Vocal Cord			

vi	**Anterior commissure**	☐ Involved ☐ Not Involved	
vii	Posterior commissure	☐ Involved ☐ Not Involved	
viii	Sub-Glottis	☐ Involved ☐ Not Involved	
ix	If involved, Inferior extent in mm	_____	

	Involved	Not Involved	Indeterminate
Post cricoid			
Trachea			
Thyroid Gland			
Pre-vertebral fascia			

x	Cartilage Erosion				
	Involved	Not Involved	If Involved	If Eroded	Laterality
Thyroid cartilage			☐ erosion-lysis ☐ encased and displaced ☐ Sclerosis	☐ Outer Cortex ☐ Inner Cortex ☐ Both	☐ Bilateral ☐ Unilateral
Arytenoid cartilage					
Cricoid cartilage					

xi	Comments (e.g., Mention Ossified/Non Ossified portion of thyroid cartilage involvement)		
xii	Crico-Arytenoid Joint	☐ Involved ☐ Not Involved	

xiii	Exolaryngeal spread	☐ Involved ☐ Not Involved	
xiv	If present, mode of spread	☐ Posterior to thyroid cartilage / along cricothyroid membrane ☐ Through thyrohyoid membrane ☐ Through eroded thyroid cartilage	

I	**N Stage**		
i	Presence of nodal disease	☐ Metastatic ☐ Benign (Reactive) ☐ Indeterminate	
ii	If indeterminate/ suspicious, mention additional imaging requirement		
iii	Laterality	☐ Ipsilateral ☐ contralateral ☐ Bilateral	
iv	Right levels	☐ Level IA ☐ Level IB ☐ Level II ☐ Level III ☐ Level IV ☐ Level V ☐ Level VI ☐ Retropharyngeal ☐ Supraclavicular	
v	Left levels	☐ Level IA ☐ Level IB ☐ Level II ☐ Level III ☐ Level IV ☐ Level V ☐ Level VI ☐ Retropharyngeal ☐ Supraclavicular	

vi	Necrosis	☐ Absent ☐ Present	
vii	Perinodal extension / extracapsular spread	☐ Present ☐ Absent	
viii	IJV	☐ Involved ☐ Compressed ☐ Cannot be commented upon	

ix	Vascular Involvement		
		Present	Absent
CCA abutment			
ICA abutment			
ECA abutment			
Strap muscles involvement			
Prevertebral fascia invasion			

x	If present angle of contact for CCA and ICA	☐ Less than 90 ☐ 90-179 ☐ 180-269 ☐ Greater than 270	
xi	Size of the largest node Right Left Remarks		

J	**M Stage**		
i	Lung nodules	☐ Absent ☐ Present	
ii	If present	☐ Solitary ☐ Multiple	
iii	Location		
iv	Size		
v	Nodule characteristic	☐ Too small to characterize ☐ Suspicious ☐ Benign	

vi	Any other metastatic lesion (hepatic, adrenal, skeletal)	☐ Absent ☐ Present	
vii	If yes, specify location and size		
viii	Remarks		
ix	Recommendation		

5	Impression		
A	T Stage	☐ Tx ☐ T0 ☐ T1 ☐ T3 ☐ T4	
B	N Stage	☐ Nx ☐ N0 ☐ N1 ☐ N2a ☐ N2b ☐ N2c ☐ N3a ☐ N3b	
C	M Stage	☐ Mx ☐ M0 ☐ M1	
D	Specific Comments, If any		

To access the form, scan the QR code

9. CARCINOMA NASOPHARYNX REPORTING TEMPLATE

Carcinoma Nasopharynx Reporting Template			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
1	**Clinical Details**		
A	Age		
B	Gender	☐ Male ☐ Female ☐ Others	
C	Habits		
D	Biopsy		
E	Treatment History		
2	**Technique**		
A	Modality	☐ CT ☐ MRI	
B	IV Contrast	☐ Yes ☐ No	
3	**Comparison**		
A	Date of document		Date Picker
B	Modality of comparison study	☐ USG ☐ CT ☐ MRI ☐ PET CT ☐ NIL	
4	**Findings**		
	T Stage		
A	Laterality	☐ Right ☐ Left ☐ Both	

B	Crossing midline	☐ Yes ☐ No	
C	Tumour line (cm)	☐ _____ ☐ _____ ☐ _____	

5	Primary Tumour Extent		
A	Fossa of Rosenmüller	☐ Involved ☐ Not Involved ☐ If Involved, Extent	
B	Eustachian Tube Opening	☐ Involved ☐ Not Involved ☐ If Involved, Extent	
C	Pharyngobasilar Fascia	☐ Involved ☐ Not Involved ☐ If Involved, Extent	
D	Levator Veli Palatini	☐ Involved ☐ Not Involved ☐ If Involved, Extent	
E	Tensor Veli Palatini	☐ Involved ☐ Not Involved ☐ If Involved, Extent	
F	Parapharyngeal Space	☐ Involved ☐ Not Involved ☐ If Involved, Extent	
G	Pre-epiglottic space	☐ Involved ☐ Not Involved ☐ If Involved, Extent	
H	Pterygoid muscles	☐ Involved ☐ Not Involved ☐ If Involved, Extent	
I	If present, Pterygoid muscles	☐ Lateral ☐ Medial ☐ Both	

J	Infratemporal Fossa	☐ Involved ☐ Not Involved ☐ If Involved, Extent	
K	Pterygoid Plates	☐ Involved ☐ Not Involved ☐ If Involved, Extent	
L	Pterygopalatine Fossa	☐ Involved ☐ Not Involved ☐ If Involved, Extent	
M	Pterygomaxillary Fissure	☐ Involved ☐ Not Involved ☐ If Involved, Extent	
N	Masseter Muscle	☐ Involved ☐ Not Involved ☐ If Involved, Extent	
O	Masticator Space	☐ Involved ☐ Not Involved ☐ If Involved, Extent	
P	Intranasal Extension	☐ Involved ☐ Not Involved ☐ If Involved, Extent	
Q	Prevertebral Muscles	☐ Involved ☐ Not Involved ☐ If Involved, Extent	
R	Clivus (Altered Marrow Signal)	☐ Involved ☐ Not Involved ☐ If Involved, Extent	
S	Dural Enhancement	☐ Involved ☐ Not Involved ☐ If Involved, Extent	
T	Parenchymal Involvement	☐ Involved ☐ Not Involved ☐ If Involved, Extent	

U	Oropharynx	☐ Involved ☐ Not Involved ☐ If Involved, Extent	

6	Intra-cranial Extension		
	Intra-cranial Extension	☐ Present ☐ Absent	
A	If present, extent		

To access the form, scan the QR code

10. CHOLANGIOCARCINOMA REPORTING TEMPLATE

Cholangiocarcinoma Reporting Template			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
1	**Clinical Details**		
A	Age		
B	Treatment History		
2	**Bile Duct Evaluation**		
A	Bile duct involvement	☐ Right secondary confluence ☐ Right hepatic duct ☐ Left secondary confluence ☐ Left hepatic duct ☐ Primary confluence ☐ Common hepatic duct ☐ Supra-pancreatic CBD ☐ Intra-pancreatic CBD	
B	Bile duct anatomy variation	☐ Yes ☐ No ☐ Not evaluable	
i	If yes	☐ Right posterior duct inserted to left hepatic duct ☐ Right posterior duct inserted to CBD ☐ Trifurcation ☐ Others, specify_____	
C	Bismuth classification	☐ I ☐ II ☐ IIIa ☐ IIIb ☐ IV	

D	Gross morphology based on predominant component	☐ Mass forming (max. diameter in cm) ☐ Periductal infiltrating ☐ Intraductal growth	

3	Vessel Evaluation		
A	Portal Vein (PV) involvement (>180°)		
I	Choose one to continue	☐ PV0 ☐ PV1 ☐ PV2 ☐ PV3 ☐ PV4	
Ii	Choose one to continue	☐ PV Free ☐ LPV ☐ MPV ☐ RPV ☐ Both PV branches	
B	Hepatic Artery (HA) involvement (>180°)		
i	Single choice possible	☐ HA0 ☐ HA1 ☐ HA2 ☐ HA3 ☐ HA4	
ii	Single choice possible	☐ Arteries Free ☐ PHA ☐ RHA ☐ LHA ☐ Both HA	
C	Arterial variation	☐ Yes ☐ No ☐ Not evaluable	
i	If yes	☐ Replaced right hepatic artery ☐ Replaced left hepatic artery ☐ Replaced common hepatic artery ☐ Others, specify_____	

D	Portal vein anatomy	☐ Yes ☐ No ☐ Not evaluable	
i	If yes	☐ PV trifurcation ☐ Right posterior PV as first branch of main portal vein ☐ Others, specify_____	

4	**FLR (indicate segments)**		

5	**Regional lymph nodes**	☐ Present ☐ Absent ☐ Indeterminate	

i	Distance metastases				
	Absent	Indeterminate	Present	If Present
Liver				
Peritoneal / Omental Nodule				
Distant Lymph Node				

ii	Other organs, specify with location		
iii	Impression		

To access the form, scan the QR code

11. SOFT TISSUE REPORTING TEMPLATE

Soft Tissue Tumour Reporting Template			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
1	**Clinical Details**		
A	Age	☐ Adult (21 Years and above) ☐ Adolescent (11-20 Years) ☐ Child (1-10 Years) ☐ Infant (<1 Year)	
B	Primary Imaging	☐ CT ☐ MRI ☐ Both	
C	Comparison		
		Yes	No
	T1W		
	T2W		
	Fluid Sensitive (T2W Fat Saturated/STIR)		
	Post-contrast fs T1W		
	DWI/ADC		
	Chemical Shift		
2	**Lesion Characteristics**		
i	Size		
ii	Location	☐ Superficial ☐ Deep	
iii	Involved Structure	☐ Cutaneous ☐ Subcutaneous ☐ Subfascial ☐ Intermuscular	Multiple choice possible

iii	Involved Structure	☐ Intramuscular ☐ Nerve ☐ Artery ☐ Vein ☐ Lymphatic ☐ Lymph node	Multiple choice possible
iv	Specific structure involved		
v	T1 Signal	☐ Hypointense ☐ Isointense ☐ Hyperintense to muscle	
vi	T2 Signal	☐ Hypointense ☐ Isointense ☐ Intermediate ☐ Hyperintense (similar to fluid)	
vii	Fat content	☐ Present (like subcutaneous fat) ☐ Absent	

3	Initial Assessment		
I	Known Malignancy	☐ Yes ☐ No	Score – Yes- 2 No-0
ii	Pain at Site	☐ Yes ☐ No	Score – Yes- 2 No-0
iii	Size >5 cm	☐ Yes ☐ No	Score – Yes- 1 No-0
iv	Deep location	☐ Yes ☐ No	Score – Yes- 1 No-0
v	Heterogenous Signal	☐ Yes ☐ No	Score – Yes- 1 No-0

vi	Enhancement	☐ None ☐ Thin/Peripheral (<2mm) ☐ Thick/Nodular	Thiock/Nodular-2
vii	Necrosis Present	☐ Yes ☐ No	Score – Yes- 2 No-0
viii	Invasive Features	☐ Yes ☐ No	Score – Yes- 2 No-0
ix	Rapid Growth	☐ Yes ☐ No	Score – Yes- 2 No-0
x	ADC Value	☐ > 1.5 * 10-3 mm2/s ☐ 1.2-1.5 8 10-3mm2/s ☐ <1.1*10-3mm2/s	

4	ST-RADS Categories		
i	Category	☐ 0 ☐ 1 ☐ II ☐ III ☐ IV ☐ V ☐ VI	

ii	Interpretation, Management, Malignancy Risk and features	

Category	Interpretation	Management	Malignancy Risk	Features
0	Incomplete Imaging	Additional sequences needed	N/A	Missing required sequences
I	No Lesion Identified	No follow-up	0	Normal exam
II	Definitely Benign	Follow clinical recommendations	~0%	Classic benign features
III	Probably Benign	Follow-up in 3mo-2yr	≤2%	No concerning features

IV	Suspicious/Indeterminate	Tissue sampling or short interval F/U	2-50%	Some concerning features
V	Highly Suggestive of Malignancy	Biopsy/oncology referral	≥50%	Multiple concerning features
VI	Known Malignancy	Clinical treatment plan	1	Biopsy-proven

5	Classic Benign Characteristics		
i	Pattern		
ii	Characteristics		
iii	Diagnosis		
iv	Management		

6	Extension and Metastases			
	Involvement	Structure Name	Encasement	Infiltration
Nerve	☐ Yes ☐ No		☐ Less than or equal to 180 degree ☐ More than 180 to less than or equal to 270 degree ☐ More than 270 degree	☐ Yes ☐ No
Artery				
Vein				

	Involvement	Structure Name	Encasement	Infiltration
Muscle	☐ Yes ☐ No		☐ Less than 50% ☐ More than 50%	☐ Yes ☐ No

	Present	Structure Name
Additional Lesions	☐ Yes ☐ No	
Distant Metastases		

Total Scores			
Final ST RADS Category			

7	Impression

8	Recommendation

To access the form, scan the QR code

12. BONE TUMOUR MRI REPORTING TEMPLATE

Bone Tumour MRI Reporting Template			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
1	**Clinical Details**		
A	Age	☐ Adult (21 Years and above) ☐ Adolescent (11-20 Years) ☐ Child (1-10 Years) ☐ Infant (<1 Year)	
B	Primary Imaging	☐ CT ☐ MRI ☐ Both	
C	Comparison		
2	**Radiograph (X-Ray)**		
A	Lesions	☐ Single ☐ Multiple	
(i)	If multiple, Specify number of lesions		
B	Centering	☐ Cortical ☐ Intramedullary ☐ Periosteal ☐ Parosteal	
C	Site within the bone	☐ epiphysis ☐ metaphysis ☐ diaphysis	
D	Zone of transition	☐ Narrow ☐ Wide	
E	Pattern of bone destruction	☐ IA- Well defined geographic lytic lesion with a sclerotic rim ☐ IB- Well defined geographic lytic lesion with a sharp margin without a sclerotic rim	

E	Pattern of bone destruction	☐ II- Geographic lytic lesion with partial or circumferential ill defined margins ☐ IIIA- Focal change in margin, changing margination, or progressive endosteal scalloping on serial radiographs ☐ IIIB- Moth- eaten and permeative patterns of osteolysis ☐ IIIC- Radiographically Occult
F	Periosteal Reaction	☐ None ☐ Solid continuous ☐ Sunburst/spiculated ☐ Codman triangle ☐ Laminated
G	Matrix	☐ Absent ☐ Osteoid ☐ Chondroid ☐ Fibrous
H	Extraosseous extension	☐ Yes ☐ No
I	Other specific features	
J	Impression	

3	CT and MRI Assessment	
A	Lesions	☐ Single ☐ Multiple
(i)	If multiple, Specify number of lesions	
B	Tumour size	_____X_____X_____

4	Initial Assessment	
A	Known Cancer History	☐ Yes ☐ No
B	Pain at Site	☐ Yes ☐ No
C	Craniocaudal extent of the marrow involvement	_____ cm

D	Physeal plate involvement	☐ diaphysis
E	Reaching upto articular surface	☐ Narrow
F	Joint Involvement	☐ Wide

5	CT Lesion Characteristics	
		Options
Lucent (>90% lucent)		☐ Yes ☐ No
Sclerotic/Mixed		☐ Yes ☐ No

B	Mean HU Value	☐ Less than -30 (Fat Content) ☐ More than 885 (Pure Sclerotic) ☐ Other
C	Matrix	☐ Absent ☐ Osteoid ☐ Chondroid ☐ Fibrous
D	Other, Pls specify	

6	Concerning CT Features	
A	Size More than 5 cm	☐ Yes ☐ No
B	Margins	☐ Well defined with sclerosis ☐ Well-defined without sclerosis ☐ Ill-defined/permeative to characterize
C	Cortex	☐ No involvement ☐ Endosteal scalloping less than2/3 ☐ Endosteal scalloping greater than 2/3 ☐ Cortical breakthrough
D	Periosteal Reaction	☐ None ☐ Solid continuous ☐ Sunburst/spiculated

D	Periosteal Reaction	☐ Codman triangle ☐ Laminated
E	Extra-osseous Component	☐ Absent ☐ Present
F	Growing	☐ Yes ☐ No
G	Location	
H	Impression	

7	MRI Assessment		
A	Required Complete Images- T1WI +T2WI+ fluid sensitive + DWI+ ADC+ post-contrast	☐ Yes ☐ No	☐ Less than or equal to 180 degree ☐ More than 180 to less than or equal to 270 degree ☐ More than 270 degree
B	T1 Signal vs Muscle	☐ Much higher (like fat) ☐ Slightly higher ☐ Equal/Lower	
C	T2 Signal	☐ High ☐ High with hemorrhage ☐ Intermediate ☐ Low ☐ Mixed	☐ Less than 50% ☐ More than 50%
D	Enhancement	☐ None ☐ Thin peripheral (<2mm) ☐ Solid/mass-like	
E	If solid/mass like is chosen	☐ Homogenous ☐ Heterogenous	
F	Chemical Shift	☐ >20% drop ☐ ≤20% drop*	
G	Halo Sign	☐ Present ☐ Absent	
H	Fluid-Fluid Levels	☐ Simple ☐ Complex/hemorrhagic	

I	Matrix	☐ Absent ☐ Osteoid ☐ Chondroid ☐ Fibrous	

J	Peritumoral Edema	☐ Present ☐ Absent

	Involvement	Structure Name	Encasement	Infiltration
Nerve	☐ Yes ☐ No		☐ Less than or equal to 180 degree ☐ More than 180 to less than or equal to 270 degree ☐ More than 270 degree	☐ Yes ☐ No
Artery				
Vein				

	Involvement	Structure Name	Encasement	Infiltration
Muscle	☐ Yes ☐ No		☐ Less than 50% ☐ More than 50%	☐ Yes ☐ No

	Present	Structure Name
Additional Lesions	☐ Yes ☐ No	
Distant Metastases		

K	**Impression**		
L	Total Scores		
M	Bone-RADS Category		

Category	Points	Risk Level	Management
0	N/A	Incomplete	Further evaluation
1	2 Jan	Very Low Risk	No follow-up
2	4 Mar	Low Risk	Different imaging
3	4 May	Intermediate Risk	Follow-up 6mo
4	≥7	High Risk	Biopsy/referral

N	OT- RADS Category	☐ Category 0- Incomplete imaging ☐ Category 1- No lesion ☐ Category 2- Definitely benign ☐ Category 3- Probably benign ☐ Category 4- Indeterminate ☐ Category 5- Highly suspicious ☐ Category 6- Proven malignancy

O	OT RADS Risk and Management		
Category	**Description**	**Risk Level**	**Management**
0	Incomplete imaging	N/A	Additional imaging
1	No lesion	0%	No follow-up
2	Definitely benign	0%	Clinical follow-up
3	Probably benign	≤2%	3mo-2yr follow-up
4	Indeterminate	2-50%	Biopsy/follow-up
5	Highly suspicious	≥50%	Biopsy required
6	Proven malignancy	100%	Treatment plan (free text)

P	Remarks, Treatment plan, etc.	
Q	Final Impression	

To access the form, scan the QR code

13. ENDOMETRIAL MALIGNANCY – MRI REPORTING TEMPLATE

Endometrial Malignancy – MRI Reporting Template			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
1	**Clinical Details**		
A	Clinical details	☐ Pre-Operative Staging ☐ Abnormal Uterine Bleeding or Post-menopausal Bleeding ☐ Incidentally detected Endometrial Carcinoma post-hysterectomy / polypectomy / curettage for staging	
B	Menopausal Status	☐ Pre Menopausal ☐ Post Menopausal	
C	Hormonal Treatment	☐ Yes ☐ No	
D	HPE Results	☐ Available ☐ Unavailable	
E	HPE Type	☐ Endometroid endometrial carcinoma ☐ Carcinosarcoma ☐ Others, specify_____	
F	Grade	☐ Grade I ☐ Grade II ☐ Grade III	
G	Molecular Profiling	☐ PolMut ☐ p53 ☐ MMR ☐ Others, specify_____	
H	Fertility Preservation	☐ Yes ☐ No	

2	Comparison		
A	Date of document		Date Picker
B	Modality of comparison study	☐ USG ☐ CT ☐ MRI ☐ PET CT ☐ NIL	

3	Modality		
A	Local staging	☐ CT ☐ MRI ☐ PET CT	
B	Metastatic workup	☐ CT Thorax Abdomen Pelvis ☐ CT Abdomen and Pelvis ☐ MRI ☐ PET CT	
C	Quality of MRI images (1-Worst, 10-Best)	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10	

4	Findings		
A	**Uterus**		
1	Uterine Axis	☐ Anteverted ☐ Retroverted	
2	Visual size of Uterus	☐ Normal ☐ Enlarged ☐ Atrophic	

3	Size of uterus (cm)	_____*_____*_____cm	
4	Fibroids	☐ Yes ☐ No	
5	Adenomyosis	☐ Yes ☐ No	

B	Tumour Description		
1	Tumour Epicenter	☐ Cervix ☐ Uterus ☐ Cannot determine	Multiple choice possible
(i)	If uterus, location	☐ Endometrium ☐ Myometrium	
2	Location of lesion	☐ Fundus ☐ Lower Uterine Segment	
3	Tumoural size (cm)	_____X_____X_____	
4	Signal intensity of lesion on T2	☐ Hyperintense ☐ Hypointense ☐ Isotense	

	Yes	No
Cystic Space		
Hemorrhages		
Necrosis		
Calcification		

5	DWI	☐ Diffusion restriction present ☐ Diffusion restriction absent	
6	ADC value (10^-3mm3)		

7	Dynamic post contrast Enhancement		
		Interrupted	Not interrupted
	Subendometrial enhancement interrupted		
	Junctional Zone		
	Myometrium		

Uterine serosa		
Cervical stroma		

8	T2 Weighted MRI		
		Absent	Present
	Hydrometra		
	Myometrial Invasion		
	Cervical stromal invasion		
	Uterine serosal invasion		
	Vaginal fornices		
	Vagina/parametrial invasion		
	Ovarian mass		
	Bladder Invasion		
	Rectal Invasion		
	Adnexal extension		
	Uretric Invasion		
	Hydronephrosis		
	Pelvic Peritoneal Infiltration		
	Extra Pelvic Peritoneal Infiltration		
	Ascites		
	Bowel Infiltration		

9	If Myometrial invasion	☐ Less than 50% ☐ Greater than 50%	
10	If Ovarian mass is present	☐ Contiguous ☐ Non- Contiguous with the uterine	
11	Type of ovarian mass	☐ Benign ☐ Malignant	
12	Describe mass: Appearance, Extent		
13	Other Structure Involvement		

14	If Extra-pelvic peritoneum infiltration present, Extent of Involvement		
15	Other Associated Findings, If Any		

5	Lymphadenopathy

	Right	Left	Both
Inguinal			
External iliac			
Internal iliac			
Common iliac			

A	Para-aortic	☐ Infra Renal ☐ Supra Renal	
B	Metastasis	☐ No ☐ Liver ☐ Lungs ☐ Adrenal ☐ Non- Regional Lymph Nodes ☐ Peritoneum ☐ Other, specify_____	Multiple choice possible
C	Co-existent Malignancies Checklist	☐ Stomach ☐ Colon ☐ Small Bowel ☐ Breast ☐ Ovary ☐ Tubes ☐ Other, specify_____	Multiple choice possible

6	Impression- MRI Pelvis shows		
A	HPE Type		
B	Grading		

C	Molecular Profiling		
D	Features suggestive of Ca endometrium – (2023) FIGO Stage	☐ IA ☐ IB ☐ IC ☐ IIA ☐ IIB ☐ IIC ☐ IIIA ☐ IIIB ☐ IVA ☐ IVB ☐ IVC	

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14. CARCINOMA OVARY REPORTING TEMPLATE

Carcinoma Ovary Reporting Template			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
1	**Clinical Details**		
A	Age		
B	Tumour Marker and its value		
		Choose what is applicable	Details
	CA 125		
	AMH		
	CA 19.9		
C	Pathology	☐ Epithelial ☐ Germ cell tumours ☐ Stromal tumours ☐ Metastases	Multiple choice possible
D	HPE type	☐ high grade serous ovarian carcinoma ☐ low grade serous ovarian carcinoma ☐ clear cell carcinoma ☐ Mucinous ovarian carcinoma ☐ Dysgerminoma/ granulosa cell tumour ☐ Yolk sac tumours ☐ Immature teratoma ☐ Mature teratoma ☐ Others, specify_____	Multiple choice possible
E	Modality	☐ USG ☐ CT ☐ MRI ☐ PET CT ☐ FAPI PET	

2	Comparison		
A	Date of document		Date Picker
B	Modality of comparison study	☐ USG ☐ CT ☐ MRI ☐ PET CT ☐ NIL	
C	ORADS	☐ ORADS 1 ☐ ORADS 2 ☐ ORADS 3 ☐ ORADS 4 ☐ ORADS 5	

3	For ORADS 4 and 5 masses, the following is for staging CT/ MRI/PET-CT		
A	Is this an ovarian mass?	☐ Yes ☐ No	
B	Laterality	☐ Unilateral ☐ Bilateral	
C	Morphology	☐ Solid ☐ Solid Cystic ☐ Predominantly Cystic	
D	Margins	☐ Irregular Papillary ☐ Smoothly Lobulated ☐ Bosselated Surface	
E	Classification	☐ Present ☐ Absent	

	Choose
Uterus	☐ Abuts
Rectum	☐ Loses Plane
Sigmoid	☐ Infiltrates
Distal ureters	
Iliac vessels	
Prominent ovarian vein	

4	Extent of peritoneal spread		
A	Ascites	☐ Mild ☐ Moderate ☐ Large	
B	Omental Disease	☐ Absent ☐ Present	
C	Size of largest peritoneal disease	☐ Absent ☐ Present	
D	r-PCI		

	Score
Region 0 Central (Greater Omentum, transverse colon)	☐ 0 - 0
Region 1 Right Upper (Right Subphrenic Space)	☐ 1 – 0.5 cm
Region 2 Epigastrium (Left lobe of liver, lesser omentum, falciform ligament)	☐ 2 – 0.5 to 5 cm
Region 3 Left Upper (Left subphrenic space, spleen, tail of pancreas, anterior and posterior stomach surfaces)	☐ 3 – More than 5 cm
Region 4 Left Flank (Left paracolic gutter, descending colon)	
Region 5 Left Lower (Pelvic Side Wall lateral to sigmoid colon, sigmoid colon)	
Region 6 Pelvis (Ovaries, tubes,Uterus in female; Prostate and seminal vesicles in males, bladder, pouch of Douglas, recto-sigmoid colon)	
Region 7 Right Lower (Right Pelvic side wall, caecum, appendix)	
Region 8 Right Flank (Right Paracolic gutter, ascending colon)	
Region 9 Upper Jejunum (Upper Jejunum and its mesentery)	
Region 10 Lower Jejunum (Lower Jejunum and its mesentery)	
Region 11 Upper Ileum (Upper Ileum and its mesentery)	
Region 12 Lower Ileum (Lower Ileum and its mesentery)	

Total r-PCI- The sum of scores will be calculated

5	Unfavorable sites of involvement which makes complete cytoreduction less likely

	Yes	No
Thick plaque like subdiaphragmatic disease (>2 cm thick) - U2		
Disease involving intersegmental fissures of the liver, porta, GB fossa, lesser omentum- U1		
Disease encasing stomach and left gastric artery - U1		
Disease involving the lesser sac- U1		
Disease involving splenic hilum- U1		
Small bowel obstruction- U1		
Root of mesentery- U2		
Small bowel mesentery- U2		
Para-aortic nodes above the renal vessels- U2		
Hydronephrosis- U1		
Pelvic side wall infiltration- U2		
Iliac vessel encasement - U2		
Pre-sacral disease- U2		
Abdominal wall disease- U2		

A	Nodes

	Involvement	If Present, Choose Laterality
Inguinal	☐ Absent	☐ Right
Mediastinal	☐ Present	☐ Left
Internal iliac		☐ Both
External iliac		
Common iliac		
Para-aortic infrarenal		

	Cardiophrenic		
	Lesser omental		
	Mediastinal		
	Hilar		
	Supraclavicular		
	Axillary		
B	Metastases	☐ Umbilical Metastases ☐ Pleural Effusion ☐ Liver ☐ Spleen ☐ Lungs ☐ Brains ☐ Bones ☐ Others, specify_____	Multiple choice possible
C	Are there any other primaries?	☐ Stomach ☐ Colon ☐ Appendix ☐ Gallbladder ☐ Pancreas ☐ Breast ☐ Lungs ☐ NIL	Multiple choice possible
D	Other significant findings		

6	Impression		
A	CT FIGO Stage	☐ IA ☐ IB ☐ IC ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB	

A	CT FIGO Stage	☐ IIIC ☐ IVA ☐ IVB	
B	P – rPCI		
C	A1 – Ascites	☐ Mild ☐ Moderate ☐ Severe	
D	A2 - Abdominal wall		
E	U - Unfavorable sites	☐ U0 ☐ U1 ☐ U2	
F	S - Small bowel and mesentery	☐ 0 - Absent ☐ 1 - Only Ascites, but no obvious mesenteric nodules ☐ 2 - Bowel wall thickening or bowel luminal distortion; mesenteric nodules or masses ☐ 3 - Bowel obstruction or mesenteric tethering or mesenteric retraction	
G	E - Extraperitoneal disease	☐ Yes ☐ No	

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15. PANCREATIC MASS REPORTING TEMPLATE

Pancreatic Mass Reporting Template			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
1	**General Details**		
A	Clinical Note		
B	Tumoural Marker and its value		
		Choose what is applicable	Details
	CA 125		
	AMH		
	CA 19.9		
C	Addiction		
D	Family History		
2	**Scan Protocol**		
A	Scanner		
B	Contrast used		
C	Volume		
D	Phases		
E	Injection rate		
F	Reactions	☐ Minor ☐ Major	
G	Details of reaction		
3	**Tumour**		
A	Location	☐ Uncinate ☐ Head ☐ Body ☐ Tail	

3	Tumour		
B	Maximum Diameter (mm)		
C	Biliary Involvement	☐ Yes/Stented ☐ Yes/Not Stented ☐ Not Involved	
D	Pancreatic duct Size (mm)		
E	Adjacent Organ Involved (Including Duodenum)	☐ Yes ☐ No	
F	Mention details		
G	Regional Adenopathy	☐ Yes ☐ No ☐ Indeterminate	
H	Metastatic disease	☐ Yes ☐ No ☐ Indeterminate	
I	Location		
J	Size		
K	Predicted Tumoural type	☐ PDAC ☐ NEN ☐ Cholangiocarcinoma	
L	Predicted Radiological Stage		
i	T Stage		
ii	N Stage		
iii	M Stage		

4	Vessel Involvement		
A	Variant Vascular Anatomy	☐ Yes ☐ No	
B	Please Specify- RHA/CHA		
C	Venous Contact		

	Yes	No	Details - Size (mm) and Degree	Any other information
PV				
SMV				
PV/SMV				
Jejunal/Colic Tributary				
Other Vessel contact				
Any Vessel Occlusion/Partial occlusion				
Venous Collateral				

5	Arterial Contact			
		Yes	No	Details- Size (mm) and Degree	Any other information
SMA Contact					
CHA Contact					
Coeliac axis contact					
Jejunal/Colic branch contact					
GDA					
Any Other Vessel (Mention vessel)					
Stenosed CA/SMA Origin					

6	Additional Findings		
A	Kidney		
B	Liver		
C	GI		

7	Impression		
A	Impression		

To access the form, scan the QR code

16. GASTRIC CANCER – FOLLOW UP REPORTING TEMPLATE

Gastric Cancer- Follow up Reporting Template			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
1	**Clinical Referrals**		
A	pTNM (or ypTNM)		
B	Surgery performed	☐ Total vs sub-total gastrectomy ☐ Type of reconstruction (Billroth II vs Roux) ☐ Type of lymphadenectomy (D1, D2 or D2 plus, D3) ☐ Others, specify_____	

The radiologist should point out in the radiological report if clinical information provided is not adequate.

2	**Technique**		
A	Specify if correct distension of the residual stomach or anastomosis has been performed, the modality of distension (air or water), and the reasons for any failure to distension		
B	Specify if gastric hypotonization has been carried out		
C	Report any adverse reaction to intravenous contrast media (in that case, report the contrast agent administered)		
D	Report the presence of any movement artifact or problem that occurred during the CT examination		
E	Report if examination performed with dual-energy technique		
F	Report if important changes in the protocol compared to the reference examination		
G	Findings		

3	Loco-Regional Relapse		
A	Site of the relapse	☐ Gastric bed ☐ Duodenal stump ☐ Anastomosis / perianastomotic area	Multiple Choice Possible
B	Dimension		
C	Contact with/infiltration of anatomical and vascular structures		

4	Lymphatic relapse		
A	Site of the recurrence (according to the JGCA number stations or anatomical description according to AJCC)		
B	Number of LN involved (expressed in ≥ 3 or ≥ 7)		
C	Dimension (short diameter of the largest LN for each station)		

5	Distant Relapse		
A	Site		
B	Number for each anatomical site: indicate if unique, or number up to max 3, or if > 3 indicate “multiple		
C	Size: indicate the maximum diameter of the largest lesion for each involved organ		
D	If there are skeletal lesions, specify lesions at risk of fracture/vertebral canal invasion		
E	If liver involvement, specify segments and contact/infiltration of major vascular structures		
F	Specify the presence of ascites		
G	Specify the presence of peritoneal carcinomatosis		

6	Conclusions/Advice		
A	Report if disease recurrence is present		
B	Indicate possible accessible anatomical sites for histological sample/confirmation		

To access the form, scan the QR code

17. LIVER CT REPORTING TEMPLATE

Liver CT Reporting Template			
Instructions: Avoid using the treatment response algorithm in patients receiving systemic therapy			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
1	**Clinical Details**		
A	Age		
B	CEA		
C	Biopsy		
D	Treatment History		
E	AFP		
F	PIVKA		
G	CA 19.9		
2	**Technique**		
A	Modality	☐ CT ☐ MRI	
	Contrast enhanced scan of the thorax, abdomen and pelvis has been performed on a MDCT scanner. Non-contrast, late arterial, and delayed phase images of the liver were also obtained. The study is technically adequate.		
3	**Comparison**		
A	Date of document		Date picker
B	Modality of Comparison Study		
4	**Findings-Liver**		
A	Cirrhotic Appearance	☐ Yes ☐ No	
B	Evidence of Portal Hypertension	☐ Yes ☐ No	

C	Vessels (For Thrombus)		
D	Number of observations/lesions		
E	Lesions- (Max of only 4 lesions in the prostate; choose the most significant and describe the following in each)		

	Size	Location	Arterial Hyperenhancement	Washout	Pseudocapsule	Any additional features	LIRADS Category
Lesion 1			☐ Absent ☐ Present	☐ Absent ☐ Present	☐ Absent ☐ Present		☐ NC ☐ LR1 ☐ LR 2 ☐ LR 3 ☐ LR 4 ☐ LR 5 ☐ LR TIV ☐ LR M
Lesion 2							
Lesion 3							
Lesion 4							

☐ NC- Technically Inadequate study. Needs follow up
☐ LR 1- Definitely Benign
☐ LR 2- Probably Benign
☐ LR 3- Intermediate probability for HCC
☐ LR 4- Probably HCC
☐ LR 5- Definitely HCC
☐ LR- TIV- Tumoural in Vein
☐ LR M- Probably or definitely malignant but not HCC Specific

F	Hepatic Arterial Anatomy	☐ Conventional ☐ Variant	
(i)	If variant, please specify		

G	Rest of Abdomen		

5	Impression		
A	LIRADS (v2018)	☐ NC = Technically inadequate study. Needs follow up. ☐ LR 1 = Definitely benign ☐ LR 2 = Probably benign ☐ LR 3 = Intermediate probability for HCC ☐ LR 4 = Probably HCC ☐ LR 5 = Definitely HCC ☐ LR-TIV = Tumoural in vein ☐ LR M = Probably or definitely malignant but not HCC specific	

6	Treatment Response		
A	Whether patient has undergone any treatment	☐ Yes ☐ No	
B	Clinical Details		

	Enter details
Age	
CEA	
Biopsy	
AFP	
PIVKA	

7	Treatment Offered

	Date of treatment with treatment details	Choose the treatment
RFA		
MWA		
Cryoablation		
PEA		
TAE		
DEB-TACE		

c-TACE		
TARE		
SBRT		
Unknown		
Immunotherapy		
Chemotherapy		

8	Response		
Lesions- (Max of only 4 lesions in the Liver; choose the most significant and describe the following in each)- Repeat 8A- 8M for each lesion			
A	Size		
B	Location	☐ Homointense ☐ Hyperintense ☐ Mixed ☐ Hypointense	
C	Pretreatment Category	☐ Uncertain ☐ Not seen ☐ Remote treatment ☐ LR 5 ☐ LR 4 ☐ LR 3 ☐ TIV ☐ LR M ☐ Biopsy HCC ☐ Biopsy icc ☐ Biopsy cHCC-CCA	
D	Type of most recent treatment	☐ RFA ☐ MWA ☐ Cryoablation ☐ PEA ☐ TAE ☐ DEB-TACE ☐ cTACE ☐ TARE	

D	Type of most recent treatment	☐ SBRT ☐ Unknown ☐ Immunotherapy ☐ Chemotherapy	
E	Date of treatment		
F	Mass like enhancement	☐ Yes ☐ No ☐ Uncertain ☐ Not assessable	
G	Size		
H	Since prior MRI	☐ New ☐ Increased ☐ Stable ☐ Decreased in size	
I	Diffusion restriction	☐ Yes ☐ No ☐ Not Applicable	
J	If Yes, Since prior MRI	☐ New ☐ Increased ☐ Stable ☐ Decreased in size	
K	Mild-Moderate T2 hyperintensity	☐ Yes ☐ No ☐ Not Applicable	
L	If Yes, Since prior MRI	☐ New ☐ Increased ☐ Stable ☐ Decreased in size	
M	LR-TR Category (v2024)	☐ Non Evaluable ☐ Nonviable ☐ Equivocal ☐ Non-progressing ☐ Viable	

9	Others		
A	New observations	☐ Non-Evaluable ☐ Nonviable ☐ Viable ☐ Equivocal ☐ Non-progressing	
B	Overall Response	☐ Complete ☐ Partial ☐ Stable ☐ Progressive	

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18. GASTRIC CANCER– INITIAL STAGING / RESTAGING REPORTING TEMPLATE

Gastric Cancer - Initial Staging / Restaging Reporting Template			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
1	**Clinical referral / findings**		
A	Site	☐ Upper ☐ Middle ☐ Lower 1/3 ☐ Lesser ☐ Greater curvature ☐ Anterior ☐ Posterior wall ☐ Antrum ☐ Pylorus	Multiple Choice Possible
B	Features and staging of the neoplasm obtained by endoscopy	☐ Stenosing ☐ Ulcerated ☐ Perforated	
C	Possible previous partial gastrectomy and/or other types of gastric surgery and/or endoscopic resections		

The radiologist should point out in this section if clinical information provided were not adequate.

2	**Technique**		
A	Specify if correct gastric distension has been performed, the modality of distension (air or water, and the reasons for any failure of distension)		
B	Specify if gastric hypotonization has been carried out		
C	Report any adverse reaction to intravenous contrast media (in that case, report the contrast agent administered)		

D	Report the presence of any motion artifacts or problems that occurred during CT examination		
E	Report if dual-energy technique (DECT) was used		

3	Findings		
A	Site	☐ lesser/greater curve ☐ greater curve ☐ upper ☐ middle ☐ lower 1/3 ☐ Anterior wall ☐ Posterior wall	Multiple Choice Possible
B	Features	☐ Stenosing ☐ Ulcerated ☐ Perforated	
C	Gastric wall infiltration (≤ T2 or ≥ T3)		
D	Distance from the esophago-gastric junction or possible esophageal infiltration (the involvement of the esophagus should be expressed in mm from the hiatus)		
E	Possible infiltration of perigastric organs/structures (pancreas, liver, mesocolon, etc.		
F	Possible duodenal infiltration		
G	Maximum dimension (D-max) of the lesion [23]		
H	Anatomical Anomalies		
I	Possible infiltration of vascular structures		

4	N Parameter	
A	Presence/absence of LN involvement (N0 vs N +)	
B	Site of metastatic LN (stations number according to JGCA or anatomical description according to AJCC)	
C	Short diameter of the largest metastatic LN for each station	
D	Possible adhesion/infiltration of anatomical structures by LNs (e.g., pancreatic capsule, spleen, hepatic artery, etc.)	

E	In case of confluent lymphadenopathy, report it and indicate the maximum diameter of the Lymph Node mass	

5	Peritoneal carcinomatosis	
A	Presence/absence of ascites	
B	Presence/absence of peritoneal carcinomatosis	
C	Specify if supra- or sub-mesocolic involvement	
D	Specify if nodules in the omental bursa	
E	Report the diameter of the largest nodule (up to 2)	
F	Specify whether bowel loop involvement and/or infiltration of the mesentery root	
G	Presence/absence of Krukenberg tumoural	
H	Presence/absence of “omental cake"	

6	Liver metastases	
A	Presence/absence of liver metastases	
B	Number: indicate if unique, or number up to max 3, or if> 3 indicate “multiple”	
C	Site (liver segments involved)	
D	Maximum diameter (single measure in mm) of largest metastases (up to 2 in accordance with RECIST1.1	
E	Specify the infiltration of a major intrahepatic vessel (portal vein, IVC, suprahepatic veins)	
F	Describe any hepatopathy (liver cirrhosis, signs of portal hypertension)	

7	Other metastases	
A	Site (lung, bone, distant lymph nodes ...)	
B	Number: indicate if unique, or number up to max 3, or if > 3 indicate “multiple	
C	Size: Maximum Diameter	
D	Report non-measurable lesions (lymphangitis, pleural effusion)	

8	Useful information for the surgeon	
A	Vascular anomalies	
B	Presence of incisional hernias	

9	Conclusions/advice	
A	Recist 1.1 (To be filled in case of Restaging)	☐ Partial ☐ Complete ☐ Stable ☐ Progressive

The radiologist should provide a clinical-radiological staging (cTNM (CT): T expressed as / = T3 or T4b, N expressed as N0 or N +, M expressed as M0 or M +)

The radiologist should recommend the discussion of the clinical case at the multidisciplinary group

To access the form, scan the QR code

19. LIVER MRI REPORTING TEMPLATE

Liver Cancer Synoptic Reporting – MRI Reporting Template			
Instructions: Avoid using the treatment response algorithm in patients receiving systemic therapy			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
1	**Clinical Details**		
A	Age		
B	CEA		
C	Biopsy		
D	Treatment History		
E	AFP		
F	PIVKA		
G	CA 19.9		
2	**Technique**		
A	Modality	☐ CT ☐ MRI	
3	**Comparison**		
A	Date of document		Date picker
B	Modality of Comparison Study		
4	**Findings-Liver**		
A	Cirrhotic Appearance	☐ Yes ☐ No	
B	Evidence of Portal Hypertension	☐ Yes ☐ No	
C	Vessels (For Thrombus)		
D	Number of observations/lesions		

E	Lesions- (Max of only 4 lesions in the prostate; choose the most significant and describe the following in each)		
i	**Size**		
ii	Location		
iii	Arterial Hyperenhancement	☐ Absent ☐ Present	
iv	Washout	☐ Absent ☐ Present	
v	Pseudocapsule	☐ Absent ☐ Present	
vi	T2 Signal	☐ Hypointense ☐ Hyperintense ☐ Mixed ☐ Homointense	
vii	Restriction on diffusion	☐ Absent ☐ Present	
viii	Any additional features		
ix	LIRADS Category	☐ NC = Technically inadequate study. Needs follow up. ☐ LR 1 = Definitely benign ☐ LR 2 = Probably benign ☐ LR 3 = Intermediate probability for HCC ☐ LR 4 = Probably HCC ☐ LR 5 = Definitely HCC ☐ LR-TIV = Tumoural in vein ☐ LR M = Probably or definitely malignant but not HCC specific	

F	Hepatic Arterial Anatomy	☐ Conventional ☐ Variant	
i	If variant, please specify		

5	Impressions		
A	LIRADS (v2018)	☐ NC = Technically inadequate study. Needs follow up. ☐ LR 1 = Definitely benign ☐ LR 2 = Probably benign ☐ LR 3 = Intermediate probability for HCC ☐ LR 4 = Probably HCC ☐ LR 5 = Definitely HCC ☐ LR-TIV = Tumoural in vein ☐ LR M = Probably or definitely malignant but not HCC specific	Autopopulate
B	Whether patient has undergone any treatment	☐ Yes ☐ No	

C	Treatment Response		
i	If Yes, Clinical details		Autopopulate

	Enter details
Age	
CEA	
Biopsy	
AFP	
PIVKA	

ii	If Yes, Treatment Offered		

	Date of treatment with treatment details	Choose the treatment
RFA		
MWA		
Cryoablation		
PEA		
TAE		
DEB-TACE		
c-TACE		

TARE		
SBRT		
Unknown		
Immunotherapy		
Chemotherapy		

D	Response		
Lesions- (Max of only 4 lesions in the Liver; choose the most significant and describe the following in each)- Repeat 8A- 8M for each lesion			
i	Size		
ii	Location	☐ Homointense ☐ Hyperintense ☐ Mixed ☐ Hypointense	
iii	Pretreatment Category	☐ Uncertain ☐ Not seen ☐ Remote treatment ☐ LR 5 ☐ LR 4 ☐ LR 3 ☐ TIV ☐ LR M ☐ Biopsy HCC ☐ Biopsy icc ☐ Biopsy cHCC-CCA	
iv	Type of most recent treatment	☐ RFA ☐ MWA ☐ Cryoablation ☐ PEA ☐ TAE ☐ DEB-TACE ☐ cTACE ☐ TARE	

iv	Type of most recent treatment	☐ SBRT ☐ Unknown ☐ Immunotherapy ☐ Chemotherapy	
v	Date of treatment		
vi	Mass like enhancement	☐ Yes ☐ No ☐ Uncertain ☐ Not assessable	
vii	Size		
viii	Since prior MRI	☐ New ☐ Increased ☐ Stable ☐ Decreased in size	
ix	Diffusion restriction	☐ Yes ☐ No ☐ Not Applicable	
x	If Yes, Since prior MRI	☐ New ☐ Increased ☐ Stable ☐ Decreased in size	
xi	Mild-Moderate T2 hyperintensity	☐ Yes ☐ No ☐ Not Applicable	
xii	If Yes, Since prior MRI	☐ New ☐ Increased ☐ Stable ☐ Decreased in size	
xiii	LR-TR Category (v2024)	☐ Non Evaluable ☐ Nonviable ☐ Equivocal ☐ Non-progressing ☐ Viable	

E	New observations	☐ Non-Evaluable ☐ Nonviable ☐ Viable ☐ Equivocal ☐ Non-progressing	
F	Overall Response	☐ Complete ☐ Partial ☐ Stable ☐ Progressive	

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20. GALLBLADDER CARCINOMA REPORTING TEMPLATE

Gallbladder Carcinoma Reporting Template			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
A	Gallbladder mass	☐ Absent ☐ Indeterminate ☐ Present	
B	If present size (cm)		
C	Location	☐ Body ☐ Fundus ☐ Neck	Multiple choice possible
D	Plane with the liver and segments involved		
E	Plane with D2 Duodenum, antrum of stomach, head of pancreas		
F	Plane with hepatic flexure, colon		
G	Any other Organ Involvement		
H	Bile duct involvement	☐ Absent ☐ Present	
I	Right secondary confluence		
J	Right hepatic duct		
K	Left secondary confluence		
L	Left hepatic duct		
M	Primary confluence		
N	Common hepatic duct		
O	Supra-pancreatic CBD		
P	Intra-pancreatic CBD		

Q	Bile duct anatomy variation	☐ Not evaluable ☐ No ☐ Yes ☐ trifurcation ☐ Right posterior duct inserted to left hepatic duct ☐ Right posterior duct inserted to CBD ☐ Others, specify_____	

1	Vessel evaluation		
A	Arterial abutment/ encasement/ infiltration	☐ CHA ☐ RHA ☐ LHA	
B	Artery anatomy variation	☐ Not evaluable ☐ No ☐ Yes ☐ Replaced right hepatic artery ☐ Replaced left hepatic artery ☐ Replaced common hepatic artery ☐ Others, specify_____	
C	Mention details, if any		
D	Portal vein anatomy	☐ Not evaluable ☐ No ☐ Yes ☐ PV trifurcation ☐ Right posterior PV as first branch of main portal vein ☐ Others, specify_____	
E	PV Involvement	☐ Right ☐ Left ☐ Main	Multiple Choice possible

F	Regional lymph nodes	☐ Absent ☐ Indeterminate ☐ Present	
G	Regional Node Location		

2	Distant Metastases		
A	Liver	☐ Absent ☐ Indeterminate ☐ Present	
B	if present, location		
C	Peritoneal/Omental Nodule	☐ Absent ☐ Indeterminate ☐ Present, Location____	
D	Distant Lymph Node	☐ Absent ☐ Indeterminate ☐ Present, Location____	
E	Other organs: specify location		

3	Impression

To access the form, scan the QR code

21. ULTRASONOGRAPHY OF BILATERAL BREASTS REPORTING TEMPLATE

Ultrasonography of Bilateral Breasts			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
I	**Left Breast**		
A	Breast composition	☐ Homogeneous – fat ☐ Homogeneous – fibroglandular ☐ Heterogeneous	
B	Mammogram Available	☐ Yes ☐ No	
C	Date of Mammography		Date Picker
1	**Mass**		
A	Shape	☐ Oval ☐ Round ☐ Irregular	
B	Margins	☐ Circumscribed ☐ Indistinct ☐ Micro lobulated ☐ Angular ☐ Spiculated	
C	Orientation	☐ Parallel ☐ Not parallel	
D	Echo Pattern	☐ Anechoic ☐ Hyperechoic ☐ Complex cystic ☐ Solid hypoechoic ☐ Isoechoic ☐ Heterogeneous	

E	Posterior features	☐ No posterior features ☐ Enhancement ☐ Shadowing ☐ Combined pattern	
F	Location, clock position	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Retroareolar	
G	Depth of lesion	☐ Superficial parenchyma ☐ Mid- parenchyma ☐ Posterior parenchyma	
H	Vascularity	☐ Absent ☐ Internal ☐ Rim	
I	Elastography	☐ Hard ☐ Soft ☐ Intermediate	
J	Quantitative elastography stiffness value		
K	Quantitative elastography stiffness ratio		
L	Calcifications	☐ In mass ☐ Outside mass ☐ Intraductal	

M	Associated Features	☐ Architectural Distortion ☐ Duct changes ☐ Skin thickening ☐ Skin retraction ☐ Edema	
N	Lymph nodes – axillary Special cases (Simple cyst / Complicated cyst / Clustered microcysts / Mass in or on skin / Foreign body including implants / Lymph nodes-intramammary / Vascular abnormalities / Postsurgical fluid collection / Fat necrosis)		Provide free text box
O	Any other additional findings		If no abnormal findings, use this box for free text box
P	Is finding seen on mammogram	☐ Yes ☐ No	
Q	If yes, mammographic ACR BI-RADS Category	☐ Category 0: Incomplete: Requires additional imaging and/or comparison with prior mammograms ☐ Category 1: Negative: No abnormalities found, continue regular screening ☐ Category 2: Benign ☐ Category 3: Probably Benign ☐ Category 4A: Low suspicion for malignancy ☐ Category 4B: Moderate suspicion for malignancy ☐ Category 4C: High suspicion for malignancy ☐ Category 5: Highly suspicious of malignancy	
R	Combined mammogram and USG Left breast ACR BI-RADS Category	☐ Category 0: Incomplete: Requires additional imaging and/or comparison with prior mammograms ☐ Category 1: Negative: No abnormalities found, continue regular screening ☐ Category 2: Benign ☐ Category 3: Probably Benign ☐ Category 4A: Low suspicion for malignancy ☐ Category 4B: Moderate suspicion for malignancy ☐ Category 4C: High suspicion for malignancy ☐ Category 5: Highly suspicious of malignancy	

II	Right Breast		
A	Breast composition	☐ Homogeneous – fat ☐ Homogeneous – fibroglandular ☐ Heterogeneous	

1	Mass		
A	Shape	☐ Oval ☐ Round ☐ Irregular	
B	Margins	☐ Circumscribed ☐ Indistinct ☐ Micro lobulated ☐ Angular ☐ Spiculated	
C	Orientation	☐ Parallel ☐ Not parallel	
D	Echo Pattern	☐ Anechoic ☐ Hyperechoic ☐ Complex cystic ☐ Solid hypoechoic ☐ Isoechoic ☐ Heterogeneous	
E	Posterior features	☐ No Posterior Features ☐ Enhancement ☐ Shadowing ☐ Combined Pattern	

F	Location, clock position	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Retroareolar	
G	Depth of lesion	☐ Superficial parenchyma ☐ Mid- parenchyma ☐ Posterior parenchyma	
H	Vascularity	☐ Absent ☐ Internal ☐ Rim	
I	Elastography	☐ Hard ☐ Soft ☐ Intermediate	
J	Quantitative elastography stiffness value		
K	Quantitative elastography stiffness ratio		
L	Calcifications	☐ In mass ☐ Outside mass ☐ Intraductal	
M	Associated Features	☐ Architectural Distortion ☐ Duct changes ☐ Skin thickening ☐ Skin retraction ☐ Edema	

N	Lymph nodes – axillary Special cases (Simple cyst / Complicated cyst / Clustered microcysts / Mass in or on skin / Foreign body including implants / Lymph nodes-intramammary / Vascular abnormalities / Postsurgical fluid collection / Fat necrosis)		Provide free text box
O	Any other additional findings		If no abnormal findings, use this box for free text box
P	Is finding seen on mammogram	☐ Yes ☐ No	
Q	If yes, mammographic ACR BI-RADS Category	☐ Category 0: Incomplete: Requires additional imaging and/or comparison with prior mammograms ☐ Category 1: Negative: No abnormalities found, continue regular screening ☐ Category 2: Benign ☐ Category 3: Probably Benign ☐ Category 4A: Low suspicion for malignancy ☐ Category 4B: Moderate suspicion for malignancy ☐ Category 4C: High suspicion for malignancy ☐ Category 5: Highly suspicious of malignancy	
R	Combined mammogram and USG Right breast ACR BI-RADS Category	☐ Category 0: Incomplete: Requires additional imaging and/or comparison with prior mammograms ☐ Category 1: Negative: No abnormalities found, continue regular screening ☐ Category 2: Benign ☐ Category 3: Probably Benign ☐ Category 4A: Low suspicion for malignancy ☐ Category 4B: Moderate suspicion for malignancy ☐ Category 4C: High suspicion for malignancy ☐ Category 5: Highly suspicious of malignancy	

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22. MRI BREAST REPORTING TEMPLATE

MRI Breast

Multiplanar contrast-enhanced MRI of both breasts has been performed using a dedicated breast coil. T1W, T2W, STIR, DW & Dynamic Contrast Enhanced, and ultrafast Post contrast sequences have been obtained.

Sr. No.	Data Elements	Clinician's Response	Remarks for Vendors
A	Strength of scanner	☐ **1.5T** ☐ **3T**	
B	Indication of study		
C	Prior Imaging		
D	Last menstrual period	☐ Pre-menopausal ☐ Post- menopausal ☐ Post- hysterectomy	
E	Date of Last menstrual period		Date picker
F	Known genetic high-risk status	☐ Yes ☐ No ☐ Not known	
G	If yes, details of the same		
H	Amount of fibroglandular tissue	☐ Almost entirely fatty ☐ Scattered fibroglandular tissue ☐ Heterogeneous fibroglandular tissue ☐ Extreme fibroglandular tissue	
1	**Background parenchymal enhancement**		
A	Intensity	☐ Minimal ☐ Mild ☐ Moderate ☐ Marked	
B	Symmetry	☐ Symmetric ☐ Asymmetric	

I	Left Breast

1	Mass		
A	Shape	☐ Oval ☐ round ☐ irregular	
B	Margin	☐ Circumscribed ☐ Irregular ☐ Spiculated	
C	Size		
D	Location of lesion	☐ Upper outer quadrant ☐ Lower outer quadrant ☐ Upper inner quadrant ☐ Lower inner quadrant ☐ Upper central region ☐ Lower central region ☐ Outer central region ☐ Inner central region ☐ Central region	
E	Depth of lesion	☐ Superficial ☐ Mid-parenchyma ☐ Posterior parenchyma	
F	Signal Intensity (T1)	☐ Low ☐ Iso ☐ High	
G	Signal Intensity (T2)	☐ Low ☐ Iso ☐ High	
H	Signal intensity (T1 Fat-Saturated)	☐ Low ☐ High	
I	Signal intensity (T2 Fat-Saturated)	☐ Low ☐ High	
J	DWI (including b-value)		

K	Enhancement characteristics	☐ Homogeneous ☐ Heterogeneous ☐ Rim enhancement ☐ Dark internal septations	

2	**Kinetic curve assessment**		
A	Initial Phase	☐ Fast ☐ Medium ☐ Slow	
B	Delayed Phase	☐ Wash-out ☐ Persistent ☐ Plateau	
C	Type	☐ 3 ☐ 2 ☐ 1	
D	Ultrafast assessment (Phase of visibility of finding)		

3	**Non-mass enhancement**		
A	Distribution	☐ Focal ☐ Linear ☐ Segmental ☐ Regional ☐ Multiple regions ☐ Diffuse	
B	Internal enhancement pattern	☐ Homogeneous ☐ Heterogeneous ☐ Clumped ☐ Clustered ring	
C	Location		
D	Size/extent		
E	Ultrafast assessment (Phase of visibility of finding)		

4	**Focus (< 5 mm)**		
A	Location		
B	Size		
C	Margins (if assessable)		
D	Distribution	☐ Unifocal ☐ Asymmetric/Regional ☐ Diffuse	
E	Associated Features	☐ Nipple areolar complex retraction ☐ Nipple areolar complex invasion ☐ Nipple areolar complex thickening ☐ Skin retraction ☐ Skin invasion ☐ Chest wall invasion	
F	Adenopathy		
G	Other findings	☐ Ductal pre-contrast high signal on T1 ☐ Cyst ☐ Post-operative collections post-therapy skin thickening ☐ Non-enhancing mass ☐ Architectural distortion ☐ Signal void from foreign body, clips	
H	Is the finding seen on prior mammogram and USG	☐ Yes ☐ No	
I	If yes, mammographic ACR BI-RADS assessment	☐ BI-RADS 2: Benign ☐ BI-RADS 3: Probably benign ☐ BI-RADS 4A: Low suspicion for malignancy ☐ BI-RADS 4B: Moderate suspicion for malignancy ☐ BI-RADS 4C: High suspicion for malignancy ☐ BI-RADS 5: Highly suggestive of malignancy ☐ BI-RADS 6: Known biopsy-proven malignancy	

J	Combined Left breast ACR BI-RADS Category	☐ BI-RADS 0: Incomplete ☐ BI-RADS 1: Negative ☐ BI-RADS 2: Benign ☐ BI-RADS 3: Probably benign ☐ BI-RADS 4A: Low suspicion for malignancy ☐ BI-RADS 4B: Moderate suspicion for malignancy ☐ BI-RADS 4C: High suspicion for malignancy ☐ BI-RADS 5: Highly suggestive of malignancy ☐ BI-RADS 6: Known biopsy-proven malignancy

II	Right Breast

1	Mass		
A	Shape	☐ Oval ☐ Round ☐ Irregular	
B	Margin	☐ Circumscribed ☐ Irregular ☐ Spiculated	
C	Size		
D	Location of lesion	☐ Upper outer quadrant ☐ Lower outer quadrant ☐ Upper inner quadrant ☐ Lower inner quadrant ☐ Upper central region ☐ Lower central region ☐ Outer central region ☐ Inner central region ☐ Central region	
E	Depth of lesion	☐ Superficial ☐ Mid-parenchyma ☐ Posterior parenchyma	
F	Signal Intensity (T1)	☐ Low ☐ Iso ☐ High	

G	Signal Intensity (T2)	☐ Low ☐ Iso ☐ High	
H	Signal intensity (T1 Fat-Saturated)	☐ Low ☐ High	
I	Signal intensity (T2 Fat-Saturated)	☐ Low ☐ High	
J	DWI (including b-value)		
K	Enhancement characteristics	☐ Homogeneous ☐ Heterogeneous ☐ Rim enhancement ☐ Dark internal septations	

2	**Kinetic curve assessment**		
A	Initial Phase	☐ Fast ☐ Medium ☐ Slow	
B	Delayed Phase	☐ Wash-out ☐ Persistent ☐ Plateau	
C	Type	☐ 3 ☐ 2 ☐ 1	
D	Ultrafast assessment (Phase of visibility of finding)		

3	**Non-mass enhancement**		
A	Distribution	☐ Focal ☐ Linear ☐ Segmental ☐ Regional ☐ Multiple regions ☐ Diffuse	

B	Internal enhancement pattern	☐ Homogeneous ☐ Heterogeneous ☐ Clumped ☐ Clustered ring	
C	Location		
D	Size/extent		
E	Ultrafast assessment (Phase of visibility of finding)		

4	**Focus (< 5 mm)**		
A	Location		
B	Size		
C	Margins (if assessable)		
D	Distribution	☐ Unifocal ☐ Asymmetric/Regional ☐ Diffuse	
E	Associated Features	☐ Nipple areolar complex retraction ☐ Nipple areolar complex invasion ☐ Nipple areolar complex thickening ☐ Skin retraction ☐ Skin invasion ☐ Chest wall invasion	
F	Adenopathy		
G	Other findings	☐ Ductal pre-contrast high signal on T1 ☐ Cyst ☐ Post-operative collections post-therapy skin thickening ☐ Non-enhancing mass ☐ Architectural distortion ☐ Signal void from foreign body, clips	
H	Is the finding seen on prior mammogram and USG	☐ Yes ☐ No	

I	If yes, mammographic ACR BI-RADS assessment	☐ BI-RADS 2: Benign ☐ BI-RADS 3: Probably benign ☐ BI-RADS 4A: Low suspicion for malignancy ☐ BI-RADS 4B: Moderate suspicion for malignancy ☐ BI-RADS 4C: High suspicion for malignancy ☐ BI-RADS 5: Highly suggestive of malignancy ☐ BI-RADS 6: Known biopsy-proven malignancy	
J	Combined Right breast ACR BI-RADS Category	☐ BI-RADS 0: Incomplete ☐ BI-RADS 1: Negative ☐ BI-RADS 2: Benign ☐ BI-RADS 3: Probably benign ☐ BI-RADS 4A: Low suspicion for malignancy ☐ BI-RADS 4B: Moderate suspicion for malignancy ☐ BI-RADS 4C: High suspicion for malignancy ☐ BI-RADS 5: Highly suggestive of malignancy ☐ BI-RADS 6: Known biopsy-proven malignancy	
K	Any other findings		(Use this box in case of normal study)
L	Any other incidental findings		
M	Impression		
N	Final assessment ACR BI-RADS Category	☐ BI-RADS 0: Incomplete ☐ BI-RADS 1: Negative ☐ BI-RADS 2: Benign ☐ BI-RADS 3: probably benign ☐ BI-RADS 4A: Low suspicion for malignancy ☐ BI-RADS 4B: Moderate suspicion for malignancy ☐ BI-RADS 4C: High suspicion for malignancy ☐ BI-RADS 5: Highly suggestive of malignancy ☐ BI-RADS 6: Known biopsy-proven malignancy	

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23. CT SCAN OF CHEST, ABDOMEN AND PELVIS REPORTING TEMPLATE

CT Scan of Chest, Abdomen and Pelvis			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
1	Indication		
2	Comparison		
A	**Findings**		
1	Laterality	☐ Left ☐ Right	
2	Number of lesions		
3	Tumor Size (of largest lesion)		
4	Skin thickening	☐ Present ☐ Absent	
5	Nipple retraction	☐ Present ☐ Absent	
6	Chest wall invasion	☐ Present ☐ Absent	
7	Axillary nodes	☐ Reactive (Less than 3 mm cortex with maintained fatty hilum) ☐ Indeterminate (Borderline cortical thickness) ☐ Suspicious (More than 3 mm thickness or eccentric cortical hypertrophy, round nodes with lost hilum) ☐ Metastatic (Lobulated / Spiculated / Perinodal architectural distortion / Microcalcifications / Heterogeneous enhancement)	
8	If present, size of largest (short-axis diameter)		
9	Internal mammary nodes	☐ Present ☐ Absent	
10	Internal mammary nodes, if present	☐ Reactive ☐ Suspicious	

11	If present, size of largest (in mm)		
12	Supraclavicular nodes	☐ Reactive ☐ Indeterminate ☐ Suspicious ☐ Metastatic	
13	If present, size of largest (in mm)		
14	Contralateral Breast		
15	Contralateral Axilla		
16	Contralateral Supraclavicular		
17	Mediastinal nodes	☐ Reactive ☐ Indeterminate ☐ Suspicious ☐ Metastatic	
18	If present, size of largest (in mm)		
19	Lungs		
20	Pleura		
21	Heart and Mediastinal Great Vessels		
22	Thyroid		
23	Liver		
24	Adrenals		
25	Gall bladder		
26	Panreas		
27	Spleen		
28	Kidneys		
29	Uterus		
30	Ovaries		
31	Retroperitoneal and Pelvic Adenopathy		
32	Omentum and Peritoneum		
33	Free fluid		

34	Major vessels		
35	Visualized bones		
36	Any other findings		
37	Impression		

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24. BILATERAL MAMMOGRAM REPORTING TEMPLATE

Bilateral Mammogram			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**
	Bilateral digital mammograms have been performed in MLO and CC projections		
A	Breast composition: Both breasts show	☐ Predominantly fatty parenchyma	
		☐ Scattered areas of fibroglandular parenchyma	
		☐ Heterogeneously dense fibroglandular parenchyma, which may obscure small masses	
		☐ Extremely dense fibroglandular parenchyma, which lowers the sensitivity of the study	
B	Date of comparison Study (if available)		Date Picker
C	Last Menstrual Period (Pre-menopausal/ Post-menopausal)		Date Picker
D	Date of Last menstrual period		Date Picker
E	History of Lactation	☐ Yes	
		☐ No	
I	**Right Breast**		
1	**Mass**		
A	Shape	☐ Oval ☐ Round ☐ Irregular	
B	Margins	☐ Circumscribed ☐ Obscured ☐ Micro lobulated ☐ Indistinct ☐ Spiculated	

C	Density	☐ Fat ☐ Low ☐ Iso ☐ High	
D	Location	☐ Upper outer quadrant ☐ Lower outer quadrant ☐ Upper inner quadrant ☐ Lower inner quadrant ☐ Upper central region ☐ Lower central region ☐ Outer central region ☐ Inner central region ☐ Central region	
E	Size in mm		
F	Calcifications	☐ Present ☐ Absent	
G	If present, morphology	☐ Amorphous ☐ Coarse heterogeneous ☐ Fine pleomorphic microcalcifications ☐ Fine linear or fine linear branching ☐ Punctate	
H	Distribution	☐ Diffuse ☐ Regional ☐ Grouped ☐ Linear ☐ Segmental	
I	Location	☐ Upper outer quadrant ☐ Lower outer quadrant ☐ Upper inner quadrant ☐ Lower inner quadrant ☐ Upper central region ☐ Lower central region	

I	Location	☐ Outer central region ☐ Inner central region ☐ Central region	

2	Others		
A	Asymmetry	☐ Present ☐ Absent	
B	If present, type of asymmetry	☐ Global ☐ Focal ☐ Developing	
C	Location	☐ Upper outer quadrant ☐ Lower outer quadrant ☐ Upper inner quadrant ☐ Lower inner quadrant ☐ Upper central region ☐ Lower central region ☐ Outer central region ☐ Inner central region ☐ Central region	
D	Architectural distortion	☐ Present ☐ Absent	
E	Location	☐ Upper outer quadrant ☐ Lower outer quadrant ☐ Upper inner quadrant ☐ Lower inner quadrant ☐ Upper central region ☐ Lower central region ☐ Outer central region ☐ Inner central region ☐ Central region	
F	Remarks	☐ Additional views ☐ spot-compression ☐ tomosynthesis	

G	Associated features	☐ Skin retraction/ thickening ☐ Nipple retraction/ thickening ☐ Trabecular thickening	
H	Adenopathy	☐ Metastatic ☐ Indeterminate ☐ Reactive	
I	Adenopathy (size, in mm)		
J	Right breast ACR BI-RADS Category	☐ Category 0: Additional imaging is needed ☐ Category 1: Negative ☐ Category 2: Benign ☐ Category 3: Probably Benign ☐ Category 4A: Low suspicion of malignancy ☐ Category 4B: Moderate suspicion for malignancy ☐ Category 4C: High suspicion for malignancy ☐ Category 5: Highly suspicious of malignancy ☐ BI-RADS 6: known biopsy-proven malignancy	

II	**Left Breast**

1	**Mass**		
A	Shape	☐ Oval ☐ Round ☐ Irregular	
B	Margins	☐ Circumscribed ☐ Indistinct ☐ Micro lobulated ☐ Angular ☐ Spiculated	
C	Density	☐ Fat ☐ Low ☐ Iso ☐ High	

D	Location	☐ Upper outer quadrant ☐ Lower outer quadrant ☐ Upper inner quadrant ☐ Lower inner quadrant ☐ Upper central region ☐ Lower central region ☐ Outer central region ☐ Inner central region ☐ Central region	
E	Size (in mm)		
F	Calcifications	☐ Present ☐ Absent	
G	If present, morphology	☐ Amorphous ☐ Coarse heterogeneous ☐ Fine pleomorphic microcalcifications ☐ Fine linear or fine linear branching ☐ Punctate	
H	Distribution	☐ Diffuse ☐ Regional ☐ Grouped ☐ Linear ☐ Segmental	
I	Location	☐ Upper outer quadrant ☐ Lower outer quadrant ☐ Upper inner quadrant ☐ Lower inner quadrant ☐ Upper central region ☐ Lower central region ☐ Outer central region ☐ Inner central region ☐ Central region	

2	Others		
A	Asymmetry	☐ Present ☐ Absent	
B	If present, type of symmetry	☐ Global ☐ Focal ☐ Developing	
C	Location	☐ Upper outer quadrant ☐ Lower outer quadrant ☐ Upper inner quadrant ☐ Lower inner quadrant ☐ Upper central region ☐ Lower central region ☐ Outer central region ☐ Inner central region ☐ Central region	
D	Architectural distortion	☐ Present ☐ Absent	
E	Location (if present)	☐ Upper outer quadrant ☐ Lower outer quadrant ☐ Upper inner quadrant ☐ Lower inner quadrant ☐ Upper central region ☐ Lower central region ☐ Outer central region ☐ Inner central region ☐ Central region	
F	Remarks	☐ Additional views ☐ Spot-compression ☐ Tomosynthesis	
G	Associated features	☐ Skin retraction / thickening ☐ Nipple retraction/ thickening ☐ Trabecular thickening	

H	Adenopathy	☐ Metastatic ☐ Indeterminate ☐ Reactive	
I	Adenopathy (size, in mm)		
J	Left breast ACR BI-RADS Category	☐ Category 0: Additional imaging is needed ☐ Category 1: Negative ☐ Category 2: Benign ☐ Category 3: Probably Benign ☐ Category 4A: Low suspicion of malignancy ☐ Category 4B: Moderate suspicion for malignancy ☐ Category 4C: High suspicion for malignancy ☐ Category 5: Highly suspicious of malignancy ☐ BI-RADS 6: known biopsy-proven malignancy	
K	Any other abnormality		(Use this box in case of normal mammogram)
L	Impression		
M	Combined ACR BI-RADS Category	☐ Category 0: Additional imaging is needed ☐ Category 1: Negative ☐ Category 2: Benign ☐ Category 3: Probably Benign ☐ Category 4A: Low suspicion of malignancy ☐ Category 4B: Moderate suspicion for malignancy ☐ Category 4C: High suspicion for malignancy ☐ Category 5: Highly suspicious of malignancy ☐ BI-RADS 6: known biopsy-proven malignancy	

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25. CONTRAST ENHANCED MAMMOGRAPHY REPORTING TEMPLATE

Contrast Enhanced Mammography			
Sr. No.	**Data Elements**	**Clinician's Response**	**Remarks for Vendors**

TECHNIQUE: CC and MLO views of both breasts were performed after IV administration of 1.5 mL/kg of Omnipaque 350 at a rate of 3 mL/s.

A	Indication of study		
B	Comparison		
C	Last menstrual Period (date/post-menopausal)		Date picker
D	Breast composition	☐ Predominantly fatty parenchyma ☐ Scattered areas of fibroglandular density ☐ Heterogeneously dense, which may obscure small masses ☐ Extremely dense, which lowers sensitivity of the study	
E	Background parenchymal enhancement, level	☐ Minimal ☐ Mild ☐ Moderate ☐ Marked	

I	**Left Breast**		
1	**Mass**		
A	Shape	☐ Oval ☐ Round ☐ Irregular	
B	Margins	☐ Circumscribed ☐ Irregular ☐ Spiculated	
C	Enhancement characteristics	☐ Non-enhancing ☐ Homogeneous ☐ Heterogeneous	

C	Enhancement characteristics	☐ Rim enhancement ☐ Dark internal septations	
D	Lesion conspicuity	☐ Low ☐ Moderate ☐ High	
E	Kinetics	☐ Early wash-in ☐ Delayed wash-in ☐ Early wash-out ☐ Progressive ☐ Persistent	
F	Extent of enhancement	☐ Mammographic lesion partially enhances ☐ Completely enhances ☐ Enhancement extends beyond mammographic lesions ☐ No enhancement of mammographic lesion, but enhancement extends in the adjacent tissue.	
G	Location		
H	Size		
I	Micro calcifications	☐ Present ☐ Absent	
J	Associated enhancement with micro calcifications	☐ Present ☐ Absent	

2	**Non-mass enhancement**		
A	Distribution	☐ Focal ☐ Linear ☐ Segmental ☐ Regional ☐ Multiple regions ☐ Diffuse	
B	Internal enhancement pattern	☐ Homogeneous ☐ Heterogeneous ☐ Clumped	

C	Kinetics	☐ Early wash-in ☐ Delayed wash-in ☐ Early wash-out ☐ Progressive ☐ Persistent	
D	Location		
E	Size		

3	**Enhancing asymmetry (seen only in one view)**		
A	Enhancing asymmetry	☐ Present ☐ Absent	
B	If present, location and size		
C	Associated Features	☐ Nipple retraction ☐ Nipple invasion ☐ Skin thickening ☐ Skin retraction ☐ Skin invasion	
D	Adenopathy		

II	**Right breast**

1	**Mass**		
A	Shape	☐ Oval ☐ Round ☐ Irregular	
B	Margins	☐ Circumscribed ☐ Irregular ☐ Spiculated	
C	Enhancement characteristics	☐ Non-enhancing ☐ Homogeneous ☐ Heterogeneous ☐ Rim enhancement ☐ Dark internal septations	

D	Kinetics	☐ Early wash-in ☐ Delayed wash-in ☐ Early wash-out ☐ Progressive ☐ Persistent	
E	Extent of enhancement	☐ Mammographic lesion partially enhances ☐ completely enhances ☐ enhancement extends beyond mammographic lesions ☐ no enhancement of mammographic lesion, but enhancement extends in the adjacent tissue.	
F	Location		
G	Size		
H	Micro calcifications	☐ Present ☐ Absent	
I	Associated enhancement with micro calcifications	☐ Present ☐ Absent	

2	**Non enhancement**		
A	Distribution	☐ Focal ☐ Linear ☐ Segmental ☐ Regional ☐ Multiple regions ☐ Diffuse	
B	Internal enhancement pattern	☐ Homogeneous ☐ Heterogeneous ☐ Clumped	
C	Kinetics	☐ Early wash-in ☐ Delayed wash-in ☐ Early wash-out ☐ Progressive ☐ Persistent	

D	Location		
E	Size		

4	**Enhancing asymmetry (seen only in one view)**		
A	Enhancing asymmetry	☐ Present ☐ Absent	
B	If present, location and size		
C	Associated Features	☐ Nipple retraction ☐ Nipple invasion ☐ Skin thickening ☐ Skin retraction ☐ Skin invasion	
D	Adenopathy		
E	Any other additional finding		(Use this box in absence of abnormality in either breast)
F	Impression		
G	ACR BI-RADS	☐ BI-RADS 0: incomplete, needs additional evaluation. ☐ BI-RADS 1: negative ☐ BI-RADS 2: benign ☐ BI-RADS 3: probably benign ☐ BI-RADS 4A: low suspicion for malignancy ☐ BI-RADS 4B: moderate suspicion for malignancy ☐ BI-RADS 4C: high suspicion for malignancy ☐ BI-RADS 5: highly suggestive of malignancy ☐ BI-RADS 6: known biopsy-proven malignancy	

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GLOSSARY

NCG	National Cancer Grid
ICRI	Indian College of Radiology and Imaging
IRIA	Indian Radiological and Imaging Association
PV	Portal Vein
RHA	Right Hepatic Artery
CHA	Central Hepatic Artery
LHA	Left Hepatic Artery
CBD	Common Bile Duct
TACE	Transcatheter arterial chemoembolization
MWA	Microwave Ablation
HCC	Hepatocellular Carcinoma
LI-RADS	Liver imaging and Reporting and Data System
TR	Treatment Response
RFA	Radiofrequency Ablation
SBRT	Stereotactic body radiation therapy

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