

# BOSS Endoscopy and Pathology Form

To be completed at each endoscopy

ISRCTN no:54190466

<b>Site:</b> If there is more than one site for your Trust (i.e. 01/01, 01/02), please ensure the correct corresponding site name to the site number is written.	<b>Investigator:</b> This should <b>always</b> be the PI or other Endoscopist listed on the Delegation Log.
Patient Trial Number: BS	Date of Birth: dd _mm _yyyy

**Date of Endoscopy:** dd \_mm \_yyyy

**Scheduled / un-scheduled** (*delete one*) **If un-scheduled, list reason(s):**  
**Only 2-yearly Surveillance patient scopes should be marked as Scheduled** unless it is a Deviation or a scope for At Need Only patients or additional scopes outside of Surveillance window (i.e. follow-up scope), which should then be marked as **Un-scheduled**.  
**A reason for all Un-scheduled scopes must be given.**

**Are the results histologically:**  
**Definite**  Yes  No  
**Consistent with**  Yes  No

**Only 1** must be ticked as **Yes**.  
 If histology report **does not** fit in with either, **No** can be ticked for **both**.  
**If no biopsies were taken/ No pathology report done**, this should be crossed through and marked as such.

QoL given to / posted to patient?  
 Yes  No   
 Date given / posted to patient:  
 If no, please state why:  
 If a QoL was not given at the time of scope, please send one to the patient (**within 1 month of scope date**) together with a BOSS pre-paid envelope and note this info in this section.

**Type of Endoscopy:** (*Examples: High Resolution, NDI and Olympus*) ..Gastroscopy report if available.....

**Is the patient currently an:** Outpatient / Inpatient (*delete one*)

**If an inpatient, please give reason for admission:** A reason **must** be provided if it has been indicated that the patient was an **In-patient** at the time of their scope.

This should match the Date of Endoscopy above.  
**Endoscopy Report Date:** dd \_mm \_yyyy

	<b>No</b>	<b>Yes</b>	<b>(please tick)</b>	
Mucosal break(s) / Oesophagitis	<input type="checkbox"/>	<input type="checkbox"/>		If Yes, please tick the LA grade below or cross through and marked as <b>Not used at this site</b> , whichever applies.
			(if yes - Los Angeles Classification grade	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> )

Length of circumferential Columnar Lining (to nearest 0.5 cm)	<b>C</b>	.     cm	
Length including tongues/Island of Columnar Lining ( <i>maximal extent to nearest 0.5 cm</i> )	<b>M</b>	.     cm	The <b>M</b> length must be greater than or equal to the <b>C</b> length.

**Total number of biopsies taken**    
**Reason for fewer biopsies than BSG guidelines**.....  
This should **always** be from the **Gastroscopy report** and it should only be **Upper GI samples**.  
 Where no biopsy/specimen is mentioned on the Gastro report, this should be marked as **None Reported**.  
The **C** length is not identified on the report, this should be marked 'Not Reported' or 00.0cm if report identifies that there is no Circumferential or Circular Barrett's measurement.

**Helicobacter Test:** Not Done  Negative  Awaiting Result  (*complete HP up-date form when result known*)  
 Positive  (*complete HP up-date form*) This should **always** be from the Gastroscopy report - where the report does not mention if a **CLO or H Pylori or Urease test** was done, this should be marked as **Not Done**.

**Pathology Report Date:** dd \_mm \_yyyy **Report / Lab No:** \_\_\_\_\_

This should be the date authorised/ reported or date dictated/ typed or Report Date if this is stated clearly on the Histology report.

Was intestinal metaplasia found?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Was high grade dysplasia present?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<b>If no biopsies were taken and therefore there is no Pathology report, please <b>cross through this section</b> and mark with <b>No biopsies taken</b>.</b>
Was low grade Dysplasia present?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Was indefinite for dysplasia present?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Was oesophageal <b>adenocarcinoma</b> present?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
If yes, please give staging information	T.....	N.....	

**Comments (any other clinically relevant features / information** including plans for follow-up care and planned endoscopy)

Completed by: \_\_\_\_\_ (print name) Signed: \_\_\_\_\_ Date : DD \_MM \_YYYY



- SITE:** Hospital name
- INVESTIGATOR:** The consultant responsible for randomising (and care of) the patient, must be listed on the BOSS Site Responsibilities Sheet.
- TRIAL NUMBER:** This **must** be completed and is the unique number that identifies this patient in the BOSS study.
- DATE OF BIRTH:** The patient's date of birth must be written in the following format dd/mm/yyyy, e.g. 03/02/1978.

**ALL QUESTIONS MUST BE COMPLETED**

**DATE OF ENDOSCOPY:** The date must be written in the following format dd/mm/yyyy, e.g. 03/02/1978

**Number of biopsies taken:** Please record the number of biopsies taken and reasons for fewer than the BSG guidelines 2005

**HISTOLOGY:** Please indicate whether the results are histologically – Definite or Consistent with

**SCHEDULED / UNSCHEDULED** – any endoscopy that is not within 3 months prior to the planned date or three months afterwards is classified as unscheduled.

**OESOPHAGUS:** Tick No or Yes

- **Length of Circumferential Lining** – specify length in centimetres from the oesophago-gastric junction
- **Length of Tongues of columnar lining (maximal extent)** – specify length in centimetres

**HELICOBACTER TEST:** Please indicate the result of the most recent Helicobacter test or specify Not Done or Awaiting Result if applicable

**ENDOSCOPY REPORT**

- **Endoscopy Report Date** - The date must be written in the following format dd/mm/yyyy, e.g. 03/02/1978

**PATHOLOGY REPORT**

- **Pathology Report Date** - The date must be written in the following format dd/mm/yyyy, e.g. 03/02/1978
- **Report/Lab Number** - Please record the unique number that identifies the pathology report

**COMMENTS:** Record any other clinically relevant information including plan for follow-up care including proposed endoscopy

**COMPLETED BY:** Print name clearly, sign and provide the date when the form is completed in the correct format (see above).

Please note: Forms must be completed in black ball-point pen  
Cross out errors with a single stroke, insert the correction and initial & date the change.  
Correction fluid and /or sticky labels must not be used