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ศูนย์วิทยุทรัพยากร
จุฬาลงกรณ์มหาวิทยาลัย



APPENDICES

ศูนย์วิทยทรัพยากร
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APPENDIX A

INTRAOBSERVER AND INTEROBSERVER RELIABILITY

The intraobserver and interobserver reliability was conducted before starting the research. Two independent skilled pathologists examined the hematoxylin-eosin staining and bcl-2 staining of 30 patients 2 times. In determining intraobserver reliability, the timing of second evaluation of the slides was at least 2 weeks from the first evaluation. For interobserver reliability the results from the first time evaluation of each pathologist were compared.

The intraobserver and interobserver reliability were reported in Table 1 and Table 2. The kappa value (K) of nearly all factors evaluated were more than 0.7 except for LVSI and bcl-2. Since the kappa value of bcl-2 was quite low, two pathologists had discussed and clarified the definition of bcl-2 scoring before starting to evaluate all the slides

Table 1 Intraobserver reliability in 30 patients.

Evaluating factors	Intraobserver reliability			
	Pathologist 1		Pathologist 2	
	Observed agreement (%)	K (95%CI)	Observed agreement (%)	K (95%CI)
Tumor histology (squamous/non-squamous)	100	1.00	100	1.00
Tumor grade (1 / 2-3)	93.3	0.84 (0.63-1.00)	93.3	0.86 (0.67-1.00)
Depth of invasion ($\leq 1/2$ / $> 1/2$)	86.7	0.73 (0.50-0.97)	93.3	0.86 (0.68-1.00)
LVSI (no/yes)	86.7	0.73 (0.49-0.97)	80.0	0.61 (0.33-0.88)
Bcl-2 expression (negative/positive)	80.0	0.47(0.15-0.79)	76.7	0.53 (0.25-0.82)

Table 2 Interobserver reliability in 30 patients.

Evaluating factors	Interobserver reliability	
	Observed agreement (%)	K (95%CI)
Tumor histology (squamous/non-squamous)	100	1.00
Tumor grade (1 / 2-3)	90.0	0.78 (0.56-1.00)
Depth of invasion ($\leq 1/2$ / $> 1/2$)	86.7	0.73 (0.49-0.97)
Lymph-vascular space invasion (no/yes)	83.3	0.67 (0.40-0.93)
Bcl-2 expression (negative/positive)	66.7	0.40 (0.16-0.64)

In evaluation all 95 patients in this study (Table 3), the tumor histology was reported differently in only 1 case. For other factors, the reports were differently in 12-15 cases. In these disagreement cases two pathologists had reviewed slides together. The results use in the analysis came from the consensus of both pathologists.

Table 3 Interobserver reliability in all 95 patients.

Evaluating factors	Interobserver reliability	
	Observed agreement (%)	K (95%CI)
Tumor histology (squamous/non-squamous)	98.9	0.98 (0.93- 1.00)
Tumor grade (1 / 2-3)	84.2	0.64(0.47 - 0.80)
Depth of invasion ($\leq 1/2$ / $> 1/2$)	85.3	0.68(0.52 - 0.83)
Lymph-vascular space invasion (no/yes)	87.4	0.75(0.61 - 0.88)
Bcl-2 expression (negative/positive)	85.3	0.71(0.57 - 0.85)

APPENDIX B

CASE RECORD FORM II : CLINICAL DATA

1. Serial number	1. ____
2. Hospital 1. Maharaj Nakorn Chiang Mai 2. Vajira	2. __
3. Tumor register number	3. _____
4. Name	4.
5. HN	5. _____
6. Age (at the surgical time ...years)	6. ____
7. Date of surgery	7. __/__/__
8. Tumor characteristic 1. Exophytic 2. Ulceroinfiltrative	8. __
9. Greatest diameter of tumor size (mm.)	9. ____
10. Tumor stage 1. Ib 2. Ila	10. __
11. Tumor recurrence 1. No 2. Yes	11. ____
12. Date of first clinical presentation of recurrence	12. __/__/__
13. Diagnosis of recurrence 1. No recurrence 2. Patho confirm	13. __
3. Imaging study 4. Physical examination	
14. Site of recurrence..... 1. No recurrence 2. Local 3. Distant 4. Local and distant	14. __
15. Status at last visit at the hospital 1. FU with disease 2. FU without disease 3. Dead from cervical cancer 4. Lost follow up without disease 5. Lost follow up with disease 6. Dead from other causes.....	15. __
16. Date of last follow up at the hospital	16. __/__/__
17. Status at last contact by other methods 3. Dead from cervical cancer 4. Alive without disease 5. Alive with disease 6. Dead from other causes	17. __
18. Date of last contact by other methods (mail, phone, etc) (please indicate 1. No 2. Mail 3. Phone 4. Others))	18. __/__/__
19. Status at last contact by any methods (code as 15)	19. __
20. Date of last contact by any methods	20. __/__/__
21. Indicate methods of last contact 1. Hospital contact 2. Mail 3. Phone 4. Others	21. __
Criteria for exclusion	
Patients receive any adjuvant pre op or post op treatment 1. No 2. Yes (excluded from study)	

APPENDIX B

CASE RECORD FORM III : PATHOLOGY AND IMMUNOSTAINING

1. Serial number	1. ____
1a. Code of pathologists 1. Dr. Sumalee 2. Dr. Surapun	1a. ____
1b. Code for pathological and immunostaining slides	1b. ____
1c. Total number of slides for pathological review ____	1c. ____
Pathology of primary tumor	
22. Tumor histology 1. Squamous 2. Non squamous 2.1 Adenocarcinoma 2.2 Adenosquamous cell carcinoma 2.3 Others	22. __ _
23. Tumor grade 1. Grade 1 2. Grade 2 3. Grade 3	23. ____
24. Lymph-vascular space invasion (LVSI) 1. Absence 2. Presence state number.....	24. ____
25. Depth of invasion from basement membrane 1. $\leq 1/2$ 2. $> 1/2$	25. ____
Interpretation of bcl-2 expression	
26. Result of immunostaining 1. Negative 2. 1+ 3. 2+ 4. 3+	26. ____
Criteria for exclusion	
1. Pathology of dissected lymph nodes 1. Neg 2. Pos (exclude) Number of nodes removed ____ 2. Parametrial invasion 1. No 2. Yes (exclude) 3. Vaginal margin involvement 1. No 2. Yes (exclude)	

Notes.....
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VITAE

Mrs. Sumonmal Manusirivithaya was born on May 20, 1963 in Samutprakarn Province, Thailand. She graduated as Medical Doctor (1st class honor) from the Faculty of Medicine, Chulalongkorn University in 1987. During 1987-1991, she worked at the Department of Obstetrics and Gynecology, Faculty of Medicine, Chiangmai University and obtained a Thai Board of Obstetrics and Gynecology in 1991. She worked as an instructor in the Gynecologic Oncology unit, Department of Obstetrics and Gynecology, Faculty of Medicine, Chiangmai University ever since.

In 1992, she attended a three-month clinical oncology course in Tokyo, Japan. She also spent one year (1993-1994) as a visiting clinician and doing research in gynecologic oncology unit and medical oncology unit at Mayo Clinic, Rochester, Minnesota, USA.

She was certificate in Gynecologic Oncology from the Royal Thai College of Obstetricians and Gynaecologists in 1995 and was appointed as an Assistant Professor in the same year.

After working in Chiangmai for 10 years, she moved to work in Bangkok. She is at present Medical doctor level 9, working in the Department of Obstetrics and Gynecology, BMA Medical College and Vajira Hospital. Her area of interest is doing research in the field of gynecologic oncology.

In 2003, she was admitted in the Master Degree Program/ Clinical epidemiology in Faculty of Medicine, Chulalongkorn University. This program will enable her to involve more teaching and research program at her institute.