



RFA - Follow up Data Collection Sheet

Lesion Findings _____ months after RFA

Please fax to (216) 445-7653

First Name

Last Name

MI

Date of RFA - Surgery

Month

Day

Year

Please enter CT measurements in centimeter with one decimal digit - use Ø if lesion completely resolved

Suspect recurrence = new developed tumor overgrows ablated area

If you treated more than 10 lesions, use a second sheet

Lesion	CT size x	CT size y	seems ablated by size and appearance	If recurred, the recurrence is
1	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Definite <input type="radio"/> Suspect
2	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Definite <input type="radio"/> Suspect
3	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Definite <input type="radio"/> Suspect
4	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Definite <input type="radio"/> Suspect
5	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Definite <input type="radio"/> Suspect
6	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Definite <input type="radio"/> Suspect
7	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Definite <input type="radio"/> Suspect
8	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Definite <input type="radio"/> Suspect
9	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Definite <input type="radio"/> Suspect
10	_____, ____ cm	_____, ____ cm	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Definite <input type="radio"/> Suspect