

Name of the patient: _____

ESGO Ovarian Cancer OPERATIVE REPORT (V2)		
1.Surgery data		
Hospital-Institution		
City		
Country	<input type="checkbox"/> Austria <input type="checkbox"/> Germany <input type="checkbox"/> Switzerland	
Identification code (for internal use only)		
Year of birth		
Date of surgery		
1 th surgeon Dr		
2 nd surgeon Dr		
Type of tumor	<input type="checkbox"/> Primary <input type="checkbox"/> Recurrent	
Aim of surgery	<input type="checkbox"/> Cytoreduction	
	<input type="checkbox"/> Diagnosis	
	<input type="checkbox"/> Staging	
	<input type="checkbox"/> Emergency	
	<input type="checkbox"/> Palliative	
Suspected stage IV?	<input type="checkbox"/> yes; please select (multiple answers possible):	<input type="checkbox"/> Pleura
		<input type="checkbox"/> Lung
		<input type="checkbox"/> Skin
		<input type="checkbox"/> Extra abdominal lymph nodes
		<input type="checkbox"/> Abdominal wall
		<input type="checkbox"/> Liver Parenchyma
		<input type="checkbox"/> Spleen Parenchyma
	<input type="checkbox"/> Other sites – specify: _____	
	<input type="checkbox"/> no	
ECOG Performance status @surgery	<input type="checkbox"/> 0: Fully active, able to carry on all pre-disease performance without restriction <input type="checkbox"/> 1: Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work <input type="checkbox"/> 2: Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours <input type="checkbox"/> 3: Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours <input type="checkbox"/> 4: Completely disabled. Cannot carry on any selfcare. Totally confined to bed or chair, may need hospitalization <input type="checkbox"/> 5: Dead	
Serum CA-125	_____ Unit: U/ml	

2.Surgical approach & findings					
Approach	<input type="checkbox"/> Laparotomy				
	<input type="checkbox"/> Laparoscopy – Laparoscopic assisted				
	<input type="checkbox"/> Robotics				
Type of procedure	<input type="checkbox"/> Primary debulking				
	<input type="checkbox"/> Re-debulking after recent primary surgery				
	<input type="checkbox"/> Primary surgical staging				
	<input type="checkbox"/> Restaging after previous surgery				
	<input type="checkbox"/> Interval debulking surgery after NACT				
	<input type="checkbox"/> 2 nd debulking				
	<input type="checkbox"/> 3 rd debulking				
	<input type="checkbox"/> 4 th debulking				
	<input type="checkbox"/> Diagnostic procedure-biopsies				
	<input type="checkbox"/> Emergency procedure				
	<input type="checkbox"/> Palliative				
	<input type="checkbox"/> Other – specify: _____				
	Volume of Ascites	<input type="checkbox"/> no ascites			
<input type="checkbox"/> <500 cc					
<input type="checkbox"/> >500 cc					
Frozen section diagnosis					
Tumor involvement					
<input type="checkbox"/> right ovary	<input type="checkbox"/> uterus	<input type="checkbox"/> right gutter	<input type="checkbox"/> small bowel mesentery	<input type="checkbox"/> liver parenchymal	<input type="checkbox"/> celiac nodes
<input type="checkbox"/> left ovary	<input type="checkbox"/> bladder / ureter	<input type="checkbox"/> left gutter	<input type="checkbox"/> large bowel mesentery	<input type="checkbox"/> lesser omentum	<input type="checkbox"/> abdominal wall
<input type="checkbox"/> right tube	<input type="checkbox"/> sigmoid-rectum	<input type="checkbox"/> small bowel	<input type="checkbox"/> paraaortic nodes	<input type="checkbox"/> stomach	<input type="checkbox"/> skin
<input type="checkbox"/> left tube	<input type="checkbox"/> recto-vaginal septum	<input type="checkbox"/> omentum	<input type="checkbox"/> right diaphragm	<input type="checkbox"/> pancreas	<input type="checkbox"/> pericardio-phrenic nodes
<input type="checkbox"/> douglas	<input type="checkbox"/> pelvic wall	<input type="checkbox"/> large bowel	<input type="checkbox"/> left diaphragm	<input type="checkbox"/> spleen	<input type="checkbox"/> inguinal nodes
<input type="checkbox"/> vagina	<input type="checkbox"/> pelvic nodes	<input type="checkbox"/> appendix	<input type="checkbox"/> liver surface	<input type="checkbox"/> hepatic hilum nodes	<input type="checkbox"/> Other - specify: _____

Peritoneal cancer index (PCI)

Please enter in the table below the corresponding lesion size scores as found.

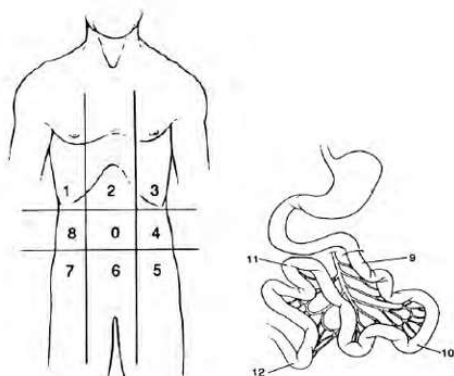
Lesion size (LS) score of:

0 (no tumor seen)

1 (tumor up to 0.5 cm)

2 (tumor up to 5.0 cm)

3 (tumor > 5.0 cm or confluence)



Location	Pre	Post
0 Central	0	0
1 Right upper	0	0
2 Epigastrium	0	0
3 Left upper	0	0
4 Left flank	0	0
5 Left lower	0	0
6 Pelvis	0	0
7 Right lower	0	0
8 Right flank	0	0
9 Upper jejunum	0	0
10 Lower jejunum	0	0
11 Upper ileum	0	0
12 Lower ileum	0	0
PCI (sum)	0	0

Retroperitoneal disease

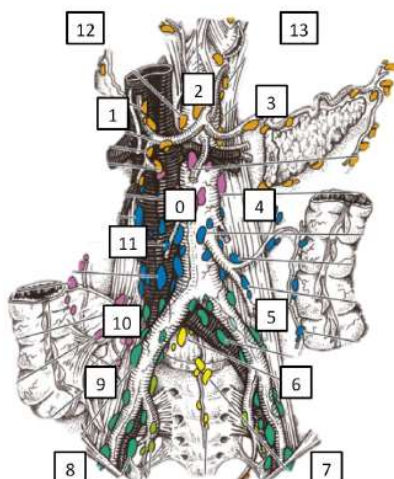
Please enter in the table below the residual disease as found.

Residual disease of:

+: suspicious or positive

R1: residual disease

R0: no residual disease



Location	+	R1	R0
0 Interaortocava/preaort.	<input type="checkbox"/>	<input type="checkbox"/>	x
1 Porta Hepatis	<input type="checkbox"/>	<input type="checkbox"/>	x
2 Celiac Axis	<input type="checkbox"/>	<input type="checkbox"/>	x
3 Suprarenal/Splenic	<input type="checkbox"/>	<input type="checkbox"/>	x
4 Left aortic	<input type="checkbox"/>	<input type="checkbox"/>	x
5 Left common iliac	<input type="checkbox"/>	<input type="checkbox"/>	x
6 Left ext iliac	<input type="checkbox"/>	<input type="checkbox"/>	x
7 Left inguinal	<input type="checkbox"/>	<input type="checkbox"/>	x
8 Right inguinal	<input type="checkbox"/>	<input type="checkbox"/>	x
9 Right ext iliac	<input type="checkbox"/>	<input type="checkbox"/>	x
10 Right common iliac	<input type="checkbox"/>	<input type="checkbox"/>	x
11 Pre-Paracava	<input type="checkbox"/>	<input type="checkbox"/>	x
12 Right cardio phrenic	<input type="checkbox"/>	<input type="checkbox"/>	x
13 Left cardio phrenic	<input type="checkbox"/>	<input type="checkbox"/>	x

3.Surgical procedures

Pelvic procedures

Medium abdomen procedures

Upper abdomen procedures

Hysterectomy

Pelvic nodes

Resection lesser omentum

Liver capsule resection

<input type="checkbox"/> Unilateral salpingo oophorectomy	<input type="checkbox"/> Peritonectomy gutters	<input type="checkbox"/> Partial gastrectomy	<input type="checkbox"/> Atypical liver resection
<input type="checkbox"/> Bilateral salpingo oophorectomy	<input type="checkbox"/> Paraaortic nodes	<input type="checkbox"/> Celiac axis	<input type="checkbox"/> Partial hepatectomy
<input type="checkbox"/> Small bowel mesentery	<input type="checkbox"/> Small bowel resection	<input type="checkbox"/> Hepatic hilum nodes	<input type="checkbox"/> Cholecystectomy
<input type="checkbox"/> Ureteral resection	<input type="checkbox"/> Large bowel resection	<input type="checkbox"/> Diaphragmatic stripping	<input type="checkbox"/> Peritonectomy Morrison Pouch
<input type="checkbox"/> Colorectal resection	<input type="checkbox"/> Appendicectomy	<input type="checkbox"/> Diaphragmatic resection	<input type="checkbox"/> Inguinal nodes
<input type="checkbox"/> Partial cystectomy	<input type="checkbox"/> Infracolic omentectomy	<input type="checkbox"/> Splenectomy	<input type="checkbox"/> Pericardiophrenic nodes
<input type="checkbox"/> Pelvic peritonectomy	<input type="checkbox"/> Radical omentectomy	<input type="checkbox"/> Partial pancreatectomy	<input type="checkbox"/> Other – specify:
N° anastomoses		<input type="checkbox"/> 0	
		<input type="checkbox"/> 1	
		<input type="checkbox"/> 2	
		<input type="checkbox"/> 3	
		<input type="checkbox"/> 4	
		<input type="checkbox"/> 5	
In case of small bowel resection: Residual small bowel (cm):			
Stoma Formation		<input type="checkbox"/> yes	
		<input type="checkbox"/> no	
Type	<input type="checkbox"/> no stoma		
	<input type="checkbox"/> colostomy	<input type="checkbox"/> definitive <input type="checkbox"/> temporary	
	<input type="checkbox"/> ileostomy	<input type="checkbox"/> definitive <input type="checkbox"/> temporary	
	<input type="checkbox"/> gastrostomy	<input type="checkbox"/> definitive <input type="checkbox"/> temporary	
	<input type="checkbox"/> jejunostomy	<input type="checkbox"/> definitive <input type="checkbox"/> temporary	
Other procedures		<input type="checkbox"/> IP-Port-a-cath	
		<input type="checkbox"/> IV-Port-a-cath	
		<input type="checkbox"/> Abdominal wall resection	
		<input type="checkbox"/> Mesh placement	
		<input type="checkbox"/> VATS	
		<input type="checkbox"/> HIPEC	

Residual disease intra-abdominal		<input type="checkbox"/> no macroscopic
		<input type="checkbox"/> 0.1-0.5 cm
		<input type="checkbox"/> 0.6-1 cm
		<input type="checkbox"/> >1 cm
Residual disease extra-abdominal		<input type="checkbox"/> no macroscopic
		<input type="checkbox"/> 0.1-0.5 cm
		<input type="checkbox"/> 0.6-1 cm
		<input type="checkbox"/> >1 cm
Location/size of residual disease		
Reason of residual	<input type="checkbox"/> diffuse serosal	
	<input type="checkbox"/> liver	
	<input type="checkbox"/> hepatic hilum	
	<input type="checkbox"/> pancreas	
	<input type="checkbox"/> supradiaphragmatic	
	<input type="checkbox"/> celiac axis	
	<input type="checkbox"/> Other – specify:	
Any comment that has not been specified		
Duration of the procedure (minutes)		
Estimated blood loss (cc = cubic centimeter => 1 cc = 1 mL)		
N° RBC units transfused		
Severe complications during operation		none
Patient was brought to ICU / ward with		<input type="checkbox"/> NG tube
		<input type="checkbox"/> Foley Cath
		<input type="checkbox"/> Epidural Cath
		<input type="checkbox"/> Endotracheal tube
		<input type="checkbox"/> Chest tube
		<input type="checkbox"/> Drain/s (n):
Date of completion of operative report (dd-mm-yyyy)		
Operative report filled out by Dr		
Specialization of main surgeon:		<input type="checkbox"/> Gyn Oncologist <input type="checkbox"/> General Gynecologist <input type="checkbox"/> General Surgeon <input type="checkbox"/> Other: _____

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