**FORM A**

**STUDY NUMBER**

**PATIENT DETAILS**

|  |  |
| --- | --- |
| Patient Initials |  |
| Date of Birth |  |
| BMI |  |

Previous pelvic surgery [ ]  YES [ ]  NO

If yes, describe type of surgery

[ ]  Cervical

[ ]  Uterine

[ ]  Ovarian/Tubal

[ ]  Pelvic side wall

[ ]  Other

**TUMOUR CHARACTERISTICS**

Date of Diagnostic Curette

Review of Curette by MDT [ ]  YES [ ]  NO

Type [ ]  Endometrioid [ ]  Serous [ ]  Clear cell [ ]  Mixed

Grade [ ]  Grade 1 [ ]  Grade 2 [ ]  Grade 3 / Poorly differentiated

CT chest / abdomen/ pelvis performed [ ]  YES [ ]  NO

*Evidence of extra-uterine disease on CT*  [ ]  YES [ ]  NO

*If yes please specify location*

MRI pelvis performed [ ]  YES [ ]  NO

*Depth of invasion* [ ]  None [ ]  Superficial [ ]  Deep [ ]  Full thickness

*Tumour size (cm)*

*Evidence of extra-uterine disease on MRI*  [ ]  YES [ ]  NO

*If yes please specify location*

*NOTE: Extra-uterine disease on pre-operative imaging or intra-operatively disqualifies patient from participation in study*

**FORM B**

**STUDY NUMBER**

**SURGERY DETAILS**

|  |  |
| --- | --- |
| Date of Surgery |  |
| Surgeon (initials) |  |
| Centre |  |

Modality [ ]  Robotic [ ]  Laparoscopic

Injection given as per study protocol [ ]  YES [ ] NO

*If not please give reason and describe variation to protocol*

Evidence of extra-uterine disease intra-operatively [ ]  YES [ ]  NO

Location of extra-uterine disease

[ ]  Nodal [ ]  Omentum [ ]  Peritoneum [ ]  Other

*NOTE: Extra-uterine disease on pre-operative imaging or intra-operatively disqualifies patient from participation in study*

**SLN MAPPING**

|  |  |
| --- | --- |
| Time of ICG injection (hr:min) |  |
| Time commenced first side SLN mapping (hr:min)*(denoted by time of division of round ligament)* |  |
| Time first side SLN isolated (hr:min)*(denoted by time SLN fluorescence identified)* |  |
| Time commenced second side SLN mapping (hr:min)*(denoted by time of division of round ligament)* |  |
| Time second side SLN isolated (hr:min)*(denoted by time SLN fluorescence identified)* |  |

**SIDE 1**

[ ]  Right [ ]  Left

Location of **first detected SLN**

[ ]  External iliac artery

[ ]  Internal iliac artery

[ ]  Hypogastric (internal iliac) vein

[ ]  Obturator

[ ]  Parametrial

[ ]  Common iliac

[ ]  Pre-sacral

[ ]  Infra-mesenteric Para-aortic

[ ]  Supra-mesenteric Para-aortic

[ ]  Other

Successful mapping [ ]  YES [ ]  NO

If not mapped, was comprehensive PLND performed? [ ]  YES [ ]  NO

Were additional mapped nodes (other than SLN) removed?[ ]  YES [ ]  NO

Indicate location and number of mapped **non SLNs** removed:

|  |  |
| --- | --- |
| **Node Location** | **Number** |
| External iliac artery |  |
| Internal iliac artery |  |
| Hypogastric (internal iliac) vein |  |
| Obturator |  |
| Parametrial |  |
| Common iliac vessels |  |
| Pre-sacral |  |
| Infra-mesenteric Para-aortic |  |
| Supra-mesenteric Para-aortic |  |
| Other |  |

**SIDE 2**

[ ]  Right [ ]  Left

Location of first detected SLN

[ ]  External iliac artery

[ ]  Internal iliac artery

[ ]  Hypogastric (internal iliac) vein

[ ]  Obturator

[ ]  Parametrial

[ ]  Common iliac

[ ]  Pre-sacral

[ ]  Infra-mesenteric Para-aortic

[ ]  Supra-mesenteric Para-aortic

[ ]  Other

Successful mapping [ ]  YES [ ]  NO

If not mapped, was comprehensive PLND performed? [ ]  YES [ ]  NO

Were additional mapped nodes (other than SLN) removed?[ ]  YES [ ]  NO

Indicate location and number of mapped **non SLNs** removed:

|  |  |
| --- | --- |
| **Node Location** | **Number** |
| External iliac artery |  |
| Internal iliac artery |  |
| Hypogastric (internal iliac) vein |  |
| Obturator |  |
| Parametrial |  |
| Common iliac vessels |  |
| Pre-sacral |  |
| Infra-mesenteric Para-aortic |  |
| Supra-mesenteric Para-aortic |  |
| Other |  |

Frozen section performed? [ ]  YES [ ]  NO

Para – aortic lymph node dissection performed? [ ]  YES [ ]  NO

**Frozen section report (if performed):**

Depth of invasion [ ]  Nil [ ]  Superficial [ ]  Deep [ ]  N/A

Grade of tumour [ ]  1 [ ]  2 [ ]  3 [ ]  N/A

Would patient have required lymph node dissection based on previous lymphadenectomy criteria? [ ]  YES [ ]  NO

**COMPLICATIONS**

Estimated blood loss during SLN dissection (ml)

Intra- operative complications [ ]  YES [ ]  NO

Was complication directly related to SLN mapping? [ ]  YES [ ]  NO

*Identify complication*

[ ]  Adverse reaction to ICG

[ ]  Haemorrhage >500ml

[ ]  Haemorrhage requiring transfusion

[ ]  Nerve injury

[ ]  Bladder injury

[ ]  Bowel injury

[ ]  Ureteric injury

[ ]  Conversion to laparotomy

*Please describe injury mechanism and management intra-operatively*

**FORM C**

**STUDY NUMBER**

|  |  |
| --- | --- |
| Date of Surgery |  |
| Surgeon (initials) |  |
| Centre |  |

Modality [ ]  Robotic [ ]  Laparoscopic

**MDT REVIEW**

Ultra-staging protocol followed? [ ]  YES [ ]  NO

RIGHT PELVIS SLN MAPPING

Mapped [ ]  YES [ ]  NO

Isolated on histology [ ]  YES [ ]  NO

Number of SLN removed

Positive SLN [ ]  YES [ ]  NO

Number of positive SLN

[ ]  Macromet [ ]  Micromet [ ]  ITC

[ ]  Detected H&E [ ]  Detected US

Number of NON SLN removed

Positive NONSLN [ ]  YES [ ]  NO

Number of positive SLN

[ ]  Macromet [ ]  Micromet [ ]  ITC

[ ]  Detected H&E [ ]  Detected US

LEFT PELVIS SLN MAPPING

Mapped [ ]  YES [ ]  NO

Isolated on histology [ ]  YES [ ]  NO

Number of SLN removed

Positive SLN [ ]  YES [ ]  NO

Number of positive SLN

[ ]  Macromet [ ]  Micromet [ ]  ITC

[ ]  Detected H&E [ ]  Detected US

Number of NON SLN removed

Positive NONSLN [ ]  YES [ ]  NO

Number of positive SLN

[ ]  Macromet [ ]  Micromet [ ]  ITC

[ ]  Detected H&E [ ]  Detected US

STAGING

Type [ ]  Endometrioid [ ]  Serous [ ]  Clear cell [ ]  Mixed

Grade [ ]  Grade 1 [ ]  Grade 2 [ ]  Grade 3

LVSI [ ]  Positive [ ]  Focal [ ]  Negative

Staging [ ]  1A

[ ]  1B

[ ]  2

[ ]  3A

[ ]  3B

[ ]  3C1

[ ]  3C2

[ ]  4A / 4B

**Would a full staging lymphadenectomy have been recommended on this patient based on uterine risk factors?** **[ ]  YES** **[ ]  NO**

**ADJUVANT THERAPY**

Adjuvant therapy required [ ]  YES [ ]  NO

Recommendation [ ]  Vault Brachytherapy

 [ ]  Pelvic EBRT

 [ ]  Chemotherapy + Pelvic EBRT

 [ ]  Chemotherapy + Vault Brachytherapy

 [ ]  Chemotherapy

*Adjuvant therapy recommendation* ***(based on uterine factor risk stratification)***

Adjuvant therapy required [ ]  YES [ ]  NO

Recommendation [ ]  Vault Brachytherapy

 [ ]  Pelvic EBRT

 [ ]  Chemotherapy + Pelvic EBRT

 [ ]  Chemotherapy + Vault Brachytherapy

 [ ]  Chemotherapy

**Did information obtained from SLN biopsy change recommendation for adjuvant therapy based on uterine risk factors alone?**  [ ]  YES [ ]  NO

**FORM D**

**STUDY NUMBER**

|  |  |
| --- | --- |
| Date of Surgery |  |
| Surgeon (initials) |  |
| Centre |  |
| Date of 3 month check |  |

**Length of Hospitalization**

*(number of days according to discharge summary)*

**Any adjuvant therapy delivered?** [ ]  Yes [ ]  No

Modality of adjuvant therapy

[ ]  Vault Brachytherapy

 [ ]  Pelvic EBRT

 [ ]  Chemotherapy + Pelvic EBRT

 [ ]  Chemotherapy + Vault Brachytherapy

 [ ]  Chemotherapy

Date of completion

**Post-operative complication?** [ ]  Yes [ ]  No

If yes please describe:

 [ ]  Bleeding / Haematoma

 [ ]  Infection (specify site)

 [ ]  Lymphocyst / Seroma

 [ ]  Lymphoedema

 [ ]  Other (please describe)

**Recurrent Disease**

Is there clinical evidence of recurrent disease? [ ]  Yes [ ]  No

When was recurrence diagnosed?

Recurrence diagnosis based on:

 [ ]  Examination

 [ ]  Biopsy

 [ ]  Radiological

 [ ]  Ca125

Site of recurrence: [ ]  Localized [ ]  Disseminated

Location of recurrence: [ ]  Vaginal vault

 [ ]  Pelvic nodes

 [ ]  Pelvic (other)

 [ ]  Para-aortic nodes

 [ ]  Peritoneal

 [ ]  Distant

 [ ]  Other (please describe)

|  |  |
| --- | --- |
| Date of Surgery |  |
| Surgeon (initials) |  |
| Centre |  |
| Date of **6/9/12/24/36** month check |  |

**Post-operative complication?** [ ]  Yes [ ]  No

If yes please describe:

 [ ]  Bleeding / Haematoma

 [ ]  Infection (specify site)

 [ ]  Lymphocyst / Seroma

 [ ]  Lymphoedema

 [ ]  Other (please describe)

**Recurrent Disease**

Is there clinical evidence of recurrent disease? [ ]  Yes [ ]  No

When was recurrence diagnosed?

Recurrence diagnosis based on:

 [ ]  Examination

 [ ]  Biopsy

 [ ]  Radiological

 [ ]  Ca125

Site of recurrence: [ ]  Localized [ ]  Disseminated

Location of recurrence: [ ]  Vaginal vault

 [ ]  Pelvic nodes

 [ ]  Pelvic (other)

 [ ]  Para-aortic nodes

 [ ]  Peritoneal

 [ ]  Distant

 [ ]  Other (please describe)