**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)