SGO COR
Clinical Outcomes Registry

ENDOMETRIAL CANCER OPERATIVE CARE AND POSTOP COMPLICATIONS WITHIN 30 DAYS

Data Collection Form

July 2021

I. PATIENT DEMOGRAPHICS

Medical Record Number	Date of Birth	Zip Code

Race (select all applicable)				
	◯ White/Caucasian	◯ Asian	◯ Native Hawaiian/Pacific Islander	◯ Unknown
	◯ African American	◯ American Indian/Alaskan Native	◯ Hispanic/Latino/Spanish	◯ Chose Not to Disclose

Patient History of Cancer:	If Yes to patient history of cancer, indicate type of cancer and age patient was diagnosed:				
◯ Yes ◯ No	◯ Breast	◯ Colon	◯ Ovarian	◯ Other	◯ Age Patient Diagnosed: _____

Family History of Cancer:	If Yes to family history of cancer, indicate type of cancer, relative category and age relative was diagnosed:				
◯ Yes ◯ No	◯ Breast	◯ Colon	◯ Ovarian	Relative (optional) ◯ 1st Degree ◯ 2nd Degree ◯ 3rd Degree	(optional) Age Relative Diagnosed: _____

II. HOSPITALIZATION

Hospital Admit Date	Hospital Discharge Date

III. PREOPERATIVE RISK FACTORS

Height (cm)/(in)	Weight (kg)/(lb)	Body Mass Index (Calculated field)	ASA Class (time of surgery) ◯1 ◯2 ◯3 ◯4
Diabetes: ◯ Yes ◯ No	If Yes, Select Medication: ◯ None ◯ Insulin ◯ Oral Hypoglycemic		
Current Smoker (within one year of surgery): ◯ Yes ◯ No			

History of Conditions/Previous Interventions (select all applicable):

Prior Abdominal Surgery: ◯ Yes ◯ No Year:_____			
Cardiac Surgery (includes: stent, CABG, Valve, Pacemaker, Other Cardiac Surgery): ◯ Yes ◯ No			
Creatinine level >1.5: ◯ Yes ◯ No	Steroid Use (Use of oral/parenteral steroids for >10 days in prior 30 days): ◯ Yes ◯ No		
Pulmonary: ◯ Yes ◯ No	◯ COPD	◯ Pulmonary HTN	◯ Other
Heme: ◯ Yes ◯ No	◯ DVT/PE (within 90 days)	◯ Transfusion	◯ Other
Neuro: ◯ Yes ◯ No	◯ Stroke	◯ Other	
Endocrine: ◯ Yes ◯ No	◯ Thyroid Hyper	◯ Thyroid Hypo	
Cardiac Conditions ◯ Yes ◯ No:	◯ Afib/Arrhythmia ◯ HTN	◯ Angina (within 30 days) ◯ MI (within 6 months)	◯ CHF (within 30 days) ◯ Other
Presurgical Radiotherapy: ◯ Yes ◯ No			

IV. HISTOLOGY

◯ Serous	◯ Clear Cell	◯ Carcinosarcoma	◯ Endometrioid	◯ Mixed	◯ Other:
Largest Primary Tumor Diameter (cm)			Lymphovascular Space Invasion: ◯ Yes ◯ No ◯ Unknown		
Myometrial Invasion:	◯ None	◯ ≤ 50%	◯ > 50%		
Cervical Stromal Invasion: ◯ Yes ◯ No					

V. SURGICAL PATHOLOGY

FIGO Stage: ◯ IA ◯ IB ◯ II ◯ IIIA ◯ IIIB ◯ IIIC1 ◯ IIIC2 ◯ IVA ◯ IVB ◯ Recurrent			FIGO Grade: ◯ 1 ◯ 2 ◯ 3
Pelvic Lymphadenectomy: ◯ Yes ◯ No If Yes, Provide Information	Number of Right Nodes Removed	Number of Left Nodes Removed	TOTALS (calculated field)
	Number of Right Nodes Positive	Number of Left Nodes Positive	TOTALS (calculated field)
Paraaortic Lymphadenectomy: ◯ Yes ◯ No If Yes, Provide Information	Total Number Removed	Total Number Positive	
Sentinel Lymph Node: ◯ Yes ◯ No If Yes, Provide Information:	Positive: ◯ Yes ◯ No	If SLN positive, was Ultra Staging Performed? ◯ Yes ◯ No If Yes, Select:	H & E Positive: ◯ Yes ◯ No Microstaged Positive: ◯ Yes ◯ No Isolated (ITC) Positive: ◯ Yes ◯ No Micromets Positive: ◯ Yes ◯ No Macromets Positive: ◯ Yes ◯ No

VI. SURGERY

Date of Surgery:			
Surgeon Specialty:	◯ Gynecologic Oncology ◯ Obstetrics and Gynecology ◯ General Surgery ◯ Other		
Minimally Invasive Surgery Offered: ◯ Yes ◯ No	Contraindication: ◯ Yes ◯ No		
	Surgical Approach: ◯ Vaginal ◯ Laparotomy ◯ Laparoscopy/Laparoscopic-assisted ◯ Robotic-assisted		
Did patient covert to Laparotomy? ◯ Yes ◯ No	If Yes, Select: ◯ Large BMI ◯ Large Uterus	◯ Extension Adhesion ◯ Anesthesia or Insufflation Related Problems	◯ Other
Extent of Cancer: (if stage IV):	◯ N/A ◯ Diaphragm ◯ Carcinomatosis (>50% of all peritoneal surfaces involved by tumor)	◯ Below Pelvic Brim ◯ Spleen	◯ Small Bowel Serosa/Mensentery ◯ Liver
Previous hysterectomy: ◯ Yes ◯ No	If yes, date:_____(only year needed)		
Operation:	◯ Hysterectomy Type I ◯ USO/BSO ◯ PA Lymphadenectomy	◯ Hysterectomy Type II ◯ Omentectomy ◯ Pelvic Lymphadenectomy	◯ Hysterectomy Type III ◯ Other
Uterine weight (in grams):	_____		
Operative Note Completed/Present (within 48 hours of Operation) ◯ Yes ◯ No	If Yes, Select: ◯ No Gross Residual Disease ◯ Residual Disease Not Documented	◯ Less Than 1 cm of Residual Disease ◯ Greater Than or Equal to 1 cm of Residual Disease	
Largest Diameter of Residual Disease (cm)		Estimated Blood Loss (ml)	

OR Entry Time:_____(24 hr. clock)

Skin Incision Start Time:_____(24 hr. clock)

Skin Incision Stop Time:_____(24 hr. clock)

OR Exit Time:_____(24 hr. clock)

VII. POSTOPERATIVE COMPLICATIONS WITHIN 30 DAYS

Patient Medical Record Number			Date of Birth	Zip Code
Postoperative Complication: ◯ Yes ◯ No		Date of Occurrence	Unplanned ICU transfer or admission: ◯ Yes ◯ No	
Grade 2 Complication: ◯ Yes ◯ No (select all applicable)	◯ Wound Infection Requiring Antibiotics ◯ Blood Transfusion ◯ Lymphatic	◯ UTI ◯ Total Parenteral Nutrition	◯ Pneumonia ◯ DVT	◯ Other Condition Requiring Antibiotics ◯ PE
Grade 3 Complication: ◯ Yes ◯ No (select all applicable)	Return to OR	◯ Bowel Perforation or Obstruction ◯ Bleeding ◯ Abdominal Abscess	◯ Wound Disruption ◯ Fistula ◯ Cuff Dehiscence	◯ Other
	Endoscopic Procedures	◯ PEG ◯ Colonoscopy	◯ Laparoscopy ◯ Other	◯ Upper Endoscopy
	Interventional Radiology	◯ Ureteral Stent Placement	◯ Colonic Stent	◯ Other:
	Organ Failure	◯ Cardiac ◯ GI/Hepatic	◯ CNS ◯ Renal	◯ Hematologic ◯ Respiratory
Grade 4 Complication: Postoperative Complication-Related Death: ◯ Yes ◯ No			Date of Death	