SGO COR
Clinical Outcomes Registry

OVARIAN 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	◯ Endometrial	◯ 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	◯ Endometrial	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

IV. PREOPERATIVE LABORATORY DATA AND MEDICATIONS

Neoadjuvant Therapy: ◯ Yes ◯ No	If Yes, Date Started_____ How was this diagnosis established: ◯ Cytology ◯ Image Guided ◯ Diagnostic ◯ Laparoscopy with Biopsy	Number of Cycles Provided
If Yes, Reason for Neoadjuvant Therapy: (select all applicable)	◯ Medical Comorbidities ◯ Age ◯ Unresectable Disease	◯ Refused Surgery ◯ Other:
If Yes, Agents:	Platinum: ◯ Yes ◯ No	Platinum + Taxane: ◯ Yes ◯ No
CA-125 (units/mL) (preoperative)		

V. HISTOLOGY

Primary Tumor:	◯ Ovary	◯ Fallopian Tube	◯ Peritoneum
Epithelial Tumors: ◯ Yes ◯ No	◯ Serous High Grade ◯ Serous Low Grade ◯ Endometrioid ◯ Transitional (Malignant Brenner)	◯ Mucinous ◯ Clear cell ◯ Malignant mixed mullerian tumor (Carcinosarcoma)	

VI. SURGICAL PATHOLOGY

FIGO Stage: ◯ IA ◯ IB ◯ IC1 ◯ IC2 ◯ IC3 ◯ IIA ◯ IIB ◯ IIIA1(i) ◯ IIIA1(ii) ◯ IIIA2 ◯ IIIB ◯ IIIC ◯ IVA ◯ IVB			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	
Peritoneal Washings: ◯ Yes ◯ No	If Yes, Positive: ◯ Yes ◯ No	Spleen: ◯ Yes ◯ No	If Yes, Positive: ◯ Yes ◯ No
Small Bowel: ◯ Yes ◯ No	If Yes, Positive: ◯ Yes ◯ No	Omentum: ◯ Yes ◯ No	If Yes, Positive: ◯ Yes ◯ No
Large Bowel: ◯ Yes ◯ No	If Yes, Positive: ◯ Yes ◯ No	Other: ◯ Yes ◯ No	If Yes, Positive: ◯ Yes ◯ No
Diaphragm: ◯ Yes ◯ No	If Yes, Positive: ◯ Yes ◯ No		
Uterus Present: ◯ Yes ◯ No	If Yes, Metastatic: ◯ Yes ◯ No		
Was chemosensitivity assay ordered: ◯ Yes ◯ No		Were biomarkers ordered: ◯ Yes ◯ No	

VII. SURGERY

Date of Surgery:			
Surgeon Specialty:	◯ Gynecologic Oncology	◯ Obstetrics and Gynecology	◯ General Surgery ◯ Other
Surgical Approach:	◯ Laparotomy	◯ Laparoscopy/Laparoscopic-assisted	◯ Robotic-assisted
Did patient convert to Laparotomy: ◯ Yes ◯ No	If Yes, Select: ◯ Large BMI ◯ Large Uterus	◯ Extension Adhesion ◯ Anesthesia or Insufflation Related Problems	◯ Other
Cytoreduction:	◯ Primary (Initial Therapy)	◯ Interval (Following Neoadjuvant Chemotherapy)	◯ Secondary (For Recurrent Disease)
Operation: (select all applicable)	◯ Hysterectomy: Uterine Weight (grams)_____ ◯ Cystectomy ◯ Peritoneal Washings ◯ Spleen ◯ Appendectomy ◯ Biopsy Only ◯ Other	◯ USO/BSO ◯ Pelvic Lymphadenectomy ◯ Small Bowel Resection ◯ Diaphragm ◯ Peritoneal Stripping	◯ Omentectomy ◯ Paraaortic Lymphadenectomy ◯ Large Bowel Resection ◯ Placement of IP Port ◯ Liver
Operative Note Completed/Present (within 48 hours of Operation) ◯ Yes ◯ No	If Yes, Select: ◯ No Gross Residual Disease ◯ Residual Disease Not Documented	◯ ≤ 1 cm of Residual Disease ◯ > 1 cm of Residual Disease	
Largest Diameter of Residual Disease (cm)		Estimated Blood Loss (ml)	
Location of Residual Disease: (select all applicable)	◯ Pelvis ◯ Porta hepatis ◯ Pelvic Lymph Nodes	◯ Diaphragm ◯ Left Upper Quadrant ◯ Paraaortic Lymph Nodes	◯ Liver ◯ Right Upper Quadrant ◯ Other

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)

VIII. 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 ◯ Other	◯ Cuff Dehiscence
	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	