Data Element Name	Section Name	Definition	Value Choices
Medical Record Number	Patient Demographics	Indicate the institution's medical record number of the patient	Provide the institutional medical record number for the patient
Date of Birth	Patient Demographics	Indicate the patient's date of birth	n/a
Zip Code	Patient Demographics	Indicate the zip code where the patient resided at time of hospitalization	n/a
Race (select all applicable)	Patient Demographics	Indicate the race of the patient as determined by the patient	1. White/Caucasian 2. African American 3. Asian 4. American Indian/ Alaskan Native 5. Native Hawaiian / Pacific Islander 6. Hispanic/Latino/Spanish 7. Unknown 8. Choose not to disclose
Patient History of Cancer	Patient Demographics	Does the patient have a history of breast, colon, endometrial or Other cancer?	1. Yes 2. No
If Yes to Patient History of Cancer (line 6), Type of Cancer	Patient Demographics	Indicate the type of cancer for which the patient has a history	1. breast 2. colon 3. endometrial 4. other
If Yes to Patient History of Cancer (line 6), Age Diagnosed	Patient Demographics	Indicate the age of the patient when diagnosed	Enter age
Family History of Cancer	Patient Demographics	Does the patient have a family history of breast, colon or endometrial cancer?	1. Yes 2. No
If Yes to Family History of Cancer (line 9), Type of Cancer	Patient Demographics	Indicate the type of cancer for which the family has a history	1. breast 2. colon 3. endometrial 4. other
If Yes to Family History of Cancer (line 9), Relative (optional field)	Patient Demographics	Indicate whether the family history was for a 1st, 2nd or 3rd degree relative.	1. 1st degree 2. 2nd degree 3. 3rd degree
If Yes to Family History of Cancer (line 9), Age Family Member was Diagnosed (optional field)	Patient Demographics	Indicate the age of the family member when diagnosed	Enter age
Hospital Admit Date	Hospitalization	Indicate the patient's initial date of admission	n/a
Hospital Discharge Date	Hospitalization	Indicate the patient's date of discharge	n/a
Height (cm)/(in)	Preoperative Risk Factors	Indicate the patient's height in centimeters or inches at time of admission	n/a
Weight (kg)/(lb)	Preoperative Risk Factors	Indicate the patient's weight in kilograms or pounds at time of admission	n/a
Body Mass Index	Preoperative Risk Factors	Indicate the patient's Body Mass Index (BMI) as calculated from the patient's weight and height. BMI is system generated based on the following calculation (Weight)/((Height/100)^2)	n/a
ASA Class	Preoperative Risk Factors	Indicate the ASA Class (time of surgery). Adopted by the American Society of Anesthesiologists in 1963, the ASA physical status classification system is a system for assessing the fitness of cases before surgery. Class 1 - healthy person Class 2 - mild systemic disease Class 3 - severe systemic disease Class 4 - severe systemic disease that is a constant threat to life.	1 2 3 4

Data Element Name	Section Name	Definition	Value Choices
Diabetes	Preoperative Risk Factors	Indicate whether the patient has a history of diabetes as defined by the American Diabetes Association: 1. A1c >=6.5%; or 2. Fasting plasma glucose >=126 mg/dl (7.0 mmol/l); or 3. Two-hour plasma glucose >=200 mg/dl (11.1 mmol/l) during an oral glucose tolerance test; or 4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >=200 mg/dl (11.1 mmol/l)	1. Yes 2. No
Diabetes Medication	Preoperative Risk Factors	Indicate type of diabetes medication used prior to admission.None: diabetes controlled by diet alone. Insulin: a diagnosis of diabetes requiring daily insulin therapy.Oral Hypoglycemic: a diagnosis of diabetes requiring therapy with an oral hypoglycemic agent.	1. None 2. Insulin 3. Oral Hypoglycemic
Current Smoker	Preoperative Risk Factors	Indicate whether patient has smoked cigarettes within the past year prior to admission. Patients who smoke cigars or pipes or use chewing tobacco are not included.	1. Yes 2. No
Prior Abdominal Surgery	Preoperative Risk Factors	Has patient had any prior abdominal surgery?	1. Yes 2. No
If Yes to Prior Abdominal Surgery, Year?	Preoperative Risk Factors		n/a
History of Conditions/Previous Interventions (Select all applicable)	Preoperative Risk Factors	Indicate all disorders or conditions that apply based on the patient's history	1. Cardiac Surgery (includes stent,CABG,Valve,Pacemaker,Other Cardiac Surgery (hover over definition) 2. Creatinine level >1.5 3. Steroid Use (Use of oral/parenteral steroids for >10 days in prior 30 days) (hover over definition) 4. Pulmonary (drop down) a. COPD b. Pulmonary HTN c. Other 5. Heme (drop down) a. DVT/PE (within 90 days) b. Transfusion c. Other 6. Neuro (drop down) a. Stroke b. Other 7. Endocrine (drop down) a. Thyroid - Hyper b. Thyroid - Hypo 8. Cardiac Conditions (drop down) a. Afib/Arrhythmia b. Angina (within 30 days) c. CHF (within 30 days) d. HTN e. MI (within 6 months) f. Other
Neoadjuvant Therapy	Preoperative Laboratory Data and Medications	Indicate whether the patient received neoadjuvant therapy prior to this procedure	1. Yes 2. No
How was this diagnosis established	Preoperative Laboratory Data and Medications	Indicate how the diagnosis to use neoadjuvant therapy was established	1.Cytology 2. Image Guided 3. Diagnostic 4. Laparoscopy with Biopsy
Neoadjuvant Therapy Start Date	Preoperative Laboratory Data and Medications	Indicate the start date of neoadjuvant therapy	n/a

Data Element Name	Section Name	Definition	Value Choices
Neoadjuvant Therapy Cycles	Preoperative Laboratory Data and Medications	Indicate the number of cycles of neoadjuvant therapy	n/a
Reason for Neoadjuvant Therapy (select all applicable)	Preoperative Laboratory Data and Medications	Indicate the reason for neoadjuvant therapy	1. Medical Comorbidities 2. Refused Surgery 3. Age 4. Unresectable Disease 5. Other _____
Reason for Neoadjuvant Therapy - Other	Preoperative Laboratory Data and Medications	Indicate the reason for neoadjuvant therapy, if other was selected	n/a
Agents - Platinum	Preoperative Laboratory Data and Medications	Indicate if platinum agent was used	1. Yes 2. No
Agents - Platinum + Taxane	Preoperative Laboratory Data and Medications	Indicate if Platinum + Taxane agent was used	1. Yes 2. No
CA-125 (units/ml) (preoperative)	Preoperative Laboratory Data and Medications	Indicate level of CA-125 in milliliters prior to procedure	n/a
Primary Tumor (select one)	Histology	Indicate the location of the primary tumor.	1. Ovary 2. Fallopian Tube 3. Peritoneum
Epithelial Tumors (select one - predominant pathology)	Histology	Indicate if patient's tumor type is Epithelial	1. Yes 2. No
Epithelial Tumors - Details (select one)	Histology	Indicate type of Epithelial Tumor	1. Serous High Grade 2. Serous Low Grade 3. Mucinous 4. Clear cell 5. Endometrioid 6. Transitional (Malignant Brenner) 7. Malignant mixed Mullerian (Carcinosarcoma)
FIGO Stage (select one)	Surgical Pathology	The International Federation of Gynecologists and Obstetricians (FIGO) revised the staging of ovarian cancer effective January 1, 2014. The new staging grades are shown in the value choices. For more information, the new staging is summarized at https://www.sgo.org/clinical-practice/guidelines/new-figo-ovarian-cancer-staging-guidelines/. The guidelines will also be published in the January 2014 issue of the International Journal of Gynecology and Obstetrics.	1. IA 2. IB 3. IC1 4. IC2 5. IC3 6. IIA 7. IIB 8. IIIA1(i) 9. IIIA1(ii) 10. IIIA2 11. IIIB 12. IIIC 13. IVA 14. IVB
FIGO Grade (select one)	Surgical Pathology	Indicate the Ovarian Cancer grade as defined by the International Federation of Gynecology and Obstetrics Grade 1 - tumors have 95% or more of the cancerous tissue forming glands. Grade 2 - tumors have between 50% and 94% of the cancerous tissue forming glands. Grade 3 - tumors have less than half of the cancerous tissue forming glands.	1. Grade 1 2. Grade 2 3. Grade 3
Pelvic Lymphadenectomy	Surgical Pathology	Indicate if a pelvic lymphadenectomy was performed on the patient to remove lymph nodes in the pelvis for microscopic examination.	1. Yes 2. No

Data Element Name	Section Name	Definition	Value Choices
Number of Right Nodes Removed	Surgical Pathology	Indicate the number of right nodes removed during the pelvic lymphadenectomy	n/a
Number of Right Nodes Positive	Surgical Pathology	Indicate the number of right nodes which tested positive during the pelvic lymphadenectomy	n/a
Number of Left Nodes Removed	Surgical Pathology	Indicate the number of left nodes removed during the pelvic lymphadenectomy	n/a
Number of Left Nodes Positive	Surgical Pathology	Indicate the number of left nodes which tested positive during the pelvic lymphadenectomy	n/a
Total Removed	Surgical Pathology	Total number of right and left nodes removed	n/a
Total Positive	Surgical Pathology	Total number of positive right and left nodes	n/a
Paraaortic Lymphadenectomy	Surgical Pathology	Indicate if a Paraaortic Lymphadenectomy was performed on the patient	1. Yes 2. No
Total Removed	Surgical Pathology	Indicate the total number of nodes removed during the paraaortic lymphadenectomy	n/a
Total Positive	Surgical Pathology	Indicate the total number of nodes which tested positive during the paraaortic lymphadenectomy	n/a
Peritoneal Washings	Surgical Pathology	Indicate if peritoneal washings were performed	1. Yes 2. No
Peritoneal Washings - Positive	Surgical Pathology	Indicate if peritoneal washings tested positive	1. Yes 2. No
Small Bowel	Surgical Pathology		1. Yes 2. No
Small Bowel - Positive	Surgical Pathology	Indicate if small bowel tested positive	1. Yes 2. No
Large Bowel	Surgical Pathology		1. Yes 2. No
Large Bowel - Positive	Surgical Pathology	Indicate if large bowel tested positive	1. Yes 2. No
Diaphragm	Surgical Pathology		1. Yes 2. No
Diaphragm - Positive	Surgical Pathology	Indicate if diaphragm tested positive	1. Yes 2. No
Spleen	Surgical Pathology		1. Yes 2. No
Spleen - Positive	Surgical Pathology	Indicate if spleen tested positive	1. Yes 2. No
Omentum	Surgical Pathology		1. Yes 2. No
Omentum - Positive	Surgical Pathology	Indicate if omentum tested positive	1. Yes 2. No
Other	Surgical Pathology	Indicate if a procedure not previously listed was performed	1. Yes 2. No
Other - Positive	Surgical Pathology	Indicate if other tested positive	1. Yes 2. No
Uterus Present	Surgical Pathology	Indicate if the patient's uterus is present	1. Yes 2. No
Metastatic	Surgical Pathology		1. Yes 2. No
Was chemosensitivity assay ordered?	Surgical Pathology	Indicate whether or not a chemosensitivity assay was ordered for the patient	1. Yes 2. No
Were biomarkers ordered?	Surgical Pathology	Indicate whether or not biomarkers were ordered for the patient.	1. Yes 2. No

Data Element Name	Section Name	Definition	Value Choices
National Provider Identifier	Surgery	Indicate the unique 10-digit identification number (NPI) issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS) for the surgeon who performed the procedure	n/a
Date of Surgery	Surgery	Indicate the date the surgery was performed	n/a
Surgeon Specialty	Surgery	Indicate the surgeon's specialty	1. Gynecologic Oncology 2. Obstetrics and Gynecology 3. General Surgery 4. Other _____
Surgeon Specialty - Other	Surgery	Indicate the specialty of the physician who performed the procedure, if other was selected.	n/a
Surgical Approach (Note: allow more than one selection)	Surgery	Indicate the surgical approach used for the procedure	1. Laparotomy 2. Laparoscopy/Laparoscopic -assisted 3. Robotic-assisted
Did patient convert to Laparotomy	Surgery		1. Yes 2. No
If yes to patient convert to Laparotomy	Surgery		1. Large BMI 2. Large Uterus 3. Extension adhesion 4. Anesthsia or insufflation related problems 5. Other, _____(free text?)
Cytoreduction (select one)	Surgery	Primary is the first part of treatment or initial therapy. Interval is following neoadjuvant chemotherapy. Secondary is for recurring disease.	1. Primary 2. Interval 3. Secondary
Operation (select all applicable)	Surgery	Indicate the operation performed	1. Hysterectomy 2. USO/BSO 3. Omentectomy 4. Cystectomy 5. Pelvic Lymphadenectomy 6. Paraaortic Lymphadenectomy 7. Peritoneal Washings 8. Small Bowel Resection 9. Large Bowel Resection 10. Spleen 11. Diaphragm 12. Placement of IP Port 13. Appendectomy 14. Peritoneal Stripping 15. Liver 17. Biopsy only 16. Other _____
Uterine weight	surgery	If Hysterectomy checked, indicate weight of uterus in grams.	
Operation - Other	Surgery	Indicate the operation performed, if other was selected	n/a
Operative Note Completed/Present (within 48 hours of operation)	Surgery	Indicate if an operative note was completed or present in the patient's record	1. Yes 2. No
Operative Note Completed/Present (within 48 hours of operation) - Details (Select one)	Surgery	If yes, indicate amount of residual disease: no gross residual; ≤1cm; >1cm; residual disease not documented	1. No gross residual disease 2. ≤ 1 cm of residual disease 3. > 1 cm of residual disease 4. Residual disease not documented
Largest Diameter of Residual Disease (cm)	Surgery	Indicate the largest diameter in cm of residual disease after the procedure was performed.	n/a
Estimated Blood Loss	Surgery	Indicate estimated blood loss (ml)	
OR Entry Time	Surgery	Indicate the time, to the nearest minute (using 24-hour clock), that the patient entered the operating room.	

Data Element Name	Section Name	Definition	Value Choices
Skin Incision Start Time	Surgery	Indicate the time, to the nearest minute (using 24-hour clock), that the first skin incision was made.	
Skin Incision Stop Time	Surgery	Indicate the time, to the nearest minute (using 24-hour clock), that the first skin incision, was closed.	
OR Exit Time	Surgery	Indicate the time, to the nearest minute (using 24-hour clock), that the patient exited the operating room.	
Patient Medical Record Number	Postoperative Complications Within 30 days	Provide the institutional medical record number for the patient	
Patient Date of Birth	Postoperative Complications Within 30 days	Enter patient date of birth	
Patient Zip Code	Postoperative Complications Within 30 days	Indicate the zip code where the patient resided at time of operation	
Postoperative Complication	Postoperative Complications Within 30 Days	Indicate whether the patient had any postoperative complications within 30 days that fall into Grade 2, Grade 3 or Grade 4 categories listed below. Classifications are based on the Accordian classification published by Strasberg in Annals of Surgery. Check all that apply in each Grade.	1. Yes 2. No
Unplanned ICU transfer or admission	Postoperative Complications Within 30 Days		1. Yes 2. No
Date of Occurrence	Postoperative Complications Within 30 Days	Indicate the date of occurrence of the postoperative complications	n/a
Grade 2 Complication	Postoperative Complications Within 30 Days	Indicate if the patient had a grade 2 complication	1. Yes 2. No
Grade 2 Complication - Details	Postoperative Complications Within 30 Days	Indicate which grade 2complications occurred if yes was selected . Check all that apply.	1. Wound Infection requiring antibiotics 2. UTI 3. Pneumonia 4. Other condition requiring antibiotics 5. Blood transfusion 6. Total Parenteral Nutrition 7. DVT 8. PE 9. Lymphatic
Grade 3 Complication	Postoperative Complications Within 30 Days	Indicate if the patient had a grade 3 complication	1. Yes 2. No
Grade 3 Complication - Details	Postoperative Complications Within 30 Days	Indicate which grade 3 complications occurred if yes was selected. Check all that apply.	1. Return to OR 2. Endoscopic Procedures 3. Interventional Radiology 4. Organ Failure

Data Element Name	Section Name	Definition	Value Choices
Return to OR - Details	Postoperative Complications Within 30 Days	Indicate OR details if return to OR was selected	1. Bowel Perforation or Obstruction 2. Abdominal Abscess 4. Wound Disruption 5. Bleeding 6. Fistula 7. Cuff Dehiscence 8. Other _____
Return to OR - Details - Other	Postoperative Complications Within 30 Days	Indicate OR details if other was selected	n/a
Endoscopic - Details	Postoperative Complications Within 30 Days	Indicate Endoscopic details if Endoscopic was selected	1. PEG 2. Colonoscopy 3. Laparoscopy 4. Upper Endoscopy 5. Other _____
Endoscopic - Details - Other	Postoperative Complications Within 30 Days	Indicate Endoscopic details if other was selected	n/a
Interventional Radiology- Details	Postoperative Complications Within 30 Days	Indicate Interventional Radiology details of Interventional Radiology was selected	1. Ureteral Stent Placement 2. Colonic Stent Placement 3. Other _____
Interventional Radiology - Details - Other	Postoperative Complications Within 30 Days	Indicate Interventional Radiology details of other was selected	n/a
Organ Failure - Details	Postoperative Complications Within 30 Days	Indicate Organ Failure details if Organ Failure was selected	1. Cardiac 2. GI/Hepatic 3. CNS 4. Renal 5. Hematologic 6. Respiratory
Grade 4 Complication Postoperative Complication-Related Death	Postoperative Complications Within 30 Days		check if Yes
Grade 4 Complication Postoperative Complication-Related Death - Date	Postoperative Complications Within 30 Days		
Medical Record Number	Follow Up Care and Surveillance	Indicate the institutional medical record number of the patient	Provide the institutional medical record number for the patient
Date of Birth	Follow Up Care and Surveillance	Indicate the patient's date of birth	n/a
Zip Code	Follow Up Care and Surveillance	Indicate the patient's zip code	n/a
Race (select all applicable)	Follow Up Care and Surveillance	Indicate the race of the patient as determined by the patient	1. White/Caucasian 2. African American 3. Asian 4. American Indian/ Alaskan Native 5. Native Hawaiian / Pacific Islander 6. Hispanic/Latino/Spanish 7. Unknown 8. Choose not to disclose

Data Element Name	Section Name	Definition	Value Choices
National Provider Identifier	Follow Up Care and Surveillance	Indicate the unique 10-digit identification number (NPI) issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS) for the provider who performed the procedure	n/a
Date of Service	Follow Up Care and Surveillance	Indicate the date the service was performed	n/a
Provider Specialty	Follow Up Care and Surveillance	Indicate the provider's specialty	1. Gynecologic Oncology 2. Obstetrics and Gynecology 3. Other _____
Provider Specialty - Other	Follow Up Care and Surveillance	Indicate the specialty of the provider who performed the procedure, if other was selected.	n/a
Patient follow-up care provided elsewhere	Follow Up Care and Surveillance	Indicate whether follow-up care was provided elsewhere & whether the information on therapy is known. If therapy data is known, complete that information.	1. Data unavailable 2. Data provided (complete below)
Patient declined follow up care	Follow Up Care and Surveillance		check if Yes
Documented medical reason for no follow up care	Follow Up Care and Surveillance		check if Yes
Primary Therapy	Follow Up Care and Surveillance	Is this primary therapy for the patient?	check one or the other
Recurrence Therapy	Follow Up Care and Surveillance	Is this therapy for a recurrence?	check one or the other
Recurrence Site (select all applicable) **if yes to 108**	Follow Up Care and Surveillance	Indicate site of recurrence	1. vaginal 2. pelvic 3. abdominal 4. distant (outside abdomen)
Chemotherapy Given	Follow Up Care and Surveillance	Indicate whether or not the patient is receiving chemotherapy for either primary or recurrence therapy	1. Yes 2. No
Chemotherapy Start Date (if yes to 110)	Follow Up Care and Surveillance	Start date of chemotherapy	
Chemotherapy Final Treatment Date (if yes to 110 or entry in 111)	Follow Up Care and Surveillance	Final treatment date of chemotherapy	
Chemotherapy - Total Number of Cycles	Follow Up Care and Surveillance	Total number of cycles of chemotherapy (from start date line 112 through final treatment date line 113)	Enter total number of cycles
Cisplatin	Follow Up Care and Surveillance	Indicate method of delivery for chemotherapy agent and number of cycles for each delivery method	1. IV # cycles ___ 2. IP # cycles ___ 3. IV/IP # cycles ___
Carboplatin	Follow Up Care and Surveillance	Indicate method of delivery for chemotherapy agent and number of cycles for each delivery method	1. IV # cycles ___ 2. IP # cycles ___ 3. IV/IP # cycles ___
Docetaxel (Taxotere)	Follow Up Care and Surveillance	Indicate method of delivery for chemotherapy agent and number of cycles for each delivery method	1. IV # cycles ___ 2. IP # cycles ___ 3. IV/IP # cycles ___
Paclitaxel	Follow Up Care and Surveillance	Indicate method of delivery for chemotherapy agent and number of cycles for each delivery method	1. IV # cycles ___ 2. IP # cycles ___ 3. Dose-Dense # cycles ___ 4. IV/IP # cycles ___
Etoposide	Follow Up Care and Surveillance	Indicate method of delivery for chemotherapy agent and number of cycles for each delivery method	1. IV # cycles ___ 2. IV/IP # cycles ___
Abraxane	Follow Up Care and Surveillance	Indicate method of delivery for chemotherapy agent and number of cycles for each delivery method	1. IV # cycles ___ 2. IV/IP # cycles ___
Gemcitabine	Follow Up Care and Surveillance	Indicate method of delivery for chemotherapy agent and number of cycles for each delivery method	1. IV # cycles ___ 2. IV/IP # cycles ___
Liposomal Doxorubicin	Follow Up Care and Surveillance	Indicate method of delivery for chemotherapy agent and number of cycles for each delivery method	1. IV # cycles ___ 2. IV/IP # cycles ___
Topotecan	Follow Up Care and Surveillance	Indicate method of delivery for chemotherapy agent and number of cycles for each delivery method	1. IV # cycles ___ 2. IV/IP # cycles ___

Data Element Name	Section Name	Definition	Value Choices
Ifosfamide	Follow Up Care and Surveillance	Indicate method of delivery for chemotherapy agent and number of cycles for each delivery method	1. IV # cycles ___ 2. IV/IP # cycles ___
Other Agent _____	Follow Up Care and Surveillance	Enter name of chemotherapy agent (if not one of the above), method of delivery and number of cycles for each delivery method	1. IV # cycles ___ 2. IP # cycles ___ 3. Dose-Dense # cycles ___ 4. IV/IP # cycles ___
Is patient on clinical trial that does not offer taxane and platinum?	Follow Up Care and Surveillance		check if Yes
Bevacizumab	Follow Up Care and Surveillance	Indicate if Bevacizumab was received	1. Yes 2. No
Bevacizumab - Details (select one if yes to line 128)	Follow Up Care and Surveillance	Was bevacizumab used as part of adjuvant therapy, maintenance therapy or both adjuvant and maintenance therapy?	1. Adjuvant 2. Maintenance 3. Both Adjuvant and Maintenance
Bevacizumab - Number of Cycles (if yes to line 128)	Follow Up Care and Surveillance	Indicate number of cyles	
Was a chemosensitivity assay consulted during treatment?	Follow Up Care and Surveillance	Indicate if a chemosensitivity assay was consulted during the treatment of the patient.	1. Yes 2. No
Chemosensitivity Patient Report Accession Number	Follow Up Care and Surveillance	If yes to chemosensitivity assays consulted (line 133), enter the chemosensitivity patient report accession number.	
Were biomarkers consulted during treatment?	Follow Up Care and Surveillance		1. Yes 2. No
Genetic Testing Recommended	Follow Up Care and Surveillance	Was genetic testing recommended to the patient?	1. Yes 2. No
Genetic Testing Performed	Follow Up Care and Surveillance	Was genetic testing performed on the patient?	1. Yes 2. No
If Yes to Genetic Testing Performed (line 133), Type of Test	Follow Up Care and Surveillance	Indicate type of genetic testing performed	1. Breast and Ovarian 2. Lynch Syndrome
If Yes to Genetic Testing Performed (line 133 or entry in line 134), Test Result	Follow Up Care and Surveillance	Indicate results of genetic testing	1. Positive for Deleterious Mutation 2. Negative No Mutation Detected 3. Variant of Uncertain Significance
Follow Up Care-Related Death	Follow Up Care and Surveillance	Indicate whether the patient had a follow up care-related death	1. Yes 2. No
Date of Death (if yes to line 136)	Follow Up Care and Surveillance	Indicate the patient's date of death	n/a