

Abstraction form – CAHRES, ovary

Abstraction date:

Name:.....

Hospital:..... Clinic/Dept:.....

Abstraction status:

Complete Yes:

Incomplete; reason: Information missing, searching in other archive

Other:.....

1. Personal data

Name:.....

Personal registration number: -

Serial number:

1. **Person data** Serial number:

2. Date and place of diagnosis:

Date of diagnosis: (PAD at surgery, date)

Last date of follow-up:

Hospital:..... Clinic/Dept:.....

Open care unit/doctor:.....

Comments:.....

3. Reason for diagnosis

Gynecological routine examination: Symptoms:

Other reason:.....

No information:

4. Status at diagnosis

Ascites at diagnosis/surgery: Yes: No: No information:

CA-125 preoperative: U/ml Date:

No information:

CA-125 postoperative: U/ml Date:

No information:

5. Surgery – curative and palliative

No surgery:

Occasion 1: Date:

Radical: Non-radical: No information:

Residual tumor, size: cm, or stated as:.....

Size not measurable: No information:

Mode of surgery:

Hysterectomy: Subtotal hysterectomy: No information:

SOE, unilateral: SOE, bilateral: Omentectomy:

Lymph node extraction, abdominal: Other surgery:

Comments:.....

Occasion 2: Date:

Radical: Non- radical: No information:

Residual tumor, size: cm, or stated as:.....

Size not measurable: No information:

Mode of surgery:

Hysterectomy: Subtotal hysterectomy: No information:

SOE, unilateral: SOE, bilateral: Omentectomy:

Lymph node extraction, abdominal: Other surgery:

Comments:.....

Occasion 3: Date:

Radical: Non- radical: No information:

Residual tumor, size: cm, or stated as:.....

Size not measurable: No information:

Mode of surgery:

Hysterectomy: Subtotal hysterectomy: No information:

SOE, unilateral: SOE, bilateral: Omentectomy:

Lymph node extraction, abdominal: Other surgery:

Comments:.....

Secondary surgery, surgery with palliative purposes: No:

Yes:

Date:

Yes:

Date:

Comments:.....

6. Tumor characteristics

Tumor location: Unilateral Bilateral No information:

Peritoneal carcinosis: Yes No No information:

Max. tumor diameter: cm, or stated as:.....

No information:

Stage of diseases according to Figo:

I a: I b: I c: or I:

II a: II b: II c: or II:

III a: III b: III c: or III:

IV:

Information on Figo-stage is recorded:

Information on Figo-stage is: Interpreted: Not interpretable:

Comments:.....

Malignancy: No information:

Borderline: Invasive/malign:

Type of tissue: Epitelial: Non-epitelial:

Grade of differentiation according to WHO: No information:

High diff. 1: Modest diff. 2: Low diff. 3:

P⁵³, mutation: Yes: No: No information:

Ploidi: Diploid/tetraploid: Aneuploid: No information:

Proliferation:

High: Intermediary: Low: S-phase: ,%

Place and laboratory for analysis:.....

Comments:.....

Estrogen receptors (ER): No information:

Fmol ER/ μ g DNA: ,

Fmol ER/mg protein: ,

and/or

Strongly positive: Positive: Slightly positive: Negative:

Progesteron receptors (pR): No information:

Fmol PR/ μ g DNA: ,

Fmol PR/mg protein: ,

and/or

Strongly positive: Positive: Slightly positive: Negative:

Place and laboratory for analysis:.....

Comments:.....

7. Chemotherapy treatment Yes: No: No information:

Type of chemotherapy:

Platinum compounds: Cisplatin: Carboplatin:

Taxol: Other, specify:.....

Administration:

Intravenous: Per os: Intra-abdominal:

Continuous treatment: Cyclical treatment, no.of cycles:

Start of treatment, date:

End of treatment, date:

Comments:.....

Second line treatment

Yes: No: No information:

Type of chemotherapy:

Platinum compounds: Cisplatin: Carboplatin:

Taxol: Other, specify:.....

Administration:

Intravenous: Per os: Intra-abdominal:

Continuous treatment: Cyclical treatment, no. of cycles:

Start of treatment, date:

End of treatment, date:

Comments:.....

Third line treatment

Yes: No: No information:

Type of chemotherapy:

Platinum compounds: Cisplatin: Carboplatin:

Taxol: Other, specify:.....

Administration:

Intravenous: Per os: Intra-abdominal:

Continuous treatment: Cyclical treatment, no. of cycles:

Start of treatment, date:

End of treatment, date:

Comments:.....

Fourth line treatment

Yes: No: No information:

Type of chemotherapy:

Platinum compounds: Cisplatin: Carboplatin:

Taxol: Other, specify:.....

Administration:

Intravenous: Per os: Intra-abdominal:

Continuous treatment: Cyclical treatment, no. of cycles:

Start of treatment, date:

End of treatment, date:

Comments:.....

8. Radiation therapy

Occasion 1: Yes: No: No information:

Entire abdominal cavity: Lower abdominal cavity: Pelvic:

Brachy therapy: Other extent: Extent not given:

Total radiation dose, external: Gy Brachy therapy: Gy

Start of treatment, date:

Occasion 2: Yes: No: No information:

Entire abdominal cavity: Lower abdominal cavity: Pelvic:

Brachy therapy: Other extent: Extent not given:

Total radiation dose, external: Gy Brachy therapy: Gy

Start of treatment, date:

Occasion 3: Yes: No: No information:

Entire abdominal cavity: Lower abdominal cavity: Pelvic:

Brachy therapy: Other extent: Extent not given:

Total radiation dose, external: Gy Brachy therapy: Gy

Start of treatment, date:

Comments:.....

9. Endocrine treatment:

Yes: No: No information:

1. Name of product:.....
Starting date: Termination date:

2. Name of product:.....
Starting date: Termination date:

3. Name of product:.....
Starting date: Termination date:

Endocrine treatment ongoing:

Comments:

10. Hormone replacement therapy after diagnosis

No: No information:

Yes: Date started:

HRT ongoing: Date ended:

Comments:.....

11. Progress, recurrence, distant metastases

Loco regional recurrence: No:

Yes: Date:

Site or symptoms:

Abdominal: Pelvic: Ascites: CA-125 > 36:

Verification:

Cyt/PAD: X-ray: Palpation: No information:

Distant metastases:

Yes: Date:

Liver: Lung: Pleura: Brain: Skeleton:

Supraclavicular lymph nodes: Retroperitoneal lymph nodes: Other:

Verification:

Cyt/PAD X-ray Palpation: No information:

Comments:.....

12. New primary gynecological cancer

No:

Yes: Date:

Site: Endometrium: Ovary: Cervix:

Comments:.....

13. Deceased

No:

Yes: Date:

Cause of death:

Cancer of the ovary or related reason:

Other, specify:.....

Comments:

14. Specific comments:

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