Initial Data Load

Subject ID

_____

A subject's name and date of birth are populated by the Daily Processing Routine once the subject is ready for baseline medical records abstraction.

Subject Name: [fname] [mname] [lname]

Date of Birth: [dob]

First Name

_____

Middle Name

_____

Last name

_____

Suffix

_____

Date of Birth

_____

Case Data

Primary Sequence:

Primary Sequence

◯ 1st Primary
◯ 2nd Primary
◯ 3rd Primary
◯ 4th Primary

Symptoms/Imaging/Exams:

Presenting symptom(s)

☐ Abnormal uterine bleeding
☐ Abdominal/pelvic pain
☐ Abdominal/pelvic mass
☐ Abnormal Pap smear
☐ Other, specify:
☐ Not documented

Specify abnormal uterine bleeding type

◯ Menometrorrhagia
◯ Postmenopausal bleeding

Specify abdominal/pelvic mass type

◯ Incidental
◯ Non-Incidental

Specify other presenting symptom(s)

_____

CT Performed (before surgery or after surgery but before adjuvant treatment)?

◯ Yes ◯ No

First CT Scan:

Date: _____
Cervical involvement reported? _____
Metastatic/distant/vaginal or cervical metastasis/extrauterine disease reported? _____
Transcribe 'impressions' sections: _____
Additional CT records?: _____

Second CT Scan:

Date: _____
Cervical involvement reported? _____
Metastatic/distant/vaginal or cervical metastasis/extrauterine disease reported? _____
Transcribe 'impressions' sections: _____
Additional CT records?: _____

Third CT Scan:

Date: _____
Cervical involvement reported? _____
Metastatic/distant/vaginal or cervical metastasis/extrauterine disease reported? _____
Transcribe 'impressions' sections: _____
Additional CT records?: _____

Fourth CT Scan:

Date: _____
Cervical involvement reported? _____
Metastatic/distant/vaginal or cervical metastasis/extrauterine disease reported? _____
Transcribe 'impressions' sections: _____
Additional CT records?: _____

Fifth CT Scan:

Date: _____
Cervical involvement reported? _____
Metastatic/distant/vaginal or cervical metastasis/extrauterine disease reported? _____
Transcribe 'impressions' sections: _____

MRI Performed (before surgery or after surgery but before adjuvant treatment)? ◯ Yes ◯ No

First MRI:

Date: _____
Cervical involvement reported? _____
Metastatic/distant/vaginal or cervical metastasis/extrauterine disease reported? _____
Transcribe 'impressions' sections: _____
Additional MRI records?: _____

Second MRI:

Date: _____
Cervical involvement reported? _____
Metastatic/distant/vaginal or cervical metastasis/extrauterine disease reported? _____
Transcribe 'impressions' sections: _____
Additional MRI records?: _____

Third MRI:

Date: _____
Cervical involvement reported? _____
Metastatic/distant/vaginal or cervical metastasis/extrauterine disease reported? _____
Transcribe 'impressions' sections: _____
Additional MRI records?: _____

Fourth MRI:

Date: _____
Cervical involvement reported? _____
Metastatic/distant/vaginal or cervical metastasis/extrauterine disease reported? _____
Transcribe 'impressions' sections: _____
Additional MRI records?: _____

Fifth MRI:

Date: _____
Cervical involvement reported? _____
Metastatic/distant/vaginal or cervical metastasis/extrauterine disease reported? _____
Transcribe 'impressions' sections: _____

PET Performed (before surgery or after surgery but before adjuvant treatment)? ◯ Yes ◯ No

First PET:

Date: _____
Cervical involvement reported? _____
Metastatic/distant/vaginal or cervical metastasis/extrauterine disease reported? _____
Transcribe 'impressions' sections: _____
Additional PET records?: _____

Second PET:

Date: _____
Cervical involvement reported? _____
Metastatic/distant/vaginal or cervical metastasis/extrauterine disease reported? _____
Transcribe 'impressions' sections: _____
Additional PET records?: _____

Third PET:

Date: _____
Cervical involvement reported? _____
Metastatic/distant/vaginal or cervical metastasis/extrauterine disease reported? _____
Transcribe 'impressions' sections: _____
Additional PET records?: _____

Fourth PET:

Date: _____
Cervical involvement reported? _____
Metastatic/distant/vaginal or cervical metastasis/extrauterine disease reported? _____
Transcribe 'impressions' sections: _____
Additional PET records?: _____

Fifth PET:

Date: _____
Cervical involvement reported? _____
Metastatic/distant/vaginal or cervical metastasis/extrauterine disease reported? _____
Transcribe 'impressions' sections: _____

Speculum exam that mentions cervical or vaginal metastasis? ◯ Yes ◯ No

Speculum Exam Date 1: _____

Additional speculum exams? ☐ Yes

Speculum Exam Date 2: _____

Additional speculum exams? ☐ Yes

Speculum Exam Date 3: _____

Additional speculum exams? ☐ Yes

Speculum Exam Date 4: _____

Additional speculum exams? ☐ Yes

Speculum Exam Date 5: _____

Pelvic exam (may or may not use speculum) that mentions cervical involvement (suspected or gross)?	◯ Yes ◯ No
Pelvic Exam Date 1:	_____
Additional pelvic exams?	☐ Yes
Pelvic Exam Date 2:	_____
Additional pelvic exams?	☐ Yes
Pelvic Exam Date 3:	_____
Additional pelvic exams?	☐ Yes
Pelvic Exam Date 4:	_____
Additional pelvic exams?	☐ Yes
Pelvic Exam Date 5:	_____

Pre-diagnostic & Diagnostic Procedures:

Pre-Diagnostic procedure(s)	☐ Endometrial Biopsy ☐ Transvaginal Ultrasound ☐ Dilation & Curettage ☐ Hysteroscopy ☐ Not Done
Pre-diagnostic IUD usage for pre-cancer care (ex. hyperplasia)?:	◯ None, IUD was not part of pre-cancer care. ◯ IUD administered as part of pre-cancer care. ◯ IUD was not recommended/administered for pre-cancer care because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age). ◯ IUD was not administered. It was recommended by the patient's physician for pre-cancer care, but was not administered prior to diagnosis. No reason was stated in the patient record. ◯ IUD was not administered. It was recommended by the patient's physician for pre-cancer care, but this was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record. ◯ IUD placement was recommended for pre-cancer care, but it is unknown if it was administered. ◯ It is unknown whether an IUD was recommended or administered for pre-cancer care because it is not stated in the patient record.
Date of IUD placement:	_____

Date Diagnosed	_____
Diagnostic Procedure	◯ Endometrial Biopsy ◯ Dilation & Curettage ◯ Fine Needle Aspiration ◯ Paracentesis ◯ Thoracentesis ◯ Image-guided Biopsy
Diagnostic Procedure - Fine Needle Aspiration Site	◯ Lymph Node ◯ Other
Additional Diagnostic	◯ Endometrial Biopsy ◯ Dilation & Curettage ◯ Fine Needle Aspiration ◯ Paracentesis ◯ Thoracentesis ◯ Image-guided Biopsy ◯ Not performed
Additional Diagnostic - Fine Needle Aspiration Site	◯ Lymph Node ◯ Other
Date of Additional Diagnostic Procedure:	_____

Tumor Characteristics:

Histology	◯ 8380 Endometrioid adenocarcinoma, NOS / Endometrioid carcinoma, NOS / Endometrioid cystadenocarcinoma ◯ 8570 Adenocarcinoma with squamous metaplasia / Adenoacanthoma / Endometrioid carcinoma, squamous differentiation ◯ 8560* Adenosquamous carcinoma / Mixed adenocarcinoma and epidermoid carcinoma / Mixed adenocarcinoma and squamous cell carcinoma ◯ 8263 Endometrioid carcinoma, villoglandular / Papillotubular adenocarcinoma / Tubulopapillary adenocarcinoma ◯ 8382 Endometrioid adenocarcinoma, secretory variant ◯ 8480 Mucinous adenocarcinoma / Colloid adenocarcinoma / Colloid carcinoma / Mucinous carcinoma / Mucoid adenocarcinoma / Mucoid carcinoma / Mucous adenocarcinoma / Mucous carcinoma ◯ 8323 Mixed cell adenocarcinoma ◯ 8441 Serous carcinoma, NOS / Serous cystadenocarcinoma, NOS / Serous adenocarcinoma, NOS / Serous papillary adenocarcinoma, NOS / Papillary serous cystadenocarcinoma / Serous surface papillary carcinoma / Papillary serous adenocarcinoma (NAACCR: Serous endometrial intraepithelial carcinoma - C54._, C55.9) ◯ 8441/2 Serous endometrial intraepithelial carcinoma (Only "In-situ" histology) ◯ 8980 Carcinosarcoma, NOS ◯ 8950* Müllerian mixed tumor ◯ 8310 Clear cell adenocarcinoma, NOS / Clear cell carcinoma / Clear cell adenocarcinoma, mesonephroid ◯ 8013 Large cell neuroendocrine carcinoma ◯ 8020 Carcinoma, undifferentiated, NOS ◯ 8041 Small cell carcinoma, NOS / Small cell neuroendocrine carcinoma / Small cell carcinoma, pulmonary type (NAACCR:

High-grade neuroendocrine carcinoma - C54._, C55.9) ◯ 8010* Carcinoma, NOS / Epithelial tumor, malignant
◯ 8140* Adenocarcinoma, NOS
◯ 8050 Papillary carcinoma, NOS
◯ 8022 Pleomorphic carcinoma, NOS
◯ 8460 Papillary serous adenocarcinoma
◯ 8255* Adenocarcinoma with mixed subtypes / Adenocarcinoma combined with other types of carcinoma ◯ 8000* Neoplasm, malignant / Tumor, malignant, NOS / Cancer / Malignancy / Unclassified tumor, malignant
◯ 8575* Metaplastic carcinoma, NOS
◯ 8951 Mesodermal mixed tumor
◯ 9111 Mesonephric-like adenocarcinoma

Histology (mixed)

- ☐ 8380 Endometrioid adenocarcinoma, NOS / Endometrioid carcinoma, NOS / Endometrioid cystadenocarcinoma
- ☐ 8570 Adenocarcinoma with squamous metaplasia / Adenoacanthoma / Endometrioid carcinoma, squamous differentiation (NAACCR: Endometrioid carcinoma w/ squamous diff - C54._, C55.9)
- ☐ 8560* Adenosquamous carcinoma / Mixed adenocarcinoma and epidermoid carcinoma / Mixed adenocarcinoma and squamous cell carcinoma
- ☐ 8263 Endometrioid carcinoma, villoglandular / Papillotubular adenocarcinoma / Tubulopapillary adenocarcinoma
- ☐ 8382 Endometrioid adenocarcinoma, secretory variant
- ☐ 8480 Mucinous adenocarcinoma / Colloid adenocarcinoma / Colloid carcinoma / Mucinous carcinoma / Mucoid adenocarcinoma / Mucoid carcinoma / Mucous adenocarcinoma / Mucous carcinoma
- ☐ 8441 Serous carcinoma, NOS / Serous cystadenocarcinoma, NOS / Serous adenocarcinoma, NOS / Serous papillary adenocarcinoma, NOS / Papillary serous cystadenocarcinoma / Serous surface papillary carcinoma / Papillary serous adenocarcinoma (NAACCR: Serous endometrial intraepithelial carcinoma - C54._, C55.9)
- ☐ 8441/2 Serous endometrial intraepithelial carcinoma (Only "In-situ" histology)
- ☐ 8980 Carcinosarcoma, NOS
- ☐ 8950* Müllerian mixed tumor
- ☐ 8310 Clear cell adenocarcinoma, NOS / Clear cell carcinoma / Clear cell adenocarcinoma, mesonephroid
- ☐ 8013 Large cell neuroendocrine carcinoma
- ☐ 8020 Carcinoma, undifferentiated, NOS
- ☐ 8041 Small cell carcinoma, NOS / Small cell neuroendocrine carcinoma (NAACCR: High-grade neuroendocrine carcinoma - C54._, C55.9)
- ☐ 8010* Carcinoma, NOS / Epithelial tumor, malignant
- ☐ 8140* Adenocarcinoma, NOS
- ☐ 8050 Papillary carcinoma, NOS
- ☐ 8022 Pleomorphic carcinoma, NOS
- ☐ 8460 Papillary serous adenocarcinoma
- ☐ 8000* Neoplasm, malignant / Tumor, malignant, NOS / Cancer / Malignancy / Unclassified tumor, malignant
- ☐ 8575* Metaplastic carcinoma, NOS
- ☐ 8951 Mesodermal mixed tumor
- ☐ 9111 Mesonephric-like adenocarcinoma
- ☐ Other1: _____
- ☐ Other2: _____
- ☐ Other3: _____

Grade (SEER)

◯ 1 G1: Well differentiated / FIGO Grade 1
◯ 2 G2: Moderately differentiated / FIGO Grade 2 ◯ 3 G3: Poorly differentiated or undifferentiated / FIGO Grade 3
◯ 9 Grade cannot be assessed (GX); Unknown

Lymphovascular Space Invasion-LVSI?

◯ Yes ◯ No

Myometrial Invasion?
◯ Yes, < 50%
◯ Yes, ≥50%
◯ Confined to a polyp
◯ No

Depth of Invasion (DOI)
_____
(mm)

Total Myometrial Thickness
_____
(mm)

Tumor Size (SEER)
◯ 001 1 mm or described as less than 1 mm
◯ ___ Specify exact size in millimeters (002 mm to 988 mm) ◯ 989 millimeters or larger ◯ 990 Microscopic focus or foci only and no size of focus is given
◯ 999 Unknown; Size not stated; Not documented in patient record; Size of tumor cannot be assessed; No excisional biopsy or tumor resection done; The only measurement(s) describes pieces or chips; Not applicable

Exact tumor size in millimeters (002 mm to 988 mm)
_____
(code to mm (2.5cm=025))

Staging:

Summary Stage (per SEER EOD V2.0)
◯ 0 In situ, intraepithelial, noninvasive, preinvasive
◯ 1 Localized only (localized, NOS).
◯ 2 Regional by direct extension only.
◯ 3 Regional lymph node(s) involved only.
◯ 4 Regional by BOTH direct extension AND regional lymph node(s) involved.
◯ 7 Distant site(s)/lymph node(s) involved.
◯ 9 Unknown if extension or metastasis.

AJCC Staging Basis
◯ Clinical ◯ Pathological

T N M
_____ _____ _____

Sites of Distant Metastases at Dx
☐ Bladder
☐ Bone
☐ Bowel
☐ Brain
☐ Carcinomatosis
☐ Inguinal Lymph Nodes
☐ Liver
☐ Lung
☐ Omentum / Peritoneum
☐ Para-aortic Lymph Nodes
☐ Pelvic Lymph Nodes
☐ Other, specify:

Specify other site of distant metastases at Dx	_____
AJCC Stage Group (8th Edition)	◯ I ◯ IA ◯ IB ◯ II ◯ III ◯ IIIA ◯ IIIB ◯ IIIC1 ◯ IIIC2 ◯ IVA ◯ IVB
FIGO Stage (per SEER EOD V2.0)	◯ FIGO Stage I ◯ FIGO Stage IA ◯ FIGO Stage IB ◯ FIGO Stage II ◯ FIGO Stage III ◯ FIGO Stage IIIA ◯ FIGO Stage IIIB ◯ FIGO Stage IIIC ◯ FIGO Stage IIIC1 ◯ FIGO Stage IIIC2 ◯ FIGO Stage IV ◯ FIGO Stage IVA ◯ FIGO Stage IVB ◯ Carcinoma in situ (intraepithelial, noninvasive, preinvasive) ◯ Not applicable: Information not collected for this case ◯ Not documented in patient record / FIGO stage not assessed or unknown if assessed

Treatment Status:

First Course Treatment Type	◯ Curative ◯ Palliative ◯ No treatment
Surgery (SEER/CoC)?	◯ 0 Surgery of the primary site was performed. ◯ 1 Surgery of the primary site was not performed because it was not part of the planned first-course treatment. ◯ 2 Surgery of the primary site was not recommended/performed because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc.). ◯ 5 Surgery of the primary site was not performed because the patient died prior to planned or recommended surgery. ◯ 6 Surgery of the primary site was not performed; it was recommended by the patient's physician, but was not performed as part of the first-course therapy. No reason was noted in the patient's record. ◯ 7 Surgery of the primary site was not performed; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record. ◯ 8 Surgery of the primary site was recommended, but it is unknown if it was performed. Further follow-up is recommended. ◯ 9 It is unknown if surgery of the primary site was recommended or

performed. Death certificate-only cases and autopsy-only cases.

Chemotherapy (SEER/CoC)?

◯ 00 None, chemotherapy was not part of the planned first course of therapy.
◯ 01 Chemotherapy, NOS.
◯ 02 Chemotherapy, single agent.
◯ 03 Chemotherapy, multiple agents.
◯ 82 Chemotherapy was not recommended/administered because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age).
◯ 85 Chemotherapy was not administered because the patient died prior to planned or recommended therapy.
◯ 86 Chemotherapy was not administered. It was recommended by the patient's physician, but was not administered as part of first-course therapy. No reason was stated in the patient record. ◯ 87 Chemotherapy was not administered; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record.
◯ 88 Chemotherapy was recommended, but it is unknown if it was administered.

◯ 99 It is unknown whether a chemotherapeutic agent(s) was recommended or administered because it is not stated in patient record; death certificate-only cases.

Radiation (CoC)?

◯ 0 Radiation therapy was administered.
◯ 1 Radiation therapy was not administered because it was not part of the planned first-course treatment. Diagnosed at autopsy.
◯ 2 Radiation therapy was not administered because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc). ◯ 5 Radiation therapy was not administered because the patient died prior to planned or recommended treatment.
◯ 6 Radiation therapy was not administered; it was recommended by the patient's physician, but was not administered as part of the first-course therapy. No reason was noted in the patient's record. ◯ 7 Radiation therapy was not administered; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record.
◯ 8 Radiation therapy was recommended, but it is unknown if it was administered.

◯ 9 It is unknown if radiation therapy was recommended or administered. Death-certificate-only.

Hormone Therapy (SEER/CoC)?	◯ 00 None, hormone therapy was not part of the planned first course of therapy. ◯ 01 Hormone therapy administered as first course therapy. ◯ 82 Hormone therapy was not recommended/administered because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age). ◯ 85 Hormone therapy was not administered because the patient died prior to planned or recommended therapy. ◯ 86 Hormone therapy was not administered. It was recommended by the patient's physician, but was not administered as part of first-course therapy. No reason was stated in the patient record. ◯ 87 Hormone therapy was not administered. It was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The

refusal was noted in the patient record.
◯ 88 Hormone therapy was recommended, but it is unknown if it was administered.
◯ 99 It is unknown whether a hormonal agent(s) was recommended or administered because it is not stated in the patient record. Death certificate-only cases.

Immunotherapy / Biologics ?

◯ 00 None, Immunotherapy/Biologics were not part of the planned first course of therapy.
◯ 01 Immunotherapy/Biologics administered as first course therapy.
◯ 82 Immunotherapy/Biologics were not recommended/administered because they were contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age). ◯ 85 Immunotherapy/Biologics were not administered because the patient died prior to planned or recommended therapy.
◯ 86 Immunotherapy/Biologics were not administered. They were recommended by the patient's physician, but were not administered as part of first-course therapy. No reason was stated in the patient record.
◯ 87 Immunotherapy/Biologics were not

administered. They were recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record.
◯ 88 Immunotherapy/Biologics were recommended, but it is unknown if they were administered. ◯ 99 It is unknown whether Immunotherapy/Biologics were recommended or administered because it is not stated in the patient record. Death certificate-only cases.

Systemic Therapy

◯ 0 No systemic therapy and/or surgical procedures ◯ 2 Systemic therapy before surgery/NeoAdjuvant ◯ 3 Systemic therapy after surgery/Adjuvant ◯ 4 Systemic therapy both before and after surgery

Tests Performed:

Baseline CA125	◯ U/mL: _____ ◯ Not done
HER2:	◯ Positive ◯ Negative ◯ Borderline ◯ Not Tested
Mismatch Repair (MMR):	◯ Proficient ◯ Deficient ◯ Not Tested
MMR deficient:	☐ MLH1 ☐ MSH2 ☐ MSH6 ☐ PMS2 (*PTEN, CTNNB1, APC, and 'Other, specify:' removed after 1/23/2020 draft of variables per Dr. Broaddus - do not need to note/collect)
Microsatellite Instability (MSI):	◯ Low ◯ Stable ◯ High ◯ Not Tested
Comorbidities at Dx BMI at diagnosis: _____	☐ BMI not listed, but obesity noted ☐ Congestive Heart Failure ☐ COPD ☐ Diabetes ☐ "Frailty" or "Failure to thrive" ☐ Hypertension ☐ Myocardial Infarction ☐ Pulmonary Embolism / DVT / VTE ☐ Stroke ☐ Other, specify: ☐ Unknown ☐ None (Select all that apply)
Other comorbidities:	_____
Diabetes type	◯ Type 1 ◯ Type 2 ◯ Other

Cancer Status:

Endometrial cancer status:	◯ Without ◯ With
Other cancer?:	◯ Yes ◯ No

First Other Cancer:

Date: _____
Other cancer site: _____
Other cancer comments: _____
Additional other cancer?: _____

Second Other Cancer:

Date: _____
Other cancer site: _____
Other cancer comments: _____
Additional other cancer?: _____

Third Other Cancer:

Date: _____
Other cancer site: _____
Other cancer comments: _____
Additional other cancer?: _____

Fourth Other Cancer:

Date: _____
Other cancer site: _____
Other cancer comments: _____
Additional other cancer?: _____

Fifth Other Cancer:

Date: _____
Other cancer site: _____
Other cancer comments: _____

Recurrence? ◯ Yes ◯ No

First Recurrence:

Date: _____
Method of assessment: _____
Other method of assessment: _____
Site of recurrence: _____
Recurrence distant site: _____
Specify other recurrence distant: _____
Additional recurrence?: _____

Second Recurrence:

Date: _____
Method of assessment: _____
Other method of assessment: _____
Site of recurrence: _____
Recurrence distant site: _____
Specify other recurrence distant: _____
Additional recurrence?: _____

Third Recurrence:

Date: _____
Method of assessment: _____
Other method of assessment: _____
Site of recurrence: _____
Recurrence distant site: _____
Specify other recurrence distant: _____
Additional recurrence?: _____

Fourth Recurrence:

Date: _____
Method of assessment: _____
Other method of assessment: _____
Site of recurrence: _____
Recurrence distant site: _____
Specify other recurrence distant: _____
Additional recurrence?: _____

Fifth Recurrence:

Date: _____
Method of assessment: _____
Other method of assessment: _____
Site of recurrence: _____
Recurrence distant site: _____
Specify other recurrence distant: _____

Abstraction/Vital Status:

Open Subject Tracking Forms

Has abstraction been completed at any point in the study?	◯ Yes ◯ No
When was abstraction completed?	☐ Baseline ☐ FU#1 ☐ FU#2 ☐ FU#3 ☐ FU#4 ☐ FU#5
Why was the abstraction not completed?	☐ Participant consent not obtained ☐ Medical records not obtained ☐ Other, specify:
Abstraction incomplete other reason?	_____
Vital Status per medical records	◯ Alive ◯ Dead
Last known date alive per medical records	_____
Date of death per medical records	_____

General Case Comments:

Comments

_____

Surgery

Surgical Procedure Date	_____
Surgical course of treatment	◯ First ◯ Subsequent
MD Primary Area of Practice	◯ Obstetrics/Gynecology ◯ Gynecologic Oncology ◯ General Surgeon ◯ Other, specify:
Other Primary Area of Practice	_____
Synoptic/Narrative Report Included	◯ Narrative ONLY ◯ Synoptic ONLY ◯ BOTH Narrative and Synoptic
Surgical Procedure	☐ Hysterectomy ☐ Bilateral Salpingo-Oophorectomy ☐ Omentectomy ☐ Lymph Node Assessment ☐ Debulking ☐ Other, specify:
Hysterectomy type:	◯ Radical ◯ Simple ◯ Other
Debulking sites	☐ Bladder ☐ Bowel ☐ Mesentery ☐ Pelvis ☐ Omentum ☐ Lymph Nodes ☐ Spleen ☐ Liver ☐ Other, specify:
Other debulking sites	_____
Other surgical procedure	_____
Approach	◯ Laparoscopic ◯ Open/Total ◯ Robotic ◯ Vaginal ◯ Other
Surgical conversion event?	◯ Yes ◯ No
Surgical conversion type	◯ Robotic to open ◯ Laparoscopic to open

Blood transfusion event?	◯ Yes ◯ No
Lymph Node Status?	◯ Positive ◯ Negative ◯ Not observed
Observed LN(s): Positive Observed _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
Extranodal / Extracapsular Extension?	◯ Yes ◯ No
Residual disease?	◯ None ◯ < 1cm ◯ 1-2cm ◯ >2cm
Post-Op Days in Hospital	_____
Toxicities/Side Effects	☐ None Listed/Don't Know ☐ Bladder Injury ☐ Bowel Injury ☐ Infection ☐ Lymphedema ☐ Nerve Injury ☐ Transfusion ☐ Vascular Injury (Select all that apply)

Chemotherapy

Chemotherapy start date

_____

Chemotherapy Treatment Ongoing? ◯ Yes ◯ No

Chemotherapy end date

_____

Reason chemotherapy ended?

◯ 00 No chemotherapy treatment
◯ 01 Chemotherapy treatment completed as prescribed
◯ 02 Chemotherapy treatment discontinued early - toxicity
◯ 03 Chemotherapy treatment discontinued early - contraindicated due to other patient risk factors (comorbid conditions, advanced age, progression of tumor prior to planned radiation etc.)
◯ 04 Chemotherapy treatment discontinued early - patient decision
◯ 05 Chemotherapy discontinued early - family decision
◯ 06 Chemotherapy discontinued early - patient expired
◯ 07 Chemotherapy discontinued early - reason not documented
◯ 99 Unknown if chemotherapy treatment discontinued; Unknown whether chemotherapy administered

Chemotherapy Course of Treatment ◯ First ◯ Subsequent

Chemotherapy agent(s)

☐ Carboplatin (Paraplatin)
☐ Cisplatin (Platinol)
☐ Docetaxel (Taxotere)
☐ Doxorubicin (Adriamycin) or liposomal doxorubicin (Doxil)
☐ Ifosfamide (Ifex)
☐ Paclitaxel (Taxol, Onxal)
☐ Other, specify:
(Select all that apply)

Other chemo agents - 1

_____

Other chemo agents - 2

_____

Other chemo agents - 3

_____

Cycles:

_____

Toxicities/Side Effects	☐ None Listed/Don't Know ☐ Alopecia ☐ Anemia ☐ Cardiomyopathy ☐ Diarrhea ☐ Edema ☐ Fatigue ☐ Hypersensitivity Reaction ☐ Muscle Aches ☐ Nausea ☐ Neutropenia ☐ Rash/Nail Changes ☐ Sensory Neuropathy ☐ Severe Constipation/Cramps ☐ Stomatitis ☐ Thrombocytopenia ☐ Vomiting (Select all that apply)

Radiation

Radiation start date	_____
Treatment Ongoing?	◯ Yes ◯ No
Radiation end date	_____
Reason Ended	◯ 00 No radiation treatment ◯ 01 Radiation treatment completed as prescribed ◯ 02 Radiation treatment discontinued early - toxicity ◯ 03 Radiation treatment discontinued early - contraindicated due to other patient risk factors (comorbid conditions, advanced age, progression of tumor prior to planned radiation etc.) ◯ 04 Radiation treatment discontinued early - patient decision ◯ 05 Radiation discontinued early - family decision ◯ 06 Radiation discontinued early - patient expired ◯ 07 Radiation discontinued early - reason not documented ◯ 99 Unknown if radiation treatment discontinued; Unknown whether radiation therapy administered
Course of Treatment	◯ First ◯ Subsequent
Radiation Treatment Type	◯ Curative ◯ Palliative ◯ Unknown
Curative Treatment Site	☐ Pelvic ☐ Vaginal Brachytherapy ☐ Para-Aortic
Palliative Treatment Site	☐ Uterus ☐ Bowel ☐ Pelvis ☐ Vagina ☐ Cervix ☐ Lymph Nodes ☐ Bone ☐ Lung ☐ Other, specify:
Other Palliative Treatment Site	_____

Uknown Type Treatment Site	☐ Uterus ☐ Bowel ☐ Pelvis ☐ Vagina ☐ Cervix ☐ Lymph Nodes ☐ Bone ☐ Lung ☐ Other, specify:
Other Unknown Type Treatment Site	_____
Doses (CoC)	◯ ___ cGy ◯ 88888 Not applicable, brachytherapy or radioisotopes administered to the patient ◯ 99999 Radiation therapy was administered, but the dose is unknown
Doses (CoC) cGy:	_____ (cGy)
Fractions:	_____
Boost Doses (CoC)	◯ ___ cGy ◯ 00000 Boost radiation therapy was not administered ◯ 88888 Not applicable, brachytherapy or radioisotopes administered to the patient ◯ 99999 Boost radiation therapy administered, boost dose unknown
Boost Doses (CoC) cGy:	_____ (cGy)
Boost Fractions:	_____
Toxicities/Side Effects	☐ None Listed/Don't Know ☐ Bladder ☐ Bowel ☐ Lymphedema

Hormone Therapy

Hormone Therapy start date	_____
Hormone Therapy Treatment Ongoing?	◯ Yes ◯ No
Hormone Therapy end date	_____
Hormone Therapy - Reason Ended	◯ 00 No hormone therapy treatment ◯ 01 Hormone therapy treatment completed as prescribed ◯ 02 Hormone therapy treatment discontinued early - toxicity ◯ 03 Hormone therapy treatment discontinued early - contraindicated due to other patient risk factors (comorbid conditions, advanced age, progression of tumor prior to planned radiation etc.) ◯ 04 Hormone therapy treatment discontinued early - patient decision ◯ 05 Hormone therapy discontinued early - family decision ◯ 06 Hormone therapy discontinued early - patient expired ◯ 07 Hormone therapy discontinued early - reason not documented ◯ 99 Unknown if hormone therapy treatment discontinued; Unknown whether hormone therapy administered
Hormone Therapy Course of Treatment	◯ First ◯ Subsequent
Hormone Therapy agent(s)	☐ Letrozole (Femara) ☐ Medroxyprogesterone acetate (Provera) ☐ Megestrol acetate (Megace) ☐ Tamoxifen ☐ Mirena IUD ☐ Other, specify: (Select all that apply)
Other Hormone Therapy agents -1	_____
Other Hormone Therapy agents - 2	_____
Other Hormone Therapy agents - 3	_____

Toxicities/Side Effects	☐ None Listed/Don't Know ☐ Deep vein thrombosis (DVT) ☐ Fatigue ☐ Hot flashes ☐ Joint ache/stiffness ☐ Leg cramps ☐ Night sweats ☐ Pulmonary embolism (PE) ☐ Vaginal dryness (Select all that apply)

Immunotherapy

Immunotherapy start date

_____

Immunotherapy Treatment Ongoing?

◯ Yes ◯ No

Immunotherapy end date

_____

Immunotherapy - Reason Ended

◯ 00 No immunotherapy/biologic treatment
◯ 01 Immunotherapy/biologic treatment completed as prescribed
◯ 02 Immunotherapy/biologic treatment discontinued early - toxicity
◯ 03 Immunotherapy/biologic treatment discontinued early - contraindicated due to other patient risk factors (comorbid conditions, advanced age, progression of tumor prior to planned radiation etc.)
◯ 04 Immunotherapy/biologic treatment discontinued early - patient decision
◯ 05 Immunotherapy/biologic discontinued early - family decision
◯ 06 Immunotherapy/biologic discontinued early - patient expired
◯ 07 Immunotherapy/biologic discontinued early - reason not documented
◯ 99 Unknown if immunotherapy/biologic treatment discontinued; Unknown whether immunotherapy/biologic administered

Immunotherapy Course of Treatment

◯ First
◯ Subsequent

Immunotherapy agent(s)

☐ Bevacizumab (Avastin)
☐ Cetuximab (Erbitux)
☐ Everolimus (Afinitor)
☐ Lenvatinib (Lenvima)
☐ Pembrolizumab (Keytruda)
☐ Temsirolimus (Torisel)
☐ Trastuzumab (Herceptin)
☐ Other, specify:
(Select all that apply)

Other immunotherapy agents -1

_____

Other immunotherapy agents - 2

_____

Other immunotherapy agents - 3

_____

Immunotherapy number of cycles

_____

Toxicities/Side Effects	☐ None Listed/Don't Know ☐ Anemia ☐ Diarrhea ☐ Edema ☐ Fatigue ☐ Hepatotoxicity ☐ Hypersensitivity Reaction ☐ Hypertension ☐ Muscle Aches ☐ Nausea ☐ Nephrotoxicity ☐ Neutropenia ☐ Rash/Nail Changes ☐ Sensory Neuropathy ☐ Severe Constipation/Cramps ☐ Stomatitis ☐ Thrombocytopenia ☐ Thyroid abnormalities ☐ Vomiting (Select all that apply)