SUROVA Case Report Form

SUROVA STUDY
SURGERY IN OVARIAN CANCER
An Worlwide Multicentric Observational Study
CASES of 2018 and 2019

Primary endpoint
Compare overall survival (OS) at 5 years in patients who underwent primary cytoreductive surgery vs. neoadjuvant chemotherapy and interval cytoreductive surgery for stage IIIB-IVB ovarian cancer.

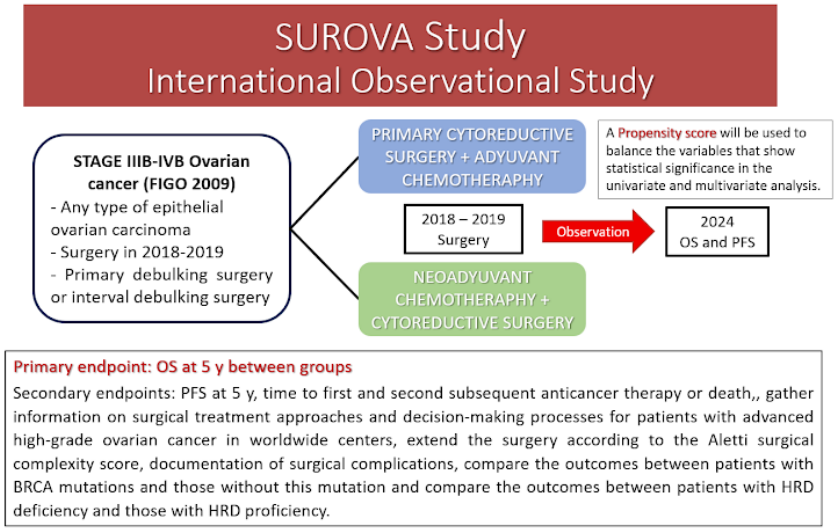
Chair & PI: Luis Chiva MD PhD
Co-chair: Pilar Ordás PhD

Trial Committee: Antonio González, José Manuel Aramendía, Luisa Sánchez, Alejandro Gallego, Ángel Vizcay, José Ángel Mínguez, Enrique Chacón, Nabil Manzour, Daniel Vázquez, Teresa Castellanos.

CLINICA UNIVERSIDAD DE NAVARRA
"With your collaboration, this real-life study could become one of the most comprehensive in history, examining the evolution of advanced ovarian cancer."

* Indica que la pregunta es obligatoria

1. Correo *



Some considerations before filling this form

1. This a **UNIQUE OPPORTUNITY** to answering together some relevant and controversial questions within our Scientific Community on ovarian cancer surgery.

2. We want to take an **ACCURATE PICTURE** of the real life concerning surgery in ovarian cancer worldwide.
3. The **PRECISION** of our conclusions will be proportional to the **CERTAINTY** of our answers.

4. Please ensure that no cases meeting the inclusion criteria are overlooked, as this oversight may introduce bias, particularly for those in stage IIIB-IV who underwent surgery between 2018 and 2019.
5. Please **be aware that we prioritize the confidentiality of researchers**, and as such, we will not disclose or publish any information associated with the center of origin.

"Many small people, in small places, doing small things can change the world"

It is important to carefully assess the **follow-up and recurrences** in this study. The thorough evaluation of these aspects is critical to obtaining accurate results.
Please, try to ***INCLUDE EVERY CONSECUTIVE PATIENT AND EVERY RELAPSE*** that occurred in your center in this period of time.

RELAPSES

- To be successful, the whole study requires accuracy. **Particularly, all the data related to Recurrences *are fundamental*.**

- Since the primary endpoint is Overall Survival and the secondary endpoint Progression Free Survival, any deviation of the reality in recurrent cases is a source of bias and mistake. Therefore, ***every recurrence case essential. Please, avoid losing any Recurrence of your center.***

Remember

● If you want to SAVE AN UNCOMPLETED FORM, fill at least all the MANDATORY ITEMS * and send the form.
● Every time you submit a form, even if it is uncompleted, you will receive a confirmation e-mail, including a copy of your response with a link to edit your form, besides you will receive a spreadsheet containing your response.
● You are allowed to re-edit your answers later by using that link so we suggest saving the e-mail or the URL of the link, if you want to edit later the case.
● We estimate that *at least in the beginning*, the average time to complete a case is 30 minutes.

● If you have any doubt, contact us by e-mail (lchiva@unav.es) or whatsApp (+34630232947)

2. **Local investigator Name** *

While only one principal investigator is allowed per center, there is the option to consider including a second investigator. The latter may be granted a certificate of participation in the study, although they will not be eligible for authorship. Contact the central principal investigator if necessary.

3. **Local investigator Last name** *

4. **Country:** *

Marca solo un óvalo.

- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Antigua and Barbuda
- Argentina
- Armenia
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bhutan
- Bolivia
- Bosnia and Herzegovina
- Botswana
- Brazil
- Brunei
- Bulgaria
- Burkina Faso
- Burundi
- Côte d'Ivoire
- Cabo Verde
- Cambodia
- Cameroon
- Canada

- [ ] Central African Republic
- [ ] Chad
- [ ] Chile
- [ ] China
- [ ] Colombia
- [ ] Comoros
- [ ] Congo (Congo-Brazzaville)
- [ ] Costa Rica
- [ ] Croatia
- [ ] Cuba
- [ ] Cyprus
- [ ] Czechia (Czech Republic)
- [ ] Democratic Republic of the Congo
- [ ] Denmark
- [ ] Djibouti
- [ ] Dominica
- [ ] Dominican Republic
- [ ] Ecuador
- [ ] Egypt
- [ ] El Salvador
- [ ] Equatorial Guinea
- [ ] Eritrea
- [ ] Estonia
- [ ] Eswatini (fmr. "Swaziland")
- [ ] Ethiopia
- [ ] Fiji
- [ ] Finland
- [ ] France
- [ ] Gabon
- [ ] Gambia
- [ ] Georgia
- [ ] Germany
- [ ] Ghana
- [ ] Greece
- [ ] Grenada
- [ ] Guatemala

- [ ] Guinea
- [ ] Guinea-Bissau
- [ ] Guyana
- [ ] Haiti
- [ ] Holy See
- [ ] Honduras
- [ ] Hungary
- [ ] Iceland
- [ ] India
- [ ] Indonesia
- [ ] Iran
- [ ] Iraq
- [ ] Ireland
- [ ] Israel
- [ ] Italy
- [ ] Jamaica
- [ ] Japan
- [ ] Jordan
- [ ] Kazakhstan
- [ ] Kenya
- [ ] Kiribati
- [ ] Kuwait
- [ ] Kyrgyzstan
- [ ] Laos
- [ ] Latvia
- [ ] Lebanon
- [ ] Lesotho
- [ ] Liberia
- [ ] Libya
- [ ] Liechtenstein
- [ ] Lithuania
- [ ] Luxembourg
- [ ] Madagascar
- [ ] Malawi
- [ ] Malaysia
- [ ] Maldives

- [ ] Mali
- [ ] Malta
- [ ] Marshall Islands
- [ ] Mauritania
- [ ] Mauritius
- [ ] Mexico
- [ ] Micronesia
- [ ] Moldova
- [ ] Monaco
- [ ] Mongolia
- [ ] Montenegro
- [ ] Morocco
- [ ] Mozambique
- [ ] Myanmar (formerly Burma)
- [ ] Namibia
- [ ] Nauru
- [ ] Nepal
- [ ] Netherlands
- [ ] New Zealand
- [ ] Nicaragua
- [ ] Niger
- [ ] Nigeria
- [ ] North Korea
- [ ] North Macedonia
- [ ] Norway
- [ ] Oman
- [ ] Pakistan
- [ ] Palau
- [ ] Panama
- [ ] Papua New Guinea
- [ ] Paraguay
- [ ] Peru
- [ ] Philippines
- [ ] Poland
- [ ] Portugal
- [ ] Qatar

- [ ] Romania
- [ ] Russia
- [ ] Rwanda
- [ ] Saint Kitts and Nevis
- [ ] Saint Lucia
- [ ] Saint Vincent and the Grenadines
- [ ] Samoa
- [ ] San Marino
- [ ] Sao Tome and Principe
- [ ] Saudi Arabia
- [ ] Senegal
- [ ] Serbia
- [ ] Seychelles
- [ ] Sierra Leone
- [ ] Singapore
- [ ] Slovakia
- [ ] Slovenia
- [ ] Solomon Islands
- [ ] Somalia
- [ ] South Africa
- [ ] South Korea
- [ ] South Sudan
- [ ] Spain
- [ ] Sri Lanka
- [ ] Sudan
- [ ] Suriname
- [ ] Sweden
- [ ] Switzerland
- [ ] Syria
- [ ] Taiwan
- [ ] Tajikistan
- [ ] Tanzania
- [ ] Thailand
- [ ] Timor-Leste
- [ ] Togo
- [ ] Tonga

- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States of America
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela
- Vietnam
- Yemen
- Zambia
- Zimbabwe

Patient's basic data

5. **Center Code (provided by the central investigator)** *

6. **Patient consecutive number of order** *
For instance, if the provided Center Code is: CUN (Clinica Universidad de Navarra); we will number patients as : CUN1, CUN2, CUN3, CUN4...etc

7. **Patient's date of birth** *

Ejemplo: 7 de enero del 2019

8. **Date of the primary surgery** (maximal effort cytorreduction surgery) in case of primary cytorreduction **or Date of the first cycle of neoadjuvant chemotherapy** (cases 2018-2019) *

Ejemplo: 7 de enero del 2019

Inclusion criteria and exclusion criteria

All the power of this study relies on the adequate fulfillment of these strict criteria to avoid confounding variables that may rest value to the conclusions. We have designed these criteria in a similar way to a prospective randomized trial. Please, try to be very meticulous with patient selection.

9. **Inclusion criteria**
All the items must be checked and confirmed to include the patient in the study.
Check all that apply

Note that Stage IIIb-IVb exclude patients with positive nodes and microscopic or absent peritoneal disease

Selecciona todos los que correspondan.

- [ ] Patient >18 years old
- [ ] ECOG Performance Status 0-1 at the time of the surgery (Primary or Interval)
- [ ] Invasive epithelial ovarian cancer, fallopian tube carcinoma, or primary peritoneal carcinoma in stage FIGO IIIB-IVB , suspected or histologically confirmed and newly diagnosed.
- [ ] Patient underwent primary surgery or first course of neoadjuvant chemotherapy between January 1, 2018 and December 31, 2019
- [ ] ASA score 1 or 2 at the time of the surgery. ASA 3 only if ECOG 0
- [ ] Surgery performed with an attempt of maximal effort
- [ ] The surgeon must be a certified or non-certified gynecologic oncologist or a surgical oncologist
- [ ] Based on all available information before the surgery (primary or interval), the patient was considered completely resectable, at least in the abdomen (For instance, cases of suspicious axillary, internal mammary, or supraclavicular nodes are accepted)
- [ ] Adequate bone marrow function: Absolute neutrophil count (ANC) ≥ 1.5 x 109/L, Platelets>100.000 and Hb ≥8 gr/dl
- [ ] Preoperative imaging (either CT, whole-body MRI, or PET-CT) excluding unresectable disease as per ESGO criteria.
- [ ] Surgical report on residual disease after surgery

10. **Exclusion criteria**

All items must be marked as 'absent' for a patient to be eligible for inclusion in the study

Check all that apply

Selecciona todos los que correspondan.

- [ ] Non-epithelial malignant ovarian neoplasms and borderline tumors
- [ ] Secondary invasive neoplasms in the last 5 years (except synchronal endometrial carcinoma FIGO IA G1/2, non melanoma skin cancer, breast cancer T1 N0 M0 G1/2) or with any signs of relapse or activity
- [ ] Recurrent ovarian cancer
- [ ] Prior chemotherapy for any reason or abdominal/pelvic radiotherapy
- [ ] Unresectable parenchymal lung metastasis, liver metastasis or bulky lymph-nodes in the mediastinum in CT chest and abdomen/pelvis before surgery (primary or interval)
- [ ] Pregnant women at the time of diagnosis

11. **Does the case fulfill all the inclusion and absent of exclusion criteria?** *

This is a crucial item. Please try to be precise.

Marca solo un óvalo.

- ◯ YES
- ◯ NO (patient will be excluded)

Initial evaluation before first therapeutic decission

As this is a retrospective study, every effort is necessary to attempt to understand in detail the situation of each patient. This will enable a more balanced comparison between the groups of primary surgery and neoadjuvant therapy.

12. **Race**

Marca solo un óvalo.

- ◯ Caucasian
- ◯ Asian
- ◯ Latin American
- ◯ African
- ◯ Not reported
- ◯ Other

13. **BMI (kg/m2):**

_____

14. **How much time passed between the initial symptoms and the diagnosis of ovarian cancer? (months)**

_____

15. **Performance status at DIAGNOSIS** (ECOG PS)
Be aware we are asking here the ECOG score **at the time of the diagnosis, not the surgery.**

Score	Patient Status
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
2	Ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% or waking hours
3	Capable of only limited self-care; confined to bed or chair more than 50% of waking hours
4	Completely disabled; cannot carry on any self-care; totally confined to bed or chair

Marca solo un óvalo.

- ECOG 0
- ECOG 1
- ECOG 2
- ECOG 3
- ECOG 4
- Not reported

16. **Was the patient a heavy smoker? (more than 10 cigarettes per day)**

Marca solo un óvalo.

- YES
- NO
- Not reported

17. **Any previous history of cancer** (5 years before diagnosis, otherwise is excluded)

Marca solo un óvalo.

- Yes
- No

18. **If yes, specify** (5 years before diagnosis, otherwise is excluded)

_____

19. **Had the patient any inmunosupresive condition or disorder?**

Marca solo un óvalo.

- YES
- NO
- Not reported

20. **Is there any preoperative condition that may modify the surgical indication or outcome?** (if yes, specify, multiple responses is allowed)

Marca solo un óvalo por fila.

	Yes	No
Hypertension	◯	◯
Diabetes	◯	◯
Chronic pulmonary disease	◯	◯
Cardiopathy	◯	◯
Previous deep venous thrombosis or pulmonary embolism	◯	◯
Denutrition	◯	◯
Chronic infections	◯	◯
Obesity	◯	◯
Steroid use	◯	◯
Other	◯	◯

21. **Does the patient have a known germline BRCA mutation or any other mutations associated with ovarian cancer before the diagnosis ?**

Marca solo un óvalo.

- ◯ No known germline mutations have been identified in this patient
- ◯ BRCA1
- ◯ BRCA2
- ◯ Lynch Syndrome Genes (MLH1, MSH2, MSH6, PMS2):
- ◯ RAD51C and RAD51D
- ◯ BRIP1 (FANCJ):
- ◯ ATM (Ataxia Telangiectasia Mutated):
- ◯ PALB2

Blood Tests at diagnosis

22. **CA 125 (U/ml) at the diagnosis**

_____

23. **CEA (ng/ml) at the diagnosis**

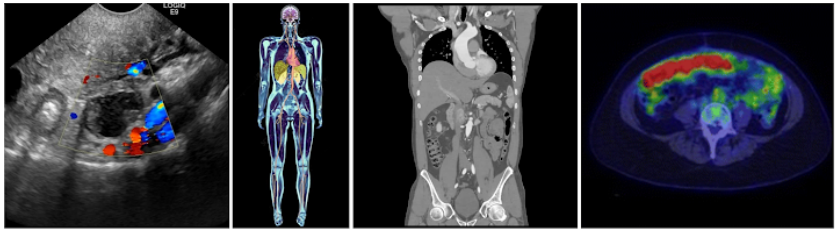
_____

24. **Serum Albumin at diagnosis the (g/dL)**

_____

25. **IMAGING EVALUATION**

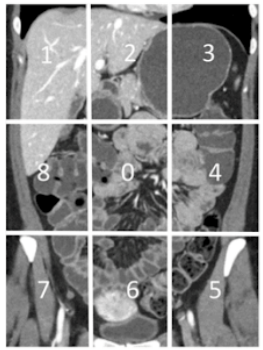
How was evaluated the extension of the disease in this patient **at diagnosis**? (multiple answers are allowed)



Marca solo un óvalo por fila.

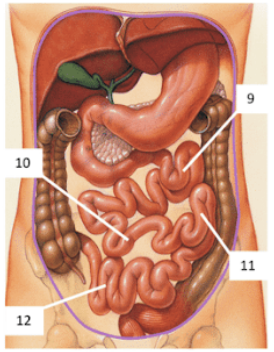
	Yes	No
Abdominal ultrasound	◯	◯
Whole body MRI	◯	◯
Body CT-SCAN	◯	◯
PET-CT	◯	◯

26. **Radiological assessment of Peritoneal Cancer Index (calculate if possible)**



Regions	Lesion Size
0 Central	
1 Right Upper	
2 Epigastrium	
3 Left Upper	
4 Left Flank	
5 Left Lower	
6 Pelvis	
7 Right Lower	
8 Right Flank	
9 Upper Jejunum	
10 Lower Jejunum	
11 Upper Ileum	
12 Lower Ileum	
PCI =	

Lesion Size Score	
LS 0	No tumor seen
LS 1	Tumor up to 0.5 cm
LS 2	Tumor up to 5.0 cm
LS 3	Tumor > 5.0 cm or confluence



Marca solo un óvalo por fila.

	0 (No tumor)	1 (< 0,5 cm)	2 (0.5-5 cm)	3 (> 5 cm)
0 Central	◯	◯	◯	◯
1 Right Upper	◯	◯	◯	◯
2 Epigastrium	◯	◯	◯	◯
3 Left Upper	◯	◯	◯	◯
4 Left Flank	◯	◯	◯	◯
5 Left Lower	◯	◯	◯	◯
6 Pelvis	◯	◯	◯	◯
7 Right Lower	◯	◯	◯	◯
8 Right Flank	◯	◯	◯	◯
9 Upper Jejunum	◯	◯	◯	◯

Jejunum 10 Lower				
Jejunum 10 Lower				
Jejunum 11 Upper				
Ileum 11 Upper				
Ileum 12 Lower				
Ileum 12 Lower				
Ileum				

27. **If possible calculate the Radiologic PCI (Range 1-39)**

28. **Did the imaging tools show any suspicious lymph nodes in the following locations?**

Marca solo un óvalo por fila.

	Yes	No
Inguinal		
Pelvic		
Paraaortic infrarenal		
Paraortic suprarrenal		
Celiac axis		
Hepatic hilum		
Cardiophrenic		
Mediastinal		
Internal Mamarial		
Supraclavicular		
Axilary		
Other		

29. **Did the imaging study show Stage IV disease?**

Extraabdominal disease or parenchymal disease (liver or spleen)

Marca solo un óvalo.

- YES
- NO

30. **In case there was extraabdominal disease at diagnosis, where was it located?** (multiple answers are allowed)

Marca solo un óvalo por fila.

	Yes	No
Liver parenchymal metastasis	◯	◯
Splenic parenchymal metastases	◯	◯
Inguinal lymph nodes	◯	◯
Periocardiophrenic nodes	◯	◯
Axilary nodes	◯	◯
Mediastinal nodes	◯	◯
Supraclavicular nodes	◯	◯
Positive pleural effusion	◯	◯
Pleural disease	◯	◯
Lung metastases	◯	◯
Brain metastases	◯	◯
Bone Metastases	◯	◯
Localized skin disease	◯	◯
Abdominal wall infiltration	◯	◯
Soft extraabdominal tissue metastases	◯	◯
Other location not shown above	◯	◯

31. **If you answered other, specify**

_____

32. **Was the patient considered resectable by imaging?**

Marca solo un óvalo.

- ◯ YES
- ◯ NO

33. **Preoperative Evaluation of amount of Ascites**

Marca solo un óvalo.

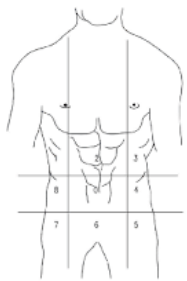
- ◯ No
- ◯ <500 cc
- ◯ >500 cc
- ◯ Masive ascites

34. Did the patient undergo a diagnostic **laparoscopy**?

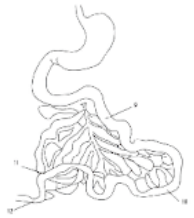
Marca solo un óvalo.

- ◯ YES
- ◯ NO

35. If the patient was evaluated with **peritoneal cancer index (PCI) at the time of the diagnostic laparoscopy,** please show the results (Range 0-39)



Regions
0 Central
1 Right Upper
2 Epigastrium
3 Left Upper
4 Left Flank
5 Left Lower
6 Pelvis
7 Right Lower
8 Right Flank
9 Upper Jejunum
10 Lower Jejunum
11 Upper Ileum
12 Lower Ileum



Lesion Size Score	
0	No Tumor
1	Tumors up to 0.5 cm
2	Tumors up to 5 cm
3	Tumors>5 cm or confluence

36. If the patient was evaluated with the **Fagotti score at the time of the diagnostic laparoscopy**, please show the results (Range: 0-14)

Tumour site distribution	Laparoscopic predictive index score = 2	Laparoscopic predictive index score = 0
Peritoneal carcinomatosis	Unresectable massive peritoneal involvement plus miliary pattern of distribution	Carcinomatosis involving a limited area surgically removable by peritonectomy
Diaphragmatic disease	Widespread infiltrating carcinomatosis or confluent nodules to most of the diaphragmatic surface	Isolated diaphragmatic disease
Mesenteric disease	Large infiltrating nodules or involvement of the root of the mesentery assumed based on limited movements of various intestinal segments	Small nodules potentially treatable with argon-beam coagulation
Omental disease	Tumour diffusion up to the large curvature of the stomach	Isolated omental disease
Bowel infiltration	Bowel resection assumed to be required or miliary carcinomatosis at the mesenteric junction	No bowel resection required and no miliary carcinomatosis at the mesenteric junction
Stomach infiltration	Obvious neoplastic involvement of the gastric wall	No obvious neoplastic involvement of the gastric wall
Liver metastasis	Any surface lesions	No surface lesions

37. If the patient was **not evaluated** neither by PCI or Fagotti Score, after reviewing the pt information, **How was the *SURGEON´S* perspective of the preoperative volume of disease?** (either by imaging or laparoscopy)

Marca solo un óvalo.

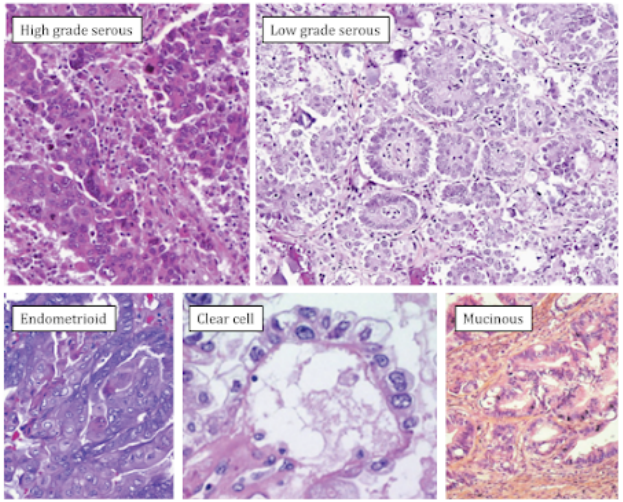
- Low burden of disease
- Medium burden of disease
- High burden of disease

38. **Did the patient have a preoperative biopsy before Primary citorreduction or Neoadjuvant Chemotherapy?**

Marca solo un óvalo.

- YES
- NO

39. **Please indicate the histology of the biopsy:**



Marca solo un óvalo.

- Serous
- Endometrioid
- Clear cell
- Mucinous
- Others

40. **Grade of the tumor on biopsy**

Marca solo un óvalo.

- Low grade (G1-G2)
- High grade (G3)
- Not reported

41. **Immunohistochemistry report at diagnosis**

Marca solo un óvalo por fila.

	Positive	Negative	Inconclusive	Mutated	No reported
WT-1					
p53					
p16					
Estrogen Receptor					
Progesterone Receptor					
HNF1 Beta					
PAX-8					
Napsine					

42. **Ki-67 (%) (values among 1 and 100)**

43. **Before making any tumor board decision, how did the team assess the surgical complexity required for the patient at that moment?**

Low Complexity: 1 to 3 points; Moderate Complexity: 4-7 points; High Complexity >= 8 points

Table A1. Surgical CS

Procedure	Points*
TH-BSO	1
Omentectomy	1
Pelvic lymphadenectomy	1
Paraaortic lymphadenectomy	1
Pelvic peritoneum stripping	1
Abdominal peritoneum stripping	1
Small bowel resection	1
Large bowel resection	2
Diaphragm stripping or resection	2
Splenectomy	2
Liver resection	2
Rectosigmoidectomy with reanastomosis	3

Abbreviations: CS, complexity score; TH-BSO, total hysterectomy and bilateral salpingo-oophorectomy.
*Surgical scoring: low, 1 to 3 points; moderate, 4 to 7 points; high, ≥ 8 points.

Marca solo un óvalo.

- ◯ Low complexity
- ◯ Moderate complexity
- ◯ High complexity

44. **After reviewing the case in the multidisciplinary tumour board, what was the final decision?** *

Marca solo un óvalo.

- ◯ Primary cytorreductive surgery *Salta a la pregunta 61*
- ◯ Neoadjuvant chemotherapy and interval debulking *Salta a la pregunta 45*

Neoadjuvant chemotherapy

To be filled out only for patients who started with neoadjuvant chemotherapy; otherwise, jump to the section of 5 the questionnaire

45. What were the reasons for selecting neoadjuvant chemotherapy? Check all that apply; several answers are allowed

Marca solo un óvalo por fila.

	Yes	No
Age of the patient	◯	◯
Fragility (ECOG>1)	◯	◯
High Burden of abdominal disease	◯	◯
Unresectability	◯	◯
The surgery needed by the patient was considered of high complexity	◯	◯
High risk for surgical morbidity and mortality	◯	◯
Even though the disease was resectable, there was not a surgeon at that moment able to perform it	◯	◯

46. **How many courses of chemotherapy were delivered to the patient before the interval debulking ?**

47. What **schema of neoadjuvant chemotherapy** did the patient undergo?

Marca solo un óvalo.

- Carboplatin AUC5-6 / paclitaxel 175 mg/m² q21
- Carboplatin AUC5-6 / docetaxel 75 mg/m² q21 (cases of contraindications to paclitaxel)
- Carboplatin AUC 5-6, q21 (case of contraindications of combination chemotherapy)
- Otro: _____

48. **Did the patient receive Bevacizumab along with the neoadjuvant chemotherapy ?**

Marca solo un óvalo.

- YES
- NO

49. **If the previous answer was Yes, then how many courses of chemotherapy with Bevacizumab did the patient receive before surgery ?**

_____

50. Please indicate the **date and value of the CA 125,** (DD/MM/YY; value) **Before neoadjuvant CHEMOTHERAPY**

_____

51. Please indicate the **date and value of the CA 125, After the first course** (DD/MM/YY; value)

_____

52. Please indicate the **date and value of the CA-125, After the second course** (DD/MM/YY; value)

_____

53. Please indicate the **date and value** of the **CA 125, After the third course** (DD/MM/YY; value)

_____

54. Please indicate the **date and value of the CA 125, After the last course** of **neoadjuvant Chemotherapy ,** regardless of the number of courses. (DD/MM/YY; value)

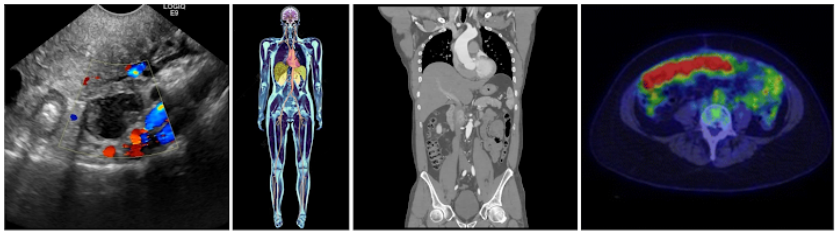
_____

55. Please calculate if posible the **KELIM score for Neoadjyuvant CHEMO** at **https://www.biomarker-kinetics.org/CA-125-neo (optional)**

The KELIM score for patients with stage III or IV high grade serous ovarian carcinomas treated with neoadjuvant chemotherapy with carboplatin – paclitaxel in first line setting (every 3 weeks or weekly), with the intent of a potential interval debulking surgery (disease in place when the chemotherapy is started).
CA-125 KELIM™ is calculated with at least 3 CA-125 values measured within the first 100 days **(or less)** after chemotherapy start. **https://www.biomarker-kinetics.org/CA-125-neo**

_____

56. **IMAGING EVALUATION after neoadjuvant Chemotherapy**
How was evaluated the extension of the disease in this patient **after Neoadjuvant chemotherapy and before surgery ?** (multiple answers are allowed)



Marca solo un óvalo por fila.

	Yes	No
It was not evaluated by imaging	◯	◯
Abdominal ultrasound	◯	◯
Whole body MRI	◯	◯
Body CT-SCAN	◯	◯
PET-CT	◯	◯

57. After the the neoadjuvant chemotherapy, before surgery, **how was the Radiological response of the disease** according to RECIST ?

Marca solo un óvalo.

- ◯ Complete clinical response
- ◯ Partial clinical response
- ◯ Stable disease
- ◯ Progressive disease

58. Did the patient experience any **adverse event (Grade ≥ 3) due to the neoadjuvant chemotherapy?**

	Grade	Intervention
1	Mild	Clinical or diagnostic observations only
2	Moderate	Local or noninvasive intervention indicated
3	Severe	Hospitalization indicated
4	Life-threatening	Urgent interventions indicated
5	Death	Death related to adverse events

Marca solo un óvalo.

- ◯ YES
- ◯ NO

59. **What was the surgical decision after neoadjuvant chemotherapy**

Marca solo un óvalo.

- ◯ She was operated after being considered a candidate for complete resection.
- ◯ She was operated after being considered a candidate for at least partial resection.
- ◯ She was not operated because she was progressing.
- ◯ She was not operated because her disease was considered unresectable
- ◯ She was not operated because she was deemed very fragile
- ◯ She was not operated due to other reasons.

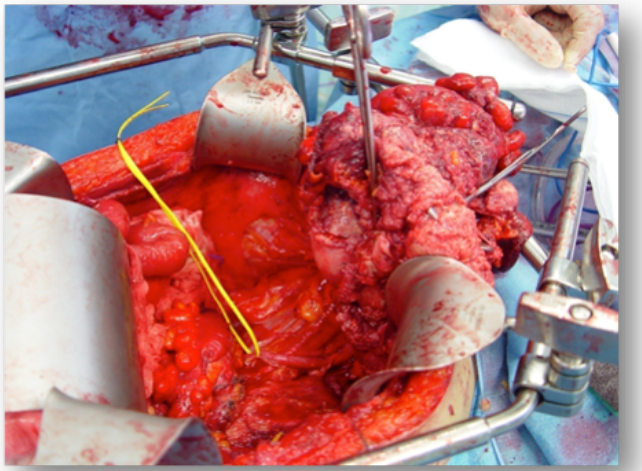
60. **If the patient was finally not operated, specify why**
In this case you may avoid the surgical and pathology description and jump to the section of adjuvant treatment

Salta a la pregunta 61

Surgical procedure

This questionnaire section is applicable <u>to both patients who underwent primary surgery and those with interval debulking surgery.</u>

- As the study focuses on the comparative analysis of two distinct surgical procedures conducted at different times, it is imperative for us to approach the description of events with precision and caution.
- Consequently, this section holds significant importance, serving as a pivotal factor in ensuring an accurate and faithful representation of the observed events.
- The operating report should be reviewed in detail to understand how was the operation carried out.



61. **Type of procedure**

Marca solo un óvalo.

- ◯ Primary debulking
- ◯ Interval debulking

62. **Last CA 125 before surgery**

_____

63. **Date of the surgery** *

_____

Ejemplo: 7 de enero del 2019

64. **How was the surgical approach of this case?**
Mark only one oval

Marca solo un óvalo.

- ◯ Open
- ◯ Robotic
- ◯ Laparoscopy
- ◯ Other or combination

65. **The Surgeon that performed the procedure can be described as**
Mark only one oval

Marca solo un óvalo.

- ◯ Senior surgeon in gyn oncology (>10 years after gyn-onc training)
- ◯ Junior surgeon in gyn oncology (<10 years after gyn-onc training)
- ◯ Fellow in gyn oncology assisted by Senior or Junior surgeon
- ◯ Resident assisted by Senior or Junior surgeon
- ◯ Surgical Oncologist
- ◯ General gynecologist
- ◯ Other

66. **Estimation of Ascites Volume at the procedure**

Marca solo un óvalo.

- ◯ No Ascites
- ◯ <500
- ◯ >500
- ◯ Massive ascites

67. **Frozen section diagnosis Histologic type, only if frozen secction was ordered**

Marca solo un óvalo.

- Not ordered
- Inconclusive
- Border-line tumor
- Carcinoma
- Low grade carcinoma
- High grade carcinoma

68. **Tumor involvement-surgical findings**

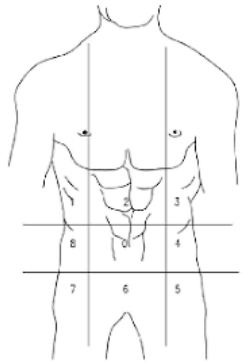
Marca solo un óvalo por fila.

	Yes	No
Right ovary		
Right tube		
Left ovary		
Left tube		
Douglas		
Vagina		
Uterus		
Bladder/ureter		
Sigmoid/Rectum		
Recto-vaginal septum		
Pelvic wall		
Pelvic nodes		
Paraaortic nodes		
Right gutter		
Left gutter		
Small bowel		
Omentum		
Large bowel		
Appendix		
Small bowel mesentery		
Large bowel mesentery		

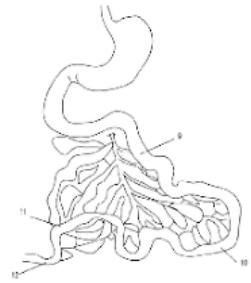
Right diaphragm

Right diaphragm Left diaphragm		
Left diaphragm Liver surface		
Liver surface Liver		
parenchyma Liver parenchyma Hepatic hilium		
nodes Hepatic hilium nodes Lesser		
omentum Lesser omentum Stomach		
Stomach Pancreas		
Pancreas Spleen		
Spleen Celiac nodes		
Celiac nodes Inguinal nodes		
Inguinal nodes Cardiophrenic		
nodes Cardiophrenic nodes Abdominal wall		
Abdominal wall Skin		
Skin Trocar sites		
Trocar sites		

69. **Peritoneal Cancer Index (Range 0-39).**



Regions
0 Central
1 Right Upper
2 Epigastrium
3 Left Upper
4 Left Flank
5 Left Lower
6 Pelvis
7 Right Lower
8 Right Flank
9 Upper Jejunum
10 Lower Jejunum
11 Upper Ileum
12 Lower Ileum



Lesion Size Score	
0	No Tumor
1	Tumors up to 0.5 cm
2	Tumors up to 5 cm
3	Tumors>5 cm or confluence

Marca solo un óvalo por fila.

	0 (no)	1 (<0.5cm)	2 (0.5-5cm)	3 (>5cm)
Central				
Right upper				
Epigastrium				
Left upper				
Left flank				
Left lower				
Pelvis				
Right lower				
Right flank				
Upper jejunum				
Lower jejunum				
Upper ileum				

Lower

ileum Lower ileum				

70. **PCI final score (Range 0-39)**

71. **Surgical procedures that were carried out**

Marca solo un óvalo por fila.

	Yes	No
Hysterectomy		
Unilateral salpingoophorectomy		
Bilateral salpingoophorectomy		
Small bowel mesentery		
Ureteral resection		
Colorectal resection		
Partial cystectomy		
Pelvic peritonectomy		
Pelvic nodes		
Peritonectomy gutters		
Paraaortic nodes		
Small bowel resection		
Large bowel resection		
Appendicectomy		
Infracolic omentectomy		
Radical omentectomy		
Resection lesser omentum		
Partial gastrectomy		
Celiac axis		

Hepatic hilium nodes Hepatic hilium nodes		
Diaphragmatic stripping Diaphragmatic stripping		
Diaphragmatic resection Diaphragmatic resection		
Splenectomy Splenectomy		
Partial pancreatectomy Partial pancreatectomy		
Liver capsule resection Liver capsule resection		
Atypical liver resection Atypical liver resection		
Partial hepatectomy Partial hepatectomy		
Cholecistectomy Cholecistectomy		
Peritonectomy Morrison Peritonectomy Morrison		
Pericardiophrenic nodes Pericardiophrenic nodes		
Inguinal nodes Inguinal nodes		
Trocar site resection Trocar site resection		

72. **Residual disease at the end of the surgery in ANY LOCATION OF THE BODY** *

This is an essential answer, please try to be accurate

Marca solo un óvalo.

- No macroscopic residual, R0
- 0.1-0.5 cm (milliar disease)
- 0.6-1 cm
- >1cm
- Not reported

73. **Residual disease in the ABDOMINAL CAVITY at the end of the surgery** *

This is an essential answer, please try to be accurate

Marca solo un óvalo.

- No macroscopic residual R0
- 0.1-0.5 cm (milliar disease)
- 0.6-1 cm
- >1cm
- Not reported

74. **Reason of incomplete surgery**

Marca solo un óvalo por fila.

	Yes	No
Diffuse serosal spread		
Liver parenchymal metastasis		
Hepatic hilium		
Pancreatic metastasis		
Celiac axis		
Supradiaphragmatic (Thoracic disease, including nodes)		
Extra abdominal residual disease beyond the thorax		
Other		

75. **If you answered other, specify**

76. **Number of Anastomoses**

77. **Estimated Length of small bowel resected**

78. **Did the patients remain with less that 150 cm of small bowel?**

79. **Stoma placement**

Marca solo un óvalo.

- No
- Yeyunostomy
- Ileostomy
- Colostomy
- Gastrostomy

80. **Intention of stoma placement**

Marca solo un óvalo.

- Temporary
- Definitive

81. **Did the patient receive HIPEC at the end of the surgery ?**

Marca solo un óvalo.

- YES
- NO

82. **In case your previous answer was YES, which drug was used intraperitoneally for HIPEC?**

83. **At what temperature was set the chemotherapy infusion (Celsius degrees) ?**

84. **For how long was the chemotherapy infused (min)?**

85. **Did the patient receive HIPEC under a clinical trial ?**

Marca solo un óvalo.

- YES
- NO

86. **Intraoperative complications.**

Check all that apply. **If the patient had no complications, LEAVE IT BLANK.**

Definitions	
Grade 1	Any deviation from the ideal intraoperative course without the need of any additional treatment or intervention
Grade 2	Any deviation from the ideal intraoperative course with the need of any additional treatment or intervention not life-threathening and not leading to permanent disability
Grade 3	Any deviation from the ideal intraoperative course with the need of any additional treatment or intervention life-threathening and/or leading to permanent disability
Grade 4	Any deviation from the ideal intraoperative course with death of the patient

Marca solo un óvalo por fila.

	1	2	3	4
Intraoperative bleeding, patient needs transfusion during surgery	◯	◯	◯	◯
Ureteral injury	◯	◯	◯	◯
Bladder injury	◯	◯	◯	◯
Vascular injury	◯	◯	◯	◯
Bowel injury	◯	◯	◯	◯
Nerve injury	◯	◯	◯	◯
Other:	◯	◯	◯	◯

87. **Duration of the whole surgical procedure (minutes)**

88. **Estimated blood loss (cc)**

89. **Number RBC units tranfused during the surgical procedure**

90. **Was the Patient transfered to the ICU after the procedure**

Marca solo un óvalo.

◯ YES
◯ NO

91. **Patients abandoned the OR with:**

Several answers are allowed

Marca solo un óvalo por fila.

	Yes	No
Arterial line	◯	◯
Central IV Line	◯	◯
NG tube	◯	◯
Foley cath	◯	◯
Epidural cath	◯	◯
Endotracheal tube	◯	◯
Chess tube	◯	◯
Drains	◯	◯
Otra...	◯	◯

Postoperative period

92. **Length of stay of the patient at the hospital(days)**

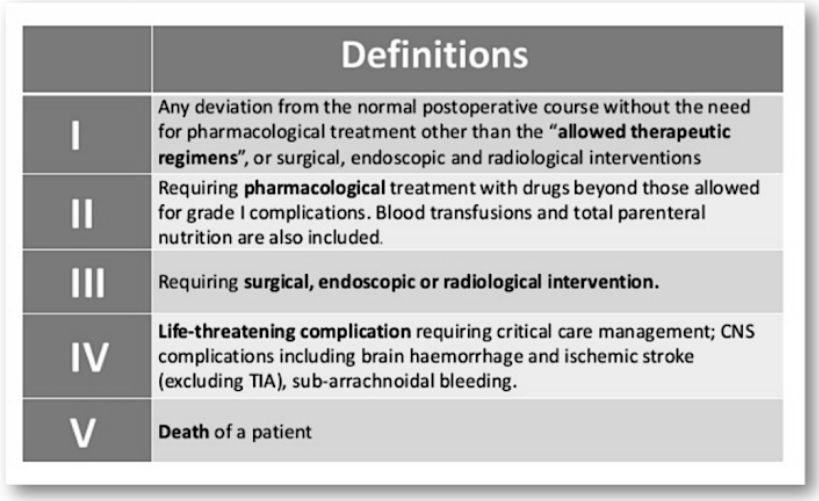
93. **Postoperative complications**

Marca solo un óvalo.

- YES
- NO

94. **Postoperative complications (within 30 days after surgery)** I

IF THE PATIENT HAD NO COMPLICATIONS, PLEASE, LEAVE IT BLANK.
Clavien-Dindo Classification



	Definitions
I	Any deviation from the normal postoperative course without the need for pharmacological treatment other than the **"allowed therapeutic regimens"**, or surgical, endoscopic and radiological interventions
II	Requiring **pharmacological** treatment with drugs beyond those allowed for grade I complications. Blood transfusions and total parenteral nutrition are also included.
III	Requiring **surgical, endoscopic or radiological intervention.**
IV	**Life-threatening complication** requiring critical care management; CNS complications including brain haemorrhage and ischemic stroke (excluding TIA), sub-arrachnoidal bleeding.
V	**Death** of a patient

Marca solo un óvalo por fila.

	1	2	3	4	5
Fever					
Post operative bleeding, patient needs transfusion					
Bladder fistula					
Ureteral fistula					
Urinary infection					
Hematuria					
Bladder dysfunction					
Urinary incontinence					
Small bowel fistula or leakage					

Large bowel fistula or leakage					
Constipation/ileus					
Bowel obstruction					
Pelvic or abdominal abscess					
DVT					
Pulmonary embolism					
Pneumonia					
Pleural effusion					
Lymphorrhagia					
Chylous ascites					
Abdominal wall infection of any type					
Eventration or evisceration					
Moderate/Severe Vaginal bleeding					
Vaginal cuff cellulitis					
Vaginal cuff dehiscence					
Readmission to ICU					
Re-intervention					
Death					
Other					

95. **Did the patient suffer severe complications needing :**

Several answers are allowed

Marca solo un óvalo por fila.

	Yes	No
Return to ICU		
Surgical reintervention		
Interventional Radiology		
Interventional Urology		
Massive tranfussion		

96. **In case of readmission in ICU, re-operation or death within the 30 days period after surgery, please summarise briefly the circumstances and the evolution.**

97. **Did the patient die within the 30 days after the surgical procedure ?**

Marca solo un óvalo.

- YES
- NO

Pathological findings

Reporting pathological information is critical for the study. If any of the following items are not found in the Pathology Report, please, we encourage you to review the case with the Pathology Department.

98. **Final histology in the Pathology report** *

This a crucial item. Please try to be precise. Mixed tumours are allowed if they show these histological types.
Mark only one oval

Marca solo un óvalo.

- Serous
- Endometrioid
- Clear cell
- Mucinous
- Other

99. **Final tumor grade**

This a crucial item. Please try to be precise. Mark only one oval

Marca solo un óvalo.

- Low grade (G1-G2)
- High Grade (G3)

100. **Tumor involvement in the final report**

Marca solo un óvalo por fila.

	Yes	No
Right ovary		
Right tube		
Left ovary		
Left tube		
Douglas		
Vagina		
Uterus		
Bladder/ureter		
Sigmoid/Rectum		
Recto-vaginal septum		
Pelvic wall		
Pelvic nodes		
Paraaortic nodes		
Right gutter		
Left gutter		
Small bowel		
Omentum		
Large bowel		
Appendix		
Small bowel mesentery		
Large bowel mesentery		

Right diaphragm

Right diaphragm Left diaphragm	◯	◯
Left diaphragm Liver surface	◯	◯
Liver surface Liver parenchyma	◯	◯
Liver parenchyma Hepatic hilium nodes	◯	◯
Hepatic hilium nodes Lesser omentum	◯	◯
Lesser omentum Stomach	◯	◯
Stomach Pancreas	◯	◯
Pancreas Spleen	◯	◯
Spleen Celiac nodes	◯	◯
Celiac nodes Inguinal nodes	◯	◯
Inguinal nodes Cardiophrenic nodes	◯	◯
Cardiophrenic nodes Abdominal wall	◯	◯
Abdominal wall Skin	◯	◯
Skin Trocar sites	◯	◯
Trocar sites	◯	◯

101. **To be answered ONLY FOR PATIENTS WITH NEOADJUVANT CHEMOTHERAPY**.
How was the chemotherapy **response** score (**CRS**)?

J. Chemotherapy Response Score
A system for histopathologic assessment of response to neoadjuvant chemotherapy (chemotherapy response score or CRS) for high-grade serous carcinoma has been developed and validated, and shown to be highly reproducible.[25] This 3-tiered scoring system is based on assessment of the section of *omentum* that shows the *least* response to chemotherapy. The criteria are shown in Table 2.

Table 2. Criteria of the Chemotherapy Response Score

CRS 1: No or minimal tumor response Mainly viable tumor with no or minimal regression-associated fibro-inflammatory changes,# limited to a few foci; cases in which it is difficult to decide between regression and tumor-associated desmoplasia or inflammatory cell infiltration
CRS 2: Appreciable tumor response amidst viable tumor, both readily identifiable and tumor *regularly* distributed Ranging from multifocal or diffuse regression associated fibro-inflammatory changes,# with viable tumor in sheets, streaks, or nodules, to extensive regression associated fibro-inflammatory changes# with multifocal residual tumor which is easily identifiable
CRS 3: Complete or near-complete response with no residual tumor OR minimal *irregularly* scattered tumor foci seen as individual cells, cell groups, or nodules up to 2 mm in maximum size Mainly regression-associated fibro-inflammatory changes or, in rare cases, no/very little residual tumor in complete absence of any inflammatory response; advisable to record whether "no residual tumor" or "microscopic residual tumor present"

Regression-associated fibro-inflammatory changes: Fibrosis associated with macrophages, including foam cells, mixed inflammatory cells, and psammoma bodies; to distinguish from tumor-related inflammation or desmoplasia.

Marca solo un óvalo.

- ◯ CRS 1
- ◯ CRS 2
- ◯ CRS 3
- ◯ Complete Pathologic Response

102. **Immunohistochemistry at FINAL REPORT**

Marca solo un óvalo por fila.

	Positive	Negative	Inconclusive	Mutated	Not reported
WT-1					
p53					
p16					
Estrogen Receptors					
Progesterone Receptors					
HNF1 Beta					
PAX-8					
Napsine					

103. **Final report Ki-67 (%) (values among 1 and 100) if provided**

104. **BRCA status**

Marca solo un óvalo por fila.

	Pathogenic	Non pathogenic	VOUS	Not reported
BRCA1 (Tumor)				
BRCA2 (Tumor)				
BRCA 1 (Germinal)				
BRCA 2 (Germinal)				

105. **Had the patient information on homologous recombination deficiency in surgical specimen?**

Marca solo un óvalo.

- Homologous recombination proficient (HRp)
- Homologous recombination deficient (HRd)
- Not reported

106. **Which platform was use to determine the HRD?**

Marca solo un óvalo.

- Myriad Genetics - myChoice HRD
- Foundation Medicine
- Other

107. **What was de HRD score (if provided)**

108. **FIGO Stage (2021) after full evaluation**

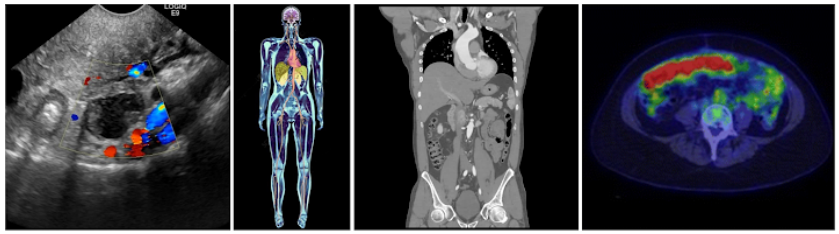
Marca solo un óvalo.

- IIIb
- IIIc
- IVa
- IVb

Treatment after surgery

Adjuvant therapy either after primary surgery or after interval debulking

109. **IMAGING EVALUATION BEFORE ADJUVANT Chemotherapy**
How was evaluated the extension of the disease in this patient **AFTER THE SURGICAL PROCEDURE** ? (multiple answers are allowed)



Marca solo un óvalo por fila.

	Yes	No
Pt was not evaluated with imaging after surgery	◯	◯
Abdominal ultrasound	◯	◯
Whole body MRI	◯	◯
Body CT-SCAN	◯	◯
PET-CT	◯	◯

110. **Was residual disease identified through imaging assessment conducted after the surgery?**

Marca solo un óvalo.

- ◯ No imaging assesment was done
- ◯ No residual disease was found
- ◯ Yes, macroscopic residual disease in the abdomen
- ◯ Yes, macroscopic residual disease outside the abdomen
- ◯ Yes, macroscopic residual disease both in the abdomen and outside the abdomen

111. **How many days passed from the surgery to the first cycle of postoperative chemotherapy?**

_____

112. What **schema of ADJUVANT chemotherapy** did the patient undergo?

Marca solo un óvalo.

- ◯ Carboplatin AUC5-6 / paclitaxel 175 mg/m² q21
- ◯ Carboplatin AUC5-6 / docetaxel 75 mg/m² q21 (cases of contraindications to paclitaxel)
- ◯ Carboplatin AUC 5-6, q21 (case of contraindications of combination chemotherapy)
- ◯ Other

113. **How many courses of POSTOPERATIVE chemotherapy were delivered to the patient AFTER surgery**

_____

114. Please indicate the **date and value CA 125 value** (DD/MM/YY; value) **, Before POSTOPERATIVE CHEMOTHERAPY**

_____

115. Please indicate the **date and value of the CA 125, After the first course of POSTOPERATIVE chemotherapy** (DD/MM/YY; value)

116. Please indicate the **date and value** of the **CA 125, After the second course of POSTOPERATIVE chemotherapy** (DD/MM/YY; value)

117. Please indicate the **date and value** of the **CA 125, After the third course of POSTOPERATIVE chemo therapy** (DD/MM/YY; value)

118. Please indicate the **date and value of the CA 125, After the last course of POSTOPERATIVE Chemotherapy ,** regardless of the number of courses. (DD/MM/YY; value)

119. **For primary debulking patients** , Please calculate if posible the **KELIM score for adjuvant CHEMO** at https://www.biomarker-kinetics.org/CA-125 **(optional)**

The KELIM score "ELIMination rate constant K" (**KELIM**) is a marker of chemosensitivity in patients with ovarian cancer, score for patients with stage III or IV high grade serous ovarian carcinomas treated with adjuvant or neaodjuvant chemotherapy with carboplatin – paclitaxel in first line setting (every 3 weeks or weekly),

CA-125 KELIM™ is calculated with at least 3 CA-125 values measured within the first 100 days **(or less)** after chemotherapy start. **https://www.biomarker-kinetics.org/CA-125**

120. **Was the patient reevaluated by imaging just after finishing the chemotherapy?**

Marca solo un óvalo.

- Yes
- No

121. **Was residual disease identified through the imaging assessment conducted during the post-chemo evaluation?**

Marca solo un óvalo.

- No imaging assesment was done
- No residual disease was found
- Yes, macroscopic residual disease in the abdomen
- Yes, macroscopic residual disease outside the abdomen
- Yes, macroscopic residual disease both in the abdomen and outside the abdomen

122. Did the patient experience any **adverse events (Grade ≥ 3) due to the POSTOPERATIVE chemotherapy?**

	Grade	Intervention
1	Mild	Clinical or diagnostic observations only
2	Moderate	Local or noninvasive intervention indicated
3	Severe	Hospitalization indicated
4	Life-threatening	Urgent interventions indicated
5	Death	Death related to adverse events

Marca solo un óvalo.

- YES
- NO

123. **Did the patient receive Bevacizumab along with the adyuvant chemotherapy ?**

Marca solo un óvalo.

- YES
- NO

124. **If the previous answer was "Yes," please specify the duration (in months) during which the patient received Bevacizumab in conjunction with chemotherapy and/or maintenance therapy.**

125. **If the patient received MAINTENANCE treatment with PARP inhibitors, could you please specify which PARP inhibitor was administered to the patient?**

Marca solo un óvalo.

- No PARP inhibitors
- Olaparib
- Niraparib
- Rucaparib
- Other

126. **Specify the duration (in months) during which the patient received PARP-inhibitors as maintenance therapy.**

Salta a la pregunta 127

Follow up and First Recurrence

Accurate description of clinical details of relapse are very important for the conclusions of this study. In fact, central investigator might ask for further clarification of patients´ information in case of relapse (imaging operating report and pathology report). This is a crucial item. Please try to be very precise.

127. **Did the patient suffer a relapse?** *

Marca solo un óvalo.

- YES
- NO
- We don't know, patient was missed after surgery

128. **If the answer was yes, when was she diagnosed the first relapse?**
This is a crucial item. Please try to be precise
Example: December 15, 2012

Ejemplo: 7 de enero del 2019

129. **What was the CA 125 at the time of relapse (U/ml)**

130. **How was diagnosed the recurrence?**
Check all that apply. *You may select several items*

Marca solo un óvalo por fila.

	Yes	No
Physical exam		
Ca 125		
Biopsy		
MRI		
CT scan		
PET CT		
Abdominal ultrasound		
Vaginal ultrasound		
Chest Xray		
Other		

131. **If the patient relapsed, where was the recurrence?** This is a crucial element. Please try to be precise. Check all that apply

Marca solo un óvalo por fila.

	Yes	No
Abdominal (4 or less lesions)	◯	◯
Abdominal (> 4 lesions)	◯	◯
Retroperitoneal	◯	◯
Thorax	◯	◯
Distant metastasis outside the abdomen or thorax	◯	◯

132. **Where was specifically located the relapse?**
Check all that apply

Marca solo un óvalo por fila.

	Yes	No
Pelvic peritoneum	◯	◯
Middle abdomen peritoneum	◯	◯
Upper abdomen peritoneum	◯	◯
Pelvic nodes	◯	◯
Paraaortic nodes	◯	◯
Suprarenal nodes	◯	◯
Extraabdominal nodes	◯	◯
Inguinal nodes	◯	◯
Laparotomy scar	◯	◯
Liver parenchima	◯	◯
Spleen parenchima	◯	◯
Trocar sites	◯	◯
Distant metastasis (specify below)	◯	◯

133. In case there was **extraabdominal disease** at relapse, where was it **located**? (multiple answers are allowed)

Marca solo un óvalo por fila.

	Yes	No
Inguinal lymph nodes	◯	◯
Localised skin disease	◯	◯
Periocardiophrenic nodes	◯	◯
Axilary nodes	◯	◯
Mediastinal nodes	◯	◯
Supraclaviculal nodes	◯	◯
Positive pleural effusion	◯	◯
Pleural disease	◯	◯
Other location	◯	◯

134. If you have answered **other location**, please specify location of distant metastasis

_____

135. Any **commentary** to clarify the location of relapse/s

_____

_____

_____

_____

_____

136. What was the **first therapeutic approach after relapse**?

Marca solo un óvalo.

- ◯ Secondary cytoreduction
- ◯ Chemotherapy
- ◯ Palliative care
- ◯ Otro: _____

137. In case of **secondary cytoreduction** after diagnosis of relapse, when was the **date** of the surgery?

_____

Ejemplo: 7 de enero del 2019

138. Did the patient receive **neoadjuvant chemotherapy** for the **relapse** before the secondary surgery?

Marca solo un óvalo.

- ◯ YES
- ◯ NO

139. How was the outcome of the secondary surgery in terms of **residual disease**?

Marca solo un óvalo.

- ◯ R 0
- ◯ R 0,1-1 cm
- ◯ R > 1 cm

140. Did the patient receive **HIPEC** at the end of the surgery?

Marca solo un óvalo.

- ◯ YES
- ◯ NO

141. Did the patient receive **chemotherapy** after the surgery?

Marca solo un óvalo.

- YES
- NO

142. In case the patient received **chemotherapy,** what schema of treatment was delivered?

Marca solo un óvalo.

- Platinum plus taxol
- Platinum with other drug
- Platinum in monotherapy
- Taxol in monotherapy
- Any other

143. How many **courses of chemotherapy** did the patient receive?

_____

144. **After the treatment of the first recurrence how was the response**

Marca solo un óvalo.

- Complete clinical response
- Partial clinical response
- Stable disease
- Disease Progression

145. **If the BRCA status was not previously evaluated, do we now have a final BRCA report on the tumor at any time?**

Marca solo un óvalo por fila.

	Pathogenic	Non pathogenic	VOUS	Not reported	No
BRCA1(Tumor)					
BRCA2 (Tumor)					
BRCA1 (Germline)					
BRCA2 (Germline)					

146. Did the patient receive any **maintenance therapy** at the first relapse?

Marca solo un óvalo por fila.

	Yes	No
Bevacizumab		
Niraparib		
Olaparib		
Rucaparib		
Immunotherapy		
Hormone therapy		
Other		

147. **Has the patient experienced any other relapse or progression before the last follow-up at the time of filling out this form?**

Marca solo un óvalo.

- Yes
- No

148. **If yes, please just indicate the date of the second relapse (**PFS2, Time to second progression)

Ejemplo: 7 de enero del 2019

149. **If apply, please just indicate the date of the third line of treatment (**TSST, second subsequent therapy)

Ejemplo: 7 de enero del 2019

Last Contact and Final evaluation

Accurate completion of the information is impossible without the details of this section. Please be very careful in gathering the data."

150. **Date of last contact or last follow up or death** *
This is a crucial item. Please try to be precise.
Exmple: December 15, 2012

Ejemplo: 7 de enero del 2019

151. **Status at last follow-up** *
This is a crucial item. Please try to be precise.

Marca solo un óvalo.

- Alive without disease
- Alive with disease
- Death without disease
- Death of disease
- Missing

152. **If the patient was alive in the last contact how was her performance status (ECOG PS)**

Grade	ECOG
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g. light house work, office work
2	Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours
3	Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours
4	Completely disabled. Cannot carry on any selfcare. Totally confined to bed or chair
5	Dead

Marca solo un óvalo.

	0	1	2	3	4	5	
ECO							ECOG 5

153. **Was the patient actively enrolled in any prospective clinical trial during the course of her illness?**

Marca solo un óvalo.

- YES
- NO

154. **If you answered "yes," kindly provide a reference for the trials.** (Name or number of the trial or the trials)

_____

155. **Please, share any commentary regarding the case that may help to offer relevant information**

_____

_____

_____

_____

_____

156. **"I confirm that all information provided for this case corresponds to the details documented in the clinical history, with the exception of any inadvertent errors or omissions."** *

Marca solo un óvalo.

- ◯ Confirmed
- ◯ Unconfirmed

157. **To be filled by the central investigator**
This case includes all the requirements to be accepted

Marca solo un óvalo.

- ◯ YES
- ◯ NO

We greatly appreciate your contribution to this study.
We believe that by working together, we can achieve some truly insightful results.
You will soon receive a copy of this questionnaire; we recommend keeping it in a secure place in case we need to refer to any details