## FINEGO clinical data collection form

Personal idea	ntification n	umber:			
1 Hospital:					
2 Operation	date:				
•		(First name, Surname)			
	3:		•••••		
4 Anesthesiologist(s):		1:			
5 Operation	codes:				
6 Anesthesia	codes:				
7 Sex: 1. Man 2. Woman					
1. Upper 1/3 (upper border <25 cm from incisors) 2. Middle 1/3 (upper border 25-30 cm) 3. Lower 1/3 (upper border >30 cm) 4. Cardia, Siewert type 2 (center -1 - +2cm from Z line) 5. Cardia, Siewert type 3 (center 2-5cm below Z line) 6. Stomach body 7. Stomach distal 999 Not clear				from Z line)	
9 Treatment	determined	in multidisciplinary mee	ting		
		0. No 1. Yes	C		
10 Preop Treatment:		0. No <b>11 Ty</b> 1. Yes 998. Not clear	pe of treatment:	<ul><li>1.Chemotherapy</li><li>2. Radiation</li><li>3. Radiation+Chemotherapy</li></ul>	
12 Complicat	tions of neo	adjuvant treatment			
		0. None, completed as	planned		
		1. Yes, with delay/red	uction, why		
		2. Yes, with termination	n, why		

13 Preoperative lab	Hb:	Value	Date	Not available		
	Alb:					
	Prealb:					
	CRP					
	BMI					
14 ASA Class						
15 Resection type:	1. Transt	horacic rese	ction: a. Ivor-Le	ewis, b. McKeown		
(circle)	2. Transhiatal resection					
	3. Total gastrectomy					
		nal gastrecto	•			
		gastrectomy				
	6. Other			_		
16 Intent of surgical app	roach					
	1. Open	· .				
		d thoracosco	<u>-</u>			
	•	d laparoscop				
		•		coscopy + laparoscopy)		
			ic (no thoracoto			
	5. Otner					
16.1 Only minimally inva	_	y: converte	d open?			
	0. No	. 1. 1 1 .	1			
	2. Yes	erted to hybri	a			
17 Lymphadenectomy	Esophag	gectomy		Gastrectomy		
	1. 2-field			4. D0 lymphadenectomy		
	2. Extend	ded 2-field		5. D1 lymphadenectomy		
	3. 3-field	l		6. D2 lymphadenectomy		
				<ul><li>7. D3 lymphadenectomy</li><li>999. Unclear</li></ul>		
<b>18 Tumor length:</b> n	nm					
19 Substitute:	1. Stoma	ich				
	2. Small	intestine				
	3. Colon					
20 Type of anastomosis:	1. Hands	sewn:				
	2. Staple	S				
21 Location of anastomo	sis:	1. Neck				
		2. Thorax				
		3. Abdom	en			
22 Splenectomy:	1.Yes: w	hy?				
	2. No					

23 Use of energy devices	1. Bipolar (I	•	ia)	
	2. Ultrascisio	,	* *	
	3. Hybrid (7			
				•••
	5. No			
24 Fundoplication:	1. Before sur	rgery: type?		
•	2. During su	rgery: type?		
	3. No	-87: -71		
25 Frozen section (circle al				1 None
	1. Distal reso	_		4. None
	2. Proximal		argin	998. Not clear
26 Jejuno-cath (feeding en	3. Lymph no		1. Yes	
20 Jejuno-cam (recum en	terostomy).		2. No	
			2. 110	
27 Curative intended treat	ment: 1	. Yes		
	2	. No (palliat	ive resection	)
	3	. Rescue sur	gery (after cu	rative chemoradiation)
	9	98. Not clea	r	
28 Duration of surgery:	min (surge	ery start-stop	))	
29 Peroperative bleeding	ml			
For the following, count onl <b>30 Days at the ICU</b>	y midnights; r	norning We	dnesday to ev	vening Thursday = 1
31 Days in respirator:				
32 Days in hospital:				
33 Further treatment in:				
	1. Home			
	2. Health car	re center (tei	veyskeskus)	
	3. Another h	`	,	
	4. Rehabilita	-		
	5. Other		=	
24.6	C4	4	1 N	
34 Complications in 90 day	ys after opera	ition:	1. No	( 10)
			2. Yes (fill ii	n pages 6-10)
35 Reoperations in 90 days	s after onerat	ion•	1. No	
33 Reoperations in 70 days	arter operat			n pages 6-10)
			2. 105 (1111 11	i pages o 10)
36 Adjuvant treatment			1.No	
· ·			2. Chemothe	rapy
			3. Radiothera	- ·
37 Adjuvant treatment sta		-	without com	-
		. Complicati	ions:	
	3	Not compl	atad why?	

38 Proximal resection	margin: mm	
39 Distal resection ma	argin: mm	
40 Circumferential re	esection margin: mm	
41 Histology:	<ol> <li>Adenocarcinoma</li> <li>Squamous cell carcinoma</li> <li>High-grade dysplasia</li> <li>Low-grade dysplasia</li> <li>Other</li> <li>999 Not clear</li> </ol>	
<ul><li>41.1 Laurén class:</li><li>1. Diffuse</li><li>2. Intestinal</li><li>3. Indeterminate</li><li>999. Unavailable</li></ul>	<ul> <li>41.2 WHO histology classification (gastric cancer)</li> <li>1. Papillary</li> <li>2. Tubular</li> <li>3. Mucinous</li> <li>4. Signet ring / poorly cohesive</li> <li>5. Other types, which</li> <li>999. Unavailable</li> </ul>	
42 Preoperative stage	(before any treatment)	
T: 43 N:	1 Tis 2 T1 – T3 3 T1 4 T2 5 T3 6 T4 7 Tx 8 T0	
	2 N1 3 N2 4 N3 999 not clear	
44 M:	0 M0 1 MIa 2 MIb 999 Not Clear	

45 Postoperative stage (Ac	cording to	PAD or patient re	ecords)	
<b>T:</b>	1 Tis	_		
	2 T1 - T3	3		
	3 T1			
	4 T2			
	5 T3			
	6 T4			
	7 Tx			
	8 T0			
46 N:	1 N0			
	2 N1			
	3 N2			
	4 N3			
	999 not cl	ear		
47 Lymph nodes with meta	astasis:	pcs		
48 Number of Lymph nod	es examine	<b>d:</b> pcs		
49 M:	0 M0			
7) IVI.	1 MIa			
	2 MIb			
	999 Not C	Clear		
E0 C/D188 / /	1 01	11 1100		
50 G/Differentiation:		ll differentiated	. 1	
		derately differentia	ated	
	-	orly differentiated		
	4. GX, car	nnot be assessed		
51 Tumor stage:	0 0 (pat o	only on)		
of funor stage.	1 I	my op)		
	2 IIA			
	3 IIB			
	4 III			
	5 IV			
	6 IVA			
	7 IVB			
	8 No can	cer/dysplasia		
		te response after ne	eo	
	999 not cl	-		
52 Micr radically:	0 No		54 R0/R1/R2	1 R0
<b>3</b> .	1 Yes			2 R1
	999 Not c	lear		3 R2
				999 not clear
53 Macr radically:	0 No			
<b>3</b> ·	1 Yes			
	999 Not C	Clear		
55 Racker regression and	Δ•	1 No tumor loft (	(1a) 4 > 500/-	tumor laft (2)
55 Becker regression grad	C.	1. No tumor left ( 2. <10% tumor le		tumor left (3)
		3. <10-50% tumo		t applicable
		J. \10-J0/0 tuill0	$\alpha$ 1010 ( $\omega_f = 777.100$	i applicable

#### **COMPLICATIONS**

# 56 Complications during 30 days after surgery (circle) and 30-90 days after surgery (square) -Mark the main categories and all sub-categories that apply!

- 1. Pulmonary complications
  - a. Pneumonia
  - b. Pleural effusion requiring additional drainage procedure
  - c. Pneumothorax requiring treatment
  - d. Atelectasis mucous plugging requiring bronchoscopy
  - e. Respiratory failure requiring intubation
  - f. Acute respiratory distress syndrome (ARDS)
  - g. Acute aspiration
  - h. Tracheobronchial injury
  - i. Chest tube for air leak over 10 days postop
- 2. Cardiac complications
  - a. Cardiac arrest requiring CPR
  - b. Myocardial infarction (Troponin + ECG)
  - c. Atrial dysrhythmia requiring treatment
  - d. Ventricular dysrhythmia requiring treatment
  - e. Congestive heart failure requiring treatment
  - f. Pericarditis requiring treatment

### 3. Gastrointestinal complications

- a. Esophagoenteric leak from anastomosis or conduit necrosis
  - i. Type 1: local defect requiring no change in therapy, treated medically or diet
  - ii. Type 2: requiring intervention, no surgery (radiology, stent, bedside opening)
  - iii. Type 3: Defect requiring surgery
- b. Conduit necrosis/failure
  - Type 1: Focal conduit necrosis identified endoscopically, causes additional monitoring or non-surgical therapy
  - ii. Type 2: Focal conduit necrosis, treated by surgical therapy but not diversion
  - iii. Type 3: Conduit necrosis requiring conduit resection and diversion
- c. Ileus preventing or delaying enteral feeding
- d. Small bowel obstruction
- e. Feeding J-tube complication
- f. Pyloromyotomy/pyloroplasty complication
- g. Clostridium infection
- h. GI bleeding requiring intervention or transfusion
- Delayed conduit emptying requiring intervention or delaying discharge, or requiring nasogastric tube >7 days
- j. Pancreatitis
- k. Pancreatic fistula
- 1. Liver dysfunction
- m. Biliary leakage

- 4. Urologic
  - a. Acute renal failure (doubling of baseline creatinine)
  - b. Acute renal failure requiring dialysis
  - c. Urinary tract infection
  - d. Urinary retention requiring re-insertion of catheter, delaying discharge, or discharge with catheter
- 5. Thromboembolic
  - a. DVT (ultrasound or angio verified)
  - b. Pulmonary embolism
  - c. Stroke (defined by CT or similar)
  - d. Peripheral thrombophlebitis (clinically verified)
- 6. Neurologic / psychiatric
  - a. Recurrent nerve paresis (mark: A unilateral, B bilateral)
    - i. Type 1: Transient injury, requires no other therapy than dietary modification
    - ii. Type 2: Injury requiring elective surgery (thyroplasty or medialization procedure)
    - iii. Type 3: Injury requiring acute surgery due to aspiration or respiratory issues
  - b. Other neurologic injury
  - c. Acute delirium
  - d. Delirium tremens (alcohol withdrawal symptom)

	a.	Wound infection requiring opening wound or antibiotics
	b.	Central line infection requiring removal or antibiotics
	c.	Intra-abdominal abscess
	d.	Intrathoracic abscess
	e.	Sepsis
	f.	Other infection requiring antibiotics, what
8.		Wound/diaphragm
	a.	Thoracic wound dehiscence
	b.	Acute abdominal wall dehiscence / hernia
	c.	Acute diaphragmatic hernia
9.		Other
	a.	Chyle leak (Mark: A. <1 liter per day, B >1 liter per day)
		i. Type 1: requires dietary modifications, but not totally parenteral nutrition
		ii. Type 2: requires totally parenteral nutrition
		iii. Type 3: requires surgery or other intervention (chest drains not included)
	b.	Reoperation for reason other than bleeding, anastomotic leak or conduit necrosis,
	re	eason
	c.	Multiple organ failure

7.

Infection

### 57 Clavien-Dindo classification for complications (only the most severe grade to be ticked) No complications 0. Grade 1 (Any deviation form postoperative course, including antiemetics, 1. antipyretics, analgetics, diuretics and electrolytes and physiotherapy or opening the wound bedside)\* 2. Grade 2 (Blood transfusion, total parenteral nutrition or pharmacological treatment needed other than I) 3. Grade 3 (Surgical, endoscopic or radiological intervention) Grade 4 (Life-threatening complications requiring IC/ICU-management, 4. or stroke (not TIA) or any brain hemorrhage) 5. Grade 5 (Death of a patient) **58 REOPERATIONS** Reoperation 1 Days from primary operation:\_\_\_\_\_ Reason for operation: Result: **Reoperation 2** Days from primary operation:\_\_\_\_\_ Reason for operation: Result: **Reoperation 3** Days from primary operation:\_\_\_\_\_ Reason for operation: Result:\_\_\_\_