

FINEGO clinical data collection form

Personal identification number:.....

1 Hospital:

2 Operation date:.....

3 Surgeon(s) 1:..... (First name, Surname)

2:

3:

4 Anesthesiologist(s): 1:..... (First name, Surname)

2:.....

3:.....

5 Operation codes:.....

6 Anesthesia codes:.....

7 Sex:
1. Man
2. Woman

8 Tumor localization
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

9 Treatment determined in multidisciplinary meeting

0. No

1. Yes

10 Preop Treatment:
0. No
1. Yes
998. Not clear

11 Type of treatment:
1. Chemotherapy
2. Radiation
3. Radiation+Chemotherapy

12 Complications of neoadjuvant treatment

0. None, completed as planned

1. Yes, with delay/reduction, why _____

2. Yes, with termination, why _____

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13 Preoperative lab

	Value	Date	Not available
Hb:	_____	_____	_____
Alb:	_____	_____	_____
Prealb:	_____	_____	_____
CRP	_____	_____	_____
BMI	_____	_____	_____

14 ASA Class

15 Resection type:
(circle)

1. Transthoracic resection: a. Ivor-Lewis, b. McKeown
2. Transhiatal resection
3. Total gastrectomy
4. Proximal gastrectomy
5. Distal gastrectomy
6. Other _____

16 Intent of surgical approach

1. Open surgery
2. Hybrid thoracoscopic
3. Hybrid laparoscopic
4. Totally minimally invasive (thoracoscopy + laparoscopy)
5. Totally laparoscopic (no thoracotomy/scopy)
5. Other _____

16.1 Only minimally invasive surgery: converted open?

0. No
1. Converted to hybrid
2. Yes

17 Lymphadenectomy**Esophagectomy**

1. 2-field
2. Extended 2-field
3. 3-field

Gastrectomy

4. D0 lymphadenectomy
5. D1 lymphadenectomy
6. D2 lymphadenectomy
7. D3 lymphadenectomy
999. Unclear

18 Tumor length: mm**19 Substitute:**

1. Stomach
2. Small intestine
3. Colon

20 Type of anastomosis:

1. Handsewn:
2. Staples

21 Location of anastomosis:

1. Neck
2. Thorax
3. Abdomen

22 Splenectomy:

1. Yes: why?
2. No

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- 23 Use of energy devices**
1. Bipolar (LigaSure)
 2. Ultrascision (Harmonic),
 3. Hybrid (Thunderbeat)
 4. Other
 5. No
- 24 Fundoplication:**
1. Before surgery: type?
 2. During surgery: type?
 3. No
- 25 Frozen section (circle all that apply):**
1. Distal resection margin
 2. Proximal resection margin
 3. Lymph node
 4. None
 998. Not clear
- 26 Jejunio-cath (feeding enterostomy):**
1. Yes
 2. No
- 27 Curative intended treatment:**
1. Yes
 2. No (palliative resection)
 3. Rescue surgery (after curative chemoradiation)
 998. Not clear
- 28 Duration of surgery:** min (surgery start-stop)
- 29 Peroperative bleeding..... ml**
- For the following, count only midnights; morning Wednesday to evening Thursday = 1
- 30 Days at the ICU**
- 31 Days in respirator:**
- 32 Days in hospital:**
- 33 Further treatment in:**
1. Home
 2. Health care center (terveyskeskus)
 3. Another hospital
 4. Rehabilitation center
 5. Other _____
- 34 Complications in 90 days after operation:**
1. No
 2. Yes (fill in pages 6-10)
- 35 Reoperations in 90 days after operation:**
1. No
 2. Yes (fill in pages 6-10)
- 36 Adjuvant treatment**
- 1.No
 2. Chemotherapy
 3. Radiotherapy
- 37 Adjuvant treatment status**
1. Completed without complications
 2. Complications: _____
 3. Not completed, why? _____

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38 Proximal resection margin: mm

39 Distal resection margin: mm

40 Circumferential resection margin: mm

41 Histology:

1. Adenocarcinoma
2. Squamous cell carcinoma
3. High-grade dysplasia
4. Low-grade dysplasia
5. Other _____
- 999 Not clear

41.1 Laurén class:

1. Diffuse
2. Intestinal
3. Indeterminate
999. Unavailable

41.2 WHO histology classification (gastric cancer)

1. Papillary
2. Tubular
3. Mucinous
4. Signet ring / poorly cohesive
5. Other types, which _____
999. Unavailable

42 Preoperative stage (before any treatment)

T:

- 1 Tis
- 2 T1 – T3
- 3 T1
- 4 T2
- 5 T3
- 6 T4
- 7 Tx
- 8 T0

43 N:

- 1 N0
- 2 N1
- 3 N2
- 4 N3
- 999 not clear

44 M:

- 0 M0
- 1 MIa
- 2 MIb
- 999 Not Clear

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45 Postoperative stage (According to PAD or patient records)

T:

- 1 Tis
- 2 T1 – T3
- 3 T1
- 4 T2
- 5 T3
- 6 T4
- 7 Tx
- 8 T0

46 N:

- 1 N0
- 2 N1
- 3 N2
- 4 N3
- 999 not clear

47 Lymph nodes with metastasis: pcs

48 Number of Lymph nodes examined:..... pcs

49 M:

- 0 M0
- 1 MIa
- 2 MIb
- 999 Not Clear

50 G/Differentiation:

1. G1, well differentiated
2. G2, moderately differentiated
3. G3, poorly differentiated
4. GX, cannot be assessed

51 Tumor stage:

- 0 0 (pat only op)
- 1 I
- 2 IIA
- 3 IIB
- 4 III
- 5 IV
- 6 IVA
- 7 IVB
- 8 No cancer/dysplasia
- 9 Complete response after neo
- 999 not clear

52 Micr radically:	0 No	54 R0/R1/R2	1 R0
	1 Yes		2 R1
	999 Not clear		3 R2
			999 not clear

53 Macr radically:

- 0 No
- 1 Yes
- 999 Not Clear

55 Becker regression grade:

1. No tumor left (1a)
2. <10% tumor left (1b)
3. <10-50% tumor left (2)
4. >50% tumor left (3)
999. Not applicable

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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

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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
 - i. 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
 - i. Delayed conduit emptying requiring intervention or delaying discharge, or requiring nasogastric tube >7 days
 - j. Pancreatitis
 - k. Pancreatic fistula
 - l. Liver dysfunction
 - m. Biliary leakage

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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)

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7. Infection
 - 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,
reason.....
 - c. Multiple organ failure

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57 Clavien-Dindo classification for complications (only the most severe grade to be ticked)

0. No complications
1. Grade 1 (Any deviation from postoperative course, including antiemetics, 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)
4. Grade 4 (Life-threatening complications requiring IC/ICU-management, 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: _____

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