



GO SAFE Study

## DATA COLLECTION SHEET CRF C

### Operative details and early postoperative outcome

Center ID: \_\_\_\_\_

Patient code: \_\_\_\_\_

Cancer Site: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Endocrine (Thyroid, adrenal)               | <input type="checkbox"/> Head & Neck                                       |
| <input type="checkbox"/> Upper GI (Esophageal/gastric/small bowel)  | <input type="checkbox"/> Thoracic (Lung, mediastinum and pleura)           |
| <input type="checkbox"/> Lower GI (colorectal, anus)                | <input type="checkbox"/> Genito-urinary (kidney/ureter, bladder, prostate) |
| <input type="checkbox"/> HBP (Pancreatic, duodenum, liver, biliary) | <input type="checkbox"/> Gyn (Uterus, Ovary, Vulva)                        |
| <input type="checkbox"/> Peritoneum                                 | <input type="checkbox"/> Other _____                                       |
| <input type="checkbox"/> Soft tissue/Bone                           |  |

Type of procedure: \_\_\_\_\_

Date of surgery (dd/mm/yyyy): \_\_\_ / \_\_\_ / \_\_\_\_\_

Type of surgery:  curative  palliative (must include at least a specimen resection: e.i. partial gastrectomy or colectomy in a patient with distant metastases, peritonectomy +/- Hipec)

Type of anesthesia (tick all that apply):  general  epidural  spinal

Duration of anaesthesia (min): \_\_\_\_\_

Surgical approach:  open  minimally invasive  robotic  other (please specify \_\_\_\_\_)

Need of ICU stay:  No  Yes (n° of days: \_\_\_\_\_)

Blood transfusions during the surgical admission:  No  Yes (n° of Units of packed RBC's \_\_\_\_\_)

Date of discharge/transfer (dd/mm/yyyy): \_\_\_ / \_\_\_ / \_\_\_\_\_

Patient discharged to same preoperative setting:  No  Yes

Patient transferred to Medicine/Rehabilitation facility?  No  Yes

CRF C final version



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Geriatrician involved in postoperative care?  Yes  No

Did the patient receive any postoperative nutritional supplement?  Yes ( Oral  Enteral  Parenteral)  
 No

Tumor stage T\_\_\_\_ N\_\_\_\_ M\_\_\_\_ Stage \_\_\_\_\_ (TNM staging system seventh edition)

**30 day mortality**  No  Yes Date of death (dd/mm/yyyy) \_\_\_/\_\_\_/\_\_\_\_\_

(If Yes specify cause of death: \_\_\_\_\_ and living situation at that time  home independent  home with family/care giver  residential care  in-hospital  Medicine/Rehabilitation facility)

**30-day morbidity (Clavien-Dindo)**

Complications	Gr I	Gr II	Gr IIIa	Gr IIIb	Gr IVa	Gr IVb	Gr V	d
Respiratory								
Cardiac								
Renal								
Neurological								
Nutritional								
Pressure sores								
Analgesic problems								
Delirium								
Wound								
Others								

Gr = grade

d= if the patient suffers from the complication at the time of discharge