

Case Report Form - Small Cell Cancers of the Ovary (SCCO)

Patient ID

Center Initials

Record number

1. PATIENT : DEMOGRAPHIC DETAILS

1.1 Date of Birth:

1.2 investigator/group :

1.3 Pregnancy following medical management of cancer: Yes No Unknown

2. DIAGNOSIS

2.1 Date of diagnosis :

2.2 First histological diagnosis :

2.3 Histological review in an expert Center : Yes No

2.3.1 In case of histological review, report reviewed diagnosis..... SCCOHT SCCOPT

Other (please specify):

2.4 Disease Stage (The following stages are established according to the new FIGO classification, in effect since the 1st of January 2014, except in case of diagnosis established prior to this date. In this last case, the staging system used is the FIGO classification of 1988)

I II III IV Unknown

A B C NA Unknown

If stage IV, localization of metastases

2.5 Tumor markers measurement (prior to surgery) :

2.5.1 CA125 : unit ND

2.5.2 Hypercalcemia : unit ND

2.6 Availability of Biological samples :

2.6.1 Tumor sample available: Yes No

2.6.2 Blood sample available: Yes No

Case Report Form - Small Cell Cancers of the Ovary (SCCO)

Patient ID

Center Initials

Record number

3. FIRST-LINE THERAPY

3.1 Chemotherapy : Yes No Unknown

3.1.1 **If yes:**..... Neo adjuvant Adjuvant Both

3.1.2 **Chemotherapy regimen :** Carboplatin + Etoposide Cisplatin + Etoposide
 Other (please specify) :

3.1.3 **Number of cycles :**

3.1.4 **High dose chemotherapy :** Yes No

3.1.5 **Treatment end date :** / /

3.2 Primary Surgery : Yes No Unknown **Date :** / /

3.2.1 **Fertility-sparing surgery :** Yes No Unknown

3.2.2 **Type of surgical resection :**

Tumorectomy/Kystectomy Ovariectomy Unilateral Salpingo-oophorectomy
 Bilateral Salpingo-oophorectomy Partial hysterectomy Total hysterectomy
 Omentectomy Peritoneal cytology Lymphadenectomy

Other (please specify) :

3.2.3 **Tumor rupture :** Yes No NA

3.2.4 **Quality of surgical resection :** CC0 CC1 CC2 NA

3.3 Revision surgery : Yes No Unknown **Date :** / /

3.3.1 **Type of surgical resection :**

Ovariectomy Unilateral Salpingo-oophorectomy Bilateral Salpingo-oophorectomy
 Partial hysterectomy Total hysterectomy Omentectomy
 Peritoneal cytology Lymphadenectomy

Other (please specify) :

3.3.2 **Quality of revision surgery :** CC0 CC1 CC2 NA

3.3.3 **In case of multiple revision surgeries, date of last revision surgery:** / /

3.4 Adjuvant radiotherapy: Yes No Unknown

3.5 End treatment response : CR PR SD PD NA

Case Report Form - Small Cell Cancers of the Ovary (SCCO)

Patient ID

Center Initials

Record number

4. CLINICAL MANAGEMENT OF RELAPSE

4.1 Occurrence of relapse : Yes No Unknown Date :

4.1.1 Type of recurrence : Loco regional Metastatic Both

4.2 Second-line therapy :

4.2.1 Surgery : ... Yes No Unknown Date :

4.2.2 Chemotherapy : Yes No Treatment end date :

4.2.2.1 Protocol : _____

4.2.3 Radiotherapy : Yes No Treatment end date :

4.2.3.1 Total dose administered (in Gray):

4.2.4 End treatment response : CR PR SD PD NA

4.3 Third-line therapy : Date of relapse :

4.3.1 Chemotherapy : Yes No Treatment end date :

4.3.1.1 Protocol : _____

4.3.2 Radiotherapy : Yes No Treatment end date :

4.3.3. End treatment response : CR PR SD PD NA

Case Report Form - Small Cell Cancers of the Ovary (SCCO)

Patient ID

Center Initials

Record number

5. LAST CONTACT INFORMATION

5.1 Date of latest news (or date of death) : / /

5.2 Status of the patient at the date of latest news : Alive Deceased

5.2.1 In case of death, cause of death :

Cancer-related Treatment toxicity-related Unknown Other