

CRS REPORT – Diagnostic laparoscopy

Hospital – Institution:	City:	Country:
Patient ID:	Date of birth:	Date of laparoscopy:

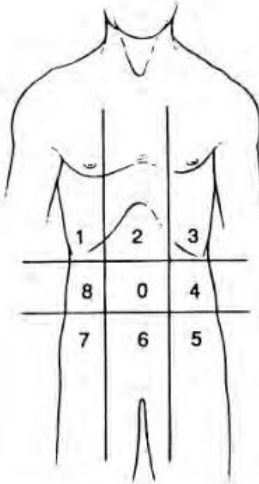
1. Surgery information

First surgeon:	Time of care:	Ca-125 IU/mL at the time of laparoscopy:	Performance Status- ECOG:
Second surgeon:			
Title of the procedure:		Duration of the procedure:	minutes

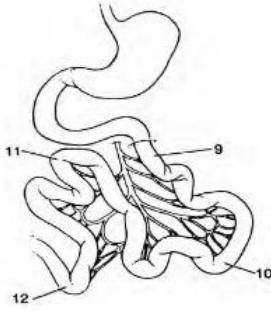
2. Surgical approach and findings

Type of approach:	Type of procedure: <i>If after neoadjuvant treatment: after cycles</i>
Volume of ascites (aspirated):	Adhesiolysis:

Peritoneal Cancer Index PCI of Sugarbaker¹



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



	PRE	
	Score	Not explorable
0 – Central		
1 – Right upper quadrant		
2 – Epigastrium		
3 – Left upper quadrant		
4 – Left flank		
5 – Left lower quadrant		
6 – Pelvis		
7 – Right lower quadrant		
8 – Right flank		
9 – Upper jejunum		
10 – Lower jejunum		
11 – Upper ileum		
12 – Lower ileum		
PCI SCORE		

CRS REPORT – Diagnostic laparoscopy

Peritoneal Index Value (PIV) or Fagotti score^{2,3}

	Initial PIV		Interval PIV	
	Lesion (No : 0 ; Yes : 2)	Non-explorable area	Lesion (No : 0 ; Yes : 2)	Non-explorable area
Extensive peritoneal carcinomatosis				
Omental cake				
Diaphragmatic carcinomatosis				
Gastrointestinal resection (other than colorectal)				
Mesenteric retraction				
Infiltration of the stomach/spleen/small omentum				
Liver metastases				
PIV = *				
*(>10 complete cytoreduction less likely) ² *(>4 complete cytoreduction less likely) ³				

Infiltration of areas

	Affected anatomical region	Area not explorable
Retraction of the mesenteric root		
Diffuse carcinomatosis of the small intestine		
Porta hepatis		

3. Surgical procedures

Annexectomy:	Frozen material: <i>Details if Yes</i>	Frozen section procedure: <i>Details if Yes</i>
Other procedures:		

4. Biopsies and cytological examinations

Biopsies	N°:	Site:	No. of samples:	Comments:
	N°:	Site:	No. of samples:	Comments:
	N°:	Site:	No. of samples:	Comments:
Cytological tests	N°:	Type of cytology:	Comments:	
	N°:	Type of cytology:	Comments:	
	N°:	Type of cytology:	Comments:	

CRS REPORT – Diagnostic laparoscopy

5. Drainage

Drains	N°:	Type:	Location:	Comments:
	N°:	Type:	Location:	Comments:
	N°:	Type:	Location:	Comments:

6. PIPAC

Context: <i>Details if administered in combination with chemotherapy:</i>	Protocol:		
Drug:	Dose:	Duration:	minutes

7. Planned treatment

Cytoreductive surgery: <i>Remarks:</i>	Chemotherapy: <i>Remarks:</i>
PIPAC: <i>Remarks:</i>	Other:

8. Intraoperative complications

Nb. of RBC transfused:	Estimated blood loss: cc
Severe complications during the operation:	

CRS REPORT – Diagnostic laparoscopy

9. Remarks

Report completed by

References :

Peritoneal Carcinosis Index

¹Sugarbaker, P. H. (1999). **Successful management of microscopic residual disease in large bowel cancer**. Cancer Chemother Pharmacol, 43 Suppl, S15-25.

Predictive Index-primary cytoreductive surgery:

²Fagotti A *et al.*, **A Laparoscopy-Based Score To Predict Surgical Outcome in Patients With Advanced Ovarian Carcinoma: A Pilot Study**. Annals of surgical oncology. (2006)

^{2bis}Fagotti, A., Ferrandina, G., Fanfani, F., Garganese, G., Vizzielli, G., Carone, V., Salerno, M. G., & Scambia, G. (2008). **Prospective validation of a laparoscopic predictive model for optimal cytoreduction in advanced ovarian carcinoma**. Am J Obstet Gynecol, 199(6), 642.e641-646.

Predictive Index-interval cytoreductive surgery:

³Fagotti, A., Fanfani, F., Vizzielli, G., Gallotta, V., Ercoli, A., Paglia, A., Costantini, B., Vigliotta, M., Scambia, G., & Ferrandina, G. (2010). **Should laparoscopy be included in the work-up of advanced ovarian cancer patients attempting interval debulking surgery?** Gynecologic oncology, 116(1), 72-77.