



CASE REPORT FORM (CRF)

Center N.: *automatic*; Case N.: *automatic*;

PATIENT DATA

- Date of consent to participate: dd/mm/yyyy;
- Gender: Male Female .
- Admission: Elective Urgent .
- Date of birth: dd/mm/yyyy;
- ASA class: I II III IV .
- Height: ___ cm;
- Weight: ___ Kg;
- MNA-SF: ___ (0-14) date:dd/mm/yyyy;
- PNI: ___ date: dd/mm/yyyy;
- EFS: ___ (0-17) date:dd/mm/yyyy;
- Diabetes: YES NO ; (if YES, HbA1c __, __ %)
- Chronic Renal Failure: YES NO ; (if YES, Creatinine __, __ mg/dL)
- Dialysis: YES NO .
- Perioperative steroids: YES NO .
- Neoadjuvant tx: YES NO .
- Chronic liver disease: YES NO .
- SARS-CoV-2: YES NO Untested

ERAS items

- | | | | |
|------------------------------|--|-------------------------------|--|
| 1) Physical prehabilitation | YES <input type="checkbox"/> NO <input type="checkbox"/> . | 14) Restr or GD fluid therapy | YES <input type="checkbox"/> NO <input type="checkbox"/> . |
| 2) Nutritional prehab | YES <input type="checkbox"/> NO <input type="checkbox"/> . | 15) PONV prophylaxis | YES <input type="checkbox"/> NO <input type="checkbox"/> . |
| 3) Psychologic prehab | YES <input type="checkbox"/> NO <input type="checkbox"/> . | 16) Multimodal analgesia** | YES <input type="checkbox"/> NO <input type="checkbox"/> . |
| 4) Counseling | YES <input type="checkbox"/> NO <input type="checkbox"/> . | 17) Mininvasive surgery*** | YES <input type="checkbox"/> NO <input type="checkbox"/> . |
| 5) Immunonutrition | YES <input type="checkbox"/> NO <input type="checkbox"/> . | 18) NG tube removed in OT | YES <input type="checkbox"/> NO <input type="checkbox"/> . |
| 6) DVT/PE Prophylaxis | YES <input type="checkbox"/> NO <input type="checkbox"/> . | 19) No major opiates | YES <input type="checkbox"/> NO <input type="checkbox"/> . |
| 7) Antibiotic prophylaxis | YES <input type="checkbox"/> NO <input type="checkbox"/> . | 20) No Drain(s) | YES <input type="checkbox"/> NO <input type="checkbox"/> . |
| 8) No Mech Bowel prep* | YES <input type="checkbox"/> NO <input type="checkbox"/> . | 21) Foley cath rem POD1-2 | YES <input type="checkbox"/> NO <input type="checkbox"/> . |
| 9) Preop CHO load | YES <input type="checkbox"/> NO <input type="checkbox"/> . | 22) Mobilization POD0 | YES <input type="checkbox"/> NO <input type="checkbox"/> . |
| 10) 2-6h preop fasting | YES <input type="checkbox"/> NO <input type="checkbox"/> . | 23) Oral fluids/solids POD 0 | YES <input type="checkbox"/> NO <input type="checkbox"/> . |
| 11) No Preanesthesia | YES <input type="checkbox"/> NO <input type="checkbox"/> . | 24) Predischage check | YES <input type="checkbox"/> NO <input type="checkbox"/> . |
| 12) Standard anesthetic prot | YES <input type="checkbox"/> NO <input type="checkbox"/> . | 25) Audit | YES <input type="checkbox"/> NO <input type="checkbox"/> . |
| 13) Normothermia control | YES <input type="checkbox"/> NO <input type="checkbox"/> . | | |

* if item 8) No Mechanic Bowel prep = NO, → menu a tendina: mechanical bowel preparation; oral antibiotics; oral antibiotics + mechanical bowel preparation; simple enema; other.

**if item 16) Multimodal analgesia = YES, → menu a tendina: peridural; spinal; TAP-Block; QL-block; ESp-Block; iv Lidocaine infusion; other.

*** if item 17) Mininvasive surgery = YES, → menu a tendina: laparoscopic; robotic; laparoscopic converted to open; robotic converted to laparoscopic; robotic converted to open.



PBM items

- | | | | |
|---------------------------|--|-------------------------------|--|
| 1) PBM expert group | YES <input type="checkbox"/> NO <input type="checkbox"/> | 8) Reduction of blood loss | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2) Preop anemia scrng | YES <input type="checkbox"/> NO <input type="checkbox"/> | 9) Postop anemia scrng | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3) Preop anemia mngt | YES <input type="checkbox"/> NO <input type="checkbox"/> | 10) Limit iatr blood samples | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 4) Preop correction of ID | YES <input type="checkbox"/> NO <input type="checkbox"/> | 11) Postop anemia mngt | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 5) Extended dx of anemia | YES <input type="checkbox"/> NO <input type="checkbox"/> | 12) Restr transf. thresholds | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 6) Timing of surgery | YES <input type="checkbox"/> NO <input type="checkbox"/> | 13) 1-unit at the time policy | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 7) Hemorr risk screening | YES <input type="checkbox"/> NO <input type="checkbox"/> | 14) Use of ESA | YES <input type="checkbox"/> NO <input type="checkbox"/> |

PREOPERATIVE ANEMIA DATA

Preop Hemoglobin value (1st visit): ____ g/L; date:dd/mm/yyyy;

Anemia (Hb<120♀-130♂ g/L): NO YES

(if YES, open new window with:)

Serum Iron: ____ µg/L; Ferritin: ____ µg/L;

Transferrin saturation: ____ %; C-reactive protein: ____ mg/L;

Vitamin B12: ____ pg/mL; Folates: ____, __ ng/mL;

Preop therapy:

- Preop oral iron supplementation: NO YES (if YES, total dose: ____ mg; days: ____)
- Preop iv sodium ferrogluconate: NO YES (if YES, total dose: ____ mg / No. of adms ____)
- Preop iv Ferric Carboxymaltose: NO YES (if YES, total dose: ____ mg / No. of adms ____)
- Preop PRBC transfusion(s): NO YES (if YES, No. of units: ____; Transfusion date: dd/mm/yyyy; Age of transfused unit(s): ____ days);
- Preop Vit. B12: NO YES (if YES, total dose: ____ Units / No. of adms ____)
- Preop Folic acid: NO YES (if YES, total dose: ____ mg / No. of adms ____)
- Preop ESA: NO YES (if YES, total dose: ____ IU)

Preop Hemoglobin value (after treatment): ____ g/L; date:dd/mm/yyyy;

**OPERATION DATA**

- Date of operation: dd/mm/yyyy;
- Length of operation _____ minutes;
- Estimated total blood loss: < 200 mL ; 200-500 mL ; > 500 mL ;
- Intraop PRBC transfusion(s): NO YES (if YES, No. of transfused units: ____; Age of transfused unit(s): ____ days);
- Indication to surgery: Diverticular ; IBD ; Lymphoma ; Endometriosis ; Polyp(s)* ; Cancer* ; Any Other ; (a tendina)

***if indication = cancer or Polyp(s), open new window with:**

- Location: Caecum ; Right colon ; Right Flexure ; Transverse ; Left flexure ; Left colon ; Sigmoid ; Rectum > 10 cm ; Rectum < 10 cm ; multiple sites ; (a tendina)
- pT__ pN__ pM__;
- Adjuvant therapy indicated YES NO ; if "YES": (Adjuvant therapy administered: NO YES ; (if YES) date started: dd/mm/yyyy;)

- Procedure: Right colectomy ; Transverse colectomy ; Splenic flexure colectomy ; Left colectomy ; Anterior resection* ; TaTME* ; Hartmann rev* ; (sub)total colectomy* ; Other ; (a tendina);

*If one of these is flagged distance anastomosis to external anal verge: ____ cm (range 2-30)

- Associated procedures: NO ; YES ;

(If "YES"): Minor Liver Rx ; Major liver Rx ; Cholecystectomy ; Bladder Rx ; Adnexectomy ; Hysterectomy ; Partial Duodenectomy ; Distal pancreatectomy ; Small bowel resection ; Splenectomy ; other colorectal resection ; other ;

- Anastomosis 1: manual ; stapled ; (a tendina)
- Anastomosis 2: End-to-End End-to-Side Side-to-End Side-to-Side isoperistaltic Side-to-Side anisoperistaltic ; (a tendina)
- Anastomosis 3: intracorporeal extracorporeal (a tendina)



- Circular stapler: NO YES

if "YES": type (a tendina):

J&J CDH29A ; J&J CDH33A ; J&J ECS29A ; J&J ECS33A ; J&J CDH29P ; J&J CDH31P ; J&J CDH25A

Lantex CS28 ; Lantex CS32 ; Lantex CS28L ; Lantex CS32L

Medtronic DST EEA28 ; Medtronic DST EEA28XL ; Medtronic DST EEA31 ; Medtronic DST EEA31XL ; Medtronic DST EEA33 ; Medtronic DST EEA33XL ; Medtronic TRIEEA28MT ; Medtronic TRIEEA28XT ; Medtronic

TRIEEA31MT ; Medtronic TRIEEA31XT ; Medtronic TRIEEA33MT ; Medtronic TRIEEA33XT ; Medtronic HEM3348 ; Medtronic HEM3335

TouchstoneCSC25A ; Touchstone CSC29A ; Touchstone CSC33A ; Touchstone ECSC29 ; Touchstone ECSC33

XNY Medical CS29 ; XNY Medical CS32

Other

- Protective stoma: NO YES

if "YES", open new window with:

- Anastomotic Check: TC enema ; RX enema ; MRI ; Endo ; (a tendina) Date dd/mm/yyyy;
- check findings Abnormal Normal ; (if "Abnormal", report to "Anastomotic Leak=YES"*)
- Stoma closed NO YES ; (if YES Stoma closed date:dd/mm/yyyy);

- Anastomotic air leak test (AALT) NO YES

(if "YES", open new window with:)

AALT: Normal ; Abnormal ; (if "Abnormal, open new window with:)

- Further actions: None ; Direct suture ; Protective stoma ; Suture & stoma ; redo anastomosis ; no anastomosis ; (a tendina)

- Anastomotic ICG-NIR-NBI test (ICG) NO YES

(if "YES", open new window with:)

- Detection system: Storz ; Olympus ; Novadaq ; Stryker ; Firefly ; Medtronic ; Other ; (a tendina)
- ICG: Normal ; Slightly abnormal Abnormal ; (a tendina) (if "Slightly abnormal" or "Abnormal", open new window with:)
- Further actions: None ; extend resection margins ; Direct suture ; Protective stoma ; Suture & stoma ; redo anastomosis ; no anastomosis ; (a tendina)

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- Planned ICU admission: NO ; YES (if yes) ICU LOS (days; 0-120): _____

POSTOPERATIVE COURSE DATA

- Anastomotic leak (AL) NO ; YES

(if yes, open new window)

- Date of AL diagnosis: dd/mm/year;
- Diagnosis type: Clinical ; gastrografen enema ; gastrografen CT ; iv. CT ; other ; (a tendina);
- AL Clavien Dindo grade: I ; II ; IIIa ; IIIb ; IVa ; IVb ; (a tendina)
- Unplanned ICU admission due to AL NO ; YES ; (if yes) ICU LOS (days; 0-120): _____
- Reoperation for AL NO ; YES

(if yes)

- Date of reoperation: dd/mm/yyyy;
- Type of reoperation: Anastomosis repair/redo without stoma ; Anastomosis repair/redo with proximal stoma ; Anastomosis breakdown with Hartmann/mucous fistula ; (a tendina)
- Short description of reoperation: (campo libero, max 100 caratteri)

- **Other complications**: NO

YES ; type (tendina vedi sotto); Clavien Dindo grade I ; II ; IIIa ; IIIb ; IVa ; IVb ; (a tendina)

YES ; type (tendina vedi sotto); Clavien Dindo grade I ; II ; IIIa ; IIIb ; IVa ; IVb ; (a tendina)

YES ; type (tendina vedi sotto); Clavien Dindo grade I ; II ; IIIa ; IIIb ; IVa ; IVb ; (a tendina)

YES ; type (tendina vedi sotto); Clavien Dindo grade I ; II ; IIIa ; IIIb ; IVa ; IVb ; (a tendina)

YES ; type (tendina vedi sotto); Clavien Dindo grade I ; II ; IIIa ; IIIb ; IVa ; IVb ; (a tendina)

Menu a tendina per "Other complications": Surgical site infection ; Abdominal bleeding ; Trocar/wound site bleeding ; Abdominal collection/abscess ; Deep wound dehiscence ; Intestinal obstruction ; Anastomotic bleeding ; Small bowel perforation ; Acute mesenteric ischemia ; Cardiac dysfunction & failure ; Pneumonia & pulmonary failure ; Neurologic (TIA, stroke, delirium) ; DVT/Pulmonary embolism ; acute renal failure ; Anemia ; Fever ; Urinary tract infection ; Urinary retention ; Paralytic ileus ; Acute peptic ulcer/erosive gastritis ; Other

- Reoperation for other complication YES ; NO

(if yes) Date of reoperation: dd/mm/year; and short description of reoperation: (campo libero)



- Unplanned ICU admission due to other complication NO ; YES ; (if yes) ICU LOS (days): _____
- Date of Readiness for discharge*: dd/mm/yyyy;
- Date of actual discharge**: dd/mm/yyyy

*(patient able to tolerate oral intake, adequate pain control with oral analgesia, able to mobilize and self-care, full return of lower GI function, no evidence of complications or untreated medical problems)

** if different for date of readiness for discharge, open new window (tendina) with: not willing to return home ; social constraint ; needing postoperative rehabilitation

- Death NO ; YES ; (if YES date: dd/mm/year);
- Readmission NO ; YES ; (if YES date of readmission: dd/mm/year);
- Date of final discharge: dd/mm/year;
- Date of last follow-up: dd/mm/year;

POSTOPERATIVE ANEMIA DATA

- Hemoglobin value (POD1): _____ g/L; date:dd/mm/yyyy;
- Hemoglobin value (POD4): _____ g/L; date:dd/mm/yyyy;
- Hemoglobin value (discharge): _____ g/L; date:dd/mm/yyyy;
- Hemoglobin value (6-8 weeks): _____ g/L; date:dd/mm/yyyy;

Postoperative therapy:

- Postop oral iron supplementation: NO YES (if YES, total dose: _____ mg; days: _____)
- Postop Iv Iron gluconate (Ferlixit™): NO YES (if YES, total dose: _____ mg / No. of adms _____)
- Postop iv Ferric Carboxymaltose (Ferinject™): NO YES (if YES, total dose: _____ mg / No. of adms _____)
- Postop PRBC transfusion(s): NO YES (if YES, No. of units: ____; Transfusion date: dd/mm/yyyy; Age of transfused unit(s): ____ days);
- Postop Vit. B12: NO YES (if YES, total dose: _____ Units / No. of adms _____)
- Postop Folic acid: NO YES (if YES, total dose: _____ mg / No. of adms _____)
- Postop ESA: NO YES (if YES, total dose: _____ IU)



Euro-QoL Group EQ-5D-5L™ Date dd/mm/yyyy

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY (menu a tendina)

- I have no problems in walking about 5
- I have slight problems in walking about 4
- I have moderate problems in walking about 3
- I have severe problems in walking about 2
- I am unable to walk about 1

SELF-CARE (menu a tendina)

- I have no problems washing or dressing myself 5
- I have slight problems washing or dressing myself 4
- I have moderate problems washing or dressing myself 3
- I have severe problems washing or dressing myself 2
- I am unable to wash or dress myself 1

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities) (menu a tendina)

- I have no problems doing my usual activities 5
- I have slight problems doing my usual activities 4
- I have moderate problems doing my usual activities 3
- I have severe problems doing my usual activities 2
- I am unable to do my usual activities 1

PAIN / DISCOMFORT (menu a tendina)

- I have no pain or discomfort 5
- I have slight pain or discomfort 4
- I have moderate pain or discomfort 3
- I have severe pain or discomfort 2
- I have extreme pain or discomfort 1

ANXIETY / DEPRESSION (menu a tendina)

- I am not anxious or depressed 5
- I am slightly anxious or depressed 4
- I am moderately anxious or depressed 3
- I am severely anxious or depressed 2
- I am extremely anxious or depressed 1

YOUR HEALTH TODAY (0-worst; 100-best) =

TOTAL (somma automatica, 5-125)



MD Anderson Symptom Inventory for gastrointestinal surgery patients (MDASI-GI) Date
dd/mm/yyyy ; preoperative ; discharge ; late

Part I: How severe are your symptoms? We ask you to rate how severe the following symptoms have been **during the last 24 hours**. Please select a number from 0 (symptom has not been present) to 10 (the symptom was as bad as you imagine it could be).

1	Pain at its worst	0-10 (a tendina)
2	Fatigue (tiredness) at its worst	0-10 (a tendina)
3	Nausea at its worst	0-10 (a tendina)
4	Disturbed sleep at its worst	0-10 (a tendina)
5	Distressed (upset) at its worst	0-10 (a tendina)
6	Shortness of breath at its worst	0-10 (a tendina)
7	Problem with remembering things at its worst	0-10 (a tendina)
8	Lack of appetite at its worst	0-10 (a tendina)
9	Feeling drowsy (sleepy) at its worst	0-10 (a tendina)
10	Dry mouth at its worst	0-10 (a tendina)
11	Sadness at its worst	0-10 (a tendina)
12	Vomiting at its worst	0-10 (a tendina)
13	Numbness or tingling at its worst	0-10 (a tendina)
14	Constipation at its worst	0-10 (a tendina)
15	Diarrhea (watery stools) at its worst	0-10 (a tendina)
16	Difficulty swallowing at its worst	0-10 (a tendina)
17	Change in taste at its worst	0-10 (a tendina)
18	Feeling bloated at its worst	0-10 (a tendina)

Part II: How have your symptoms interfered with your life? How much have your symptoms interfered with the following items **during the last 24 hours**. Please select a number from 0 (symptoms have not interfered) to 10 (symptoms interfered completely).

19	General activity	0-10 (a tendina)
20	Mood	0-10 (a tendina)
21	Work (home)	0-10 (a tendina)

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- | | | |
|----|----------------|------------------|
| 22 | Relations | 0-10 (a tendina) |
| 23 | Walking | 0-10 (a tendina) |
| 24 | Life enjoyment | 0-10 (a tendina) |

TOTAL (somma automatica, 0-240)





FUNCTIONAL ASSESSMENT OF CHRONIC ILLNESS THERAPY (FACIT)[®] FACT-C Date dd/mm/yyyy

Instructions:* 1. Record answers in "item response" column. If missing, mark with an X; 2. Perform reversals as indicated, and sum individual items to obtain a score; 3. Multiply the sum of the item scores by the number of items in the subscale, then divide by the number of items answered. This produces the subscale score; 4. Add subscale scores to derive total FACT-C score. The higher the score, the better the QOL.

Subscale	Item Code	Reverse item	Item response		Item Score
PHYSICAL	GP1	4 -	<input type="checkbox"/>	=	<input type="checkbox"/>
WELL-BEING	GP2	4 -	<input type="checkbox"/>	=	<input type="checkbox"/>
(PWB)	GP3	4 -	<input type="checkbox"/>	=	<input type="checkbox"/>
	GP4	4 -	<input type="checkbox"/>	=	<input type="checkbox"/>
	GP5	4 -	<input type="checkbox"/>	=	<input type="checkbox"/>
	GP6	4 -	<input type="checkbox"/>	=	<input type="checkbox"/>
	GP7	4 -	<input type="checkbox"/>	=	<input type="checkbox"/>

SUM GP1-GP7: Multiply x 7: Divide by number of items answered: =PWB subscale score

SOCIAL/FAMILY	GS1				<input type="checkbox"/>
WELL-BEING	GS2				<input type="checkbox"/>
(SWB)	GS3				<input type="checkbox"/>
	GS4				<input type="checkbox"/>
	GS5				<input type="checkbox"/>
	GS6				<input type="checkbox"/>

If Q1= NO, stop here; if Q1=YES, open one more question

	GS7				<input type="checkbox"/>
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SUM GS1-GS7: Multiply x 7: Divide by number of items answered: =SWB subscale score

EMOTIONAL	GE1	4 -	<input type="checkbox"/>	=	<input type="checkbox"/>
WELL-BEING	GE2				<input type="checkbox"/>
(EWB)	GE3	4 -	<input type="checkbox"/>	=	<input type="checkbox"/>
	GE4	4 --	<input type="checkbox"/>	=	<input type="checkbox"/>
	GE5	4 -	<input type="checkbox"/>	=	<input type="checkbox"/>
	GE6	4 -	<input type="checkbox"/>	=	<input type="checkbox"/>

Scheda Paziente (CRF)



SUM GE1-GE7: Multiply x7: Divide by number of items answered: =EWB subscale score

FUNCTIONAL	GF1				<input type="checkbox"/>
WELL-BEING	GF2				<input type="checkbox"/>
(FWB)	GF3				<input type="checkbox"/>
	GF4				<input type="checkbox"/>
	GF5				<input type="checkbox"/>
	GF6				<input type="checkbox"/>
	GF7				<input type="checkbox"/>

SUM GF1-GF7: Multiply x 7: Divide by number of items answered: =FWB subscale score

OTHER	OP1	4 -	<input type="checkbox"/>	=	<input type="checkbox"/>
PROBLEMS	OP2	4 -	<input type="checkbox"/>	=	<input type="checkbox"/>
(OP)	OP3				<input type="checkbox"/>
	OP4				<input type="checkbox"/>
	OP5	4 -	<input type="checkbox"/>	=	<input type="checkbox"/>
	OP6				<input type="checkbox"/>
	OP7				<input type="checkbox"/>

If Q2= NO, stop here; if Q2=YES, open two more questions

	OP8	4 -	<input type="checkbox"/>	=	<input type="checkbox"/>
	OP9	4 -	<input type="checkbox"/>	=	<input type="checkbox"/>

SUM OP1-OP7 (OP9 if Q2=YES): Multiply x 7 (x 9 if Q2=YES): Divide by number of items answered: =OP subscale score

TOTAL SCORE: PWB + SWB + EWB + FWB + OP = FACT-C score



PROMs SUMMARY

Score	Preoperative	At discharge	Late
	Date: dd/mm/yyyy	date: dd/mm/yyyy	date: dd/mm/yyyy
EQ-5D-5L (5-125)	□□□	□□□	□□□
MDASI-GI (0-240)	□□□	□□□	□□□
FACT-C (0-144)	□□□	□□□	□□□