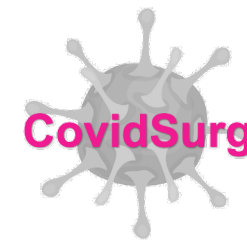




Case Report Form Oesophagogastric

NB: Complete this additional CRF only for patients that have oesophagogastric cancer.



Patient REDCap ID: _____

Cancer-specific information

Oesophagogastric: Location

Select all that apply

- ☐ Upper 1/3 oesophagus ☐ Middle 1/3 oesophagus
☐ Lower 1/3 or junctional oesophagus
☐ Proximal gastric ☐ Distal gastric

Management

Operation details

- ☐ 2-stage oesophagectomy
☐ 3-stage oesophagectomy
☐ Transhiatal oesophagectomy
☐ Total gastrectomy
☐ Subtotal/distal gastrectomy
☐ Other: _____

Approach for abdominal phase

- ☐ Open
☐ Minimally invasive
☐ Converted to open

Approach for thoracic phase

- ☐ Open
☐ Minimally invasive
☐ Converted to open
☐ Not applicable

Gastric: Tumour type

- ☐ Adenocarcinoma
☐ Lymphoma
☐ GIST
☐ Carcinoid
☐ Other: _____

Oesophageal: Tumour type

- ☐ Adenocarcinoma
☐ Squamous cell carcinoma
☐ Other: _____