Table 4: Structured reporting template for ovarian cancer

| Ovariar | mass: |
|---------|---|
| - | Is this an ovarian mass? (Yes/ No) |
| - | Unilateral/ bilateral |
| - | Solid/ solid cystic/ predominantly cystic |
| - | Margins: irregular papillary/ smoothly lobulated or bosselated surface |
| - | Calcification |
| - | Abuts/ loses plane/ infiltrates - uterus, rectum, sigmoid colon, distal ureters |
| Extent | of peritoneal spread: |
| - | Ascites: mild/ moderate/ large |
| - | Omental disease: stranding/ nodules/ caking |
| - | Size of largest peritoneal disease: <2 cm/ >2 cm |
| - | rPCI |
| Jnfavo | able sites of involvement which makes complete cytoreduction less likely: |
| - | Thick plaque like subdiaphragmatic disease (Yes/ No) |
| - | Disease involving intersegmental fissures of the liver, porta, GB fossa, lesser omentum (Yes/ No) |
| - | Disease encasing stomach and left gastric artery (Yes/ No) |
| - | Small bowel obstruction (Yes/ No) |
| - | Root of mesentery (Yes/No) |
| - | Small bowel mesentery (Yes/ No) |
| - | Para-aortic nodes above the renal vessels (Yes/ No) |
| - | Hydronephrosis (Yes/ No) |
| - | Pelvic side wall infiltration (Yes/ No) |
| - | lliac vessel encasement (Yes/ No) |
| - | Pre-sacral disease (Yes/ No) |
| - | Abdominal wall disease (Yes/ No) |
| Vetasta | ises: |
| - | Nodes: inguinal/ cardio-phrenic/ celiac/ axillary/ mediastinal/ supraclavicular (Yes/ No) |
| - | Umbilical metastases (Yes/ No) |
| - | Pleural effusion (Yes/ No) |
| - | Liver, spleen, lungs (Yes/ No) |
| Are the | re any other primaries? (Yes/ No) |
| - | Stomach, colon, appendix, gallbladder, pancreas, urachus |
| | • • |
| CT-FIG | O stage: |