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CASE REPORT FORM

LASTING Symptoms after Oesophageal Resectional Surgery (LASORS)

Participant Identification Number for this trial:

Name of place of surgery:

Current age of patient:

Gender: Male

Female

Height at surgery (cm):

Weight at surgery (kg):

Current weight (kg):

Date of surgery:

Preoperative medical comorbidities:

- Ischaemic Heart Disease
- Congestive heart failure
- Cerebrovascular disease
- Peripheral Vascular disease
- Dementia
- Chronic obstructive pulmonary disease
- Peptic ulcer disease
- Mild liver disease
- Diabetes
- Renal disease

ASA Grade:

- I
- II
- III
- IV

- Anastomosis location:** Cervical
- Thoracic
- Surgical technique:** Transhiatal
- Ivor-Lewis (2-stage)
- McKeown (3-stage)
- Left thoracoabdominal
- Colonic interposition
- Other – please specify

How was the anastomosis constructed?

- Linear Stapler
- Circular Stapler (please state diameter if known)
- Hand sewn

- Alignment of anastomosis:** End to end
- End to side
- Side to side
- Other (please specify)

Surgical access:

- Total Minimally Invasive Oesophagectomy
- Hybrid Minimally Invasive Oesophagectomy (Open abdominal and thoracoscopy)
- Hybrid Minimally Invasive Oesophagectomy (Laparoscopy and open thoracotomy)
- Total Open Oesophagectomy

Pyloric management:

- No drainage procedure
- Pyloroplasty
- Pyloromyotomy
- Manual pyloric dilatation or stretch
- Botulinum injection
- Other (please specify)

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- Was a feeding jejunostomy inserted?** Yes
- No
- Neoadjuvant therapy:** Combination chemoradiotherapy
- Radiotherapy alone
- Chemotherapy alone
- None
- Chemotherapy or chemoradiotherapy regimen:**
- CROSS
- MAGIC
- FLOT
- Other
- Unknown

CROSS - Paclitaxel (50 mg/m²) and Carboplatin (Area-Under-Curve = 2) administered by i.v. infusion on days 1, 8, 15, 22, and 29. External beam radiation with a total dose of 41.4 Gy given in 23 fractions of 1.8 Gy, 5 fractions a week.

MAGIC - Three preoperative and three postoperative cycles of intravenous epirubicin (50 mg per square meter of body-surface area) and cisplatin (60 mg per square meter) on day 1, and a continuous intravenous infusion of fluorouracil (200 mg per square meter per day) for 21 days.

- Adjuvant therapy:** Combination chemoradiotherapy
- Radiotherapy alone
- Chemotherapy alone
- None
- Pathological T stage:** T0
- T1
- T2
- T3
- T4
- Pathological N stage 7th Edition:** N0
- N1
- N2+
- Pathological TNM stage 7th Edition:** Stage I
- Stage II
- Stage III
- Stage IV

- Tumour histological subtype:**
- Adenocarcinoma
 - SCC
 - Other

Postoperative complications (use complications platform from Low DE et al. *Annals of Surgery* 262 (2):286-294 2015):

- Pulmonary
- Cardiac
- Gastrointestinal
- Urologic
- Thromboembolic
- Neurologic/psychiatric
- Infection
- Wound/diaphragm
- Other

Please specify pulmonary complication:

- Pneumonia
- Pleural effusion requiring additional drainage procedure
- Pneumothorax requiring treatment
- Atelectasis mucous plugging requiring bronchoscopy
- Respiratory failure requiring reintubation
- Acute respiratory distress syndrome (Berlin definition)
- Acute aspiration
- Tracheobronchial injury
- Chest tube maintenance for air leak for >10 days postoperatively

Please specify cardiac complication:

- Cardiac arrest requiring CPR
- Myocardial infarction as defined by the World Health Organisation
- Dysrhythmia atrial requiring treatment
- Dysrhythmia ventricular requiring treatment
- Congestive heart failure requiring treatment
- Pericarditis requiring treatment

Please specify gastrointestinal complication:

- Oesophagoenteric leak from anastomosis, stapled line or localised conduit necrosis
- Conduit necrosis/failure
- Ileus defined as small bowel dysfunction preventing or delayed enteral feeding
- Small bowel obstruction
- Feeding J-tube complication

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- Pyloromyotomy/pyloroplasty complication
- Clostridium Difficile infection
- Gastrointestinal bleeding requiring intervention or transfusion
- Delayed conduit emptying requiring intervention or delayed discharge or requiring maintenance of nasogastric drainage >7 days postoperatively
- Pancreatitis
- Liver dysfunction

Please specify urological complication:

- Acute renal insufficiency (defined as doubling of baseline creatinine)
- Acute renal failure requiring dialysis
- Urinary tract infection
- Urinary retention requiring reinsertion of urinary catheter, delaying discharge or discharge with a urinary catheter

Please specify thromboembolic complication:

- Deep vein thrombosis
- Pulmonary embolus
- Stroke (CVA)
- Peripheral thrombophlebitis

Please specify neurologic/psychiatric complication:

- Recurrent nerve injury
- Other neurologic injury
- Acute delirium
- Delirium tremens

Please specify infection complication:

- Wound infection requiring opening of wound or antibiotics
- Central i.v. line infection requiring removal of antibiotics
- Intrathoracic/intra-abdominal abscess
- Generalised sepsis
- Other infections requiring antibiotics

Please specify wound/diaphragm complication:

- Thoracic wound dehiscence
- Acute abdominal wall dehiscence/hernia
- Acute diaphragmatic hernia

Please specify other complication:

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- Chyle leak
- Reoperation for reasons other than bleeding, anastomotic leak or conduit necrosis
- Multiple organ dysfunction syndrome

Late symptoms requiring intervention (>90 days following surgery):

- Stricture
- Delaying emptying (requiring dilatation)
- Other

Maximum Clavien-Dindo Classification of postoperative complication (include 30-day complications or in-patient stay – whichever is the longest)

- I
- II
- III
- IV