

Supplement 2

Radiological PCI

Select the structure with the largest tumor deposit in the region, select the type of lesion and the score (any one in each column)

Region	Structure	Morphology (select any one)	Lesion score
0	Midline incision <input type="checkbox"/> Anterior parietal peritoneum <input type="checkbox"/> Greater omentum <input type="checkbox"/> Transverse colon <input type="checkbox"/> Gastrocolic ligament <input type="checkbox"/> Transverse mesocolon <input type="checkbox"/>	Normal peritoneum <input type="checkbox"/> Tumour nodule <input type="checkbox"/> Scalloping <input type="checkbox"/> Calcification <input type="checkbox"/> Thickening <input type="checkbox"/> Confluent disease <input type="checkbox"/> Infiltration of fat tissue <input type="checkbox"/> Omental cake <input type="checkbox"/> Retraction <input type="checkbox"/>	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
1	Right hepatic lobe surface <input type="checkbox"/> Diaphragm <input type="checkbox"/> Foramen of Winslow <input type="checkbox"/> Gallbladder <input type="checkbox"/> Hepatorenal recess <input type="checkbox"/>	Normal peritoneum <input type="checkbox"/> Tumour nodule <input type="checkbox"/> Scalloping <input type="checkbox"/> Calcification <input type="checkbox"/> Thickening <input type="checkbox"/> Confluent disease <input type="checkbox"/> Infiltration of fat tissue <input type="checkbox"/> Retraction <input type="checkbox"/>	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
2	Left hepatic lobe surface <input type="checkbox"/> Lesser omentum <input type="checkbox"/> Hepatic hilum <input type="checkbox"/> Falciform ligament <input type="checkbox"/>	Normal peritoneum <input type="checkbox"/> Tumour nodule <input type="checkbox"/> Scalloping <input type="checkbox"/> Calcification <input type="checkbox"/> Thickening <input type="checkbox"/> Confluent disease <input type="checkbox"/> Infiltration of fat tissue <input type="checkbox"/> Retraction <input type="checkbox"/>	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
3	Surface of spleen <input type="checkbox"/> Left diaphragmatic peritoneum <input type="checkbox"/> Tail of pancreas and hilum of the spleen <input type="checkbox"/> Anterior and posterior stomach surfaces <input type="checkbox"/>	Normal peritoneum <input type="checkbox"/> Tumour nodule <input type="checkbox"/> Scalloping <input type="checkbox"/> Calcification <input type="checkbox"/> Thickening <input type="checkbox"/> Confluent disease <input type="checkbox"/> Infiltration of fat tissue <input type="checkbox"/> Retraction <input type="checkbox"/>	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
4	Left colon <input type="checkbox"/> Left paracolic gutter <input type="checkbox"/> Left mesocolon <input type="checkbox"/>	Normal peritoneum <input type="checkbox"/> Tumour nodule <input type="checkbox"/> Scalloping <input type="checkbox"/> Calcification <input type="checkbox"/> Thickening <input type="checkbox"/> Confluent disease <input type="checkbox"/>	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

		Infiltration of fat tissue <input type="checkbox"/> Retraction <input type="checkbox"/>	
5	Left pelvic peritoneum <input type="checkbox"/> Secondary root of the mesosigmoid <input type="checkbox"/> Sigmoid colon <input type="checkbox"/>	Normal peritoneum <input type="checkbox"/> Tumour nodule <input type="checkbox"/> Scalloping <input type="checkbox"/> Calcification <input type="checkbox"/> Thickening <input type="checkbox"/> Confluent disease <input type="checkbox"/> Infiltration of fat tissue <input type="checkbox"/> Retraction <input type="checkbox"/>	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
6	Uterus <input type="checkbox"/> Left Fallopian tube <input type="checkbox"/> Right Fallopian tube <input type="checkbox"/> Left ovary <input type="checkbox"/> Right ovary <input type="checkbox"/> Bladder <input type="checkbox"/> Pouch of Douglas <input type="checkbox"/> Rectosigmoid junction <input type="checkbox"/>	Normal peritoneum <input type="checkbox"/> Tumour nodule <input type="checkbox"/> Scalloping <input type="checkbox"/> Calcification <input type="checkbox"/> Thickening <input type="checkbox"/> Confluent disease <input type="checkbox"/> Infiltration of fat tissue <input type="checkbox"/> Retraction <input type="checkbox"/>	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
7	Right pelvic peritoneum <input type="checkbox"/> Cecum <input type="checkbox"/> Appendix <input type="checkbox"/> Mesoappendix <input type="checkbox"/>	Normal peritoneum <input type="checkbox"/> Tumour nodule <input type="checkbox"/> Scalloping <input type="checkbox"/> Calcification <input type="checkbox"/> Thickening <input type="checkbox"/> Confluent disease <input type="checkbox"/> Infiltration of fat tissue <input type="checkbox"/> Retraction <input type="checkbox"/>	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
8	Right colon <input type="checkbox"/> Right paracolic gutter <input type="checkbox"/> Right mesocolon <input type="checkbox"/>	Normal peritoneum <input type="checkbox"/> Tumour nodule <input type="checkbox"/> Scalloping <input type="checkbox"/> Calcification <input type="checkbox"/> Thickening <input type="checkbox"/> Confluent disease <input type="checkbox"/> Infiltration of fat tissue <input type="checkbox"/> Retraction <input type="checkbox"/>	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
9	Proximal jejunum <input type="checkbox"/> Proximal mesojejunum <input type="checkbox"/>	Normal peritoneum <input type="checkbox"/> Tumour nodule <input type="checkbox"/> Scalloping <input type="checkbox"/> Calcification <input type="checkbox"/> Thickening <input type="checkbox"/> Confluent disease <input type="checkbox"/> Infiltration of fat tissue <input type="checkbox"/> Mesenteric retraction <input type="checkbox"/>	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
10	Distal jejunum <input type="checkbox"/> Distal mesojejunum <input type="checkbox"/>	Normal peritoneum <input type="checkbox"/> Tumour nodule <input type="checkbox"/> Scalloping <input type="checkbox"/> Calcification <input type="checkbox"/> Thickening <input type="checkbox"/> Confluent disease <input type="checkbox"/> Infiltration of fat tissue <input type="checkbox"/> Mesenteric retraction <input type="checkbox"/>	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

11	Proximal ileum [] Proximal mesoileum []	Normal peritoneum [] Tumour nodule [] Scalloping [] Calcification [] Thickening [] Confluent disease [] Infiltration of fat tissue [] Mesenteric retraction []	0 [] 1 [] 2 [] 3 []
12	Distal ileum [] Distal ileum []	Normal peritoneum [] Tumour nodule [] Scalloping [] Calcification [] Thickening [] Confluent disease [] Infiltration of fat tissue [] Mesenteric retraction []	0 [] 1 [] 2 [] 3 []
	Total		

Key points

- Each structure is considered only in one region. For e.g., a large omental cake may extend beyond region 0, but should be scored only in region 0
- When assigning the lesion score, the score of the structure bearing the largest tumor deposit should be considered and the morphology of that lesion scored
- The morphological features are defined as follows
 1. **Normal peritoneum**- Absence of any of the changes described below.
 2. **Tumor nodule** : Elevated mass with a round or irregular appearance
 3. **Scalloping**- A series of indentations or erosion on the smooth margin of a visceral structure (can be one or more). This is most commonly seen in case of mucinous peritoneal deposits on the diaphragmatic peritoneum that indent the surface of the liver or the spleen
 4. **Calcification** Presence of one or more areas of calcification
 5. **Thickening**: Normal peritoneal tissues are relatively thin measuring <3 mm in thickness and typically show only no or mild enhancement that is less than or equal to that of the liver parenchyma. Obvious thickening, especially if it is irregular or nodular as well as marked peritoneal enhancement should be considered as peritoneal metastases in a known case of peritoneal metastases.
 6. **Confluent disease**: More than one nodule in a region with the intervening peritoneum showing abnormalities like smaller nodules or thickening. Alternatively, when the edges of discrete nodules become confluent.
 7. **Infiltration of fat tissue**: Infiltration of the adipose tissue (whatever the structure involved-- mesentery -omenta – ligaments -mesocolon) is reported as suggestive of peritoneal metastases if at least confluent or pseudo-nodular in some areas, or nodular or mass-like. In absence of diffuse mass-like disease scored 3 (ex: omental cake), the lesion should be scored considering it as focal in absence of measurable lesion and score 2 even if >5cm to avoid overestimation due to a misleading part of resorption, or measuring the maximum length of soft tissue portion < 5cm – score 2 or > 5cm -score 3.

8. **Mesenteric retraction:** Tumor induced fibrosis and foreshortening of the mesentery leading to clumping of the bowel loops.