



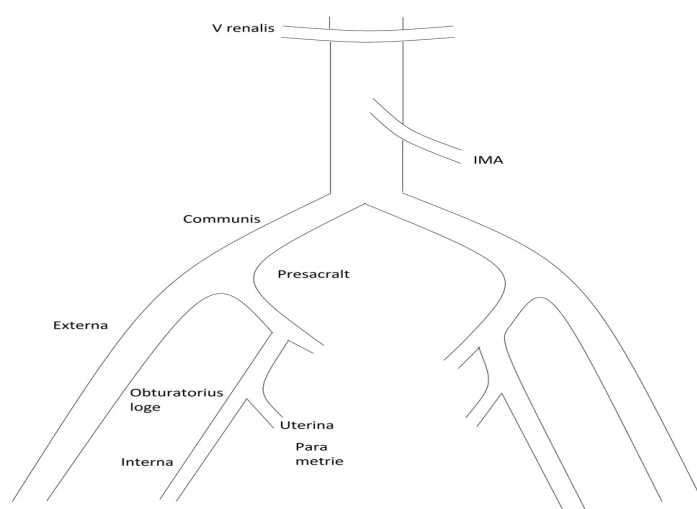
RACC-TRIAL OPERATIVE REPORT

Participant ID: _____

Hospital/Institution:		City:	Country:
Date of surgery (ddmmyyy):		Surgical approach according to randomisation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surgical approach		<input type="checkbox"/> Robot-assisted laparoscopic	<input type="checkbox"/> Laparotomy
Operation time skin to skin: minutes	OR time Patient in Patient out: minutes	Estimated blood loss: mL	
Type of radical hysterectomy according to Querleu-Morrow classification <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1			
Vaginal closure before colpotomy (any method)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Salpingectomy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Oophorectomy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Transposition of ovaries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Nerve sparing surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Converted from Robotic to Open surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, select indication(s)	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Surgical complexity/adhesions	<input type="checkbox"/> Macroscopic dissemination of disease in the abdomen Specify: <input type="checkbox"/> Lymph node <input type="checkbox"/> Parametrium <input type="checkbox"/> Other: _____
Any intraoperative complications	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, specify:	Severity (grade) according to Rosenthal et al.	Severity (class) according to Kaafarani et al.	
<input type="checkbox"/> Urinary bladder	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Ureter	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Small Bowel	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Colon	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Small bowel	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Blood Vessel	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Abdominal wall	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	

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Part of the sentinel lymph node sub-study <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, other than RACC-trial protocol <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, specify method: _____	
Other Sentinel lymph node algorithm than RACC-trial algorithm		<input type="checkbox"/> Unilateral pelvic mapping <input type="checkbox"/> Bilateral pelvic mapping		In case of uni or bilateral non-mapping, has sampling been performed according to the trial protocol (mandatory): <input type="checkbox"/> Yes <input type="checkbox"/> No	
RACC-protocol Sentinel lymph node mapping <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, display after first injection: UPP Right after first injection <input type="checkbox"/> Yes <input type="checkbox"/> No UPP Left after first injection <input type="checkbox"/> Yes <input type="checkbox"/> No LPP Right after first injection <input type="checkbox"/> Yes <input type="checkbox"/> No LPP Left after first injection <input type="checkbox"/> Yes <input type="checkbox"/> No		Reinjection of ICG in the Uterine cervix: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, display after reinjection: UPP Right after reinjection <input type="checkbox"/> Yes <input type="checkbox"/> No UPP Left after reinjection <input type="checkbox"/> Yes <input type="checkbox"/> No LPP Right after reinjection <input type="checkbox"/> Yes <input type="checkbox"/> No LPP Left after reinjection <input type="checkbox"/> Yes <input type="checkbox"/> No			
Localisation of SLN UPP Right: <input type="checkbox"/> External iliacs <input type="checkbox"/> Obturator <input type="checkbox"/> Common iliacs		Type of SLN UPP Right: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Macro <input type="checkbox"/> Sampling			
Localisation of SLN UPP Left: <input type="checkbox"/> External iliacs <input type="checkbox"/> Obturator <input type="checkbox"/> Common iliacs		Type of SLN UPP Left: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Macro <input type="checkbox"/> Sampling			
Localisation of SLN LPP Right: <input type="checkbox"/> Iliaca interna medial side <input type="checkbox"/> Presacral <input type="checkbox"/> Paraaortic below IMA		Type of SLN LPP Right: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Macro <input type="checkbox"/> Sampling			
Localisation of SLN LPP Left: <input type="checkbox"/> Iliaca interna medial side <input type="checkbox"/> Presacral <input type="checkbox"/> Paraaortic below IMA		Type of SLN LPP Left: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Macro <input type="checkbox"/> Sampling			
Extra-pelvic ICG positive lymph node without ICG positive lymph node in the pelvis: <input type="checkbox"/> Yes <input type="checkbox"/> No			ICG uptake in IP ligament: <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<p>Instructions: Only one marking for each Sentinel lymph node with jar number and type of SLN, see below.</p> <ul style="list-style-type: none"> <input type="radio"/> = SLN type 1 (ICG positive sentinel node) <input type="checkbox"/> = SLN type 2 (ICG negative node with obvious afferent ICG positive lymphatic vessel adjacent to the uterus) X = SLN macro (By the naked eye lymph node suspicious of metastasis with or without uptake of ICG) <input type="triangle-up"/> = SLN-sampling (non-display of ICG, mapping failure, see Figure 3 for exact anatomic locations to sample) 			
Date (ddmmyyyy) of completion of this operative report:			Operative report filled by Dr:		

Labeling of lymph node specimens RACC trial

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Number	Lymph node basin/station	Number to pathologist*
1	LN External iliacs Right side	
2	LN Obturator fossa Right side	
3	LN Common iliacs Right side	
4	LN Presacral Right side	
5	LN External iliacs Left side	
6	LN Obturator fossa Left side	
7	LN Common iliacs Left side	
8	LN Presacral Left side	
(9)	LN Paraaortic below the IMA	
(10)	LN Paraaortic above the IMA	
11	SLN type 1	
12	SLN type 1	
13	SLN type 1	
14	SLN type 1	
15	SLN type 1	
16	SLN type 1	
17	SLN type 2	
18	SLN type 2	
19	SLN type 2	
20	SLN macro	
21	SLN macro	
22	SLN sampling	
23	SLN sampling	
24	SLN sampling	
25	SLN sampling	
26	SLN sampling	
27	SLN sampling	
28	SLN sampling	
29	SLN sampling	
30		
31		
32		
33		
34		

If a lymph node (LN) specimen from a station is missing the row is deleted but the number for each station remains. The position of the Sentinel Lymph Nodes (SLNs) are written by the surgeon during surgery and anatomic position of the SLN and type of SLN is also marked in the illustration. Each number have a corresponding sticker which is labelled on the jar for histopathological review. The stickers for SLNs are red. It is helpful to also write to location of SLN in the above chart by hand. Number 30-34 are for eventual circumstances and the sticker must then be written and labelled by hand. *According to local guidelines if applicable.