	Section Name	Definition	Value Choices
Medical Record Number	Patient Demographics	Indicate institutional medical record number of the patient	n/a
Date of Birth	Patient Demographics	Indicate the patient's date of birth	n/a
Zip Code	Patient Demographics	Indicate the zip code where the patient resided at time of hospitalization	n/a
Race (select all applicable)	Patient Demographics	Indicate the race of the patient as determined by the patient	1. White/Caucasian 2. African American 3. Asian 4. American Indian/ Alaskan Native 5. Native Hawaiian / Pacific Islander 6. Hispanic/Latino/Spanish 7. Unknown 8. Chose not to disclose
Patient History of Cancer	Patient Demographics	Does the patient have a history of breast, colon, ovarian or Other cancer?	1. Yes 2. No
If Yes to Patient History of Cancer (line 6), Type of Cancer	Patient Demographics	Indicate the type of cancer for which the patient has a history	1. breast 2. colon 3. ovarian 4. other
If Yes to Patient History of Cancer (line 6), Age Diagnosed	Patient Demographics	Indicate the age of the patient when diagnosed	Enter age
Family History of Cancer	Patient Demographics	Does the patient have a family history of breast, colon or ovarian cancer?	1. Yes 2. No
If Yes to Family History of Cancer (line 9), Type of Cancer	Patient Demographics	Indicate the type of cancer for which the family has a history	1. breast 2. colon 3. ovarian
If Yes to Family History of Cancer (line 9), Relative (optional field)	Patient Demographics	Indicate whether the family history was for a 1st, 2nd or 3rd degree relative.	1. 1st degree 2. 2nd degree 3. 3rd degree
If Yes to Family History of Cancer (line 9), Age Family Member was Diagnosed (optional field)	Patient Demographics	Indicate the age of the family member when diagnosed	Enter age
Hospital Admit Date	Hospitalization	Indicate the patient's initial date of admission	n/a
Hospital Discharge Date	Hospitalization	Indicate the patient's date of discharge	n/a
Height (cm)/(in)	Preoperative Risk Factors	Indicate the patient's height in centimeters or inches at time of admission	n/a
Weight (kg)/(lb)	Preoperative Risk Factors	Indicate the patient's weight in kilograms or pounds at time of admission	n/a
Body Mass Index	Preoperative Risk Factors	Indicate the patient's Body Mass Index (BMI) as calculated from the patient's weight and height. BMI is system generated based on the following calculation (Weight)/((Height/100)^2)	n/a
ASA Class	Preoperative Risk Factors	Indicate the ASA Class (time of surgery). Adopted by the American Society of Anesthesiologists in 1963, the ASA physical status classification system is a system for assessing the fitness of cases before surgery. Class 1 - healthy person Class 2 - mild systemic disease Class 3 - severe systemic disease Class 4 - severe systemic disease that is a constant threat to life.	1 2 3 4

	Section Name	Definition	Value Choices
Diabetes	Preoperative Risk Factors	Indicate whether the patient has a history of diabetes as defined by the American Diabetes Association: 1. A1c >=6.5%; or 2. Fasting plasma glucose >=126 mg/dl (7.0 mmol/l); or 3. Two-hour plasma glucose >=200 mg/dl (11.1 mmol/l) during an oral glucose tolerance test; or 4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >=200 mg/dl (11.1 mmol/l)	1. Yes 2. No
Diabetes Medication	Preoperative Risk Factors	Indicate type of diabetes medication used prior to admission.None: diabetes controlled by diet alone. Insulin: a diagnosis of diabetes requiring daily insulin therapy.Oral Hypoglycemic: a diagnosis of diabetes requiring therapy with an oral hypoglycemic agent.	1. None 2. Insulin 3. Oral Hypoglycemic
Current Smoker	Preoperative Risk Factors	Indicate whether patient has smoked cigarettes within the past year prior to admission. Patients who smoke cigars or pipes or use chewing tobacco are not included.	1. Yes 2. No
Prior Abdominal Surgery	Preoperative Risk Factors	Has patient had any prior abdominal surgery?	1. Yes 2. No
If Yes to Prior Abdominal Surgery, Year?			n/a
History of Conditions/Previous Interventions (Select all applicable)	Preoperative Risk Factors	Indicate all disorders or conditions that apply based on the patient's history	1. Cardiac Surgery (includes stent,CABG,Valve,Pacemaker,Other Cardiac Surgery (hover over definition) 2. Creatinine level >1.5 3. Steroid Use (Use of oral/parenteral steroids for >10 days in prior 30 days) (hover over definition) 4. Pulmonary (drop down) a. COPD b. Pulmonary HTN c. Other 5. Heme (drop down) a. DVT/PE (within 90 days) b. Transfusion c. Other 6. Neuro (drop down) a. Stroke b. Other 7. Endocrine (drop down) a. Thyroid - Hyper b. Thyroid - Hypo 8. Cardiac Conditions (drop down) a. Afib/Arrhythmia b. Angina (within 30 days) c. CHF (within 30 days) d. HTN e. MI (within 6 months) f. Other
Presurgical Radiotherapy	Preoperative Risk Factors	Indicate whether the patient received radiotherapy treatment prior to this procedure	1. Yes 2. No

	Section Name	Definition	Value Choices
Histology (select one)	Histology	Indicate the type of histology performed during surgical pathology. 1 . Serous 2. Clear Cell 3. Carcinosarcoma - A malignant tumor that is a mixture of carcinoma (cancer of epithelial tissue, which is skin and tissue that lines or covers the internal organs) and sarcoma (cancer of connective tissue, such as bone, cartilage, and fat). 4. Endometrioid 5. Mixed 6. Other	1. Serous 2. Clear Cell 3. Carcinosarcoma 4. Endometrioid 5. Mixed 6. Other
Histology - Other	Histology	Indicate the type of histology performed during surgical pathology if Other was selected	n/a
Largest Primary Tumor Diameter	Histology	Indicate the diameter in centimeters of the largest primary tumor. A primary tumor is a tumor growing at the anatomical site where tumor progression began and proceeded to yield a cancerous mass.	n/a
Lymphovascular Space Invasion	Histology	Lymphovascular space invasion (LVSI) is defined as the presence of tumor cells inside the capillary lumens of either the lymphatic or the microvascular drainage system within the primary tumor.	1. Yes 2. No 3. Unknown
Myometrial Invasion	Histology	Invasion to the muscular outer layer of the uterus. Indicate none; <50%; >50%.	1. None 2. < 50% 3. >50%
Cervical Stromal Invasion	Histology		1. Yes 2. No
FIGO Stage (select one)	Surgical Pathology	Indicate the Endometrial Cancer stage as defined by the International Federation of Gynecology and Obstetrics I - Tumor confined to the corpus uteri. IA - No or less than half myometrial invasion. IB - Invasion equal to or more than half of the myometrium. II - Tumor invades cervical stroma but does not extend beyond the uterus III - Local and/or regional spread of the tumor. IIIA - Tumor invades the serosa of the corpus uteri and/or adnexae IIIB - Vaginal and/or parametrial involvement IIIC - Metastases to pelvic and/or para-aortic lymph nodes. IIIC1 - Positive pelvic nodes. IIIC2 - Positive para-aortic lymph nodes with or without positive pelvic lymph nodes. IV - Tumor invades bladder and/or bowel mucosa, and/or distant metastases. IVA - Tumor invasion of bladder and/or bowel mucosa. IVB - Distant metastases, including intra-abdominal metastases and/or inguinal lymph nodes. Recurrent	1. IA 2. IB 3. II 4. IIIA 5. IIIB 6. IIIC1 7. IIIC2 8. IVA 9. IVB 10 .Recurrent

	Section Name	Definition	Value Choices
FIGO Grade (select one)	Surgical Pathology	Indicate the Endometrial Cancer grade as defined by the International Federation of Gynecology and Obstetrics Grade 1 - tumors have 95% or more of the cancerous tissue forming glands. Grade 2 - tumors have between 50% and 94% of the cancerous tissue forming glands. Grade 3 - tumors have less than half of the cancerous tissue forming glands.	1. Grade 1 2. Grade 2 3. Grade 3
Pelvic Lymphadenectomy	Surgical Pathology	Indicate if a pelvic lymphadenectomy was performed on the patient to remove lymph nodes in the pelvis for microscopic examination.	1. Yes 2. No
Number of Right Nodes Removed	Surgical Pathology	Indicate the number of right nodes removed during the pelvic lymphadenectomy	n/a
Number of Right Nodes Positive	Surgical Pathology	Indicate the number of right nodes which tested positive during the pelvic lymphadenectomy	n/a
Number of Left Nodes Removed	Surgical Pathology	Indicate the number of left nodes removed during the pelvic lymphadenectomy	n/a
Number of Left Nodes Positive	Surgical Pathology	Indicate the number of left nodes which tested positive during the pelvic lymphadenectomy	n/a
Total Removed	Surgical Pathology	calculated field	
Total Positive	Surgical Pathology	calculated field	
Paraaortic Lymphadenectomy	Surgical Pathology	Indicate if a Paraaortic Lymphadenectomy was performed on the patient	1. Yes 2. No
Total Removed	Surgical Pathology	Indicate the total number of nodes removed during the paraaortic lymphadenectomy	n/a
Total Positive	Surgical Pathology	Indicate the total number of nodes which tested positive during the paraaortic lymphadenectomy	n/a
Sentinel Lymph Node (SLN)	Surgical Pathology		1. Yes 2. No
Sentinel Lymph Node - Positive	Surgical Pathology	If yes to Sentinel Lymph Node, is it positive?	1. Yes 2. No
If SLN positive, was Ultra Staging Performed	Surgical Pathology		1. Yes 2. No
If yes to Ultra Staging Performed, was H & E positive	Surgical Pathology		1. Yes 2. No
If yes to Ultra Staging Performed, was Microstaged positive	Surgical Pathology		1. Yes 2. No
If yes to Ultra Staging Performed, was Isolated (ITC) positive	Surgical Pathology		1. Yes 2. No
If yes to Ultra Staging Performed, Micromets positive	Surgical Pathology		1. Yes 2. No
If yes to Ultra Staging Performed, was Macromets positive	Surgical Pathology		1. Yes 2. No
Was chemosensitivity assay ordered?	Surgical Pathology	Indicate whether or not a chemosensitivity assay was ordered for the patient.	1. Yes 2. No
Were biomarkers ordered?	Surgical Pathology	Indicated whether or not biomarkers were ordered for the patient.	1. Yes 2. No
National Provider Identifier	Surgery	Indicate the unique 10-digit identification number (NPI) issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS) for the surgeon performing the procedure	n/a

	Section Name	Definition	Value Choices
Date of Surgery	Surgery	Indicate the date the surgery begins	
Surgeon Specialty	Surgery	Indicate the specialty of the provider who performed the procedure.	1. Gynecologic Oncology 2. Obstetrics and Gynecology 3. General Surgery 4. Other
Minimally Invasive Surgery Offered	Surgery	Indicate if minimally invasive surgery was offered to the patient such as vaginal, laparotomy, laparoscopy/laparoscopic-assisted, robotic-assisted.	1. Yes 2. No
Contraindication	Surgery	Does patient have a contraindication that precludes them from minimally invasive surgery	1. Yes 2. No
Surgical Approach **(allow more than one)**	Surgery	Indicate the surgical approach used for the procedure	1. Vaginal 2. Laparotomy 3. Laparoscopy/Laparoscopic-assisted 4. Robotic-assisted
Did patient convert to Laparotomy	Surgery		1. Yes 2. No
If yes to patient convert to Laparotomy	Surgery		1. Large BMI 2. Large Uterus 3. Extension adhesion 4. Anesthsia or insufflation related problems 5. Other, _____(free text?)
Extent of Cancer (if Stage IV) (select all applicable)	Surgery	Indicate the location(s) of cancer found during surgery if Stage IV. Check all that apply.	1. N/A 2. Diaphragm 3. Below Pelvic Brim 4. Spleen 5. Liver 6. Small Bowel Serosa/Mensentery 7. Carcinomatosis (>50% of all peritoneal surfaces involved by tumor)
Previous hysterectomy	Surgery		1. Yes 2. No
If yes, date	surgery	Indicate year of hysterectomy if known.	
Operation (select all applicable)	Surgery	Indicate the operation performed by the surgeon	1. Hysterectomy Type I 2. Hysterectomy Type II 3. Hysterectomy Type III 4. USO/BSO 5. Omentectomy 6. Pelvic Lymphandenectomy 7. PA Lymphadenectomy 8. Other

	Section Name	Definition	Value Choices
Uterine weight	Surgery	Indicate uterine weight, in grams, if Hysterectomy Types I, II, or III were selected.	
Operative Note Completed/Present (within 48 hours of operation)	Surgery	Indicate if an operative note was completed or present in the patient's record	1. Yes 2. No
Operative Note Completed/Present (within 48 hours of operation) - Details (Select one)	Surgery	If yes, indicate amount of residual disease: no gross residual; <1cm; ≥1cm; residual disease not documented	1. No gross residual disease 2. Less than 1 cm of residual disease 3. Greater than or equal to 1 cm of residual disease 4. Residual disease not documented
Largest Diameter of Residual Disease (cm)	Surgery	Indicate the largest diameter of residual disease in centimeters	
OR Entry Time	Surgery	Indicate the time, to the nearest minute (using 24-hour clock), that the patient entered the operating room.	
Skin Incision Start Time	Surgery	Indicate the time, to the nearest minute (using 24-hour clock), that the first skin incision was made.	
Skin Incision Stop Time	Surgery	Indicate the time, to the nearest minute (using 24-hour clock), that the first skin incision, was closed.	
OR Exit Time	Surgery	Indicate the time, to the nearest minute (using 24-hour clock), that the patient exited the operating room.	
Estimated Blood Loss	Surgery	Indicate estimated blood loss (ml)	
Patient Medical Record Number	Postoperative Complications Within 30 days	Provide the institutional medical record number for the patient	
Patient Date of Birth	Postoperative Complications Within 30 days	Enter patient date of birth	
Patient Zip Code	Postoperative Complications Within 30 days	Indicate the zip code where the patient resided at time of operation	
Postoperative Complication	Postoperative Complications Within 30 Days	Indicate whether the patient had any postoperative complications within 30 days that fall into Grade 2, Grade 3 or Grade 4 categories listed below. Classifications are based on the Accordian classification published by Strasberg in Annals of Surgery. Check all that apply in each Grade.	1. Yes 2. No
Unplanned ICU transfer or admission	Postoperative Complications Within 30 Days		1. Yes 2. No

	Section Name	Definition	Value Choices
Date of Occurrence	Postoperative Complications Within 30 Days	Indicate the date of occurrence of the postoperative complications	n/a
Grade 2 Complication	Postoperative Complications Within 30 Days	Indicate if the patient had a grade 2 complication	1. Yes 2. No
Grade 2 Complication - Details (select all applicable)	Postoperative Complications Within 30 Days	Indicate which grade 2complications occurred if yes was selected . Check all that apply.	1. Wound Infection requiring antibiotics 2. UTI 3. Pneumonia 4. Other condition requiring antibiotics 5. Blood transfusion 6. Total Parenteral Nutrition 7. DVT 8. PE 9. Lymphatic
Grade 3 Complication	Postoperative Complications Within 30 Days	Indicate if the patient had a grade 3 complication	1. Yes 2. No
Grade 3 Complication - Categories	Postoperative Complications Within 30 Days	Indicate which grade 3 complications occurred if yes was selected.	1. Return to OR 2. Endoscopic Procedures 3. Interventional Radiology 4. Organ Failure
Return to OR - Details (select all applicable)	Postoperative Complications Within 30 Days	Indicate OR details if return to OR was selected	1. Bowel Perforation or Obstruction 2. Abdominal Abscess 4. Wound Disruption 5. Bleeding 6. Fistula 7. Cuff Dehiscence 8. Other _____
Return to OR - Details - Other	Postoperative Complications Within 30 Days	Indicate OR details if other was selected	n/a
Endoscopic - Details (select all applicable)	Postoperative Complications Within 30 Days	Indicate Endoscopic details if Endoscopic was selected	1. PEG 2. Colonoscopy 3. Laparoscopy 4. Upper Endoscopy 5. Other _____
Endoscopic - Details - Other	Postoperative Complications Within 30 Days	Indicate Endoscopic details if other was selected	n/a
Interventional Radiology- Details (select all applicable)	Postoperative Complications Within 30 Days	Indicate Interventional Radiology details if Interventional Radiology was selected	1. Ureteral Stent Placement 2. Colonic Stent Placement 3. Other _____
Interventional Radiology - Details - Other	Postoperative Complications Within 30 Days	Indicate Interventional Radiology details if other was selected	n/a

	Section Name	Definition	Value Choices
Organ Failure - Details (select all applicable)	Postoperative Complications Within 30 Days	Indicate Organ Failure details if Organ Failure was selected	1. Cardiac 2. GI/Hepatic 3. CNS 4. Renal 5. Hematologic 6. Respiratory
Grade 4 Complication Postoperative Complication-Related Death	Postoperative Complications Within 30 Days		check if Yes
Grade 4 Complication Postoperative Complication-Related Death - Date	Postoperative Complications Within 30 Days		
Medical Record Number	Follow Up Care and Surveillance	Indicate the institutional medical record number of the patient	Provide the institutional medical record number for the patient
Date of Birth	Follow Up Care and Surveillance	Indicate the patient's date of birth	n/a
Zip Code	Follow Up Care and Surveillance	Indicate the patient's zip code	n/a
Race (select all applicable)	Follow Up Care and Surveillance	Indicate the race of the patient as determined by the patient	1. White/Caucasian 2. African American 3. Asian 4. American Indian/ Alaskan Native 5. Native Hawaiian / Pacific Islander 6. Hispanic/Latino/Spanish 7. Unknown 8. Chose not to disclose
National Provider Identifier	Follow Up Care and Surveillance	Indicate the unique 10-digit identification number (NPI) issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS) for the provider who performed the procedure	n/a
Date of Service	Follow Up Care and Surveillance	Indicate the date the service was performed	n/a
Provider Specialty	Follow Up Care and Surveillance	Indicate the provider's specialty	1. Gynecologic Oncology 2. Obstetrics and Gynecology 3. Other _____
Provider Specialty - Other	Follow Up Care and Surveillance	Indicate the specialty of the provider who performed the procedure, if other was selected.	n/a
Patient follow-up care provided elsewhere	Follow Up Care and Surveillance	Indicate whether follow-up care was provided elsewhere & whether the information on therapy is known. If therapy data is known, complete that information.	1. Data unavailable 2. Data provided (complete below)
Patient declined follow up care	Follow Up Care and Surveillance		check if Yes
Not part of care plan	Follow Up Care and Surveillance		check if Yes
Clinical Trial Offered	Follow Up Care and Surveillance		1. Yes 2. No 3. unavailable

	Section Name	Definition	Value Choices
Primary Therapy	Follow Up Care and Surveillance	Indicate if this is primary therapy for the patient	check if Yes
Recurrence Therapy	Follow Up Care and Surveillance	Indicate if this is therapy for recurrence	check if Yes
Recurrence Site (if yes to line 90)	Follow Up Care and Surveillance	Indicate site of recurrence	1. Vaginal 2. Pelvic 3. Abdominal 4. Distant (outside abdomen)
Chemotherapy Given	Follow Up Care and Surveillance	Indicate if chemotherapy was provided	1. Yes 2. No
Cisplatin	Follow Up Care and Surveillance		n/a
Cisplatin # Cycles	Follow Up Care and Surveillance	Indicate number of cisplatin cycles given	n/a
Carboplatin	Follow Up Care and Surveillance		n/a
Carboplatin # Cycles	Follow Up Care and Surveillance	Indicate number of carboplatin cycles given	n/a
Paclitaxel	Follow Up Care and Surveillance		
Paclitaxel # cycles	Follow Up Care and Surveillance	Indicate number of paclitaxel cycles given	
Adriamycin	Follow Up Care and Surveillance		
Adriamycin # cycles	Follow Up Care and Surveillance	Indicate number of adriamycin cycles given	
Bevacizumab	Follow Up Care and Surveillance		
Bevacizumab # cycles	Follow Up Care and Surveillance	Indicate number of bevacizumab cycles given	
Tamoxifen	Follow Up Care and Surveillance		
Tamoxifen # cycles	Follow Up Care and Surveillance	Indicate number of tamoxifen cycles given	
Megace	Follow Up Care and Surveillance		

	Section Name	Definition	Value Choices
Megace # cycles	Follow Up Care and Surveillance	Indicate number of megace cycles	
Progesterone IUD	Follow Up Care and Surveillance		
Progesterone # cycles	Follow Up Care and Surveillance	Indicate number of progesterone IUD cycles	
Other _____	Follow Up Care and Surveillance	Indicate the agent used if Other	
Other # cycles	Follow Up Care and Surveillance	Indicate number of Other cycles	
Was a chemosensitivity assay consulted during treatment?	Follow Up Care and Surveillance	Indicate whether or not a chemosensitivity assay was consulted during treatment?	1. Yes 2. No
Chemosensitivity Patient Report Accession Number	Follow Up Care and Surveillance	If yes to chemosensitivity assay consulted (line 115), entere the chemosensitivity patient report accession number.	
Were biomarkers consulted during treatment?	Follow Up Care and Surveillance		1. Yes 2. No
Genetic Testing Recommended	Follow Up Care and Surveillance	Was genetic testing recommended to the patient?	1. Yes 2. No
Genetic Testing Performed	Follow Up Care and Surveillance	Was genetic testing performed on the patient?	1. Yes 2. No
If Yes to Genetic Testing Performed (line 115), Type of Test	Follow Up Care and Surveillance	Indicate type of genetic testing performed	1. Breast and Ovarian 2. Lynch Syndrome
If Yes to Genetic Testing Performed (line 116), Test Result	Follow Up Care and Surveillance	Indicate results of genetic testing	1. Positive for Deleterious Mutation 2. Negative No Mutation Detected 3. Variant of Uncertain Significance
Radiotherapy Given	Follow Up Care and Surveillance		1. Yes 2. No
Vaginal Brachytherapy	Follow Up Care and Surveillance	Indicate if vaginal brachytherapy was given	1. Yes 2. No
Number of Treatments	Follow Up Care and Surveillance	Indicate number of treatments if yes was selected	n/a
Total Dose	Follow Up Care and Surveillance	Indicate total dose if yes was selected	`
External Beam Radiation Pelvis	Follow Up Care and Surveillance	Indicate if External Beam Radiation was given	1. Yes 2. No
Number of Treatments	Follow Up Care and Surveillance	Indicate number of treatments if yes was selected	n/a

	Section Name	Definition	Value Choices
Total Dose	Follow Up Care and Surveillance	Indicate total dose if yes was selected	n/a
Para-aortic Radiation	Follow Up Care and Surveillance	Indicate if Para-aortic Radiation was given	1. Yes 2. No
Number of Treatments	Follow Up Care and Surveillance	Indicate number of treatments if yes was selected	n/a
Total Dose	Follow Up Care and Surveillance	Indicate total dose if yes was selected	n/a
Follow Up Care-Related Death	Follow Up Care and Surveillance	Indicate whether the patient had a follow up care-related death	1. Yes 2. No
Date of Death (if yes to line 128)	Follow Up Care and Surveillance	Indicate the patient's date of death	n/a