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| **Follow-up post surgery 1** | Year 1 🗆 Year 2 🗆 Year 3 🗆 Year 4 🗆  Year 5 🗆 Year 6 🗆 Year 7 🗆 Year 8 🗆 |
| **Date of follow-up** |  |
| **Confirm that the patient is alive** | Yes 🗆 No🗆 |
| **Diagnosis of ovarian cancer in the last year** (including cancer of (one of the) tubes, ovaries and/or peritoneal cancer) | Yes 🗆 No🗆 |
| **Diagnosis of pelvic cancer in the last year**  (other than ovarian cancer) | Yes 🗆 No🗆 |
| **Diagnosis of breast cancer in the last year**  (If the diagnosis of breast cancer already has been mentioned in a previous questionnaire, please check 'no') | Yes 🗆 No🗆 |
| **Has preventive surgery of the breast(s) been performed in the last year?** | Yes 🗆 No🗆  If yes:  **Side of preventive mastectomy:**  Left 🗆 Right 🗆 Both🗆  **Date of preventive mastectomy:** |
| **Has there been screening for breast cancer in the last year?** | Yes 🗆  No🗆  I don’t know🗆 |
| **Has a riks-reducing oophorectomy been performed in the last year?**  (in case of a previous salpingectomy) | Yes 🗆 No🗆 |
| **Performance of surveillance on ovarian cancer**  (If ovarian cancer has been diagnosed in the past, please check 'No') | Yes 🗆 No🗆  If yes:  **Date of surveillance:**  **Content of surveillance:**  (transvaginal) ultrasound 🗆  CA125 🗆  Other🗆 specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Conclusion of ultrasound:** Normal 🗆 Abnormal🗆  If abnormal; specify: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Value of CA-125:**  **CA-125 within range of normal value in your clinic:** Yes 🗆 No🗆  **Other type of follow-up:**  **Conclusion of other type of follow-up:** |
| **DON'T FORGET TO FILL IN A 'Serious Adverse Event' FORM if applicable (**8.6.2) | |

**Follow-up post surgery**

During long-term follow up an annual update will report on baseline demographics, ovarian cancer incidence, prophylactic breast surgery, incidence of non-ovarian pelvic cancer, breast cancer and surgery related morbidity. Annual screening is not obligatory, the annual update may be based upon a national pathology database.

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| **Follow-up post surgery 2** | Year 1 🗆 Year 2 🗆 Year 3 🗆 Year 4 🗆  Year 5 🗆 Year 6 🗆 Year 7 🗆 Year 8 🗆 |
| **Has ovarian cancer been diagnosed in the last year?** | Yes 🗆 No🗆  Please fill in the 'ovarian cancer details' form with further details regarding ovarian cancer if applicable |
| **Has cancer been diagnosed in the last year?** | Yes 🗆 No🗆  If yes:  **Diagnose:**  **Date of diagnose:**  **Treatment given:** |
| **DON'T FORGET TO FILL IN A 'Serious Adverse Event' FORM if applicable (8.6.2)** | |