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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)** |