

**Patient Requested Organized General Reports and Evaluation of Surgical Statistics:
The PROGRESS in Peritoneal Surface Malignancies Program**

The American Society of Peritoneal Surface Malignancies (ASPSM) was created to improve the care of patients around the world afflicted with peritoneal malignancies. To that order, several committees have been created in order to facilitate education, research, imaging and treatment of this group of patients.

The patient resource committee has put together the PROGRESS in peritoneal surface malignancies program which represents a strategy to collect important data regarding how the most common peritoneal surface malignancies are diagnosed, how are the patients treated, and what is their outcome.

Collection and analysis of these data will help all healthcare providers and patients understand the importance of early recognition of the common signs and symptoms of peritoneal surface malignancies as well as the importance of early referral to a multidisciplinary treatment center.

Recognizing that the success of a project is directly related to keeping it simple, we have drafted 3 pages to collect this information.

Page 1 will be filled out by the patient. It includes questions regarding their insurance, how was their carcinomatosis discovered and what treatments took place before they were referred to a peritoneal surface malignancy center. We have also included a question regarding expenses out of pocket in order to receive cytoreductive surgery and HIPEC.

Page 2 is for the collection of medical data. In order to facilitate the cooperation of all healthcare providers, we have included a space for the patient to authorize the doctor to fill out the requested information.

Page 3 contains a confidentiality statement regarding the information collected and also requests a signature from the patient stating if the society (ASPSM) can contact them or not for follow-up. Finally, it includes an email address and a fax number to where the 3 completed pages can be sent to.

In summary, step one is for the patient to fill out page one, sign page two and give it to their surgeon to complete. Step two is to request the form from their surgeon and step three is to sign page 3 and fax it or email it.

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Age _____ Sex _____ Initials _____ Phone _____

Zip code _____ Insurance _____

Diagnosis _____ Date of diagnosis of carcinomatosis _____

Mode of presentation (choose one only)

Pain _____ Appendicitis _____ Abnormal CT _____ Ovarian mass _____

Bleeding _____ Increasing abdominal girth _____ Weight loss _____

Abnormal colonoscopy _____ Elevated CEA _____ Others _____

Initial Surgery _____

Date of Initial Surgery _____

Event # 1: First treatment immediately after initial diagnosis / surgery

Observation _____ Chemotherapy _____ More Surgery _____

Event #2: Chemotherapy for carcinomatosis prior to Cytoreduction YES ____ NO ____

Chemotherapy Agents _____

Number of Cycles _____

Event #3 (like more surgery or more chemo) _____

Mode of referral to a Peritoneal Surface Malignancy (PSM) Center: Self _____

Med Oncologist _____ Surgeon _____ Other _____

Date of Referral: _____

Reason for referral: Initial Diagnosis _____ Disease Progression _____

Good response to chemo _____ Other _____

Expense out of pocket for CRS + HIPEC _____

Institution of CRS + HIPEC _____

Information to be Completed by Surgeon:

Primary Site _____

Appendix

L-MCP _____

H-MCP _____

GCC _____

SRC _____

Non mucinous _____

Other : _____

Peritoneal Mesothelioma

Benign/Multi-cystic _____

Epithelioid _____

Bi-phasic _____

Sarcomatoid _____

Colon

Mucinous Y____ No ____

TNM primary tumor T____ N____ M____

Well diff _____

Mod diff _____

Poorly diff _____

SRC _____

Other _____

Carcinomatosis Synchronous _____ Metachronous _____

Liver mets Yes _____ No _____

Peritoneal Surface Disease Severity Score (PSDSS) at time of carcinomatosis diagnosis

Symptoms

None _____ Mild (weight loss, pain, some ascites) _____ Severe (obstruction) _____

CT volume of carcinomatosis

Low (PCI<10) _____ Mod (11-20) _____ Extensive (> 20) _____

Cytoreductive Surgery Yes ____ No ____ HIPEC Yes____ No _____

Drug _____

Duration of Surgery _____

PCI _____

CC Score _____

EPIC Yes _____ No _____ Drug _____ No. Days _____

Grade 3 Morbidity _____

Grade 4 Morbidity _____

Grade 5 (death) _____

Length of Hospital Stay _____

My signature below, authorizes Dr. _____ to fill out the above information.		
_____	_____	_____
Name	Signature	Date

