**Ovarian Cancer (TCGA) CT Feature Analysis – 5/2/2014**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Form name** | **Question** | **Responses** | **Verbose** | **Comment** |
| **Image QA** |  |  |  |  |
|  | Disqualification Criteria | * Post operative
* Insufficient Imaging Available
* No contrast injected

  |  | Checking any of these boxes will disable the rest of the form.Note: Markup must still be drawn before “Create Annotation” button will activate.  |
| **Peritoneal Disease** |  |  |  |  |
|  | Presence | * Yes
* No
 |  | Skip down to Ascites question if “No” |
|  | Calcifications | * Present
* Absent
* Question skipped automatically
 |  |  |
|  | Locations of peritoneal disease (other than omentum) | * Gastrosplenic, gastrocolic, spleen, Left Upper Quadrant
* Lesser sac
* Liver / Right upper quadrant
* Define-able mesenteric implant
* Mesentery (including infiltration/tethering of the mesenteric root)
* Paracolic gutters (left, right)
* Pouch of Douglas
* Question skipped automatically
 |  | Check boxes (select as many as apply)Minimum number of answers = 0 to allow readers to skip this if none apply |
| **Omentum** | Omental Implant | * Yes
* No
* Question skipped automatically
 |  |  |
|  | Shape of omental disease | * Predominantly diffuse
* Predominantly nodular
* Question skipped automatically
 | Diffuse: (ill-defined stranding and tethering along the mesentery and peritoneal/serosal surfaces without discrete nodular deposits)Nodular: (single or multiple well defined soft tissue nodules/caking in the peritoneal or serosal surfaces) | Skip If Omental Implant Cake is “no”. |
| **Ascites** | Ascites  | * Present
* Absent
 |  |  |
|  | Ascites Size | * Trace / small
* Moderate / large
* Question skipped automatically
 |  | Skip if ascites = absent  |
| **Lymphadenopathy** |  |  |  |  |
|  | Pathological Lymph Node Presence | * Yes
* No
 | Present if SA dimension is above a cut-off below, or spiculated borders, or heterogeneous attenuation (other than fatty hilum), or nodal clustering. * Mediastinal– over 1.0 cm
	+ Internal mammary nodes -over 0.5 cm
* Retroperitoneal - over 1 cm
* Supradiaphragmatic - over 0.5 cm
* Retrocrural - 0.5 cm
* Porta hepatis/celiac axis/GH - over 1 cm
	+ Portocaval node - over 1.5 cm in short axis or no longer cigar-shaped.
* Pelvic nodes - over 0.8
	+ Mesorectal and superior hemorrhoidal - over 0.5 cm

Inguinal nodes –over 1.5 cm | Skip to Distant Metastases section if “No” |
|  | Nodal stations  | * Thoracic (except retrocrural and supradiaphramgmatic)
* Retrocrural
* Supradiaphragmatic
* Suprarenal retroperitoneal
* Infrarenal retroperitoneal
* Porta / Celiac / Gastrohepatic
* Pelvic (Common / External / Internal iliac; Obturator)
* Inguinal
* Question skipped automatically
 |  | Check boxes (select as many as apply) |
| **Distant Metastases** |  |  |  |  |
|  | Presence | * Yes
* No
 |  | If “No” skip to Pleural Effusion  |
|  | Calcification | * Yes
* No
* Question skipped automatically
 |  |  |
|  | Locations | * Liver
* Spleen
* Lung
* Pleura
* Other
* Question skipped automatically
 |  | Check boxes (select as many as apply) |
| **Pleural Effusion** |  |  |  |  |
|  | **Presence** | **Yes****No** |  |  |
|  | **Size** | * Small
* Moderate
* Large

Question skipped automatically  |  | If “presence” is selected as No for presence then skip this question |
| **Ovarian Mass** |  |  |  |  |
|  | Laterality  | * Right
* Left
* Bilateral
* None
 |  |  |
|  | Calcifications  | * Present
* Absent
 |  |  |
|  | Thick septations | * Present
* Absent
 |  |  |
|  | Internal Architecture | * Predominantly Cystic
* Predominantly Solid
* Mixed
 |  |  |
|  | Size  | * Measure the maximum mass diameter in the axial plane with the ruler tool.
 |  | Ruler measurement/coordinates are automatically captured upon submission of scores. |
|  |  |  |  |  |