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

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| **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. |
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