**Patient name:** ..…………………………………………………….………

**Patien ID:** ..…………………………………………………….………

**Operation**: Yes or No

**Date of operation**(dd/mm/yyyy): / /

**Type of operation**: PPPD Whipple Distal resection

Total pancreatectomia Enuclatio/partial resection Other

**Time between the diagnosis and the operation**(days): …………

**Local ablative treatments**: Yes or No

If Yes: ………………………………………………….

**Lymphnodes**: Positive or Negative

**Metastasis**: Positive or Negative

**Synchron tumor**: Yes or No

If Yes: …………………………………………………….

PanIN associated: Yes or No

**Chronic calcificated pancreatitis**: Yes or No

**Obstructive pancreatitis**: Yes or No

**Neural involvement**: Yes or No

**Vascular involvement**: Yes or No

Levels of involvement: Access Invasion

SMA SMV SA SV CT

**Resection margin**: Positive or Negative

**Resected specimen’s histopatholgy**:

……………………………………………………………..

**Grade**: X I II III IV

**TNM**: …………………….

**Neo-adjuvant chemotherapy**: Yes or No

If Yes: type of chemotherapy: …………………

number of cycles: ……………

**Adjuvant chemotherapy**: Yes or No

If Yes: type of chemotherapy: ………………….

Number of cycle: …………….

**Recurrrence**: Yes or No

**Date of diagnosis of recurrence** (dd/mm/yyyy): / /

**Tumorfree period**(days): ………………

**Metastais**: Yes or No

If Yes: …………………………………………….

**Reoperation**: Yes or No

If Yes, type of reoperation: ……………………………….