PORTEC-4

Patient seqnr.	**Age at inclusion (years)**	**Hospital:**
|__|__|__|	|__|__|__|	……

INSTRUCTIONS: Use this form as a checklist and randomise via TenaLea: https://prod.tenalea.net/iknl/dm/DELogin.aspx?refererPath=DEHome.aspx, or complete this form and send to **IKNL clinical research department by E-MAIL E**: trialbureau@iknl.nl (in case of questions phone: +31 88 2346500 or email portec@iknl.nl)

STRATIFICATION:

Histological grade (1=grade 1, 2=grade 2, 3=grade 3) ..... |__|

Type of surgery (1=TAH-BSO or TLH-BSO without lymphadenectomy, 2= TAH-BSO or TLH-BSO with lymphadenectomy) ..... |__|

INCLUSION CRITERIA:

Histologically confirmed endometrioid type endometrial carcinoma, FIGO 2009 staging, with one of the following combinations of substage, age and grade ..... |__|

1 = Stage IA (with invasion), grade 3 (any age, with or without LVSI)
2 = Stage IB, grade 1 or grade 2, age ≥ 60 years
3 = Stage IB, grade 1 or grade 2 with documented LVSI
4 = Stage IB, grade 3 without LVSI
5 = Stage II, grade 1

INCLUSION CRITERIA: **(**0=no**, 1=yes)**

Surgery consisted of Total Abdominal or Laparoscopic Hysterectomy and Bilateral Salpingo-Oophorectomy (TH-BSO) with or without lymphadenectomy ..... |__|

WHO performance status 0, 1 or 2 ..... |__|

Written informed consent ..... |__|

Date written informed consent (dd-mm-yyyy) ..... |__|__||__|__||__|__|__|__|

Informed consent also for storage of remaining tissue for translational research ..... |__|

EXCLUSION CRITERIA: **(0=no,** 1=yes**)**

Any other stage of endometrial carcinoma ..... |__|

Histological types serous or clear cell carcinoma (for mixed tumors, > 10% serous or clear cell type) ..... |__|

Uterine sarcoma (incl.carcinosarcoma) ..... |__|

History of previous malignancy within the last 5 years, except for non-melanomatous skin cancer .... |__|

Previous pelvic radiotherapy ..... |__|

Interval between date of surgery and start of brachytherapy > 8 weeks ..... |__|

PORTEC-4

Patient seqnr.	**Age at inclusion (years)**	**Hospital:**
|__|__|__|	|__|__|__|	……

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PATHOLOGY:

Original Pathology Lab.....

Original Pathology Number..... |__|__||__|__||__|__|__|__|

Has regional review PA been done and is the tumour tissue still at this pathology lab?(0=no, 1=yes) ..... |__|

If yes, regional review Pathology Lab.....

If yes, regional review Pathology Number..... |__|__||__|__||__|__|__|__|

CONTACT INFORMATION RANDOMISING PHYSICIAN/RESEARCH NURSE:

Name and function.....

Telephone number.....

Email address.....

Date:…….. .....**Investigator's signature:**……

INFORMATION GIVEN AT RANDOMIZATION:

Date of randomisation (dd-mm-yyyy)..... |__|__||__|__||__|__|__|__|

Patient study number..... |__|__|__|

Treatment allocation..... |__|

1= Standard treatment recommendation based on clinicopathological factors

2= Individual treatment recommendation based on molecular pathology

Please do not forget to send in the pre-treatment Quality of life questionnaire and address form!