

TENTACLE

Rectum

Instructions for patient selection and oncological data entry

To ensure all patient with an anastomotic leakage after rectal cancer surgery are included and no late and/or underreported anastomotic leakages are missed during screening of medical files, we have constructed a flow diagram to guide collaborators through the process (see figure 1). Later, this flow diagram will also be used in the publication of the results for the entire study. For further instructions on patient selection and data entry see the text below.

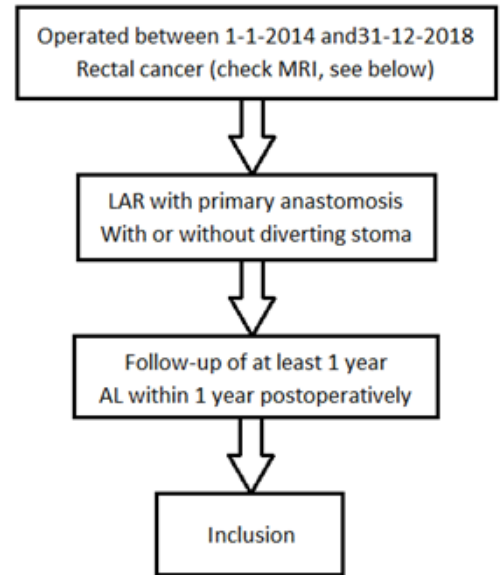


Figure 1: Patient inclusion diagram

Part 1: Patient selection

1. All patients with rectal cancer, who have been operated between 01-01-2014 and 31-12-2018 will need to be checked retrospectively for eligibility.
2. All patients undergoing restorative LAR will continue in the flow diagram.
3. All records will be checked up to 1 year after operation for anastomotic leakage
 - Note: presacral abscess, presacral fluid collections, air around anastomotic site, pelvic fistulas (e.g. towards bladder, vagina, skin) are also included as anastomotic leakage.
 - Note: Follow up is 1 year. Please ensure no late anastomotic leakages are missed
4. For all patients with an AL, MRI reports and images will need to be reviewed. Only patients with rectal cancer, as defined by Souza et al. 2019, are eligible for inclusion. See figure 2.

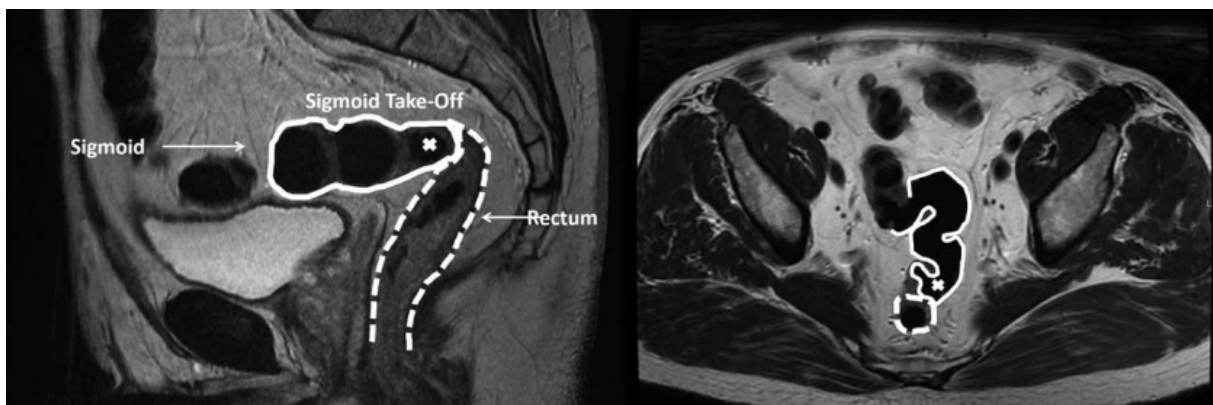


Figure 2: Tumor is defined as rectal cancer, if the lower border of the tumor is below the level of the sigmoid take-off, as can be seen on MRI

Part 2: Oncological data entry

In contrast to the leakage outcomes, oncological outcome data are entered beyond 1 year postoperatively.

Please check medical files for the following outcomes:

- Last day of oncological follow-up
- Local recurrent rectal cancer
 - o Date
- Distant metastasis
 - o Location