

Registry ID Number:
Site of registry:

Registration Date:
National ID Number:

“Socio-demographic Information”

History taken from: Proband Non Proband

First name: Last name:

Weight (kg): Height (cm): Abdominal circumference (cm):

Date of birth:

Sex: Male Female Family numbers:

Marital status: Single Married Divorced Widow

Twin or more: Yes (Number:; Same sex: Yes No

Place of Birth : (Rural Urban); Place of living(during last 6 mo): Rural Urban

Immigration (living there more than 6 month): Yes No if yes:

Date (yr/mo)						
Place of living						
Rural0/ Urban1						

Ethnicity: Fars Kord Tork Lor Arab Mazandarani Gilani Baloch Other.....

Father Ethnicity: Fars Kord Tork Lor Arab Mazandarani Gilani Baloch Other.....

Mother Ethnicity: Fars Kord Tork Lor Arab Mazandarani Gilani Baloch Other.....

Religion: Islam Cristian Jew Zoroastrian others.....

Education: Illiterate Primary Secondary Bachelor Master PhD or MD and more

Monthly family income(million): <1 1- 2.5 2.5-5 >5 Refused

Insurance type: Private Governmental Without insurance Supplement insurance: Yes No

Home address: District:

Home phone number: Job phone number:

Cell phone number: Relative phone number:

Smoking (at least one cigarette per day for 3 months or longer): Yes No Refused

If yes: Cigarettes packs per day; Age at first use:; Age at stop:

Hookah: Yes No Refused (if Yes:.....times a week)

Alcohol abuse (at least once a week for ≥ 6 mo): Yes No Refused if yes: Age at first use; Age at stop

Frequency: Daily 1-2 times a week 3 or more times a week

Addiction: Yes No Refused if yes: Type (**opiate** Heroin Crack Others:); Route (Smoking Snuffling

Oral IV); Age at first use:; Age at stop:

Occupation exposure (during last 10 yrs): Agriculture Industrial Administrative Housewife ; if industrial, which one:

Dietary Hx during last 10 yrs (servings / mo):

Fruit:; Vegetables and leafy green salads consumption:; Red meat:

Barbecue meat:; Processed Food:

Physical activity (during last 10 yrs; 30 minutes or longer per week): Yes No Refused (if yes: min per wk)

Socio-demographic information:

psc acute pancreatitis chronic pancreatitis biliary stone pancreatic mass

biliary stricture unexplained dilated CBD Non-specific abdominal pain submucosal luminal

lesion luminal cancer staging lung cancer staging fecal inconsistency perianal abscess/ fistula

Medical HX

1. Malignancy :
 - Location: Esophagus Stomach Small intestine Colon Pancreas Ampulla
 Biliary GB Liver Testis Bladder Kidney Ureter Ovary
 Uterine Cervix Lung Oropharyngeal Brain Skin Bladder
 - Type of pathology: Adenocarcinoma SCC BCC Melanoma Lymphoma NET Others:
 - Age at diagnosis (yr):
 - Underwent: Curative surgery Palliative Surgery Chemotherapy Radiotherapy
 - Lynch syndrom Familial X-syndrome
 2. Polyp :
 - Location: Esophagus Stomach Ampulla Small intestine Colon
 - Type of pathology: Adenoma (Tubular Tubulovillus Villus ; FAP MAP Hyperplastic
 Serrated Hamartoma (Peutz-jeghers Others:) Juvenile
 3. Surgery (Appendectomy Cholecystectomy Gastrectomy Others:))
 4. DM (Type1 Type2), Duration (yr):
 5. Cirrhosis (Child A Child B Child C Esophageal varice Fundal varice Ectopic varice
 Encephalopathy Ascites
 6. Chronic liver disease (HBV HCV AIH PBC PSC-AIH overlap syndrome PSC (Small duct Large duct
 mixed type Fatty liver disease/NASH Alcoholic hepatitis Wilson Hemochromatosis Idiopathic)
 7. IBD (UC Crohn's disease Indeterminate colitis Pouchitis Backwash ileitis
 - Location: Rectum Sigmoid Descending colon Transverse colon Ascending colon
 Cecum Ileum Jejunum Duodenum Stomach
 - Duration (yr):
 8. Celiac disease (On GFD ; Duration (yr):))
 9. Pancreatitis (Acute if yes days ago; Chronic if yes duration (yr):))
- Etiology: Alcoholic Biliary Drug Hereditary Hyper TG Others:

10. HTN 11. CKD/ESRD 12. COPD 13. Asthma 14. IHD 15. CHF

Family History

1. Malignancy
 - Esophagus (Upper Middle Lower EGJ Stomach (Cardia Fundus
 Body Antrum Small intestine (Bulb D2 D3 Ampulla Colon
 (Ascending Transverse Descending Pancreas (Head Body Tail Neck
 Uncinate Ampulla
 - Location: Biliary GB Liver Testis Bladder Kidney Ureter Ovary
 Uterine Cervix Lung Oropharyngeal Brain Skin Adenocarcinoma
 - Type of pathology: Adenocarcinoma SCC Bcc Melanoma Lymphoma NET Others:
 - Age at diagnosis:
 - Kindership: First degree (Number:) Second degree (Number:) Third degree (Number:)
2. Chronic pancreatitis (Kindership: First degree (Number:) Second degree (Number:); Earliest age at diagnosis:))
3. IBD 4. Cirrhosis 5. PSC 6. Others:

Drug History

Drug	Daily dose	Duration (mo)	Drug	Daily dose	Duration (mo)
ACE-I or ARB			Metformin		
Anti-TNF			NSAID		
ASA			Prednisolone		
Azathioprine			Tacrolimus		
Calcium			GLP1 agonist		
Cellcept			Statin		
Cyclosporine			MTX		
EStrogen			Fibrate		
Glibenclamide			Vit D3		
Gliclazide			Folic acid		
GnRH(Decapeptide)			Insulin		

Clinical manifestations

Pruritus Jaundice Fever Shaking Chill Significant weight loss Nausea & Vomiting
 Abdominal pain (Location: Epigastric LUQ RUQ Back ; Severity (1 to 10):)
 Back pain Muscle weakness Muscle cramps Diarrhea (Bloody Watery RUQ mass Tenderness
 Guarding Shifting dullness Duration(d):

Date: **Lab findings**

AST		FT4		Iron	
ALT		TSH		TIBC	
ALP		TG		Ferritin	
Bili (T)		Chol		AFP	
Bili D					
γ-GT		LDL		CEA	
Albumin		HDL		CA19-9	
Protein		Anti tTG (IgA)		ANA	
Hb		AEM IgA (+/-)		ASMA	
HCT(%)		ESR			
PLT		CRP		IgG4	
WBC (%)		HIV		IgE	
PMN (%)		HCV Ab		Total IgG	
EO (%)		HBS Ag		γ - globulin	
25 OHD ₃				AMA	
INR				P-ANCA	
PT					
PTT					

Pancreatitis severity score

- SIRS score: 1 2 3 4 5
- BISAP score: 1 2 3 4 5 3. APACHE score:
- End organ failure (during first 24yr): PO₂<60 Cr≥1.9 Systolic BP<90 (refractory to hydration
 (Transient organ failure (<48 hr) ; Persistent organ failure (>48 hr)
- Harmless criteria: yes (if lack of rebound tenderness /guarding, Hct <44% and cr<1.4 No

Date: **Bone Densitometry**

	Hip	Lumbar	Wrist	Femor	other
T-Score					
Z-Score					

Date: **Ultrasonography**

- Gallstone (Largest Size (mm):; Number: 1-2 3-4 ≥5
- CBD diameter (mm):
- CBD stone (Largest size (mm):; Number: 1-2 3-4 ≥5
- Intrahepatic dilatation Hilar mass 5. PV diameter (mm):
- Thrombosis (Portal vein Splenic vein SMV Hepatic vein IVC SMA portal vein
- Pancreatic mass (Head Body Tail Neck Uncinate
- Fatty liver grade 1 fatty liver grade 2 fatty liver grade 3 fatty liver grade 4

Date: **Endoscopy**

- Normal Abnormal
- Tumor:
 - Location: Esophagus (Upper Middle Lower EGJ
 Stomach (Cardia Fundus Body Antrum
 Duodenum (Bulb D2 D3 Ampulla
 - Size: (mm):
 - Other features: Ulcerative Fragile Circumferential Semi-circumferential Complete obstruction
 Partial obstruction Dilatation before EUS (with: Savary Ballon TTS
 - Polyp: Esophagus (Upper Middle Lower EGJ

- Location: Stomach (Cardia Fundus Body Antrum
Duodenum (Bulb D2 D3 Ampulla

3. Submucosal lesion:

- Location: Esophagus (Upper Middle Lower EGJ
Stomach (Cardia fundus Body Antrum
Duodenum (Bulb D2 D3 Ampulla
 - Size: (mm):
 - Other Features: Normal Mucosa Fragile Umblicated
4. Other findings: Esophageal varice Fundal varice PHG Watermelon stomach

Date: MRI / CT Scan

Type: CT scan MRI

- **Mass Lesion:**

- Location: Pancreas (Uncinate Head Neck Body Tail
Stomach (Cardia Fundus Body Antrum Esophagus (Upper Middle Lower
Ampulla Duodenum Gall bladder Distal CBD
Hilar Liver
- Calcification
- Size (mm):
- Metastasis (Liver Ascites Lung
- Lymphadenopathy (Mediastinal Celiac plexus Perigastric Peripancreatic Hilar Para-aortic other:
- Vascular involvement: Aorta IVC Portal vein Celiac artery Hepatic artery
SMA SMV Splenic artery Splenic vein other:
- ✓ Type of vascular involvement: Abutment Encasement Invasion Thrombosis unknown

- **Pancreas (non-tumoral) abnormalities:**

- Size of MPD (mm): Head: Body: Tail:
- Pancreatic cyst: Unilocular Multilocular (Microcystic Macrocytic Solid-cystic
Mural nodule (With enhancement Without enhancement
Wall thickness (With enhancement Without enhancement
Calcification (Central Peripheral
Size (mm):
- Pancreatitis:
 1. Pancreatic enlargement
 2. Peripancreatic inflammation
 3. Peripancreatic fluid collection (1 ≥ 2)
 4. Peripancreatic gas collection
 5. Necrosis (<33% 33-50% > 50%)
- Other findings: WOPN Pseudocyst Calcification Atrophy

Date: MRCP

CBD diameter (mm):; **MPD diameter(mm):** Head: Body: Tail:

CBD stone (Largest size (mm):, Number: 1 2-3 3-4 ≥ 5)

Gall stone (Largest size (mm):, Number: 1 2-3 3-4 ≥ 5)

Biliary stricture (Location: Distal CBD Mid CBD Proximal CBD Hilar RHD LHD)

; Size (mm):; Prestenotic dilatation ; Beading ; Prunding ; Diverticulum

Pancreatic cyst: Unilocular Multilocular (Microcystic Macrocytic Solid-cystic PD-cyst connection

Size: number:

Others: Pancreas divisum Annular pancreas Biloma

Date: **EUS**

- Biliary lesion

- Gallbladder: Sludge Stone (Number: 1-2 3-4 ≥ 5); Largest size (mm):
Wall thickness (mm):
- Polyp (Largest size (mm):; Number:)
- Cystic duct remnant (Contains: Stone Sludge)
- CBD: Diameter (mm):; Wall thickness (mm):
- Sludge Stone (Number:; Largest size (mm):)
- CBD Stricture

- Mass lesion

- EUS needle type: FNA (19G 22G 25G) number of passes:..... FNB number of passes:.....
Pinch biopsy
- Location: Esophagus (Upper Middle Lower)
Stomach (Cardia Fundus Body Antrum)
Duodenum (Bulb D2 Ampulla D3)
Pancreas (Head Body Tail Neck Uncinate)
Biliary (Distal Hilar) Gallbladder Rectum

Size (mm) (length/depth):

- T Staging: T1 T2 T3 T4
- M Staging: Liver Ascites
- N Staging:
 - Location: Mediastinal (Subcarinal AP windows paratracheal paraesophageal)
Celiac Perigastric Peripancreatic
Hilar Para-aortic Perirectal
 - Largest size (mm):
 - Number:
 - Other features: Round/oval Triangular Heterogenous/Central hyperechoic Homogenous/hypoechoic
Sharp border Poorly-defined border
- Vascular involvement:
 - Location: Aorta IVC Celiac artery Portal vein Hepatic artery Splenic artery
Splenic vein SMA SMV Hepatic artery Gastroduodenal artery
 - √ Type of involvement: Abutment Encasement Invasion Thrombosis unknown
- Elastography strain ratio:
- CE-EUS:
 - Hypo enhance Isoenhance Hyper enhance

- Submucosal lesion

- Location: Esophagus (Lower Middle Upper)
Stomach (Cardia Fundus Body Antrum)
Duodenum (Bulb D2 Ampulla D3) Rectum other
- Size (mm): Number:
- Layer: Muscularis mucosa Submucosa Muscularis propria Serosal/Adventitia
External effect (Due to: Spleen Spine Heart Pancreas Lymph node)
- Echo pattern: Isoechoic Hypoechoic Hyperechoic Anechoic

- Pancreas (non-tumoral)

- Pancreatitis features

1. Paranchymal changes Hyperechoic foci (with shadowing Without shadowing
 Stranding Cysts Lobularity (with honeycombing without honeycombing
 Elastography strain ratio:
2. Ductal changes: CE-EUS: Hypoenhance Hyperenhance Isoenhance
 MPD diameter (mm): Head: Body: Tail:
 Irregular MPD contour Dilated side branches Hyperechoic margin
 - MPD Stone Location: Head Body Tail
 Largest size (mm):
 Number: 1-2 3-4 ≥ 5
3. Others: Pancreas divisum Annular pancreas
 - Pancreatic cystic lesions
 - Location: Head Unilocular Body Tail
 - Morphology: Unilocular Multilocular (Microcystic Macrocystic
 Solid-cystic Mural nodule Mucin
 Debris Thick septation size(mm): Thick wall size(mm):
 - Calcification (Central Peripheral
 - CE-EUS of cyst wall/nodule: Hyperenhance Isoenhance Hypoenhance
 - Elastography strain ratio:
 - Gross FNA fluid features: String sign
 - Colour: Clear Brown Bloody
 - EUS needle: FNA (19G 22G 25G FNB Pinch biopsy

- Anorectal (non-tumoral) lesion

- IAS thickness (mm):; EAS thickness (mm):
- IAS defect (Size (mm):; Location: Ant Lat Post)
- IAS defect (Size (mm):; Location: Ant Lat Post)
- Abscess (Largest size (mm):; Number:
- Fistula (Location: Transsphincteric Extrasphincteric Recto vaginal Others:; Number:

Interventional EUS

- Drainage (Biliary Pancreatic duct)
- Pancreatic cystic drainage
- Celiac plexus neurolysis Celiac plexus block (Bupropion Lidocaine Etonol)
- Fine needle injection (Alcohol Paxitaxol Others) RFA
- Pancreatic necrosis debridment

Complications of EUS

- Abdominal pain Pancreatitis Luminal GIB
- Intracystic bleeding Cyst infection
- Cardio-pulmonary arrest Mortality due to EUS complications (..... days after)

Sedation for ERCP/EUS

1. Drugs: Midazolam Fentanyl Propofol Ketamine Others:
2. Hypoxemia (O₂ sat<90%) (Duration: <5min 5-10min >10min)
3. Hypotension (BP <90/60) (Duration: <5min 5-10min >10min)
4. Cardiac arrest necessitate CPR

Date: **ERCP**

1. Patient's information:

Registry ID number: _____ Site of registry: _____
First name: _____ Last name: _____

2. Indication for ERCP:

CBD stone Hilar stricture Stricture of distal CBD Bile leak Periampullary tumor
Parasitic infestation PD stricture PD stone CBD dilation

- ERCP was: Successful Unsuccessful
- Manipulation time around papillary orifice: <5 min 5-10 min >10 min
- Number of cannulation attempts: 5 5-10 >10
- ERCP difficulty grading: 1 2 3
- Duration of ERCP: <20 min 20-60 min >60 min

Major papilla features: Normal Small Long Bulging Tumoral
Previous sphinctero tomy Periampullary diverticulum

Minor papilla features: Normal Edematous

CBD findings:

CBD diameter (mm): 1-5 5-10 11-15 16-20 >20

Choledochal cyst Type: 1 2 3 4 5

Biliary stone Largest size (mm): <10 10-15 15-20 >20
 Number: 1-2 3-5 >5
 color: Yellow black brown

Biliary sludge sludge extraction: successful unsuccessful

Biliary stricture Location: Distal CBD Mid CBD Proximal CBD Hilar intrahepatic

Papillary fibrosis/stenosis SOD Beading diverticulum Multifocal strictures Prunding

Bile leak Location: CBD Cystic duct stump Luschka Prunding

Worm infestation Ascaris Hydatid membrane Intrahepatic dilation

PD findings:

PD stone Largest size (mm): 1-4 5-10 >10
 Number: 1-2 3-4 ≥5

PD leakage Head Body Tail

PD diameter (mm): 1-3 4-6 7-10 >10

Gallbladder opacified Filling defect in cystic duct Filling defect in GB

Cannulation approach Standard sphincterotomy Difficult cannulation Primary NKF
 Secondary NKF Precut papillotomy Trans-sphincteric sphincterotomy
 Double guide wire technique Intramucosal incision Non successful

Sphincterotomy: Full size Mid-size

Electrocautery current: Blended current Pure coagulation current

Ballon dilation of sphineter of oddi: Dilation of intact sphineter
Size of ballon (mm): 6-8 8-10 10-12 12-15 15-18 18-20

Biliary Stent: Plastic FCSEMS UCSEMS PCSEMS
Number: 1 2 3 4 Size (fr /cm):

Pancreatic stent: Number: 1 2 3 Size (fr /cm):

Naso biliary catheter

CBD stone extraction with: Balloon Basket Mechanical lithotripsy

Pancreatic endotherapy: ESWL Stone extraction With: balloon basket

Tissue sampling: Brush cytology From biliary stricture From pancreatic stricture
With negative pressure Blind BX stricture

PD enterance: PD guide wire entrance Number of episodes: 1 2 ≥3
PD injection Visible side branches seen

Contrast drainage after ERCP: Complete Partial Failed

Minor papilla cannulation: Minor papilla sphincterotomy Minor papilla stenting

Stricture dilation: balloon TTS 6-8 Savary Balloon max force 4 Balloon max force 6

Treatments during ERCP: Adrenalin injection APC Adrenalin spray PTD hemoclips RFA

Probability for PEP: Low Moderate-high : Age <40 years and non-dilated CBD Female and age <40 year
Difficult connulation Previous sphincterctomy
≥ 2 guide wire entrance into PD Past history of PEP
Recent history of acute pancreatitis SOD

Post ERCP drugs:

Supp NSAIDs: (Before After) Pear TNG Octceotide (Dose (mg/dl):)
NAC Melatonin Somatostatin

Antibiotic: Ceftriaxone Ciprofloxacin Metronidazole Meropenem/lmipenem
Other:

Serum : Ringer Ringer lactate Normal saline

Vol during first 8hr: 1 lit 2 lit 3 lit

Complications:

pancreatitis Type: Mild Mod Severe

Bleeding Type: Mild Mod Severe

Perforation Type: Type 1 Type 2 Type 3 Esophagus

Gas embolism Cholangitis cholecystitis pneumonia Sepsis

Other:

Medical Follow Up

Date								
Lab								
AST								
ALT								
ALP								
Bili (T)								
γ-GT								
Albumin								
Hb								
PIT								
INR								
Cr								
IgG4								
CA19-9								
MELD score								
Drug /dose								

- * 1. UDCA 2. Fenofibraie 3. Ofloxacin 4. Ciprofloxacin 5. Azithromycin 6. Prednisolone 7. Mesalamine
 8. Azathioprine 9. Other

Date:

Follow Up after EUS/ERCP

Day	Pain/Score (1-10)	Overt GIB	BP	PR	Tem	Amylase	Lipase	Hb	WBC	BUN	Cr	CRP	P.C. unit transfused	FFP Unit transfused	PLT unit transfused	PTC Drainage	Surgery*	Complication**	Death			
1	0hr																					
	4hr																					
	12hr																					
2																						
3																						
4																						
5																						

* For 1. Perforation 2. Necrosectomy 3. Bleeding 4. Cholecystectomy 5. CBD exploration

** 1. Pancreatitis (mild mod severe) 2. Bleeding (mild mod severe) 3. Perforation (type 1 type 2 type3 esophagus) 4. Gas embolism
 5. Cholangitis 6. cholecystitis 7. Pneumonia 8. Sepsis

Sampling route	Report	(1) Location	(2) Report of cytopathology	(3) Grade of malignancy	(4) Surgical staging	(4) Ancillary Studies	IgG 4+cell/HPF	FISH
ROSE	1							
	2							
	3+							
Etanol fixed cytology	1							
	2							
	3+							
Cell block preparation	1							
	2							
	3+							
FNB	1							
	2+							
Brush cytology	1							
	2							
	3+							
Forceps biopsy	1							
	2							
	3+							
Surgical biopsy	1							
	2+							

- (1) 1. Pancreas (Mass Cyst Paranchyma) 2. Lymph-node 3. Biliary stricture 4. Ampulla
5. Liver 6. Colon (Rectum Descending Transverse Ascending Cecum) 7. Ileum 8. Duodenum
- (2) 1. Non-diagnostic 2. Atypical cells 3. Suspicious for malignancy
4. Malignant (Adenocarcinoma NET Lymphoma Metastasis Adenoma Others:)
5. IBD 6. Microscopic colitis (Lymphocytic colitis Collagenous colitis)
7. Duodenal mucosal pathology Marsh1 Marsh2 Marsh3
- (3) 1. Poorly differentiated 2. Moderately differentiated 3. Well differentiated
- (4) 1. Number of excised lymphnodes:; Number of involved lymphnodes:
2. T Staging: T1 T2 T3 T4
3. Margin involvement: R0 R1 R2
4. Lymphovascular involvement
5. Neural involvement
- (5) 1. IHC staining positive for: KRAS SMAD4 CDX2 MUC1 CK7 CK8 CK18
K19 Maspin MUC5AC B-Catenin
2. Molecular studies positive for: KRAS VHL APC HER2 CDKN2A PTCH
PTEN TP53
3. Positive mucin stain (Mucicarmin Alcian blue)