

Demographics / Basic Info

Record ID

Center Name

Local Identifier (how the patient is coded at the center, please do not use medical record numbers. Instead, please assign a patient a code that you can then refer to if specific questions arise)

Age at Surgery (years)

Sex

- Male
- Female
- Non-Binary

Race / Decent

- Unavailable
- White
- African / African American
- Asian - Southern
- Asian - East
- Asian - Central
- Asian - Russia
- Asian Southeastern
- Middle (Asian Western) Eastern
- Pacific Islander
- American Indian
- Hispanic / Latin American
- Aboriginal

BMI at OR

Historical BMI (1 year prior to OR)

Penicillin Allergy?

- Yes
- No

History of Myocardial Infarction / Coronary Artery Disease

- No
- Yes

History of Congestive Heart Failure

- No
- Yes

History of Peripheral Vascular Disease

- No
- Yes

History of Stroke or TIA

- No
- Transient Ischemic Attack or Stroke without Hemiplegia
- Stroke with Hemiplegia

History of Chronic Obstructive Pulmonary Disease (COPD), Emphysema, Restrictive Lung Disease or other Chronic Pulmonary Disease (not cancer) No
 Yes

Hx of Dementia or other Mental Handicap No
 Yes

Chronic Connective Tissue / Rheumatic Disease No
 Yes

Hx of Peptic Ulcer Disease No
 Yes

Hx of Cancer (not skin cancer except for metastatic melanoma) No
 Yes, Localized
 Yes, Metastatic

Hx of Chronic Liver Disease No
 Hepatitis C (treated or untreated or cirrhosis without portal hypertension)
 Severe cirrhosis, portal hypertension, or history of bleed

Hx of Diabetes Mellitus (Type 1 or 2) No
 Yes, no end-organ damage
 Yes, end-organ damage but not neuropathy (ie. retinopathy, nephropathy)

Hx of Moderate to Severe CKD (Dialysis, Uremia, Creatinine > 3) No
 Yes

AIDS Diagnosis (not just HIV positive) No
 Yes

Hx of Leukemia No
 Yes

Hx of Lymphoma No
 Yes

Charlson Comorbidity Score _____

Age-Adjusted Charlson Comorbidity Index _____

Pre-Operative Labs

Pre-Operative WBC

Pre-Operative Hgb

Pre-Operative Hct

Pre-Operative Plt

Pre-Operative Absolute Neutrophil Count

Pre-Operative Absolute Lymphocyte Count

Creatinine

Pre-Operative Albumin

Pre-Operative PT

Pre-Operative PTT

Pre-Operative INR

Tumor Characteristics

Laterality	<input type="radio"/> left <input type="radio"/> right
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Bone/soft tissue sarcoma or met?	<input type="radio"/> Bone <input type="radio"/> Soft tissue <input type="radio"/> Metastasis from non-bone or soft tissue sarcoma
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Type of sarcoma of bone	<input type="radio"/> Chondrosarcoma <input type="radio"/> Periosteal chondrosarcoma <input type="radio"/> Clear cell chondrosarcoma <input type="radio"/> Mesenchymal chondrosarcoma <input type="radio"/> Dedifferentiated chondrosarcoma <input type="radio"/> Low grade chondrosarcoma <input type="radio"/> High grade chondrosarcoma <input type="radio"/> Surface chondrosarcoma <input type="radio"/> Low Grade Central Osteosarcoma <input type="radio"/> Conventional Osteosarcoma <input type="radio"/> Telangiectatic Osteosarcoma <input type="radio"/> Small Cell Osteosarcoma <input type="radio"/> Parosteal Osteosarcoma <input type="radio"/> Periosteal Osteosarcoma <input type="radio"/> High-Grade Surface Osteosarcoma <input type="radio"/> Secondary Osteosarcoma <input type="radio"/> Osteoblastic Osteosarcoma <input type="radio"/> Fibroblastic Osteosarcoma <input type="radio"/> Chondroblastic Osteosarcoma <input type="radio"/> Well differentiated Osteosarcoma <input type="radio"/> Dedifferentiated Osteosarcoma <input type="radio"/> Fibrosarcoma <input type="radio"/> Epithelioid Haemangioendothelioma <input type="radio"/> Angiosarcoma <input type="radio"/> GCT of Bone <input type="radio"/> Chordoma <input type="radio"/> Poorly Differentiated Chordoma <input type="radio"/> Dedifferentiated Chordoma <input type="radio"/> Adamantinoma of Long Bones <input type="radio"/> Leiomyosarcoma <input type="radio"/> UPS (Undifferentiated Pleomorphic Sarcoma) <input type="radio"/> Plasmacytoma of Bone <input type="radio"/> Lymphoma <input type="radio"/> Langerhans Cell Histiocytosis <input type="radio"/> Ewing sarcoma <input type="radio"/> Atypical Cartilaginous Tumor <input type="radio"/> Chondroma <input type="radio"/> Bone cyst
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Type of soft tissue sarcoma

- Liposarcoma
- Dedifferentiated Liposarcoma
- Myxoid Liposarcoma
- Pleomorphic / Epithelioid Liposarcoma
- Myxoid Pleomorphic Liposarcoma
- Solitary Fibrous Tumor
- Fibrosarcoma
- Myxofibrosarcoma
- Low-Grade Fibromyxoid Sarcoma
- Sclerosing Epithelioid Fibrosarcoma
- Malignant Tenosynovial Giant Cell Tumor
- Epithelioid Haemangioendothelioma
- Angiosarcoma
- Glomus Tumor
- Leiomyosarcoma
- Embryonal Rhabdomyosarcoma
- Alveolar Rhabdomyosarcoma
- Pleomorphic Rhabdomyosarcoma
- Spindle Cell Rhabdomyosarcoma
- Ectomesenchymoma
- Extraskeletal Osteosarcoma
- Malignant Peripheral Nerve Sheath Tumor
- Melanotic Malignant Peripheral Nerve Sheath Tumor
- Granular Cell Tumor
- Perineurioma
- Phosphaturic Mesenchymal Tumor
- Synovial Sarcoma, Spindle Cell
- Synovial Sarcoma, Biphasic
- Synovial Sarcoma, Poorly Differentiated
- Epithelioid Sarcoma
- Alveolar Soft Part Sarcoma
- Clear Cell Sarcoma
- Extraskeletal Myxoid Chondrosarcoma
- Desmoplastic Small Round Cell Tumor
- Rhabdoid Tumor
- Perivascular Epithelioid Tumor
- Intimal Sarcoma
- Ossifying Fibromyxoid Tumor
- Myoepithelioid Carcinoma
- Undifferentiated Sarcoma
- Spindle Cell Sarcoma, Undifferentiated
- Pleomorphic Sarcoma, Undifferentiated
- Round Cell Sarcoma, Undifferentiated

Type of Metastatic Disease

- Thyroid
- Renal Cell
- Breast
- Lung
- Prostate
- Other

"Other" Metastatic Disease

Subtype of Breast Adenocarcinoma

- Invasive Ductal Carcinoma
- Invasive Lobular Carcinoma
- Mixed
- Paget's / Inflammatory
- Other

"Other" Breast Pathology

Breast Primary Tumor Hormone Status (check all that are positive, or unknown if hormone status is unknown)

- Estrogen
 Progesterone
 Her-2 Neu
 Unknown

Breast Metastatic Disease Hormone Status (check all that are positive, or unknown if hormone status is unknown)

- Estrogen
 Progesterone
 Her-2 Neu
 Unknown

History of Tamoxifen during primary tumor treatment?

- Yes
 No

Femur Involvement?

- No
 Intra-articular / femoral involvement via primary tumor extension
 Distant met to femur

Tumor Size (cm)

 ((Largest dimension))

Pathologic Fracture

- Yes
 No

Bone Sarcoma Type

- Appendicular skeleton, trunk, skull and facial bones
 Spine
 Pelvis

Soft Tissue Sarcoma Type

- Trunk or extremity
 Retroperitoneum
 Head and Neck
 Abdomen and thoracic visceral organs

Bone Primary Tumor Characteristic

- No evidence of primary tumor (T0)
 The main tumor is no more than 8 centimeters across (T1)
 The main tumor is more than 8 centimeters across (T2)
 Discontinuous tumors in the primary bone site (T3)
 Primary tumor cannot be assessed

Bone Sarcoma Lymph Node Spread

- No regional lymph node metastasis
 Regional lymph nodes metastasis
 Regional lymph node cannot be assessed

Bone Sarcoma Metastatic Disease

- No distant metastasis (M0)
 Lung only distant metastasis (M1a)
 Bone or other distant sites (M1b)

Bone Sarcoma Grade

- Well differentiated, low grade (G1)
 Moderately differentiated, high grade (G2)
 Poorly differentiated, high grade (G3)
 The grade cannot be determined (GX)

Soft Tissue Sarcoma Primary Tumor	<input type="radio"/> No evidence of primary tumor (T0) <input type="radio"/> Tumor 5 cm or less in greatest dimension (T1) <input type="radio"/> Tumor more than 5 cm and ≤ 10 cm in greatest dimension (T2) <input type="radio"/> Tumor more than 10 cm and ≤ 15 cm in greatest dimension (T3) <input type="radio"/> Tumor more than 15 cm in greatest dimension (T4) <input type="radio"/> Primary tumor cannot be assessed (TX)
Soft Tissue Sarcoma Lymph Node Spread	<input type="radio"/> No regional lymph node metastasis or unknown lymph node status <input type="radio"/> Regional lymph nodes metastasis
Soft Tissue Sarcoma Metastatic Disease	<input type="radio"/> No distant metastasis (M0) <input type="radio"/> Distant metastasis (M1)
Soft Tissue Sarcoma Histologic Characteristics	<input type="radio"/> Sarcoma closely resembling normal adult mesenchymal tissue <input type="radio"/> Sarcomas for which histologic typing is certain <input type="radio"/> Embryonal and undifferentiated sarcomas, sarcomas of doubtful type, and synovial sarcomas
Soft Tissue Sarcoma Mitotic Activity	<input type="radio"/> 0-9 mitoses per 10 HPF <input type="radio"/> 10-19 mitoses per 10 HPF <input type="radio"/> ≥ 20 mitoses per 10 HPF
Soft Tissue Sarcoma Necrosis	<input type="radio"/> No necrosis <input type="radio"/> $< 50\%$ tumor necrosis <input type="radio"/> $\geq 50\%$ tumor necrosis

Oncologic Treatment Hx

History of Hormone Therapy?

- No
- Anastrozole
- Testosterone Blockers
- Herceptin

Neoadjuvant Chemo?

- Yes
- No

Type of Neoadjuvant Chemo (check all that were given as neoadjuvant therapy)

- Cytotoxic
- Immunotherapy
- Hormone therapy
- Other

"Other" Neoadjuvant chemo

Adjuvant Chemo?

- Yes
- No

Type of Adjuvant Chemo (check all that were given as neoadjuvant therapy)

- Cytotoxic
- Immunotherapy
- Hormone therapy
- Other

"Other" Adjuvant chemo

Neoadjuvant Radiation?

- Yes
- No

Neoadjuvant Rads Dose (Gy)

Date of Completion of Neoadj Rads

Adjuvant Radiation?

- Yes
- No

Adjuvant Rads Dose (Gy)

Date of adjuvant rads treatment start

Surgical Treatment

Date of Diagnosis (D-M-Y)

Date of Surgery (D-M-Y)

Primary or Revision Procedure?

- Primary
- Revision

Reconstruction Performed

- Intercalary Reconstruction
- Osteoarticular Allograft
- Hemicondylar Allograft
- Alloprosthetic Composite
- Arthrodesis
- Rotationplasty
- Endoprosthesis
- Hemiintercalary Allograft
- Custom-made Implant

Extensor Mechanism Reconstruction

- None
- Alloprosthesis
- Gastrocnemius
- Bone to metal
- Soft tissue to metal

Antibiotics Used

- Cephalosporin
- Vancomycin
- Tobramycin
- Clindamycin
- Combination
- "Other"

What Combination of Antibiotics?

What "Other" antibiotic was used?

Duration of IV antibiotics post-operatively (days)

Duration of PO antibiotics after surgery (days, please write "0" if no orals were used)

Topical antibiotic powder used?

- None
- Cephalosporin
- Vancomycin
- Tobramycin
- Combination

What combination of topical antibiotic powder was used?

Providone iodine soak performed after implant placement

- Yes
- No

Drain placed? (one or more)	<input type="radio"/> Yes <input type="radio"/> No
Duration of Procedure (Hours)	_____
Estimated Blood Loss (cc)	_____
Resection length (from joint to cut, cm)	_____
Intra-articular or Extra-articular Resection?	<input type="radio"/> Intra-articular <input type="radio"/> Extra-articular
Planned Margins	<input type="radio"/> Wide (> 1 cm) <input type="radio"/> Marginal (< 1 cm) <input type="radio"/> Planned Micro+ <input type="radio"/> Planned Macro+
Actual Margins	<input type="radio"/> R0 <input type="radio"/> R1 <input type="radio"/> R2
Closure	<input type="radio"/> Primary <input type="radio"/> Skin graft without a flap <input type="radio"/> Flap (rotational) <input type="radio"/> Flap (muscle rotational) + skin graft <input type="radio"/> Free flap
Tubercle Sparing? (Maintenance of the anterolateral tibial cortex including the tibial tubercle in continuity with the distal native bone)	<input type="radio"/> Yes <input type="radio"/> No
Patella resurfaced?	<input type="radio"/> Yes <input type="radio"/> No
Patellar tendon reconstructed?	<input type="radio"/> Yes <input type="radio"/> No
Estimated or measured % of length of resected patellar tendon available for reconstruction (100% = tendon preserved completely, 0% = complete resection)	_____
How much patellar tendon was able to be repaired/reconstructed?	<input type="radio"/> < 50% <input type="radio"/> > 50% <input type="radio"/> Unknown
Did the tendon reach the tendon attachment site?	<input type="radio"/> Yes <input type="radio"/> No
Was an augment used to extend the residual patellar tendon?	<input type="radio"/> Yes <input type="radio"/> No

How was the patellar tendon re-attached?	<input type="radio"/> Suture alone <input type="radio"/> Suture + synthetic tendon augment <input type="radio"/> Endoprosthesis built-in tendon
Proximal fibula resected?	<input type="radio"/> Yes <input type="radio"/> No
Anterior tibial artery resected?	<input type="radio"/> Yes <input type="radio"/> No
Posterior tibial artery resected	<input type="radio"/> Yes <input type="radio"/> No
Common peroneal nerve resected	<input type="radio"/> Yes <input type="radio"/> No
Tibial nerve resected?	<input type="radio"/> Yes <input type="radio"/> No
Vascularized fibula graft	<input type="radio"/> Yes <input type="radio"/> No
Vascularized fibula graft with allograft (Capanna technique)	<input type="radio"/> Yes <input type="radio"/> No
DVT prophylaxis used post-op?	<input type="radio"/> None <input type="radio"/> ASA 81 daily <input type="radio"/> ASA 81 twice a day <input type="radio"/> ASA 325 daily <input type="radio"/> Lovenox 40 mg daily <input type="radio"/> Lovenox 30 mg twice a day <input type="radio"/> Subcutaneous heparin <input type="radio"/> Coumadin <input type="radio"/> DOAC (oral anticoagulant such as rivaroxaban) <input type="radio"/> Other
"Other" DVT prophylaxis used	<hr/>

Endoprosthesis Characteristics

Endoprosthesis used	<input type="radio"/> Depuy / J&J <input type="radio"/> Zimmer / Biomet <input type="radio"/> Stryker <input type="radio"/> MUTARS <input type="radio"/> LNK <input type="radio"/> Onkos <input type="radio"/> Smith & Nephew <input type="radio"/> Stanmore <input type="radio"/> "Other"
Endoprosthesis coating	<input type="radio"/> None <input type="radio"/> Silver <input type="radio"/> Iodine <input type="radio"/> Unsure
Lengthening endoprosthesis?	<input type="radio"/> No <input type="radio"/> Yes - Growing
Type of lengthening	<input type="radio"/> Minimally invasive lengthening (non-surgical) <input type="radio"/> Invasive lengthening (surgical)
Type of knee mechanism	<input type="radio"/> Rotating hinge <input type="radio"/> Fixed hinge
Cemented or Non-Cemented Tibia?	<input type="radio"/> Cemented <input type="radio"/> Non-cemented (press-fit)
Cement Used for Tibia?	<input type="radio"/> Antibiotic <input type="radio"/> Non-antibiotic
Type of antibiotic cement used for tibia	<input type="radio"/> Cephalosporin <input type="radio"/> Vancomycin <input type="radio"/> Tobramycin <input type="radio"/> Gentamycin <input type="radio"/> Combination
"Combination" antibiotic cement for tibia	_____
Cemented or non-cemented femur?	<input type="radio"/> Cemented <input type="radio"/> Non-cemented (press fit)
Cement used for femur?	<input type="radio"/> Antibiotic <input type="radio"/> Non-antibiotic
Type of antibiotic cement used for femur	<input type="radio"/> Cephalosporin <input type="radio"/> Vancomycin <input type="radio"/> Tobramycin <input type="radio"/> Gentamycin <input type="radio"/> Combination
"Combination" antibiotic cement femur	_____

Allograft/APC/Rotationplasty Characteristics

Mode of stabilization

- Non-locking plate
- Locking plate
- Nail and locking plate
- Nail and non-locking plate
- Other

"Other" mode of stabilization

How many plates crossed the distal junction

- 1
- 2
- Plate(s) augmented with a nail

How many plates crossed the proximal junction?

- 1
- 2
- Plate(s) augmented by a nail

Time from rotationplasty to prosthesis fitting (days)

Vessel resection with tumor and re-anastomosis vs. coiling required?

- Yes
- No

Complications

Has this limb salvage experienced a mechanical or non-mechanical complication?

- Yes
- No

How many mechanical or non-mechanical complications occurred?

Date of Complication #1 (Day-Month-Year)

Complication #1 Henderson Type

- Mechanical IA - Soft Tissue Failure - Instability due to Tendon/Muscle Rupture
- Mechanical IB - Soft Tissue Failure - Aseptic Wound Dehiscence
- Mechanical IIA - Aseptic Loosening - < 2 Years after Implantation
- Mechanical IIB - Aseptic Loosening - > 2 Years after Implantation
- Mechanical Allograft II - Nonunion
- Mechanical IIIA - Structural Failure - Prosthetic Failure
- Mechanical IIIB - Structural Failure - Periprosthetic Failure
- Mechanical Allograft III - Structural failure - Allograft Fracture
- Non-Mechanical IVA - Periprosthetic Infection - < 2 Years after Implantation
- Non-Mechanical IVB - Periprosthetic Infection - > 2 Years after Implantation
- Non-Mechanical IVA - Allograft Infection - < 6 Months after Implantation
- Non-Mechanical IVA - Allograft Infection - > 6 Months after Implantation
- Non-Mechanical VA - Tumor Progression with Contamination of Prosthesis - Soft Tissue Tumor
- Non-Mechanical VB - Tumor Progression with Contamination of Prosthesis - Bone Tumor

Infectious pathogen

- No Growth
- Gram + Bacteria
- Gram - Bacteria
- Polymicrobial Bacteria
- Fungal alone
- Mycobacterial
- Polymicrobial (fungal + bacteria)

How was complication #1 managed?

- None
- Supportive
- OR with implant retention
- OR with exchange of PE components
- OR with partial retention of metallic components
- OR with complete implant exchange
- Amputation
- Rotationplasty
- Ongoing failure management
- Allograft revision to prosthesis

Date of Complication #2 (Day-Month-Year)

Complication #2 Henderson Type

- Mechanical IA - Soft Tissue Failure - Instability due to Tendon/Muscle Rupture
- Mechanical IB - Soft Tissue Failure - Aseptic Wound Dehiscence
- Mechanical IIA - Aseptic Loosening - < 2 Years after Implantation
- Mechanical IIB - Aseptic Loosening - > 2 Years after Implantation
- Mechanical Allograft II - Nonunion
- Mechanical IIIA - Structural Failure - Prosthetic Failure
- Mechanical IIIB - Structural Failure - Periprosthetic Failure
- Mechanical Allograft III - Structural failure - Allograft Fracture
- Non-Mechanical IVA - Periprosthetic Infection - < 2 Years after Implantation
- Non-Mechanical IVB - Periprosthetic Infection - > 2 Years after Implantation
- Non-Mechanical IVA - Allograft Infection - < 6 Months after Implantation
- Non-Mechanical IVA - Allograft Infection - > 6 Months after Implantation
- Non-Mechanical VA - Tumor Progression with Contamination of Prosthesis - Soft Tissue Tumor
- Non-Mechanical VB - Tumor Progression with Contamination of Prosthesis - Bone Tumor

Infectious pathogen

- No Growth
- Gram + Bacteria
- Gram - Bacteria
- Polymicrobial Bacteria
- Fungal alone
- Mycobacterial
- Polymicrobial (fungal + bacteria)

How was complication #2 managed?

- None
- Supportive
- OR with implant retention
- OR with exchange of PE components
- OR with partial retention of metallic components
- OR with complete implant exchange
- Amputation
- Rotationplasty
- Ongoing failure management
- Allograft revision to prosthesis

Date of Complication #3 (Day-Month-Year)

Complication #3 Henderson Type

- Mechanical IA - Soft Tissue Failure - Instability due to Tendon/Muscle Rupture
- Mechanical IB - Soft Tissue Failure - Aseptic Wound Dehiscence
- Mechanical IIA - Aseptic Loosening - < 2 Years after Implantation
- Mechanical IIB - Aseptic Loosening - > 2 Years after Implantation
- Mechanical Allograft II - Nonunion
- Mechanical IIIA - Structural Failure - Prosthetic Failure
- Mechanical IIIB - Structural Failure - Periprosthetic Failure
- Mechanical Allograft III - Structural failure - Allograft Fracture
- Non-Mechanical IVA - Periprosthetic Infection - < 2 Years after Implantation
- Non-Mechanical IVB - Periprosthetic Infection - > 2 Years after Implantation
- Non-Mechanical IVA - Allograft Infection - < 6 Months after Implantation
- Non-Mechanical IVA - Allograft Infection - > 6 Months after Implantation
- Non-Mechanical VA - Tumor Progression with Contamination of Prosthesis - Soft Tissue Tumor
- Non-Mechanical VB - Tumor Progression with Contamination of Prosthesis - Bone Tumor

Infectious pathogen

- No Growth
- Gram + Bacteria
- Gram - Bacteria
- Polymicrobial Bacteria
- Fungal alone
- Mycobacterial
- Polymicrobial (fungal + bacteria)

How was complication #3 managed?

- None
- Supportive
- OR with implant retention
- OR with exchange of PE components
- OR with partial retention of metallic components
- OR with complete implant exchange
- Amputation
- Rotationplasty
- Ongoing failure management
- Allograft revision to prosthesis

Date of Complication #4 (Day-Month-Year)

Complication #4 Henderson Type

- Mechanical IA - Soft Tissue Failure - Instability due to Tendon/Muscle Rupture
- Mechanical IB - Soft Tissue Failure - Aseptic Wound Dehiscence
- Mechanical IIA - Aseptic Loosening - < 2 Years after Implantation
- Mechanical IIB - Aseptic Loosening - > 2 Years after Implantation
- Mechanical Allograft II - Nonunion
- Mechanical IIIA - Structural Failure - Prosthetic Failure
- Mechanical IIIB - Structural Failure - Periprosthetic Failure
- Mechanical Allograft III - Structural failure - Allograft Fracture
- Non-Mechanical IVA - Periprosthetic Infection - < 2 Years after Implantation
- Non-Mechanical IVB - Periprosthetic Infection - > 2 Years after Implantation
- Non-Mechanical IVA - Allograft Infection - < 6 Months after Implantation
- Non-Mechanical IVA - Allograft Infection - > 6 Months after Implantation
- Non-Mechanical VA - Tumor Progression with Contamination of Prosthesis - Soft Tissue Tumor
- Non-Mechanical VB - Tumor Progression with Contamination of Prosthesis - Bone Tumor

Infectious pathogen

- No Growth
- Gram + Bacteria
- Gram - Bacteria
- Polymicrobial Bacteria
- Fungal alone
- Mycobacterial
- Polymicrobial (fungal + bacteria)

How was complication #4 managed?

- None
- Supportive
- OR with implant retention
- OR with exchange of PE components
- OR with partial retention of metallic components
- OR with complete implant exchange
- Amputation
- Rotationplasty
- Ongoing failure management
- Allograft revision to prosthesis

Date of Complication #5 (Day-Month-Year)

Complication #5 Henderson Type

- Mechanical IA - Soft Tissue Failure - Instability due to Tendon/Muscle Rupture
- Mechanical IB - Soft Tissue Failure - Aseptic Wound Dehiscence
- Mechanical IIA - Aseptic Loosening - < 2 Years after Implantation
- Mechanical IIB - Aseptic Loosening - > 2 Years after Implantation
- Mechanical Allograft II - Nonunion
- Mechanical IIIA - Structural Failure - Prosthetic Failure
- Mechanical IIIB - Structural Failure - Periprosthetic Failure
- Mechanical Allograft III - Structural failure - Allograft Fracture
- Non-Mechanical IVA - Periprosthetic Infection - < 2 Years after Implantation
- Non-Mechanical IVB - Periprosthetic Infection - > 2 Years after Implantation
- Non-Mechanical IVA - Allograft Infection - < 6 Months after Implantation
- Non-Mechanical IVA - Allograft Infection - > 6 Months after Implantation
- Non-Mechanical VA - Tumor Progression with Contamination of Prosthesis - Soft Tissue Tumor
- Non-Mechanical VB - Tumor Progression with Contamination of Prosthesis - Bone Tumor

Infectious pathogen

- No Growth
- Gram + Bacteria
- Gram - Bacteria
- Polymicrobial Bacteria
- Fungal alone
- Mycobacterial
- Polymicrobial (fungal + bacteria)

How was complication #5 managed?

- None
- Supportive
- OR with implant retention
- OR with exchange of PE components
- OR with partial retention of metallic components
- OR with complete implant exchange
- Amputation
- Rotationplasty
- Ongoing failure management
- Allograft revision to prosthesis

Any other complications + management?

Was there a 90-day Readmission?

- No
- Yes - Medical (non-surgical reason)
- Yes - Surgical (surgical or medical complication directly related to OR)

Amputation required?

- Yes
- No

Reason for amputation

- Infection
- Fracture
- Implant failure
- Pain
- Functional Deficit

Date of amputation (D-M-Y)

Failure (re-operation or amputation)

- Yes
- No

Deceased?

- No
- Yes - tumor related
- Yes - non-tumor related

Date deceased

Oncologic Outcomes

Local recurrence?

- Yes
- No

Date of local recurrence (M-D-Y)

Distant recurrence?

- Yes
- No

Date of distant recurrence (D-M-Y)

Mobility

Date of max follow-up

Follow up time in months

Knee extension at most recent follow-up

- Full
- 1-5 deg lag
- 6-10 deg lag
- 11-15 deg lag
- > 15 deg lag

Knee flexion at most recent follow-up

- < 45 deg
- 45-90 deg
- 91-120 deg
- 121-150 deg
- > 150 deg

Strength in extension (0-5 scale)

- 0
- 1
- 2
- 3
- 4
- 5

Strength in flexion

- 0
- 1
- 2
- 3
- 4
- 5

Range of Motion (degrees)

Valgus stability at full extension

- 0-5 mm opening
- 6-10 mm opening
- > 10 mm opening or the lack of any firm endpoint

Valgus stability at 30 deg of flexion

- 0-5 mm opening
- 6-10 mm opening
- > 10 mm opening or the lack of any firm endpoint

Varus stability at full extension

- 0-5 mm opening
- 6-10 mm opening
- > 10 mm opening or the lack of any firm endpoint

Varus stability at 30 deg of flexion

- 0-5 mm opening on valgus stress
- 6-10 mm opening on valgus stress
- > 10 mm opening or the lack of any firm endpoint

Firm endpoint on anterior/posterior translation of knee at 0 deg

- Yes
- No

Firm endpoint of anterior and posterior translation of the knee in 30 deg flex

- Yes
 No

At max follow-up, patient's primary (>50%) mode of support

- None
 Brace
 Cane
 1 Crutch
 2 Crutches
 Walker
 Minimal/Non-Ambulator

Gait at max follow-up

- Normal
 Minor Cosmetic abnl
 Major Cosmetic abnl
 Minor Functional abnl
 Major Functional abnl
 Could not ambulate post-op (but could pre-op)

Single episode no-rest walking capacity at max follow-up

- Unlimited
 Community Ambulator
 Limited in-home ambulation
 Unable to ambulate

Patient-Reported Outcomes

Pre-Op PROMIS Physical Function score

PROMIS Physical Function Score 1-Year after Primary PTR

Date of Max PROMIS Physical Function Score (D-M-Y)

PROMIS Physical Function Score at Max Follow-Up

Pre-Op PROMIS Pain Interference Score

PROMIS Pain Interference Score 1-Year After Primary PTR

Date of Max PROMIS Pain Interference Score (D-M-Y)

PROMIS Pain Interference Score at Max Follow-Up

Pre-Op PROMIS Depression Score

PROMIS Depression Score 1-Year after Primary PTR

Date of Max PROMIS Depression Score (D-M-Y)

PROMIS Depression Score at Max Follow-Up

Pre-Op PROMIS Anxiety Score

PROMIS Anxiety Score 1-Year after Primary PTR

Date of Max PROMIS Anxiety Score (D-M-Y)

PROMIS Anxiety Score at Max Follow-Up

Pre-Op PROMIS Social Disability Score

PROMIS Social Disability Score 1-Year after Primary PTR

Date of Max PROMIS Social Disability Score (D-M-Y)

PROMIS Social Disability Score at Max Follow-Up

Pre-Op SF-12 Score

SF-12 Score 1-Year after Primary PTR

Date of Max SF-12 (D-M-Y)

SF-12 Score at Max Follow-Up

Pre-Op EQ50 Score

EQ50 Score at 1-Year Follow-Up

Date of Max EQ50 (D-M-Y)

EQ50 Score at Max Follow-Up

Pre-Op MSTS Score

MSTS Score 1-Year after Primary PTR

Date of Max MSTS Score (D-M-Y)

MSTS Score at Max Follow-Up

Pre-Op TESS Score

TESS Score 1-Year after Primary PTR

Date of Max TESS Score (D-M-Y)

TESS Score at Max Follow-Up

X-ray Records

Where available, please upload X-ray images (in image picture form, such as jpeg) as requested below. Where possible, please include the FULL implant where available

Pre-Operative AP Knee X-ray

Pre-Operative Lateral Knee X-ray

4-6 Week Post-Op AP Knee X-ray

4-6 Week Post-Op Lateral Knee X-ray

3 Month Post-Op AP Knee X-ray

3 Month Post-Op Lateral Knee X-ray

6 Month Post-Op AP Knee X-ray

6 Month Post-Op Lateral Knee X-ray

1-Year Post-Op AP Knee X-ray

1-Year Post-Op Lateral Knee X-ray

2-Year Post-Op AP Knee X-ray

2-Year Post-Op Lateral Knee X-ray

Date of Max Follow-Up X-ray

Max Follow-Up AP Knee X-ray

Max Follow-Up Lateral Knee X-ray

Patient Summary

Summary/Additional comments:
Describe in free text a summary of the patient to
explain multiple revisions, course or add any comments
