

Clinical details

Initial diagnosis: acute pancreatitis Date: __ / __ / __
pseudocyst Date: __ / __ / __

Cause of pancreatitis: Alcohol
Biliary
Drugs
Hereditary
Autoimmune
Other _____

Amount of alcohol consumption: _____

Comorbidities: _____

Concomitant medication:

Drug	Application	Dose and frequency	Duration

Patient number: ____ / ____ Date: __ / __ / __

Laboratory results prior therapy

Hemoglobin: ___ . __ g/dl
 White blood count: _____ / µl
 Platelets: _____ / µl
 INR: ___ . __
 AST: ___ U/ L
 ALT: ___ U/ L
 GGT: ___ U/ L
 AP: ___ U/ L
 Bilirubin (total): ___ . __ mg/ dL
 Lipase: ___ U/ L
 Amylase: ___ U/ L
 CRP: ___ . __ mg/ dL

Assessment of pain:

1	2	3	4	5	6	7	8	9	10
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Patient number: ___ / ___ **Date:** ___ / ___ / ___

Follow up 3 months

Randomized multicenter study on pancreatic duct stenting in disrupted or obstructed ducts in context with endoscopic treatment of pancreatic pseudocysts.

Site number: ___/___ (i.e. GER/001)

Patient number: ___/___ (i.e. 012/01)

Patient initials: ___

Date of birth: ___/___/___ (i.e. 14/MAR/1956)

Date of follow up ___/___/___

Diameter of pseudocyst: ___ cm CT-scan
 MRI
 Ultrasound
 EUS

Date of Re-ERP: ___/___/___ (if applicable)

Removal of pancreatic stent: Yes
 No Cause: _____

7Remaining or new symptoms: _____

Other important information: _____

Assessment of pain:

1	2	3	4	5	6	7	8	9	10
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Follow up 3 months

Concomitant medication:

Drug	Application	Dose and frequency	Duration

Hospitalisation/Major events	Yes <input type="radio"/>	No <input type="radio"/>
	if yes:	Cause:
	Date:	_____ to
		-- / -- / -- to
		-- / -- / --
	Death:	-- / -- / --
	if yes:	Cause:

Patient number:

___ / ___

Date:

___ / ___ / ___

Follow up 6 months

Randomized multicenter study on pancreatic duct stenting in disrupted or obstructed ducts in context with endoscopic treatment of pancreatic pseudocysts.

Site number: ___/___ (i.e. GER/001)

Patient number: ___/___ (i.e. 012/01)

Patient initials: ___

Date of birth: __/__/____ (i.e. 14/MAR/1956)

Date of follow up __/__/____

Diameter of pseudocyst: ___ cm CT-scan
MRI
Ultrasound
EUS

Remaining or new symptoms: _____

Other important information: _____

Assessment of pain:

1	2	3	4	5	6	7	8	9	10
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Follow up 6 months

Concomitant medication:

Drug	Application	Dose and frequency	Duration

Hospitalisation/Major events	Yes <input type="radio"/>	No <input type="radio"/>
	if yes:	Cause:
	Date:	_____ to
		-- / -- / -- -- / -- / --
	Death:	-- / -- / --
	if yes:	Cause:

Patient number:

___ / ___

Date: ___ / ___ / ___

Follow up 12 months

Concomitant medication:

Drug	Application	Dose and frequency	Duration

Hospitalisation/Major events	Yes <input type="radio"/>	No <input type="radio"/>
	if yes:	Cause:
	Date:	_____ to
		--/---/--- --/---/---
	Death:	--/---/---
	if yes:	Cause:

Patient number:

___/___

Date: ___/___/___

Telephone Follow up 24 months

Randomized multicenter study on pancreatic duct stenting in disrupted or obstructed ducts in context with endoscopic treatment of pancreatic pseudocysts.

Site number: ___/___ (i.e. GER/001)

Patient number: ___/___ (i.e. 012/01)

Patient initials: ___

Date of birth: __/___/___ (i.e. 14/MAR/1956)

Date of follow up __/___/___

Diameter of pseudocyst: ___ cm CT-scan
MRI
Ultrasound
EUS

Remaining or new symptoms: _____

Other important information: _____

Assessment of pain:

1	2	3	4	5	6	7	8	9	10
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Follow up 24 months

Concomitant medication:

Drug	Application	Dose and frequency	Duration

Hospitalisation/Major events	Yes <input type="radio"/>	No <input type="radio"/>
	if yes:	Cause:
	Date:	_____ to
		--/ --/ -- to
		--/ --/ --
	Death:	--/ --/ --
	if yes:	Cause:

Patient number:

___/___

Date: ___/___/___