

FILL IN IMMEDIATELY AFTER THE OPERATION

Right Hemicolectomy Global Assessment Score

(GAS) form

A. SURGEON(S)							
A1 Name of surgeon(s)							
A2 This is the surgeon's th case in phase 4 of the right study							
A3 Operating date							
A4 Name of hospital							
A5 Name of proctor							
A6 Was the proctoring on site or online? On site Online							
A7 Has the CT scan and thus the colonic anatomy been reviewed before surgery? Yes No							
A7 Was the second participating surgeon of the hospital present? Yes No							
B. PATIENT							
B1 Patient study number (Alea)							

1 Not performed, step had to be done by proctor 2 Partly performed, step had to be partly done by proctor 3 Performed with substantial verbal support 6 Peroficient performance, couldn't be better 1&2 are not applicable during teleproctoring (online) SET UP C1: Appropriate patient positioning 1 2 3 4 5 6 N/A C2: Correct Set-up of trocars and laparoscopic 1 2 3 4 5 6 N/A C3: Appropriate dissection of the avascular plane between the visceral peritoneum of the mesentery and the retroperitoneum with dissection of the duodenum and ventral aspect of pancreatic head 1 2 3 4 5 6 N/A CENTRAL APPROACH AND VESSEL [GATION 1 2 3 4 5 6 N/A C4: Safe approach and dissection of the VMS 1 2 3 4 5 6 N/A C5: Safe vessel ligation (CVS) 1 2 3 4 5 6 N/A C5: Safe dissection anterior side of the VMS cranially towards Henle's trunk 1 2 3 4 5 6 N/A	C. ASSESSMENT								
SET UP C1: Appropriate patient positioning 1 2 3 4 5 6 N/A C2: Correct Set-up of trocars and laparoscopic instruments 1 2 3 4 5 6 N/A MESENTERIC DISSECTION 1 2 3 4 5 6 N/A C3: Appropriate dissection of the avascular plane between the visceral peritoneum of the mesentery and the retroperitoneum with dissection of the duodenum and ventral aspect of pancreatic head 1 2 3 4 5 6 N/A CENTRAL APPROACH AND VESSEL LIGATION 1 2 3 4 5 6 N/A C4: Safe approach and dissection of the VMS 1 2 3 4 5 6 N/A C5: Safe vessel ligation (CVS) 1 2 3 4 5 6 N/A C6. Safe dissection anterior side of the VMS 1 2 3 4 5 6 N/A	3 Performed, with substantial verbal support	4 Performed with minor verbal support							
C1: Appropriate patient positioning 1 2 3 4 5 6 N/A C2: Correct Set-up of trocars and laparoscopic instruments 1 2 3 4 5 6 N/A MESENTERIC DISSECTION 1 2 3 4 5 6 N/A C3: Appropriate dissection of the avascular plane between the visceral peritoneum of the mesentery and the retroperitoneum with dissection of the duodenum and ventral aspect of pancreatic head 1 2 3 4 5 6 N/A C4: Safe approach and dissection of the VMS 1 2 3 4 5 6 N/A C4: Safe vessel ligation (CVS) 1 2 3 4 5 6 N/A C5: Safe vessel ligation (CVS) 1 2 3 4 5 6 N/A C6. Safe dissection anterior side of the VMS 1 2 3 4 5 6 N/A	1&2 are not applicable during teleproctoring (online)								
C2: Correct Set-up of trocars and laparoscopic instruments 1 2 3 4 5 6 N/A MESENTERIC DISSECTION C3: Appropriate dissection of the avascular plane between the visceral peritoneum of the mesentery and the retroperitoneum with dissection of the duodenum and ventral aspect of pancreatic head 1 2 3 4 5 6 N/A CENTRAL APPROACH AND VESSEL 1 2 3 4 5 6 N/A C4: Safe approach and dissection of the VMS 1 2 3 4 5 6 N/A C5: Safe vessel ligation (CVS) 1 2 3 4 5 6 N/A C6. Safe dissection anterior side of the VMS 1 2 3 4 5 6 N/A	SET UP								
instruments MESENTERIC DISSECTION C3: Appropriate dissection of the avascular plane between the visceral peritoneum of the mesentery and the retroperitoneum with dissection of the duodenum and ventral aspect of pancreatic head 1 2 3 4 5 6 N/A CENTRAL APPROACH AND VESSEL LIGATION 1 2 3 4 5 6 N/A C4: Safe approach and dissection of the VMS 1 2 3 4 5 6 N/A C5: Safe vessel ligation (CVS) 1 2 3 4 5 6 N/A C6. Safe dissection anterior side of the VMS 1 2 3 4 5 6 N/A	C1: Appropriate patient positioning	1	2	3	4	5	6	N/A	
C3: Appropriate dissection of the avascular plane between the visceral peritoneum of the mesentery and the retroperitoneum with dissection of the duodenum and ventral aspect of pancreatic head CENTRAL APPROACH AND VESSEL LIGATION C4: Safe approach and dissection of the VMS C5: Safe vessel ligation (CVS) C6. Safe dissection anterior side of the VMS $1 \ 2 \ 3 \ 4 \ 5 \ 6 \ N/A \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ N/A \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ N/A \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ N/A \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ N/A \ 1 \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ N/A \ 1 \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ N/A \ 1 \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ N/A \ 1 \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ N/A \ 1 \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ N/A \ 1 \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ N/A \ 1 \ 1 \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ N/A \ 1 \ 1 \ 1 \ 1 \ 1 \ 1 \ 1 \ 1 \ 1 \ $		1	2	3	4	5	6	N/A	
plane between the visceral peritoneum of the mesentery and the retroperitoneum with dissection of the duodenum and ventral aspect of pancreatic head CENTRAL APPROACH AND VESSEL LIGATION 1 2 3 4 5 6 N/A C5: Safe vessel ligation (CVS) 1 2 2 3 4 5 6 N/A C6. Safe dissection anterior side of the VMS	MESENTERIC DISSECTION								
LIGATION123456N/AC4: Safe approach and dissection of the VMS123456N/AC5: Safe vessel ligation (CVS)123456N/AC6. Safe dissection anterior side of the VMS	plane between the visceral peritoneum of the mesentery and the retroperitoneum with dissection of the duodenum and ventral	1	2	3	4	5	6	N/A	
C4: Safe approach and dissection of the VMS 1 2 3 4 5 6 N/A C5: Safe vessel ligation (CVS) 1 2 3 4 5 6 N/A C6. Safe dissection anterior side of the VMS N/A 1 2 3 4 5 6 N/A		4	2	3	۸	5	6		
C5: Safe vessel ligation (CVS) 1 2 3 4 5 6 N/A C6. Safe dissection anterior side of the VMS	C4: Safe approach and dissection of the VMS	—			_		_		
C6. Safe dissection anterior side of the VMS	C5: Safe vessel ligation (CVS)						6		
			—	_	—	_			

C7: vess		on of Henle and midd	lle colic	1	2	3	4	5	6	N/A			
C8:	Safe creation	ND EXTRACTION	1 1	2 2	3 3	4 4	5 5	6 6	N/A N/A				
	D. QUALITY OF RESECTED SPECIMEN RIGHT HEMICOLECTOMY												
D1.	Specimen sc	ore by the proctor	0	1	2[3						
	Type (Benz)	DESCRIPTION											
	The stalks of the ileocolic vessels and middle colic vessels are connected by tissue of the surgical trunk (lymphatic tissue package covering the SMV). The mesocolic window has a complete medial frame of mesocolic tissue.												
	The stalks of ileocolic and middle colic vessels are present but are not connected by tissue. The frame of the mesocolic window is not complete on its medial aspect.												
	2	The stalks of the ilec geometric configura window has a media	tion of the	specimen	esent with but the m	more tha iddle colic	n 50% of vessels	their antie are not de	cipated len etectable.	gth accordin The frame of	g to the the		
	3	lleocolic vessels hav geometric configura							ated length	according to	o the		
E.	OVERA	LL GLOBAL /	ASSES	SMEN	T SCC	RE							
	E1. O	verall Proficienc	y:		1	2	3	4	5	6	N/A		
	E2. L	evel of case diff	iculty:(very easy	/) 1	2	3	4	5[] (very difficult)		
F.	ADDITIC	NAL COMME	NTS										
G. /	ADDITIO	NAL PROCTO	ORING										
G1. N	leed for addit	ional proctoring acco	rding to su	irgeon		Ye	s 🗌 N	lo 🗌					
G2. N	leed for addit	ional proctoring acco	rding to pr	octor		Ye	s 🗌 1	lo 🗌					

¹ Benz S, Tannapfel A, Tam Y, Grünenwald A, Vollmer S, Stricker I. Proposal of a new classification system for complete mesocolic excison in right-sided colon cancer. Tech Coloproctol. 2019 Mar;23(3):251-257. doi: 10.1007/s10151-019-01949-4. Epub 2019 Mar 5. PMID: 30838463.