

Section S1

PATIENT CLINICAL DATA (*imported from RIS*)

FIELD	DETAIL	ADMITTED VALUES
ANTHROPOMETRIC DATA		
Weight	(kg) [Numeric]	
Height	(cm) [Numeric]	
BMI	[Numeric] (automatically calculated)	
BSA	[Numeric] (automatically calculated)	
Age	(years) [Numeric]	
Age range (filled in automatically)	<ul style="list-style-type: none">< 50 years> 50 years	
PATIENT HISTORY		
Family history of pancreatic cancer (visible only if “Yes” and repeatable)	Yes/No	
	Degree of kinship	<ul style="list-style-type: none">MotherFatherBrother(s)/sister(s)

		<ul style="list-style-type: none"> • Maternal grandparent(s) • Paternal grandparent(s) • Uncle(s)/aunt(s) • Other <i>[Free text]</i>
	Notes	<i>[Free text]</i>
Personal history of other cancers	Yes/No	
	Notes	<i>[Free text]</i>
Predisposing diseases (visible only if “Yes” and repeatable)	Yes/No	
	Type	<ul style="list-style-type: none"> • Obesity • Diabetes mellitus • Chronic pancreatitis • Prior gastrectomy
	Notes	<i>[Free text]</i>
Hereditary syndromes (visible only if “Yes” and repeatable)	Type	<ul style="list-style-type: none"> • Peutz-Jeghers syndrome • familial atypical multiple mole melanoma (FAMMM) syndrome • hereditary pancreatitis • autoimmune syndromes (pancreatitis, etc.)

		<ul style="list-style-type: none"> • Lynch syndrome • hereditary nonpolyposis colorectal cancer (HNPCC) • familial breast cancer • ataxia-telangiectasia • other [Free text] 	
Other genetic mutations	Yes/No	<ul style="list-style-type: none"> • BRCA-2 • other [Free text] 	
Lifestyle/dietary habits	Smoke	Yes/No	
(visible only if "Yes" and repeatable)	SMOKING DETAILS (visible only if Smoke = "Yes")		
		Smoker	<ul style="list-style-type: none"> • Current smoker • Former smoker
		Cigarette smoke	Yes/No
		Number of daily cigarettes (if "Current smoker")	[Numeric]
		Smoking years	[Numeric]
		Years from cessation (if "Former smoker")	<ul style="list-style-type: none"> • ≤15 • >15

		Cigarettes per year (pack-year) (if “Former smoker” or “Current smoker”)	[Numeric] (automatically calculated)* *(Number of daily cigarettes x smoking years / 20)
		Vaping	Yes/No
		Number of daily electronic cigarettes refills (if vaping = “Yes”)	[Numeric]
		Number of years (if vaping = “Yes”)	[Numeric]
		Notes	[Free text]
	High alcohol intake	Yes (more than 1 glass/day for women and 2 glasses/day for men)	
		No	
	High meat intake	Yes (white or red meat intake more than 3 times/week)	
		No	
	High cured meat intake	Yes (cured meat intake more than once a week)	
		No	
	Low vegetable intake	Yes (less than 2 servings/day)	
		No	

	Low fruit intake	Yes (less than 3 whole fruits/day)
		No
	Notes	[Free text]
ALLERGIES AND ADVERSE REACTIONS		
Reported allergies	Yes/No	
(visible only if “Yes” and repeatable)	Type	<ul style="list-style-type: none"> • Drug-related (n of drugs) • Contrast medium-related (n of contrast media) • Drug-unrelated
	Active principle/molecule [if drug- or contrast medium-related allergy]	[Free text]
	Commercial name [if drug- or contrast medium-related allergy]	[Free text]
	Notes	[Free text]
PREVIOUS adverse reactions	Yes/No	
(visible only if “Yes” and repeatable)	Date	month/year [mm/yyyy]
	Type	<ul style="list-style-type: none"> • Contrast medium-related / unrelated

	Degree	<ul style="list-style-type: none"> • Mild • Moderate • Severe
	Time of onset	<ul style="list-style-type: none"> • Early • Late
	Notes	[Free text]
Antiallergic premedication	Yes/No	
	Treatment	<ul style="list-style-type: none"> • Steroid • Antihistamine
	Complete	Yes/No
	Notes	[Free text]
Nephroprotective protocol	Yes/No	
	Complete	Yes/No
	Serum creatinine	[Numeric] (mg/dl)
	GFR (Glomerular Filtration Rate)	[Numeric] (ml/min) https://www.merckmanuals.com/medical-calculators/GFR_CKD_EPI-it.htm (sex, race, age, serum creatinine)

	Notes	[Free text]
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CLINICAL EVALUATION

FIELD	DETAIL	ADMITTED VALUES
CLINICAL INFORMATION	Yes/No	
Prior imaging tests (visible only if “Yes” and repeatable)	Type	<ul style="list-style-type: none"> • Gastroscopy • Endoscopic ultrasonography • CT • MRI • Ultrasonography • CEUS • ¹⁸F-FDG PET-CT • ⁶⁸Ga-SA PET-CT • Other [Free text]
	Date	[dd/mm/yyyy]
	Notes	[Free text]
Histopathological examination on biopsy specimen	Yes/No	
Histologic grade	<ul style="list-style-type: none"> • Gx 	

	<ul style="list-style-type: none">• G1• G2• G3
Histologic type	<ul style="list-style-type: none">• Ductal adenocarcinoma• Adenosquamous carcinoma• Hepatoid carcinoma• Medullary carcinoma• Mucinous noncystic carcinoma (colloid carcinoma)• Signet ring cell carcinoma• Undifferentiated carcinoma• Undifferentiated carcinoma with osteoclast-like giant cells• Acinar cell carcinoma• Acinar cell cystadenocarcinoma• Intraductal papillary mucinous neoplasm with associated invasive carcinoma• Intraductal tubulopapillary neoplasm with associated invasive carcinoma• Mucinous cystic neoplasm with associated invasive carcinoma• Pancreatoblastoma• Serous cystadenocarcinoma

	<ul style="list-style-type: none"> • Solid pseudopapillary neoplasm • Neuroendocrine carcinoma • Small cell neuroendocrine carcinoma • Large cell neuroendocrine carcinoma • Mixed acinar ductal carcinoma • Mixed acinar neuroendocrine carcinoma • Mixed acinar neuroendocrine ductal carcinoma • Mixed neuroendocrine ductal carcinoma 	
Ca19.9 level	[Numeric]	
CEA level	[Numeric]	
Blood count	[Numeric]	
Serum creatinine	[Numeric]	
Liver function	<ul style="list-style-type: none"> • Normal • Impaired 	
Symptoms	Yes/No	If yes: <ul style="list-style-type: none"> • pain (yes/no) • jaundice (yes/no) • diarrhea (yes/no) • other [Free text]

IMAGING PROTOCOL

FIELD	DETAIL	ADMITTED VALUES
IMAGING DATA		
Date of examination	Date <i>[dd/mm/yyyy]</i>	
Clinical indication	Primary staging	
Scanner brand and model	<i>[Free text]</i>	
CT protocol	Number of detector rows	<i>[Numeric]</i>
	Precontrast scan <i>(*details visible only if "Yes")</i>	*Yes/No Dual energy (Yes/No) Slice thickness (mm) <i>[Numeric]</i> Convolution kernel(s) <i>[Free text]</i> Body area <i>[multiple choice]</i> : <ul style="list-style-type: none"> • abdomen • chest • neck • brain
	Post-contrast scan	<i>*[Numeric]</i>

	(*details repeatable for each post-contrast scan)	Post-contrast phase(s) [multiple choice]: <ul style="list-style-type: none"> • early arterial • pancreatic • venous • late Dual energy (Yes/No) Slice thickness (mm) [Numeric] Convolution kernel(s) [Free text] Body area [multiple choice]: <ul style="list-style-type: none"> • abdomen • chest • neck • brain
Radiation exposure	Class of radiation exposure	[Numeric]
CONTRAST MEDIUM		
Use of contrast medium	Yes/No	
(visible only if "Yes")	Active principle	<ul style="list-style-type: none"> • Iobitridol

		<ul style="list-style-type: none"> • Iodixanol • Iohexol • Iomeprol • Iopromide • Ioversol
	Commercial name	[Free text]
	Volume	[Numeric] (ml)
	Flow rate	[Numeric] (ml/sec)
	Iodine concentration	[Numeric] (mg I/ml)
ADVERSE EVENTS		
ONGOING adverse events (visible only if “Yes”)	Yes/No	
	Date and hour of event	[dd/mm/yyyy, hour]
	Degree	<ul style="list-style-type: none"> • Mild • Moderate • Severe
	Time of onset	<ul style="list-style-type: none"> • Early • Late Minutes [Numeric] (optional)

	Type	<p>ALLERGIC / ALLERGIC-LIKE</p> <p>Mild</p> <ul style="list-style-type: none">● Sparse wheals/itch● Skin edema● Mild itching / feeling like "velvet in the throat"● Nasal congestion● Sneezing● Conjunctivitis● Rhinorrhea <p>Moderate</p> <ul style="list-style-type: none">● Diffuse wheals/intense itch● Diffuse skin edema● Facial edema without dyspnea● Feeling of choking or hoarseness● Wheezing / mild bronchospasm without hypoxia <p>Severe</p> <ul style="list-style-type: none">● Dyspnea
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		<ul style="list-style-type: none">• Erythema – diffuse mucocutaneous symptoms• Laryngeal edema with stridor and/or hypoxia• Wheezing / bronchospasm• Significant hypoxia• Anaphylactic shock (severe hypotension and brady-tachyarrhythmia) <p>NON-ALLERGIC</p> <p>Mild</p> <ul style="list-style-type: none">• Mild nausea/limited vomiting• Transient chills / heat / redness• Headache / dizziness / anxiety / altered taste• Slight increase in blood pressure• Self-limiting vasovagal reaction <p>Moderate</p> <ul style="list-style-type: none">• Prolonged nausea/vomiting• Elevated arterial blood pressure• Isolated chest pain
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		<ul style="list-style-type: none"> • Vasovagal reaction <p>Severe</p> <ul style="list-style-type: none"> • Treatment-refractory vasovagal reaction • Arrhythmia • Convulsions • Severe arterial hypertension <p>CONTRAST MEDIUM EXTRAVASATION</p>
	Type of treatment	<ul style="list-style-type: none"> • Wait and see • Drug therapy (specify in “Notes” field) • Anesthesiologist’s intervention required
	Event resolution	<ul style="list-style-type: none"> • Spontaneous • After treatment • After hospitalization • Other [<i>Free text</i>]

REPORT

FIELD	DETAIL	ADMITTED VALUES
DIAGNOSIS		
PRIMARY TUMOR		
Lesion	Detectable (yes/no)	<p>If no:</p> <p>Indirect signs:</p> <ul style="list-style-type: none">• pancreatic atrophy• displaced calcifications in patient with chronic calcific pancreatitis• duct-to-parenchyma ratio greater than 0.34• double duct sign• vessel encasement• vessel deformity• superior mesenteric artery (SMA) to superior mesenteric vein (SMV) ratio greater than 1 <p>If yes: Size (mm [<i>Numeric</i>])</p>

	Structure	<ul style="list-style-type: none">• Solid• Cystic• Mixed (solid/cystic)• Description <i>[Free text]</i>
	Site	<ul style="list-style-type: none">• Head, with option to specify:<ul style="list-style-type: none">• paraduodenal portion (i.e., right of gastroduodenal artery)• paravascular portion (i.e., left of gastroduodenal artery)• upper portion• lower portion• Uncinate process• Isthmus• Body• Tail
	Vascularity	<ul style="list-style-type: none">• Hypovascular• Isovascular• Hypervascular• Delayed enhancement

Arteries	Anatomy	<ul style="list-style-type: none"> • Normal • Variant (<i>[Free text]</i>)
	Superior mesenteric artery <i>(note: vessels are considered to be not infiltrated when they are surrounded by a fat ring)</i>	<ul style="list-style-type: none"> • Not infiltrated • <180° • >180° • Atherosclerotic
	Celiac trunk <i>(note: vessels are considered to be not infiltrated when they are surrounded by a fat ring)</i>	<ul style="list-style-type: none"> • Not infiltrated • <180° • >180° • Atherosclerotic
	Hepatic artery <i>(note: vessels are considered to be not infiltrated when they are surrounded by a fat ring)</i>	<ul style="list-style-type: none"> • Not infiltrated • <180° • >180° • Atherosclerotic
	*Distance between celiac trunk and infiltrated hepatic artery >5mm	Yes/No
Veins	Anatomy	<ul style="list-style-type: none"> • Normal • Variant (<i>[Free text]</i>)

	<p>Superior mesenteric vein</p> <p><i>(note: vessels are considered to be not infiltrated when they are surrounded by a fat ring)</i></p>	<ul style="list-style-type: none"> • Not infiltrated • <180° • >180° • Thrombosis (neoplastic / non-neoplastic) • Longitudinal extent of infiltration >20mm (yes/no) • Tumor involves first jejunal loop (yes/no)
	<p>Portal vein</p> <p><i>(note: vessels are considered to be not infiltrated when they are surrounded by a fat ring)</i></p>	<ul style="list-style-type: none"> • Not infiltrated • <180° • >180° • Thrombosis (neoplastic / non-neoplastic)
	<p>Splenic vein</p> <p><i>(note: vessels are considered to be not infiltrated when they are surrounded by a fat ring)</i></p>	<ul style="list-style-type: none"> • Not infiltrated • <180° • >180° • Thrombosis (neoplastic / non-neoplastic)
Biliary ducts	Dilated	Yes/No; if yes:

		<ul style="list-style-type: none"> diameter of left-sided ducts (mm) <i>[Numeric]</i> diameter of right-sided ducts (mm) <i>[Numeric]</i> diameter of common bile duct (mm) <i>[Numeric]</i>
Posterior lamina	Infiltration	<ul style="list-style-type: none"> Yes No Uncertain (<i>[Free text]</i>)
Loco-regional diffusion	Stomach	Infiltration (yes/no)
	Spleen	Infiltration (yes/no)
	Duodenum	Infiltration (yes/no)
	Treitz	Infiltration (yes/no)
	Common bile duct	Infiltration (yes/no)
	Liver	Infiltration (yes/no)
	Other	<i>[Free text]</i>
Notes	<i>[Free text]</i>	
Peritoneal effusion	Peripancreatic effusion	Yes/No
	Supramesocolic effusion	Yes/No

	Pelvic effusion	Yes/No
	Supra- and submesocolic effusion	Yes/No
Peritoneal carcinomatosis	<ul style="list-style-type: none"> • No • Yes (description <i>[Free text]</i>) 	
Omentum	Infiltration	<ul style="list-style-type: none"> • Yes • No • Uncertain (<i>[Free text]</i>)

LOCO-REGIONAL LYMPHOADENOPATHIES	Yes/No; if yes: <ul style="list-style-type: none"> • Peripancreatic • Celiac • Para-aortic <i>(note: lymph nodes with long axis >5mm should be reported)</i>
DISTANT METASTASES	Yes/No
Liver	Yes/No; if yes: Number of detectable lesions <i>[Numeric]</i> For each target lesion (up to 2): <ul style="list-style-type: none"> • site <i>[Liver segment]</i>

	<ul style="list-style-type: none"> • maximum diameter on axial images (mm) <i>[Numeric]</i> • diameter perpendicular to maximum diameter (mm) <i>[Numeric]</i> • structure <i>[Free text]</i>
Lung	<p>Yes/No; if yes:</p> <p>Number of detectable lesions <i>[Numeric]</i></p> <p>For each target lesion (up to 2):</p> <ul style="list-style-type: none"> • site <i>[Lung lobe, Lung segment]</i> • maximum diameter on axial images (mm) <i>[Numeric]</i> • diameter perpendicular to maximum diameter (mm) <i>[Numeric]</i> <p>Lymphangitic carcinomatosis (yes/no; if yes, site <i>[Free text]</i>)</p>
Non-regional lymph nodes	<p>Yes/No; if yes:</p> <ul style="list-style-type: none"> • site <i>[Free text]</i> • maximum diameter on axial images (mm) <i>[Numeric]</i> • diameter perpendicular to maximum diameter (mm) <i>[Numeric]</i>
Other organs (incl. bone)	<ul style="list-style-type: none"> • yes (site and type <i>[Free text]</i>) • no

Acute pancreatitis	<ul style="list-style-type: none"> • No • Yes, ongoing (report findings <i>[Free text]</i>) • Yes, sequelae (pseudocysts <i>[Yes/no]</i>)
Pulmonary embolism	<ul style="list-style-type: none"> • No • Yes (site and extent <i>[Free text]</i>)

INCIDENTAL FINDINGS	
Brain	<i>[Free text]</i>
Neck	<i>[Free text]</i>
Chest	<i>[Free text]</i>
Abdomen	<i>[Free text]</i>

CONCLUSIONS AND RECOMMENDATIONS	<i>[Free text]</i>
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IMAGES

FIELD	DETAIL	ADMITTED VALUES
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Key images	Key images	<i>[Images]</i>
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Section S2

PATIENT CLINICAL DATA (*imported from RIS*)

FIELD	DETAIL	ADMITTED VALUES
ANTHROPOMETRIC DATA		
Weight	(kg) [Numeric]	
Height	(cm) [Numeric]	
BMI	[Numeric] (automatically calculated)	
BSA	[Numeric] (automatically calculated)	
Age	(years) [Numeric]	
Age range (filled in automatically)	<ul style="list-style-type: none"> • < 50 years • > 50 years 	
PATIENT HISTORY		
Family history of pancreatic cancer (visible only if "Yes" and repeatable)	Yes/No	
	Degree of kinship	<ul style="list-style-type: none"> • Mother • Father • Brother(s)/sister(s) • Maternal grandparent(s) • Paternal grandparent(s)

		<ul style="list-style-type: none"> • Uncle(s)/aunt(s) • Other <i>[Free text]</i>
	Notes	<i>[Free text]</i>
Personal history of other cancers	Yes/No	
	Notes	<i>[Free text]</i>
Predisposing diseases (visible only if “Yes” and repeatable)	Yes/No	
	Type	<ul style="list-style-type: none"> • Obesity • Diabetes mellitus • Chronic pancreatitis • Prior gastrectomy
	Notes	<i>[Free text]</i>
Hereditary syndromes (visible only if “Yes” and repeatable)	Type	<ul style="list-style-type: none"> • Peutz-Jeghers syndrome • familial atypical multiple mole melanoma (FAMMM) syndrome • hereditary pancreatitis • autoimmune syndromes (pancreatitis, etc.) • Lynch syndrome

		<ul style="list-style-type: none"> hereditary nonpolyposis colorectal cancer (HNPCC) familial breast cancer ataxia-telangiectasia other <i>[Free text]</i> 	
Other genetic mutations	Yes/No	<ul style="list-style-type: none"> BRCA-2 other <i>[Free text]</i> 	
Lifestyle/dietary habits	Smoke	Yes/No	
(visible only if “Yes” and repeatable)	SMOKING DETAILS (visible only if Smoke = “Yes”)		
		Smoker	<ul style="list-style-type: none"> Current smoker Former smoker
		Cigarette smoke	Yes/No
		Number of daily cigarettes (if “Current smoker”)	<i>[Numeric]</i>
		Smoking years	<i>[Numeric]</i>
		Years from cessation (if “Former smoker”)	<ul style="list-style-type: none"> ≤15 >15
		Cigarettes per year (pack-year)	<i>[Numeric]</i> (automatically calculated)*

		(if “Former smoker” or “Current smoker”)	*(Number of daily cigarettes x smoking years / 20)
		Vaping	Yes/No
		Number of daily electronic cigarettes refills (if vaping = “Yes”)	[Numeric]
		Number of years (if vaping = “Yes”)	[Numeric]
		Notes	[Free text]
	High alcohol intake	Yes (more than 1 glass/day for women and 2 glasses/day for men) No	
	High meat intake	Yes (white or red meat intake more than 3 times/week) No	
	High cured meat intake	Yes (cured meat intake more than once a week) No	
	Low vegetable intake	Yes (less than 2 servings/day) No	
	Low fruit intake	Yes (less than 3 whole fruits/day) No	
	Notes	[Free text]	

ALLERGIES AND ADVERSE REACTIONS		
Reported allergies (visible only if “Yes” and repeatable)	Yes/No	
	Type	<ul style="list-style-type: none"> • Drug-related (n of drugs) • Contrast medium-related (n of contrast media) • Drug-unrelated
	Active principle/molecule [if drug- or contrast medium-related allergy]	[Free text]
	Commercial name [if drug- or contrast medium-related allergy]	[Free text]
	Notes	[Free text]
PREVIOUS adverse reactions (visible only if “Yes” and repeatable)	Yes/No	
	Date	month/year [mm/yyyy]
	Type	<ul style="list-style-type: none"> • Contrast medium-related / unrelated
	Degree	<ul style="list-style-type: none"> • Mild • Moderate • Severe

	Time of onset	<ul style="list-style-type: none"> • Early • Late
	Notes	[Free text]
Antiallergic premedication	Yes/No	
	Treatment	<ul style="list-style-type: none"> • Steroid • Antihistamine
	Complete	Yes/No
	Notes	[Free text]
Nephroprotective protocol	Yes/No	
	Complete	Yes/No
	Serum creatinine	[Numeric] (mg/dl)
	GFR (Glomerular Filtration Rate)	[Numeric] (ml/min) https://www.merckmanuals.com/medical-calculators/GFR_CKD_EPI-it.htm (sex, race, age, serum creatinine)
	Notes	[Free text]

CLINICAL EVALUATION

FIELD	DETAIL	ADMITTED VALUES
CLINICAL INFORMATION	Yes/No	
Prior imaging tests (visible only if “Yes” and repeatable)	Type	<ul style="list-style-type: none"> • Gastroscopy • Endoscopic ultrasonography • CT • MRI • Ultrasonography • CEUS • ¹⁸F-FDG PET-CT • ⁶⁸Ga-SA PET-CT • Other [Free text]
	Date	[dd/mm/yyyy]
	Notes	[Free text]
Histopathological examination on biopsy specimen	Yes/No	
Histologic grade	<ul style="list-style-type: none"> • Gx • G1 	

	<ul style="list-style-type: none"> • G2 • G3
Histologic type	<ul style="list-style-type: none"> • Ductal adenocarcinoma • Adenosquamous carcinoma • Hepatoid carcinoma • Medullary carcinoma • Mucinous noncystic carcinoma (colloid carcinoma) • Signet ring cell carcinoma • Undifferentiated carcinoma • Undifferentiated carcinoma with osteoclast-like giant cells • Acinar cell carcinoma • Acinar cell cystadenocarcinoma • Intraductal papillary mucinous neoplasm with associated invasive carcinoma • Intraductal tubulopapillary neoplasm with associated invasive carcinoma • Mucinous cystic neoplasm with associated invasive carcinoma • Pancreatoblastoma • Serous cystadenocarcinoma • Solid pseudopapillary neoplasm

	<ul style="list-style-type: none"> • Neuroendocrine carcinoma • Small cell neuroendocrine carcinoma • Large cell neuroendocrine carcinoma • Mixed acinar ductal carcinoma • Mixed acinar neuroendocrine carcinoma • Mixed acinar neuroendocrine ductal carcinoma • Mixed neuroendocrine ductal carcinoma 	
Ca19.9 level	[Numeric]	
CEA level	[Numeric]	
Blood count	[Numeric]	
Serum creatinine	[Numeric]	
Liver function	<ul style="list-style-type: none"> • Normal • Impaired 	
Symptoms	Yes/No	If yes: <ul style="list-style-type: none"> • pain (yes/no) • jaundice (yes/no) • diarrhea (yes/no) • other [Free text]

IMAGING PROTOCOL

FIELD	DETAIL	ADMITTED VALUES
IMAGING DATA		
Date of examination	Date <i>[dd/mm/yyyy]</i>	
Clinical indication	Primary staging	
Scanner brand and model	<i>[Free text]</i>	
CT protocol	Number of detector rows	<i>[Numeric]</i>
	Precontrast scan <i>(*details visible only if "Yes")</i>	*Yes/No Dual energy (Yes/No) Slice thickness (mm) <i>[Numeric]</i> Convolution kernel(s) <i>[Free text]</i> Body area <i>[multiple choice]</i> : <ul style="list-style-type: none"> • abdomen • chest • neck • brain
	Post-contrast scan	<i>*[Numeric]</i>

	(*details repeatable for each post-contrast scan)	Post-contrast phase(s) [multiple choice]: <ul style="list-style-type: none"> • early arterial • pancreatic • venous • late Dual energy (Yes/No) Slice thickness (mm) [Numeric] Convolution kernel(s) [Free text] Body area [multiple choice]: <ul style="list-style-type: none"> • abdomen • chest • neck • brain
Radiation exposure	Class of radiation exposure	[Numeric]
CONTRAST MEDIUM		
Use of contrast medium	Yes/No	
(visible only if "Yes")	Active principle	<ul style="list-style-type: none"> • Iobitridol

		<ul style="list-style-type: none"> • Iodixanol • Iohexol • Iomeprol • Iopromide • Ioversol
	Commercial name	[Free text]
	Volume	[Numeric] (ml)
	Flow rate	[Numeric] (ml/sec)
	Iodine concentration	[Numeric] (mg I/ml)
ADVERSE EVENTS		
ONGOING adverse events (visible only if “Yes”)	Yes/No	
	Date and hour of event	[dd/mm/yyyy, hour]
	Degree	<ul style="list-style-type: none"> • Mild • Moderate • Severe
	Time of onset	<ul style="list-style-type: none"> • Early • Late Minutes [Numeric] (optional)

	Type	<p>ALLERGIC / ALLERGIC-LIKE</p> <p>Mild</p> <ul style="list-style-type: none">• Sparse wheals/itch• Skin edema• Mild itching / feeling like "velvet in the throat"• Nasal congestion• Sneezing• Conjunctivitis• Rhinorrhea <p>Moderate</p> <ul style="list-style-type: none">• Diffuse wheals/intense itch• Diffuse skin edema• Facial edema without dyspnea• Feeling of choking or hoarseness• Wheezing / mild bronchospasm without hypoxia <p>Severe</p> <ul style="list-style-type: none">• Dyspnea
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		<ul style="list-style-type: none">• Erythema – diffuse mucocutaneous symptoms• Laryngeal edema with stridor and/or hypoxia• Wheezing / bronchospasm• Significant hypoxia• Anaphylactic shock (severe hypotension and brady-tachyarrhythmia) <p>NON-ALLERGIC</p> <p>Mild</p> <ul style="list-style-type: none">• Mild nausea/limited vomiting• Transient chills / heat / redness• Headache / dizziness / anxiety / altered taste• Slight increase in blood pressure• Self-limiting vasovagal reaction <p>Moderate</p> <ul style="list-style-type: none">• Prolonged nausea/vomiting• Elevated arterial blood pressure• Isolated chest pain
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		<ul style="list-style-type: none"> • Vasovagal reaction <p>Severe</p> <ul style="list-style-type: none"> • Treatment-refractory vasovagal reaction • Arrhythmia • Convulsions • Severe arterial hypertension <p>CONTRAST MEDIUM EXTRAVASATION</p>
	Type of treatment	<ul style="list-style-type: none"> • Wait and see • Drug therapy (specify in “Notes” field) • Anesthesiologist’s intervention required
	Event resolution	<ul style="list-style-type: none"> • Spontaneous • After treatment • After hospitalization • Other [<i>Free text</i>]

REPORT

FIELD	DETAIL	ADMITTED VALUES
DIAGNOSIS		
PRIMARY TUMOR		
Lesion	Detectable (yes/no)	<p>If no:</p> <p>Indirect signs:</p> <ul style="list-style-type: none">• pancreatic atrophy• displaced calcifications in patient with chronic calcific pancreatitis• duct-to-parenchyma ratio greater than 0.34• double duct sign• vessel encasement• vessel deformity• superior mesenteric artery (SMA) to superior mesenteric vein (SMV) ratio greater than 1 <p>If yes: Size (mm [<i>Numeric</i>])</p>

	Structure	<ul style="list-style-type: none"> • Solid • Cystic • Mixed (solid/cystic) • Description <i>[Free text]</i>
	Site	<ul style="list-style-type: none"> • Head, with option to specify: <ul style="list-style-type: none"> • paraduodenal portion (i.e., right of gastroduodenal artery) • paravascular portion (i.e., left of gastroduodenal artery) • upper portion • lower portion • Uncinate process • Isthmus • Body • Tail
	Vascularity	<ul style="list-style-type: none"> • Hypovascular • Isovascular • Hypervascular • Delayed enhancement

Arteries	Anatomy	<ul style="list-style-type: none"> • Normal • Variant (<i>[Free text]</i>)
	Superior mesenteric artery <i>(note: vessels are considered to be not infiltrated when they are surrounded by a fat ring)</i>	<ul style="list-style-type: none"> • Not infiltrated • <180° • >180° • Atherosclerotic
	Celiac trunk <i>(note: vessels are considered to be not infiltrated when they are surrounded by a fat ring)</i>	<ul style="list-style-type: none"> • Not infiltrated • <180° • >180° • Atherosclerotic
	Hepatic artery <i>(note: vessels are considered to be not infiltrated when they are surrounded by a fat ring)</i>	<ul style="list-style-type: none"> • Not infiltrated • <180° • >180° • Atherosclerotic
	*Distance between celiac trunk and infiltrated hepatic artery >5mm	Yes/No
Veins	Anatomy	<ul style="list-style-type: none"> • Normal • Variant (<i>[Free text]</i>)

	<p>Superior mesenteric vein</p> <p><i>(note: vessels are considered to be not infiltrated when they are surrounded by a fat ring)</i></p>	<ul style="list-style-type: none"> • Not infiltrated • <180° • >180° • Thrombosis (neoplastic / non-neoplastic) • Longitudinal extent of infiltration >20mm (yes/no) • Tumor involves first jejunal loop (yes/no)
	<p>Portal vein</p> <p><i>(note: vessels are considered to be not infiltrated when they are surrounded by a fat ring)</i></p>	<ul style="list-style-type: none"> • Not infiltrated • <180° • >180° • Thrombosis (neoplastic / non-neoplastic)
	<p>Splenic vein</p> <p><i>(note: vessels are considered to be not infiltrated when they are surrounded by a fat ring)</i></p>	<ul style="list-style-type: none"> • Not infiltrated • <180° • >180° • Thrombosis (neoplastic / non-neoplastic)
Biliary ducts	Dilated	Yes/No; if yes:

		<ul style="list-style-type: none"> diameter of left-sided ducts (mm) <i>[Numeric]</i> diameter of right-sided ducts (mm) <i>[Numeric]</i> diameter of common bile duct (mm) <i>[Numeric]</i>
Posterior lamina	Infiltration	<ul style="list-style-type: none"> Yes No Uncertain (<i>[Free text]</i>)
Loco-regional diffusion	Stomach	Infiltration (yes/no)
	Spleen	Infiltration (yes/no)
	Duodenum	Infiltration (yes/no)
	Treitz	Infiltration (yes/no)
	Common bile duct	Infiltration (yes/no)
	Liver	Infiltration (yes/no)
	Other	<i>[Free text]</i>
Notes	<i>[Free text]</i>	
Peritoneal effusion	Peripancreatic effusion	Yes/No
	Supramesocolic effusion	Yes/No

	Pelvic effusion	Yes/No
	Supra- and submesocolic effusion	Yes/No
Peritoneal carcinomatosis	<ul style="list-style-type: none"> • No • Yes (description <i>[Free text]</i>) 	
Omentum	Infiltration	<ul style="list-style-type: none"> • Yes • No • Uncertain (<i>[Free text]</i>)

LOCO-REGIONAL LYMPHOADENOPATHIES	Yes/No; if yes: <ul style="list-style-type: none"> • Peripancreatic • Celiac • Para-aortic <i>(note: lymph nodes with long axis >5mm should be reported)</i>
DISTANT METASTASES	Yes/No
Liver	Yes/No; if yes: Number of detectable lesions <i>[Numeric]</i> For each target lesion (up to 2): <ul style="list-style-type: none"> • site <i>[Liver segment]</i>

	<ul style="list-style-type: none"> • maximum diameter on axial images (mm) <i>[Numeric]</i> • diameter perpendicular to maximum diameter (mm) <i>[Numeric]</i> • structure <i>[Free text]</i>
Lung	<p>Yes/No; if yes:</p> <p>Number of detectable lesions <i>[Numeric]</i></p> <p>For each target lesion (up to 2):</p> <ul style="list-style-type: none"> • site <i>[Lung lobe, Lung segment]</i> • maximum diameter on axial images (mm) <i>[Numeric]</i> • diameter perpendicular to maximum diameter (mm) <i>[Numeric]</i> <p>Lymphangitic carcinomatosis (yes/no; if yes, site <i>[Free text]</i>)</p>
Non-regional lymph nodes	<p>Yes/No; if yes:</p> <ul style="list-style-type: none"> • site <i>[Free text]</i> • maximum diameter on axial images (mm) <i>[Numeric]</i> • diameter perpendicular to maximum diameter (mm) <i>[Numeric]</i>
Other organs (incl. bone)	<ul style="list-style-type: none"> • yes (site and type <i>[Free text]</i>) • no

Acute pancreatitis	<ul style="list-style-type: none"> • No • Yes, ongoing (report findings <i>[Free text]</i>) • Yes, sequelae (pseudocysts <i>[Yes/no]</i>)
Pulmonary embolism	<ul style="list-style-type: none"> • No • Yes (site and extent <i>[Free text]</i>)

INCIDENTAL FINDINGS	
Brain	<i>[Free text]</i>
Neck	<i>[Free text]</i>
Chest	<i>[Free text]</i>
Abdomen	<i>[Free text]</i>

CONCLUSIONS AND RECOMMENDATIONS	<i>[Free text]</i>
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IMAGES

FIELD	DETAIL	ADMITTED VALUES
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Key images	Key images	<i>[Images]</i>
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