| **Outcome** | **Definition** | **Measures** | **Source** |
| --- | --- | --- | --- |
| **Ovarian Failure** | |  | |
| **Amenorrhea** | Cessation of menstruation at chemotherapy completion | Incidence  Duration | Tiong et al., World J Surg, 2014 |
| **Reversible Amenorrhea** | Return of regular menstruation | Incidence  Average or median (range) months (i.e., returned after X months) | Tiong et al., World J Surg, 2014 |
| **Chemotherapy-Induced Ovarian Failure (CIOF)** | Cessation of menstruation for >12 months after chemotherapy completion and/or by a postmenopausal serum ovarian hormonal profile of estrodial < 136pmol/L and FSH > 25.8IU/L | Incidence | Tiong et al., World J Surg, 2014 |
| **Chemotherapy-Induced Ovarian Failure (CIOF)** | CIOF at 12 months was defined as 3 months or more of amenorrhea, FSH > 30mIU/mL and a negative pregnancy test | Incidence  Age | Gordon et al, Menopause, 2011 |
| **Regional changes in body composition** |  | Median weight change  Weight change type (lean vs. fat)  Weight change location (i.e., gain in legs, trunk, etc) | Gordon et al, Menopause, 2011 |
| **Menopausal Symptoms** | Hot flashes, vaginal dryness, dyspareunia, depression, sleep disturbance | Incidence  Duration |  |
| **Bone Mineral Density** |  | Bone mineral density T-scores  (-2.5 SD or more = osteoporotic; between -1 and -2.5 SD = normal; over -1 SD = normal) | Vehmanen et al., Acta Oncol, 2014 |
| **Fractures** |  | Incidence |  |
| **Cardiotoxicity** | | | |
| **Left Ventricular Ejection Fraction (LVEF)** |  | Incidence  Mortality |  |
| **Clinical heart failure** |  | Incidence  NY Classification |  |
| **Cardiomyopathy** |  | Incidence |  |
| **Neuropathy** | | | |
| **Quality of Life** |  | EORTC QLQ-C30  FACT-G | Mols et al., Support Care Cancer, 2014 |
| **Symptom Assessment Checklist** |  | CINQ  FACT/GOG-NTX  NCI CTCAE | Mols et al., Support Care Cancer, 2014 |
| **Neuropathic symptoms** |  | Deep tendon reflexes  Grip strength  Tactile threshold  Vibration threshold | Mols et al., Support Care Cancer, 2014 |
| **Secondary Malignancies** | | | |
| **Type of Malignancy** | Example: leukemia, mylodysplasia, lymphoma | Incidence  Hazard ratio |  |
| **Cancer Mortality** |  |  |  |
| **Cognitive Impairment** | | | |
| **Depression Scales** |  | PHQ9  Beck Depression Inventory |  |
|  |  |  |  |
| **Quality of Life** | | | |
|  |  |  |  |
|  |  |  |  |

General comments

1. Some (maybe a lot?) of studies may report AEs in a general way; e.g., “X% of our subjects reported cardiac toxicity” and you’ll find in their methods section that they defined cardiac toxicity as “CHF or MI”. They might not report CHF separate from MI. We’ll want our abstraction tool to be flexible enough to unambiguously deal with this. E.g, allow for top-level recording, and allow for detailed recording.