Survey 01-Apr-2001 to 30-Sep-2001

ANZDATA REGISTRY

CANCER SURVEY FORM

This form is additional to the main Registry Survey Form

REGISTRY NUMBER	INITIAL HOSPITAL		CURRENT HOSPITAL		
	Hospital/State	Hospital Unit No.	Hospital/State	Hospital Unit No.	Physician

Surname	Given Names	DATE OF BIRTH	SEX

CANCER IN DONOR

GRAFT Yes / No	TYPE OF CANCER	SITE OF CANCER	OFFICE USE	GRAFT Yes / No	TYPE OF CANCER	SITE OF CANCER	OFFICE USE

PRIMARY NON-SKIN CANCERS AND MELANOMAS - Code from List A

TYPE OF CANCER CODE LIST A	DATE OF DIAGNOSIS	LEAVE BLANK	CANCER SITE (Write In)	CANCER STAGE AT DIAG CODE LIST B	TREATMENT TYPES CODE LIST C			DATE OF METASTASES: FIRST TO LOCAL LYMPH NODES	DATE OF METASTASES: FIRST SYSTEMIC (TO ANY OTHER SITE)	DATE FIRST LOCAL RECURRENCE	THIS CANCER CAUSED OR CONTRIBUTED TO: RENAL FAILURE YES / NO	THIS CANCER CAUSED OR CONTRIBUTED TO: DEATH YES / NO

PRIMARY SKIN CANCERS - ENTER ONLY IF HISTOLOGICALLY PROVEN

Do not enter Bowen's Disease, Keratoacanthoma, Solar Keratosis or Hyperkeratosis

TYPE OF SKIN CANCER	DATE OF FIRST DIAGNOSIS OF EACH CANCER TYPE: PRE ENTRY TO ESRF PROGRAM	ON DIALYSIS	POST TRANSPLANT	DATE OF METASTASES: FIRST TO LOCAL LYMPH NODES	FIRST SYSTEMIC (TO ANY OTHER SITE)	THIS TYPE OF CANCER CAUSED OR CONTRIBUTED TO DEATH YES / NO

'A' TYPE OF NON SKIN CANCER

1 UNKNOWN
2 SQUAMOUS CELL CARCINOMA (SCC)
3 ADENOCARCINOMA
4 TRANSITIONAL CELL CA (TCC)
5 LYMPHOMA (NON HODGKINS) **(Please forward histological report)**
6 LEUKAEMIA (Type) _____
7 OTHER (Specify) _____
8 KAPOSI SARCOMA
9 MICROGLIOMA OF BRAIN **(Please forward histological report)**
10 MULTIPLE MYELOMA
11 HODGKIN'S DISEASE
12 LYMPHOPROLIFERATIVE DISEASE **(Please forward histological report)**
13 MELANOMA

'B' HISTOLOGICAL STAGING

1 UNKNOWN
2 IN SITU
3 INVASIVE
4 REGIONAL LYMPH NODES
5 DISTANT METASTASES

CERVICAL CANCER

6 CIN I
7 CIN II
8 CIN III (Equivalent to SCC in situ)
9 MICRO-INVASIVE
10 INVASIVE

'C' TYPE OF TREATMENT

1 NONE
2 UNKNOWN
3 LOCAL EXCISION
4 WIDE EXCISION AND GRAFT
5 WIDE EXCISION AND NODE DISSECTION
9 RADIOTHERAPY
10 CHEMOTHERAPY
11 IMMUNE STIMULANT
12 REDUCTION OF I/S DRUGS
13 OTHER (Specify) _____

COMMENTS