



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

'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)

<u>COMMENTS</u>

EXPLANATORY NOTES FOR THE CANCER SURVEY SHEET

SECTION 1 Tumour in Donor. Information entered by the Registry.

SECTION 2 **Primary Non-Skin Tumours and Melanomas** (See Code List A).

Melanomas are recorded in this section and have been allocated Code 13.

Non-Hodgkins Lymphoma, Microglioma of the brain and Lymphoproliferative disease require additional information to be added to the database. Please include a copy of the **Histological Report** and the Registry will decide which extra data it will record.

Cancer Staging is histological staging from Code List B at the bottom of the page and is only required for entries in the Primary Non-Skin and Melanoma Section. Extra codes have been added for **Cervical Cancer** to accommodate the CIN categories.

Type of Treatment. Refer to Code List C at the bottom of the page.

Dates are required for the **first metastases** to local lymph nodes, the **first systemic metastasis** and the **first local recurrence**.

*** **Did this cancer cause/contribute to original renal failure? Yes / No.**

This question supplements Question 6 (Primary Renal Disease) on the main form. This will assist in determining whether cancer is related to renal failure but is not the primary cause; e.g. analgesic nephropathy is the primary cause leading to nephrectomy for transitional cell carcinoma.

*** **Did this cancer cause or contribute significantly to death? Yes / No.**

This supplements the Question "Cause of death?" on the main form and allows more accurate assessment of cancer morbidity; e.g. cause of death was sepsis secondary to anti-cancer cytotoxic therapy.

SECTION 3 **Primary Skin Tumours** (Enter only if **Histologically Proven**).

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

This section collects data on the **FIRST INSTANCE of Squamous Cell (SCC), Basal Cell (BCC) or Other Skin Tumours**, which may include Hutchison's Freckle, Merkel Cell or Spindle Cell tumours within three periods:

Pre Entry to ESRF Program

Dialysis Treatment

Post Transplant

- **Dates of Metastases** are required for the first instance of spread for SCC, BCC or Other Skin tumour to local lymph nodes and systemic sites.

*** **If any of these skin tumours caused or contributed to death, please enter YES in the appropriate box for the relevant type.**