

**BAUS Cancer Registry – Newly diagnosed tumours – Guidance for completion of web-based dataset**

<b>Question number /Field Name</b>	<b>Data type</b>	<b>Data Allowed</b>	<b>Guidance for completion</b>
Q1 Date of Referral	Long date	dd/mm/yyyy	This will normally be the date on the referral letter (or entry in the case notes) irrespective of when you saw the patient or when the diagnosis was made.
Q2 Source of Referral	Number - Multiple choice – 1 answer	1 = GP; 2 = Urologist; 3 = Other	Patients diagnosed during routine follow up for another condition should be recorded as "Other".
Q3 Other source specify	Number - Multiple choice – 1 answer	1=Consultant Physicican; 2 = Consultant Surgeon; 3= A & E; 4 = Care of Elderly; 5= Gynaecology; 6= Discovered during Urological Follow-up; 7 = Oncologist; 8 = Haematology; 9 = Radiology; 10 = Incidental Finding; 11 = Other	
Q4 Priority of Initial Referral	Number - Multiple choice – 1 answer	1= Referral under 2 week rule; 2 = Emergency; 3 = Urgent; 4 = Routine; 5 = Priority unknown	
Q5 Date of First Consultation	Long date	dd/mm/yyyy	This is the date on which you first saw the patient with the problem(s), which lead to the diagnosis of malignancy. This may be in an outpatient clinic but may also be on the ward, at the patient's home or as an emergency.

Q6 Date of Diagnosis	Long date	dd/mm/yyyy	<p>This is the date of first histological or cytological confirmation of this malignancy. There are a number of possible responses of which <b>only one</b> should be recorded. In order of <b>declining priority</b>, the date of diagnosis should be recorded as:</p> <p>a) date when the specimen was taken</p> <p>b) date of receipt by the pathologist</p> <p>c) date of the pathology report</p> <p>d) date of admission to hospital because of this malignancy</p> <p>e) date of first consultation because of this malignancy</p> <p>f) date of death, if no information is available other than the fact that the patient has died because of malignancy</p> <p>g) date of death, if the malignancy is discovered at autopsy.</p>
Q7 Delay to Diagnosis	Number - Multiple choice – 1 answer	1 = None; 2 = Patient delay; 3 = Radiological delay; 4 = Repeat Biopsies; 5 = Clinical Delay; 6 = Administrative delay; 7 = DNA – unspecified reason; 8 = Other (specify)	
Q8 Other specify	Short Text (up to 255 characters)	Free Text	
Q9 Histological confirmation of diagnosis?	Yes / No		
Q10 Other diagnosis basis	Number -Multiple choice – check all that apply	1 = Radiology; 2 = Cytology; 3 = Tumour marker; 4 = Clinical; 5 = Other information	This has been included to distinguish patients who have a diagnosis of cancer without any histological confirmation (e.g. some patients with metastatic renal cancer).
Q11 Other information specify	Short Text (up to 255 characters)	Free Text	

Q12 Organ	Number - Multiple choice – 1 answer	1 = Kidney; 2 = Renal Pelvis; 3 = Bladder; 4 = Prostate; 5 = Testis; 6 = Penis; 7 = Other urological; 8 = Urethra; 9 = Prostatic urethra; 10 = Ureter; 11 = Other non-urological	Please specify exceptions such as “Bladder and Prostate” or “Retroperitoneum” or “Unknown Primary Site”. If there are two different urological primary tumours (whether occurring synchronously or metachronously) these should be registered separately. Primary tumours outside the urinary tract can be included if their main management is urological e.g. obstructive nephropathy from non-urological pelvic malignancies.
Q13 Other organ specify	Short Text (up to 255 characters)	Free Text	
Q14 Side	Number - Multiple choice – 1 answer	1 = Left; 2 = Right; 3 = Not Available	
Q15 Histology	Number - Multiple choice – 1 answer	1 = Adenocarcinoma; 2 = TCC; 3 = SCC; 4 = Mixed TCC/SCC; 5 = Seminoma; 6 = Teratoma; 7 = Mixed Seminoma / Teratoma; 8 = Other; 9 = Conventional Renal Cell Ca; 10 = High Grade PIN	Conventional Renal Cell Carcinoma, (which includes clear cell, granular cell and cystic), is included to avoid confusion with other renal parenchymal tumours. The less common renal carcinomas such as papillary (synonym chromophil) renal carcinoma, collecting duct carcinoma and oncocytoma should be recorded under other.  Isolated, High Grade Prostatic Intra-epithelial Neoplasia (PIN) can be recorded as a distinct histology. PIN should <u>not</u> be recorded if it is low grade or if it occurs in association with an overt carcinoma of the prostate.
Q16 Other Histology specify	Short Text (up to 255 characters)	Free Text	
Q17 Pathology reference number	Short Text (up to 255 characters)	Free Text	
Q18 Histological differentiation	Number - Multiple choice – 1 answer	1 = Well; 2 = Moderate; 3 = Poor	Prostatic adenocarcinoma differentiation should be recorded using Gleason Scores . If Gleason Scores are not available, then such tumours can be recorded here as the conventional Well, Moderate or Poor differentiation.
Q19 Clinical T stage	Multiple choice – 1 answer - <b>Text – NB imports as text and is then converted internally to a number</b>	X ; 0; a; is; is pu; is pd ; 1; 1a ; 1b ; 1c ; 2; 2a; 2b; 2c ; 3 ; 3a ; 3b ; 3c ; 4; 4a; 4b	A clinical T, N and M category should be recorded for all tumours. If the T category cannot be assessed then TX should be inserted. The 2002 UICC TNM Classification is recommended - see UICC TNM appendix. For Testis cancer the S category should be also be recorded .

Q20 Clinical N stage	Multiple choice – 1 answer - <b>Text – NB imports as text and is then converted internally to a number</b>	X ; 0; 1; 2; 3	
Q21 Clinical M stage	Multiple choice – 1 answer - <b>Text – NB imports as text and is then converted internally to a number</b>	X ; 0; 1; 1a; 1b; 1c; 2; 3	
Q22 PSA at diagnosis	Number	Eg 100.1	
Q23 Gleason Score 1	Number	Eg 3	
Q24 Gleason Score 2	Number	Eg 3	
Q25 S category	Number - Multiple choice – 1 answer	1 = S0; 2 = S1; 3 = S2; 4=S3	
Q26 Initial Treatment Intention	Number - Multiple choice – 1 answer	1 = Curative; 2 = Palliative; 3 = No active anti-cancer treatment	Patients having complete, endoscopic removal of superficial bladder cancer, should be entered as “Curative”. Patients with Stage I Testicular Teratoma treated by radical orchidectomy and surveillance should be recorded as “Curative” treatment intent and Q 19 should be answered as “Radical Ablative Surgery”.
Q27 Initial Treatment Type	Number - Multiple choice – check all that apply	1 = Endoscopic resection 2 = Endoscopic resection + 1 shot intravesical chemotherapy 3 = Radical ablative surgery 4 = Organ conserving surgery 5 = Other surgery 6 = Laparoscopic surgery 7 = Radiation therapy 8 = Systemic chemotherapy 9 = Intra=vesical chemotherapy (course) 10 = Hormone therapy 11 = Systemic immunotherapy 12 = Intra=vesical immunotherapy (course) 13 = Brachytherapy 14 = Cystoscopy	Combinations of Initial Treatment Type(s) can be selected. Please specify treatment, which does not fit any of the categories shown.  “Radical Ablative Surgery” indicates surgery such as radical prostatectomy, radical cystectomy, radical orchidectomy, radical penectomy, nephro-ureterectomy or radical nephrectomy.  “Organ Conserving Surgery” indicates procedures such as partial cystectomy, partial penectomy, segmental ureteric resection or partial nephrectomy.

		15 = Biopsy and/or USS guided biopsy 16 = Palliative care 17 = Surveillance/active monitoring 18 = Watchful waiting 19 = Referral to another centre 20 = Other treatment	
Q28 Other surgery specify	Short Text (up to 255 characters)	Free Text	
Q29 Laparoscopic surgery specify	Short Text (up to 255 characters)	Free Text	
Q30 Other Treatment specify	Short Text (up to 255 characters)	Free Text	
Q31 Pathological T stage	Multiple choice – 1 answer - <b>Text – NB imports as text and is then converted internally to a number</b>	X ; 0 ; a ; is ; is pu ; is pd ; 1 ; 1a ; 1b ; 1c ; 2 ; 2a ; 2b ; 2c ; 3 ; 3a ; 3b ; 3c ; 4 ; 4a ; 4b	The pathological T, N and M categories should be recorded when a surgical specimen has been obtained and analysed - see UICC TNM appendix. A pathological T category can only be given for prostate cancer, if a radical prostatectomy or cysto-prostatectomy has been performed and for muscle invasive bladder cancer, only if a partial or radical cystectomy has been performed.
Q32 Pathological N stage	Multiple choice – 1 answer - <b>Text – NB imports as text and is then converted internally to a number</b>	X ; 0 ; 1 ; 2 ; 3	
Q33 Pathological M stage	Multiple choice – 1 answer - <b>Text – NB imports as text and is then converted internally to a number</b>	X ; 0 ; 1 ; 1a ; 1b ; 1c ; 2 ; 3	
Q34 Date of Definitive Treatment	Long date	dd/mm/yyyy	For some organs this date will be the same as the date of diagnosis. For example a patient having a radical nephrectomy for carcinoma, the date of definitive treatment will be the date that the specimen was sent. For other diagnoses such as muscle invasive bladder cancer, the date of definitive treatment (e.g. the date the radiotherapy started or the date of radical cystectomy) may be at some time after the date of diagnosis, by TUR biopsy. This extra date will help us to analyse the full extent of the patient's journey.  For courses of non-surgical therapy, including neoadjuvant therapy (e.g. systemic chemotherapy or radiotherapy), record the date that treatment started.

Q35 Clinical Trial Status	Number - Multiple choice – 1 answer	1 = Patient eligible, consented to and entered trial; 2 = Patient eligible for trial but declined entry; 3 = Patient ineligible for trial; 4 = Patient not considered for trial; 5 = clinical trial status unknown	
Q36 Patient discussed at MDT meeting and management plan formed	Number - Multiple choice – 1 answer	1 = Yes; 2 = No; 3 = Not Known	
Q37 Patient Record Complete	Yes/No		This is an important question and should be answered for all patients. If you indicate “Yes” we will know that there are no missing or incomplete items as far as you are concerned.

## UICC TNM Appendix

### UICC TNM Classification of Urological Tumours 6th Edition, 2002

The BAUS Section of Oncology Minimum Data Sets will use the 6th edition (2002 version) of the UICC TNM Classification for Malignant Tumours. An outline of the rules for classification for each tumour site is set out below. The full details can be found in the UICC TNM Classification of Malignant Tumours, 6th edition published by Wiley-Liss Inc, New York ISBN 0-471-22288-7.

The main changes in the 6th edition when compared to the 5th edition are in the T2 category of Prostate and the T1 category of Kidney.

For all tumour sites TX should be used where the primary tumour cannot be assessed and T0 where there is no evidence of primary tumour.

Clinical classifications and pathological classifications can both be used. A clinical classification should be available for all tumours. A pathological classification can only be used when the Pathologist has received the definitive surgical specimen. Please use the clinical classification wherever possible and supplement this with the pathological classification when appropriate.

<b>KIDNEY</b>	
Tx	Primary tumour cannot be assessed
T0	No evidence of primary tumour
T1a	4cm or less:limited to the kidney
T1b	More than 4cm but not more than 7cm:limited to the kidney
T2	>7.0cm:limited to the kidney
T3	Into major veins; adrenal or perinephric invasion
T3a	Invades adrenal gland or peri-nephric tissues but not beyond Gerota's fascia
T3b	Extends grossly into renal vein(s) or vena cava below the diaphragm
T3c	Tumour extends into the vena cava above the diaphragm
T4	Invades beyond Gerota fascia
NX	Regional Nodes cannot be assessed
N1	No regional node metastases
N0	Single
N2	More than one

<b>Renal Pelvis, Ureter</b>	
TX	Primary tumour cannot be assessed
T0	No evidence of primary tumour
Ta	Non-invasive papillary
Tis	In situ
T1	Subepithelial connective tissue
T2	Muscularis
T3	Beyond muscularis
T4	Adjacent organs, perinephric fat
N1	Single <2cm
N2	Single >2 to 5cm, multiple <5cm
N3	>5cm

<b>Urinary Bladder</b>	
TX	Primary tumour cannot be assessed
T0	No evidence of primary tumour
Ta	Non-invasive papillary
Tis	In situ: "flat tumour"
T1	Subepithelial connective tissue
T2	Muscularis
T2A	Inner half
T2B	Outer half
T3	Beyond muscularis
T3A	Microscopically
T3B	Extra-vesical mass
T4A	Prostate, uterus, vagina
T4B	Pelvic wall, abdominal wall
N1	Single <2cm
N2	Single >2 to 5cm, multiple <5cm
N3	>5cm

<b>Urethra</b>	
TX	Primary tumour cannot be assessed
T0	No evidence of primary tumour
Ta	Non-invasive papillary, polypoid, or verrucous
Tis	In situ
T1	Subepithelial connective tissue
T2	Corpus spongiosum, prostate, peri-urethral muscle
T3	Corpus cavernosum, beyond prostatic capsule, anterior
	Vagina, bladder neck
T4	Other adjacent organs
N1	Single <2 cm
N2	>2 cm or multiple

<b>Transitional Cell Carcinoma of Prostate (Prostatic Urethra)</b>	
TX	Primary tumour cannot be assessed
T0	No evidence of primary tumour
Tis pu	In situ, prostatic urethra
Tis pd	In situ, prostatic ducts
T1	Subepithelial connective tissue
T2	Prostatic stroma, corpus spongiosum, peri-urethral muscle
T3	Corpus cavernosum, beyond prostatic capsule, bladder
	neck (extra-prostatic extension)
T4	Other adjacent organs (bladder)

<b>Prostate</b>	
TX	Primary tumour cannot be assessed
T0	No evidence of primary tumour
T1	Not palpable or visible
T1a	<5% tissue resected
T1b	>5% tissue resected
T1c	Needle biopsy
T2	Confined within prostate
T2a	Involving one half of one lobe or less
T2b	Involving more than half of one lobe but not both lobes
T2c	Involving both lobes
T3	Through prostatic capsule
T3a	Extra-capsular
T3b	Seminal vesicle(s)
T4	Fixed or invades adjacent structures: bladder neck, external sphincter, rectum, levator muscles, pelvic wall
N1	Regional lymph node(s)
M1a	Non-regional lymph node(s)
M1b	Bone(s)
M1C	Other site(s)

<b>Penis</b>	
TX	Primary tumour cannot be assessed
T0	No evidence of primary tumour
Tis	In situ
Ta	Non-invasive verrucous carcinoma
T1	Subepithelial connective tissue
T2	Corpus spongiosum, cavernosum
T3	Urethra, prostate
T4	Other adjacent structures
N1	One superficial inguinal
N2	Multiple or bilateral superficial inguinal
N3	Deep inguinal or pelvic

<b>Testis</b>	
TX	Primary tumour cannot be assessed
T0	No evidence of primary tumour
Tis	Intratubular
T1	Testis and epididymis, no vascular/lymphatic invasion
T2	Testis and epididymis with vascular/lymphatic invasion or tunica vaginalis
T3	Spermatic cord
T4	Scrotum
N1	<2 cm
N2	>2 to 5 cm
N3	>5 cm
M1a	Non-regional lymph node or pulmonary metastasis
M1b	Non-pulmonary visceral metastasis

<b>S - Serum Tumour Markers</b>					
SX	SX Serum markers not available				
S0	S0 Serum marker study levels within normal limits				
	<b>LDH</b>		<b>HCG (ml/U/ ml)</b>		<b>AFP (ng/ml)</b>
S1	<1.5 x N	AND	<5,000	AND	<1,000
S2	1.5 - 10 x N	OR	5,000 - 50,000	OR	1,000 - 10,000
S3	>10 x N	OR	>50,000	OR	>10,000

<b>Testis - Stage Grouping</b>				
Stage 0	pTis	N0	M0	S0,SX
Stage IA	pT1	N0	M0	S0
Stage IB	pT2-4	N0	M0	S0
Stage IS	Any PT/TX	N0	M0	S1-3
Stage IIA	Any PT/TX	N1	M0	S0 or S1
Stage IIB	Any PT/TX	N2	M0	S0
	Any PT/TX	N2	M0	S1
Stage IIC	Any PT/TX	N3	M0	S0
	Any PT/TX	N3	M0	S1
Stage IIIA	Any PT/TX	Any N	M1, M1a	S0
	Any PT/TX	Any N	M1, M1a	S1
Stage IIIB	Any PT/TX	N1-3	M0	S2
	Any PT/TX	Any N	M1, M1a	S2
Stage IIIC	Any PT/TX	N1-3	M0	S3
	Any PT/TX	Any N	M1, M1a	S3
	Any PT/TX	Any N	M1b	Any S