

**BAUS CANCER REGISTRY
 2008 Minimum Data Set**

Q1 Consultant Number &/or Centre Number <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="width: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> Consultant Number Centre Number											Q2 Patient Hospital Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Q3 Patient NHS Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Q4 Postcode <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Q5 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female									
Q6 Date of Birth D D M M Y Y Y Y <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Q7 Date of Referral D D M M Y Y Y Y <div style="border: 1px solid black; height: 20px; width: 100%;"></div>										
Q8 Source of Referral <input type="checkbox"/> GP <input type="checkbox"/> Urologist <input type="checkbox"/> Other (including "Discovered during follow-up") - Specify: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>											
Q9 Priority of Initial Referral <input type="checkbox"/> Referral under 2 week rule <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Priority Unknown											
Q10 Date of First Consultation D D M M Y Y Y Y <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Q11 Date of Diagnosis D D M M Y Y Y Y <div style="border: 1px solid black; height: 20px; width: 100%;"></div>										
Q12 Delay to Diagnosis <input type="checkbox"/> None <input type="checkbox"/> Patient Delay <input type="checkbox"/> Radiological Delay <input type="checkbox"/> Repeat Biopsies <input type="checkbox"/> Clinical Delay <input type="checkbox"/> Administrative Delay <input type="checkbox"/> DNA – unspecified reason <input type="checkbox"/> Other – Specify: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>											
Q13 Basis of Diagnosis Is there histological confirmation of diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO <i>histology</i> , is diagnosis based on information from: <input type="checkbox"/> Radiology <input type="checkbox"/> Cytology <input type="checkbox"/> Tumour Marker <input type="checkbox"/> Clinical <input type="checkbox"/> Other - Specify: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>											
Q14 Organ <input type="checkbox"/> Kidney <input type="checkbox"/> Pelvis <input type="checkbox"/> Ureter <input type="checkbox"/> Bladder <input type="checkbox"/> Prostate <input type="checkbox"/> Urethra <input type="checkbox"/> Prostatic Urethra <input type="checkbox"/> Testis <input type="checkbox"/> Penis <input type="checkbox"/> Other - Specify: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>											
Q15 Side (Kidney, Pelvis, Ureter, Testis & Other only) <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Not Available	N.B. This form current until further notice(1.1.08) P.T.O.										

Q16 Histology

- TCC Conventional Renal Cell Carcinoma Adenocarcinoma SCC Mixed TCC/SCC
 Seminoma Teratoma Mixed Seminoma/Teratoma High Grade PIN
 Other - Specify:

Q17 Pathology Reference Number**Q18 Histological Differentiation**

- Well Moderate Poor

Q19 Clinical Staging

Clinical: T N M

Serum Tumour Markers:

PSA at time of diagnosis . **Gleason Scores** + (Prostate Cancer)

S Category: S0 S1 S2 S3 (Testis cancer - see TNM appendix in data dictionary)

Q20 Initial Treatment Intention (Choose one option only)

- Curative Palliative No Active Anti-cancer Treatment

Q21 Initial Treatment Type(s) (Choose more than one option if required)**Surgery:**

- Endoscopic Resection Endoscopic Resection + 1 shot intra-vesical chemotherapy Radical Ablative Surgery
 Organ Conserving Surgery Other Surgery - Specify:
 Laparoscopic Surgery – Specify:

Other Treatment:

- Radiation Therapy Systemic Chemotherapy Intra-vesical Chemotherapy (course)
 Hormone Therapy Systemic Immunotherapy Intra-vesical Immunotherapy (course)
 Brachytherapy Cystoscopy Biopsy &/or Ultrasound guided Biopsy
 Palliative care Surveillance / active monitoring Watchful waiting
 Referral to another centre or specialist Other Treatment - Specify:

Q22 Pathological Staging (To be completed only if a surgical specimen is obtained)

Pathological: T N M

Q23 Date of Definitive Treatment (If Known)

D D M M Y Y Y Y

Q24 Clinical Trial Status

- Patient eligible, consented to and entered trial
 Patient eligible for trial but declined entry Patient ineligible for trial
 Patient not considered for trial Clinical trial status unknown

Q25 Patient Discussed at MDT meeting and Management Plan formed ?

- Yes No Not Known

Q26 Date of Death

D D M M Y Y Y Y

Q27 Is This Patient Record Complete?

- Yes No