



Patient Identifier
 (Please remove before returning to the BAUS Office)

BAUS Data & Audit Project - 2009
Nephrectomy – 3, 6 and 12 month follow up (Cancer Diagnosis)
For Benign Disease complete “Late complications” once only at minimum of 30 days

Q1 Consultant Number &/or Centre Number <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Consultant Number </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Centre Number </div> </div>	Q2 Patient Hospital Number <input style="width: 100%;" type="text"/>
Q3 Patient NHS Number <input style="width: 100%; height: 20px;" type="text"/>	Q4 Date of Birth <div style="display: flex; justify-content: space-around; font-size: small;"> D D M M Y Y Y Y </div> <div style="display: flex; justify-content: space-around;"> <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> </div>
Q5 Date of Follow up <div style="display: flex; justify-content: space-around; font-size: small;"> D D M M Y Y Y Y </div> <div style="display: flex; justify-content: space-around;"> <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> </div>	
Q6a Pathology Parenchymal Tumours (complete at 3 months only) Maximum Diameter of tumour (cm) <input style="width: 50px;" type="text"/> Predominant cell type: <input type="checkbox"/> Clear cell <input type="checkbox"/> Papillary <input type="checkbox"/> Oncocytoma <input type="checkbox"/> Chromophobe <input type="checkbox"/> Collecting duct <input type="checkbox"/> Other Presence of necrosis: <input type="checkbox"/> Yes <input type="checkbox"/> No Nuclear Grade (Fuhrman): <input style="width: 50px;" type="text"/> Tumour in renal veins: <input type="checkbox"/> Yes <input type="checkbox"/> No Margins: <input type="checkbox"/> Negative <input type="checkbox"/> Positive Adrenal Invasion: <input type="checkbox"/> Yes <input type="checkbox"/> No Lymph Nodes: Number Sampled: <input style="width: 50px;" type="text"/> Number positive / containing cancer: <input style="width: 50px;" type="text"/> Pathological: T <input style="width: 50px;" type="text"/> N <input style="width: 50px;" type="text"/> M <input style="width: 50px;" type="text"/>	
Q6b Pathology Urothelial Tumours (complete at 3 months only) Site of tumour: <input type="checkbox"/> Calyx <input type="checkbox"/> Pelvis <input type="checkbox"/> PUJ <input type="checkbox"/> Ureter <input type="checkbox"/> Multiple Maximum Diameter of tumour (cm) <input style="width: 50px;" type="text"/> Number of Tumours: <input style="width: 50px;" type="text"/> Associated CIS: <input type="checkbox"/> Yes <input type="checkbox"/> No Grade of tumour: <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G3 Lymph Nodes: Number Sampled: <input style="width: 50px;" type="text"/> Number positive / containing cancer <input style="width: 50px;" type="text"/> Pathological: T <input style="width: 50px;" type="text"/> N <input style="width: 50px;" type="text"/> M <input style="width: 50px;" type="text"/>	

N.B. This form current from 01.01.2009 until further notice
P.T.O.

Q7 Investigations:

- Full blood count LFT's CT Scan Ultrasound
 Chest X ray Other – specify:

Q8 Serum Creatinine / eGFR

$\mu\text{mols/l}$
 eGFR

Q9 Intervention / Adjuvant Treatment

- None Immunotherapy Hormone Therapy Radiation
D D M M Y Y Y Y
- Excision of local recurrence Metastectomy *Date Procedure:*
- Other – Specify:

Q10 Late Complications

- None Wound Infection Wound Hernia Wound Pain
- DVT Renal Impairment Other – specify:

Q11 Current Status (please tick the appropriate status box and complete the corresponding date field)

- Alive with no evidence of renal cancer
- Alive with local recurrence of renal cancer D D M M Y Y Y Y Date of diagnosis of local recurrence
- Alive with lymph node involvement by renal cancer Date of diagnosis of lymph node involvement
- Alive with metastatic disease Date of diagnosis of Metastatic disease
- Dead Date of Death

Q12 Cause of Death

- Due to Cancer Non Cancer causes Not Known