



ANZDATA Registry Cancer Survey Form

This form is additional to the main data form

Form CA

REGISTRY NUMBER	SURNAME	GIVEN NAMES	CURRENT HOSPITAL / STATE
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GRAFT	TYPE OF CANCER	SITE OF CANCER	OFFICE USE	GRAFT	TYPE OF CANCER	SITE OF CANCER	OFFICE USE

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

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

PRIMARY SKIN TUMOURS - ENTER ONLY IF HISTOLOGICALLY PROVEN

Date of First Diagnosis of each Type of Skin Cancer when on a Treatment Modality eg (pre-Dialysis, On Dialysis, Post Graft Tx)

TYPE OF SKIN CANCER <i>Do not enter Bowen's Disease, Keratoacanthoma, Solar Keratosis or Hyperkeratosis</i>	DATE OF FIRST DIAGNOSIS OF EACH CANCER TYPE IN EACH PERIOD			DATE OF METASTASES (Diagnosed at any time)		THIS TYPE OF CANCER
	PRE ENTRY TO ESRF PROGRAM	ON DIALYSIS	POST TRANSPLANT	FIRST TO LOCAL LYMPH NODES	FIRST SYSTEMIC (TO ANY OTHER SITE)	CAUSED OR CONTRIBUTED TO DEATH YES / NO
BASAL CELL (BCC)						
SQUAMOUS CELL (SCC)						
OTHER (Specify)						

'A' TYPE OF NON SKIN CANCER

- Unknown
- Squamous Cell (SCC)
- Adenocarcinoma
- Transitional Cell (TCC)
- Lymphoma (Non Hodgkins) (Please forward histological report)
- Leukaemia (Specify Type) _____
- Other (Specify) _____
- Kaposi Sarcoma
- Microglioma of Brain (Please forward histological report)
- Multiple Myeloma
- Hodgkin's Disease (Please forward histological report)
- Lymphoproliferative Disease (Please forward histological report)
- Melanoma

'B' HISTOLOGICAL STAGING

- Unknown
- In Situ
- Invasive
- Regional Lymph Nodes
- Distant Metastases

CERVICAL CANCER

- Cervical Cancer - Cin 1
- Cervical Cancer - Cin 2
- Cervical Cancer - Cin 3 (Equivalent to SCC In Situ)
- Cervical Cancer - Micro-Invasive
- Cervical Cancer - Invasive

'C' TYPE OF TREATMENT

- None
- Unknown
- Local Excision
- Wide Excision and Graft
- Wide Excision and Node Dissection
- Radiotherapy
- Chemotherapy
- Immune Stimulant
- Reduction of I/S Drugs
- Other (Specify) _____

Comments -