



Event Checking Chart

Cases of Non-AIDS-Defining Cancers

Name of centre and cohort _____

Patient ID code: _____ Gender: Male Female

Year of birth (yyyy): _____ Date of first diagnosis (dd/mm/yy): _____

1. Diagnosis

Please complete this form if the patient has been diagnosed with a malignant disease
(excluding AIDS defining cancers, and basal and squamous cell skin cancers)

Primary location (if known): _____ (e.g. lung); unknown

- please provide specific type: _____
(e.g. adenocarcinoma, osteosarcoma, leukemia)

If available, please include the: ICD-10 _____, or ICD-9 code _____

2. Stage (spread) at diagnosis (Tick one only):

Localized (growth within the organ of origin)

Disseminated (spread to tissue outside the organ of origin, incl to regional lymph nodes)

Unknown

3. Histology/cytology

Is a pathology report (or summary hereof) available?

Yes, full report Summary of report No Unknown

If 'no' or 'unknown', please complete Question 4

If yes, please include a copy of the full report (and provide a brief summary in English):

4. If the diagnosis is not confirmed by histology/cytology, is the diagnosis based on

(Tick all that apply and 1 at a minimum):

I. Radiology or other imaging technique (cancer suggestive findings)

II. Biochemical assay (elevated markers of cancerous growth (e.g. prostate specific antigen, alpha-fetoprotein, cancer cell markers))

III. Strong suspicion of cancer by clinical inspection (skin metastasis, suspected malignant melanoma, suspected cancerous growth visualized during endoscopy/anoscopy)

IV. Other

Of those marked above, please specify: _____

5. Has the patient previously received chemo- and/or radiation therapy for a malignant disease?

Yes , no , unknown

If yes, please tick off the appropriate box: chemotherapy , radiation , year of treatment: _____

Signature: _____ the Study Coordinating Office, Date: _____ (dd/mm/yyyy)

Monitored at site by: _____ Date: _____
Print Name Signature dd/mm/yyyy