To request unlinked unit record data from the NSW Clinical Cancer Registry (2008-2012), please COMPLETE and email this form to CINSW-DARenquiries@health.nsw.gov.au

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| **SECTION 1:** |
| First Name: | Surname: |
| Organisation: |
| Address:       |
| Suburb:       | State:       | Post Code:       |
| Phone:       | Email: |

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| **SECTION 2:** Please state briefly (one or two dot points) the question you want to answer using NSW Clinical Cancer Registry (2008-2012) data |
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| *CONTINUE TO SECTION 3 OVER PAGE* |

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| **SECTION 3:** |
| **NSW Clinical Cancer Registry (2008-2012) unit record data required**Please complete the table below providing justification for each data item requested. Please refer to the data dictionary for information about each data item.

|  | ID | Variable | Tick if required | Justification |
| --- | --- | --- | --- | --- |
| **DEMOGRAPHIC DATA** | 1 | Sex |  |  |
| 2 | Date of birth |  |  |
| 3 | Country of birth |  |  |
| 4 | Aboriginal and Torres Strait Islander status |  |  |
| 5 | Age at diagnosis |  |  |
| 6 | Postcode |  |  |
| 7 | State |  |  |
| **CANCER DIAGNOSIS DATA** | 8 | Date of diagnosis |  |  |
| 9 | Cancer site code (4 digit) |  |  |
| 10 | Cancer site version |  |  |
| 11 | Morphology code (5 digit) |  |  |
| 12 | Morphology code version |  |  |
| 13 | Best basis of diagnosis |  |  |
| 14 | Laterality |  |  |
| 15 | Histopathological grade |  |  |
| 16 | Degree of spread at diagnosis |  |  |
| **STAGING DATA** | 17 | T stage |  |  |
| 18 | N stage |  |  |
| 19 | M stage |  |  |
| 20 | TNM stage |  |  |
| 21 | TNM stage edition |  |  |
| 22 | T stage basis |  |  |
| 23 | N stage basis |  |  |
| 24 | M stage basis |  |  |
| 25 | TNM staging basis |  |  |
| 26 | Other staging systems |  |  |
| 27 | Other staging schemes |  |  |
| 28 | Other grading systems |  |  |
| 29 | Other grading schemes |  |  |
| **TREATMENT DATA** | 30 | AMO registration number |  |  |
| 31 | Treatment group |  |  |
| 32 | Treatment modality |  |  |
| 33 | Treatment start date |  |  |
| 34 | Treatment end date |  |  |
| 35 | Radiotherapy type |  |  |
| 36 | Radiation dose |  |  |
| 37 | Radiation fractions |  |  |
| 38 | Systemic therapy protocol |  |  |
| 39 | Number of cycles of systemic therapy |  |  |
| 40 | Surgical procedure |  |  |
| 41 | Local health district of facility |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | ID | Variable | Tick if required | Justification |
| **QUALITY OF CARE DATA** | 42 | Date of referral |  |  |
| 43 | Date of consultation |  |  |
| 44 | Date of decision to treat |  |  |
| 45 | Multidisciplinary consultation date |  |  |
| 46 | Palliative care status |  |  |
| 47 | Date of referral to palliative care |  |  |
| 48 | Performance status at diagnosis (ECOG) |  |  |
| 49 | Psycho social referral to |  |  |
| 50 | Date of death |  |  |
| 51 | Cause of death |  |  |
| 52 | Cause of death version |  |  |
|  | **OTHER COMMENTS/REQUIREMENTS:** |
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