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:** | | | | |  |  | | | | |