To request unlinked unit record data from the NSW Cancer Registry, 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 Cancer Registry (NSWCR) data |
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| *CONTINUE TO SECTION 3 OVER PAGE* |

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| **SECTION 3:** |
| **NSW Cancer Registry 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 | Gender |  |  | | 2 | Country of birth |  |  | | 3 | Aboriginal and Torres Strait Islander status |  |  | | 4 | Year of birth |  |  | | 5 | Month of birth |  |  | | 6 | Day of birth |  |  | | 7 | Date of birth validity code |  |  | | **CANCER DIAGNOSIS DATA** | 8 | Year of diagnosis |  |  | | 9 | Month of diagnosis |  |  | | 10 | Day of diagnosis |  |  | | 11 | Date of diagnosis validity code |  |  | | 12 | Age at diagnosis |  |  | | 13 | Cancer type |  |  | | 14 | Clinical cancer group |  |  | | 15 | Topography code (ICD-O-3) |  |  | | 16 | Topography code (ICD-10-AM) |  |  | | 17 | Morphology code (ICD-O-3) |  |  | | 18 | Morphology code 4 digit (ICD-O-3) |  |  | | 19 | Behaviour code |  |  | | 20 | Best basis of diagnosis |  |  | | 21 | Degree of spread at diagnosis |  |  | | 22 | Laterality |  |  | | 23 | Breslow thickness of melanoma / Size of breast cancer |  |  | | 24 | Number of primary sites |  |  | | 25 | Registry derived-stage (STaR) |  |  | | 26 | Registry derived staging basis (STaR) |  |  | | **MORTALITY DATA** | 27 | Year of death |  |  | | 28 | Month of death |  |  | | 29 | Day of death |  |  | | 30 | Age at death |  |  | | 31 | Cause of death cancer type |  |  | | 32 | Cause of death clinical cancer group |  |  | | 33 | Cause of death topography code (ICD-O-3) |  |  | | 34 | Cause of death topography code (ICD-10-AM) |  |  | | 35 | Place of death group |  |  | |  |  |  |  |  | |  | ID | Variable | Tick if required | Justification | | **GEOGRAPHICAL DATA AT DIAGNOSIS** | 36 | Postcode |  |  | | 37 | LGA 2006 (ASGC) |  |  | | 38 | SLA 2006 (ASGC) |  |  | | 39 | LGA 2016 (ASGS) |  |  | | 40 | SA2 2016 (ASGS) |  |  | | 41 | SA3 2016 (ASGS) |  |  | | 42 | SA4 2016 (ASGS) |  |  | | 43 | GCCSA 2016 (ASGS) |  |  | | 44 | Remoteness (ASGC, ASGS) |  |  | | 45 | Remoteness calculation method |  |  | | 46 | Socioeconomic position - IRSAD deciles (ASGC, ASGS) |  |  | | 47 | Socioeconomic position - IRSAD quintiles (ASGC, ASGS) |  |  | | 48 | Socioeconomic position – IRSD deciles (ASGC, ASGS) |  |  | | 49 | Socioeconomic position – IRSD quintiles (ASGC, ASGS) |  |  | | 50 | Socioeconomic position calculation method |  |  | | 51 | Local health district |  |  | | 52 | Primary health network |  |  | | **EPISODE OF CARE DATA** | 53 | Data source type |  |  | | 54 | Episode modality |  |  | | 55 | Episode start date |  |  | | 56 | Episode end date |  |  | | 57 | Facility name |  |  | | 58 | Local health district of Facility |  |  | | 59 | Degree of spread at episode |  |  | | 60 | TNM staging group |  |  | | 61 | TNM edition |  |  | | 62 | TNM staging basis |  |  | | 63 | TNM staging timing |  |  | | 64 | TNM staging date |  |  | | 65 | MDT date |  |  | | 66 | Performance status (ECOG) |  |  | |  | **OTHER COMMENTS/REQUIREMENTS:** | | | | |  | For example, if insitu breast and melanoma cancer records are required, please request this here and provide justification for inclusion | | | | |