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 |

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