

Centre-ID

Patient-ID

Record of Clinical Tumour Data

1. Diagnosis: ICD-10-Coding

C18 Malignant neoplasm of colon	C19 Malignant neoplasm of rectosigmoid junction	C20 Malignant neoplasm of rectum
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2a. Date of initial diagnosis (= date of removal of tissue for investigative purposes)

day		month		year			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2b. Reason for the diagnosis (please check one box only)

clarification of symptoms	early cancer recognition	long-term care CED /polyposis	follow-up	other / unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2c. If for clarification of symptoms (please check all relevant symptoms)

occult blood	haemorrhage	IBS irritable bowel syndrome	diarrhoea	obstipation	anaemia	weight loss	ileus
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

other:

3. Referred by ,GP' (local doctor) specialist no medical referral

4. Subsequent treatment by (please indicate hospital or institution)

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not known

5a. Histomorphological typing

adenocarcinoma	mucinous adenocarcinoma	signet-ring-cell carcinoma	carcinoid	other (please indicate histological type)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5b. Histomorphological grading

G1 well differentiated	<input type="checkbox"/>	G2 moderately differentiated	<input type="checkbox"/>	G3 poorly differentiated	<input type="checkbox"/>	G4 undifferentiated	<input type="checkbox"/>
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6a. Imaging procedures for disease stage ascertainment (tumour spread in the initial diagnosis) *(Please check appropriate box and indicate region of body examination date)*

	<input type="checkbox"/> sonography	<input type="checkbox"/> CT	<input type="checkbox"/> MRT	<input type="checkbox"/> x-ray	<input type="checkbox"/> scintigraphy	other _____
body region						
date						

6b. TNM classification at initial diagnosis *(see list to be completed)*

c p T

 c p N

 c p M

6c. UICC stage at initial diagnosis

7. Risk factors for CRC

Risk factors	yes	no	unknown
smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
alcohol consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
colorectal polyps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
inflammatory bowel disease (IBD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HNPCC / FAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
positive family anamnesis (colorectal cancer in family)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you