



# Evaluation of Cancer Outcomes Barwon South West Registry

## Data Request Form

### Applicant details

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Project start date: \_\_\_\_\_ Project completion date: \_\_\_\_\_

### Project details

Project Title: \_\_\_\_\_

Project Description: *(briefly describe the purpose of the project, collaborations, funding sources)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hypothesis/Objectives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Use of data:
- Research
  - Publication
  - Internal
  - Other - please specify.....
  - Conference Abstract
  - Funding
  - Planning

## Data specifications

A full list of all data items is available in Appendix 1. Please **SPECIFY** all required data items. This section must be **completed** in order to approve your request.

Additional information about data specifications that may assist your application: eg. summary data only

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## Confidentiality & Security

Period of data retention: \_\_\_\_\_

How/where will the data be stored? \_\_\_\_\_

How will the data be disposed? \_\_\_\_\_

List all persons, other than the Applicant, who will have access to the data

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

## Human Research and Ethics

Ethics Approval must be obtained if [1] you are requesting identified or re-identifiable individual case record data [2] you are intending to publish. Please refer to the *ECOBSW Data Access, Publication and Privacy Policy* for more information on types of research requests.

Ethics Approval: [Yes] [No] Ethics Number: \_\_\_\_\_ *Please attach your approval letter*

If Ethics Approval has not been granted, please provide reasons below:

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Are there any other Ethical considerations not previously mentioned:

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## Conditions of release

1. The data/information will be used solely for the purpose of undertaking this specified project/activity. All reasonable measures will be taken to ensure compliance with ECOBSW Policies pertaining to security, use and disposal of data/information.
2. Any publication/presentation or other use of the data will correctly attribute the origin of the data.
3. I understand the data will be disseminated to me in a secure manner (eg. electronic data sent via email will be encrypted and password protected) and I will not release to a third party.
4. Upon completion of the project, I will provide the ECOBSW Team with an update on the outcome.
5. I have read, understood and agree to comply with the ECOBSW Data Access, Publication and Privacy Policy (available via the BSWRICS website). I have communicated this policy to co-investigators.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form along with other required documents to:

ECOBSW Cancer Data Analyst

E: [margaret.rogers@barwonhealth.org.au](mailto:margaret.rogers@barwonhealth.org.au)

## Office Use Only

Date Received: \_\_\_\_\_ Approved: Y / N

Approved by: \_\_\_\_\_ Signature: \_\_\_\_\_

Comments:

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## Appendix 1

Please tick required fields

*\*tick headings if entire section required*

<b>ALL FIELDS</b>	
<b>DEMOGRAPHICS</b>	
UR Number	
Family Name	
Given name(s)	
Date of birth	
Sex	
Address - number/street	
Address - suburb/town/locality	
Postcode	
Country of birth	
Medicare number	
Health Insurance status	
GP Name	
Indigenous status	
Interpreter required (Y/N)	
Marital status	
<b>HISTORY</b>	
Performance status score (ECOG)	
Height	
Weight	
Tobacco smoking status	
<b>DIAGNOSIS &amp; STAGING</b>	
Diagnosing Organisation	
Date of diagnosis	
Date of first admission	
Most valid basis of diagnosis	
Primary site (ICD-10AM 10 <sup>th</sup> Ed)	
<i>Skin cancer - subsite</i>	
Morphology of cancer (ICD-AM 10 <sup>th</sup> Ed)	
<i>Tumour Stream</i>	
Site of metastasis	
Date of metastasis	
Date of recurrence	
Region of recurrence	
Histopathology grade	
Staging scheme source	
Staging basis	
Staging scheme source edition number	
Primary tumour status - T Stage	
Regional lymph node metastasis - N Stage	

Distant metastasis status - M stage	
Stage code	
Laterality of tumour	
Tumour size at diagnosis (solid tumours)	
Number of regional lymph nodes examined	
Number of regional nodes positive	
Positron Emission Tomography (PET) Scan (Y/N)	
Positron Emission Tomography (PET) Scan date	
<b>BREAST SPECIFIC FIELDS</b>	
Oestrogen receptor assay result (ER)	
Progesterone receptor assay result (PR)	
Herceptin receptor assay result (HER2)	
Multifocal disease	
<b>PROSTATE SPECIFIC FIELDS</b>	
Gleason scores and sum	
PSA level at diagnosis	
Date of PSA test	
PSA at surgery	
<b>COLORECTAL SPECIFIC FIELDS</b>	
Ki-67(protein)	
Positive foecal occult blood testing (FOBT)	
Magnetic resonance imaging (MRI) (Y/N)	
Magnetic resonance imaging (MRI) date	
Colonoscopy (Y/N)	
Colonoscopy date	
Surveillance colonoscopy	
<b>LUNG SPECIFIC FIELDS</b>	
Chest X-Ray (Y/N)	
Chest X-Ray Date	
Computerised tomography (CT) (Y/N)	
Computerised tomography (CT) Date	
Endobronchial ultrasound (EBUS) (Y/N)	
Small cell lung cancer - limited v extensive	
Asbestos exposure	
<b>REFERRAL</b>	
Referral Date	
Referral Pathway	
<b>TREATMENT</b>	
Intention of treatment	
Neoadjuvant treatment	
Treatment type	
First appointment with specialist date	
First appointment with surgeon	
Target Site Surgical (ICD-AM 10 <sup>th</sup> Ed)	

Surgical procedure date	
Surgical procedure code (ICD-AM 10 <sup>th</sup> Ed)	
Consultant name (Surgery)	
Systemic therapy start date	
Systemic therapy completion date	
Systemic therapy agent	
Systemic therapy dose	
Systemic therapy dose unit	
Systemic number of cycles	
Consultant name (Systemic)	
Hormonal treatment	
Oral treatment	
Radiotherapy type	
Radiotherapy dose	
Radiotherapy start date	
Radiotherapy completion date	
Target site for cancer treatment (Radiotherapy)	
Consultant name (Radiation)	
<b>CLINICAL TRIALS</b>	
Clinical trial (Y/N)	
<b>ADDITIONAL TREATMENT DATA</b>	
Out of region treatment (Y/N)	
Declined treatment (Y/N)	
Outcome of initial treatment	
<b>MULTIDISCIPLINARY MEETINGS (MDM)</b>	
Multidisciplinary Meeting (Y/N)	
Multidisciplinary Meeting date	
Multidisciplinary summary in medical record	
Stage recorded at MDM (Y/N)	
Intent recorded at MDM (Y/N)	
MDM following recurrence (Y/N)	
MDM following recurrence date	
MDM treatment plan communicated to GP date	
<b>PALLIATIVE CARE, SUPPORTIVE CARE &amp; ADVANCED CARE PLANNING</b>	
Referral to Palliative Care (Y/N)	
Referral to Palliative Care date	
Supportive Care Screening (Y/N)	
Supportive Care Screening date	
Advanced care plan (Y/N)	
Advanced care plan date	
<b>MORTALITY</b>	
Date of death	
Cause of death	