

Event Checking Chart

Non-AIDS defining malignancy

Name of Centre Gender Year of Birth

Patient ID Date of event

1. Non-AIDS defining malignancy:

<input type="checkbox"/> Acute lymphoid	<input type="checkbox"/> Hodgkin lymphoma	<input type="checkbox"/> Metastasis: unspecified
<input type="checkbox"/> Acute myeloid	<input type="checkbox"/> Head and neck cancer	<input type="checkbox"/> Metastasis of other cancer type
<input type="checkbox"/> Anal cancer	<input type="checkbox"/> Gallbladder cancer	<input type="checkbox"/> Multiple myeloma
<input type="checkbox"/> Bladder cancer	<input type="checkbox"/> Gynaecological cancer (<i>not cervical</i>)	<input type="checkbox"/> Pancreas cancer
<input type="checkbox"/> Bone cancer	<input type="checkbox"/> Kidney cancer	<input type="checkbox"/> Penile cancer
<input type="checkbox"/> Brain cancer	<input type="checkbox"/> Leukaemia unspecified	<input type="checkbox"/> Prostate cancer
<input type="checkbox"/> Breast cancer	<input type="checkbox"/> Lip cancer	<input type="checkbox"/> Rectum cancer
<input type="checkbox"/> Colon cancer	<input type="checkbox"/> Liver cancer	<input type="checkbox"/> Stomach cancer
<input type="checkbox"/> Connective tissue cancer	<input type="checkbox"/> Lung cancer	<input type="checkbox"/> Testicular seminoma
<input type="checkbox"/> Chronic lymphoid	<input type="checkbox"/> Malignant melanoma	<input type="checkbox"/> Other malignancy type
<input type="checkbox"/> Chronic myeloid	<input type="checkbox"/> Metastasis of adenocarcinoma	<input type="checkbox"/> Unknown malignancy type
<input type="checkbox"/> Esophagus cancer	<input type="checkbox"/> Metastasis of squamous cell carcinoma	

2. What was the stage of cancer at time of diagnosis?

Localized
 Disseminated
 Unknown

3. Was the cancer diagnosed by biopsy, imaging, biochemical assay and/or strong clinical suspicion by visual inspection?

If yes Biopsy: Histology/cytology confirming malignant disease No Unknown

Biochemical assay (*including elevated markers of cancerous growth (e. g prostate specific antigen, alpha-fetoprotein, cancer cell markers)*)

Strong clinical suspicion by visual inspection NOTE: applies only for Kaposi sarcoma, malignant melanoma or tumors visualized by anoscopy

Imaging: CT

Imaging: MR

Imaging: Ultrasound

4. Has the patient undergone or is currently undergoing cancer treatment?

Yes
 No
 Unknown

5. Is the type of the first cancer treatment known?

If yes:
 Chemotherapy
 Radiotherapy
 Endocrinological therapy
 Surgery
 Immune therapy
 Other anti-neoplastic therapy
 Unknown which one

No
 Unknown

Date of first cancer treatment:

6. Was this a fatal Non-AIDS defining malignancy?

Yes
 No
 Unknown

All available information regarding this event has been collected.

Reported by:

Date:

Stamp/signature:

Verified by

Date:

Stamp/signature:

(Senior physician):