OMB #: 0925-xxxx

Expiry Date: xx/xx/20xx

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx). Do not return the completed form to this address.

**Attachment 7: Patient Abstraction Form**

 **Central and Eastern European Kidney Cancer Survival Study**

Hospital Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Control Date: \_\_\_/\_\_\_/\_\_\_\_\_ Physician’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for visit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Follow-up Exams Performed-Excluding First Diagnosis of Kidney Cancer**

**Test Type Date Not Done Normal Abnormal Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Physical \_\_/\_\_/\_\_\_ □ □ □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blood Tests \_\_/\_\_/\_\_\_ □ □ □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sonogram \_\_/\_\_/\_\_\_ □ □ □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CT/MNR \_\_/\_\_/\_\_\_ □ □ □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chest RX \_\_/\_\_/\_\_\_ □ □ □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bone Scan \_\_/\_\_/\_\_\_ □ □ □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_/\_\_/\_\_\_ □ □ □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blood pressure at Dx\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Blood pressure at follow-up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hypertensive at Dx Y / N Hypertensive at follow-up Y / N

Weight at Dx\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Weight at follow-up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Smoking at Follow-up\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evidence of recurrence observed Y/N:\_\_\_\_\_\_

If yes, please answer following questions

If no, please skip to conclusion and answer #1-stable

**Cancer Treatments –Excluding First Diagnosis of Kidney Cancer 1=yes, 2=no**

 **Y/N Date Characteristics-Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Surgery/Biopsy □ \_\_/\_\_/\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Radiotherapy □ \_\_/\_\_/\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chemotherapy □ \_\_/\_\_/\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other □ \_\_/\_\_/\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tumor Information if Evidence of Recurrence or Progression Observed**

Number of Tumors:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tumor Size:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Histologic Cell Type:

1 □ Clear Cell 6 □ Papillary Type II 11 □ Non RCC

2 □ Clear Cell w papillary features 7 □ Papillary non-Type I 12 □ Collecting Duct

3 □ Clear Cell with sarcomatoid 8 □ Chromophobe 13 □ TCC

4□ Sarcomatoid 9 □ Oncocytoma 14 □ HLRCC

5 □ Papillary Type I 10 □ Unclassified 15 □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stage

1 □ T0 2 □ T1 3 □ T2 4 □ T3 5 □ T4 6 □ TX

Regional Lymphnodes

1 □ N0 2 □ N1 3 □ N2 4 □ N3

Distant Metastases

1 □ M0 2 □ M1 3 □ M2

Fuhman Nuclear Grade

1 □ I 2 □ II 3 □ III 4 □ IV 5 □ NA

Tumor Grade

1 □ Well differentiated

2 □ Moderately differentiated

3 □ Poorly differentiated

4 □ Undifferentiated

5 □ Grade not determined

Conclusion

1 □ Patient is alive and stable, no evidence of recurrence or progression,

date last seen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 □ Patient is alive, evidence of recurrence or progression primary disease

3 □ Patient is deceased: Date of death:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cause :1 □ Primary kidney cancer 2 □ Other Cause\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3 □ Unknown