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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: ___/___/___

Name: _____

Reason for

Physician's

visit: _____

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

Test Type	Date	Not Done	Normal	Abnormal	Comments
Physical	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood Tests	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sonogram	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
CT/MNR	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chest RX	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bone Scan	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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	<input type="checkbox"/>	___/___/___	_____
Radiotherapy	<input type="checkbox"/>	___/___/___	_____
Chemotherapy	<input type="checkbox"/>	___/___/___	_____
Other	<input type="checkbox"/>	___/___/___	_____

Tumor Information if Evidence of Recurrence or Progression Observed

Number of Tumors: _____

Tumor Size: _____

Histologic Cell Type:

- | | | |
|--|---|---|
| 1 <input type="checkbox"/> Clear Cell | 6 <input type="checkbox"/> Papillary Type II | 11 <input type="checkbox"/> Non RCC |
| 2 <input type="checkbox"/> Clear Cell w papillary features | 7 <input type="checkbox"/> Papillary non-Type I | 12 <input type="checkbox"/> Collecting Duct |
| 3 <input type="checkbox"/> Clear Cell with sarcomatoid | 8 <input type="checkbox"/> Chromophobe | 13 <input type="checkbox"/> TCC |
| 4 <input type="checkbox"/> Sarcomatoid | 9 <input type="checkbox"/> Oncocytoma | 14 <input type="checkbox"/> HLRCC |
| 5 <input type="checkbox"/> Papillary Type I | 10 <input type="checkbox"/> Unclassified | 15 <input type="checkbox"/> 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

Fuhrman 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