Cancer Prognosis & Treatment

Collection date for cancer prognosis and treatment information:	(DD-MM-YYYY)
CANCER PROGNOSIS	
Date of cancer diagnosis:	
	(DD-MM-YYYY)
Age at cancer diagnosis:	
	(Provide age in years.)
Specify the cancer site:	 □ Bone □ Breast □ Cervix □ Colon/Rectum □ Endometrium □ Ovary □ Lung □ Lymphatic System □ Ovary □ Pancreas □ Prostate □ Skin □ Thyroid □ Other
(If Other) Specify cancer site:	
Did this cancer metastasize (spread to other body sites)?	YesNoDon't know
(If Yes) Specify metastasis site/s:	
Did this cancer recur?	Yes No
(If Yes) Specify the date of recurrence:	
	(DD-MM-YYYY)
Specify highest cancer stage:	Stage 1Stage 2Stage 3Stage 4

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Specify cancer outcome:	○ Still active○ In remission○ Recovered	
CANCER TREATMENT HISTORY		
Did the participant have surgery for this cancer?		
(If Yes) How many surgeries?		
	(Number of surgeries.)	
(If Yes) Specify the surgery/ies:		
Did the participant receive chemotherapy for this cancer?	YesNoDon't know	
Chemotherapy ongoing?	○ Yes ○ No	
Specify date chemotherapy completed:		
	(DD-MM-YYYY)	
Did the participant receive radiotherapy for this cancer?	YesNoDon't know	
Radiotherapy ongoing?	○ Yes ○ No	
Specify date radiotherapy completed:		
	(DD-MM-YYYY)	
Did the participant receive hormonal therapy for this cancer?	YesNoDon't know	
Specify date hormonal therapy completed:		
	(DD-MM-YYYY)	
Did the participant receive any other type/s of therapy for this cancer?	YesNoDon't know	
(If Yes) Specify type/s of therapy received for this cancer:		

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