Cancer - Core

Collection date for cancer core information:

_____
(DD-MM-YYYY)

CANCER

Has the participant ever had cancer?	○ Yes ○ No

(If Yes) Specify the number of unrelated cancer diagnoses:

_____
(Number of unrelated cancer diagnoses.)

(If Yes) Specify the cancer type/s:

☐ Bone
☐ Brain
☐ Breast
☐ Cervix
☐ Colon/Rectum
☐ Endometrium
☐ Ovary
☐ Lung
☐ Lymphatic System
☐ Ovary
☐ Pancreas
☐ Prostate
☐ Skin
☐ Thyroid
☐ Other

(If Other) Specify the cancer type:

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Cancer - Core Instrument Version 2.0 Released
September 2022
H3ABioNet & H3Africa Phenotype Standards

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