

Study Arm

Tick one box only

Normal Control ☐

Dysplasia ☐

Oral Cancer ☐

Subject Details

Registration number:

Subject's initials: forename & surname

Date of birth: DD / MON / YYYY

Registering Investigator: _____

Date Consent Given: DD / MON / YYYY

Subject's hospital no.: _____

Gender: ☐ m=male; f=female

Height: . m

Weight: . kg

Ethnicity: (A-Z) please refer to the codes in the Appendix: Ethnicity Category section

Smoking History

Tick one box only

Smoker ☐

Never smoked ☐

If a smoker:

Stopped: No ☐ Yes ☐

Years smoked: ____ Years ____ Months

Cigarettes/Cigars per day: _____

Oz tobacco per week: _____

Betel Chewer: No ☐ Yes ☐

Alcohol History

Units per week: _____

Years of consumption: ____ Years ____ Months

Type of alcohol consumed: Beer / Wine ☐ Spirits ☐

Medical History

Medication in last week: _____

Other cancer history: _____

Signature of person completing form: _____ Date: DD / MON / YYYY

Subject's initials: forename & surname

Registration number:

Biopsy

Previous biopsy: No ☐ Yes ☐ If yes, please give details below:

Pathology number

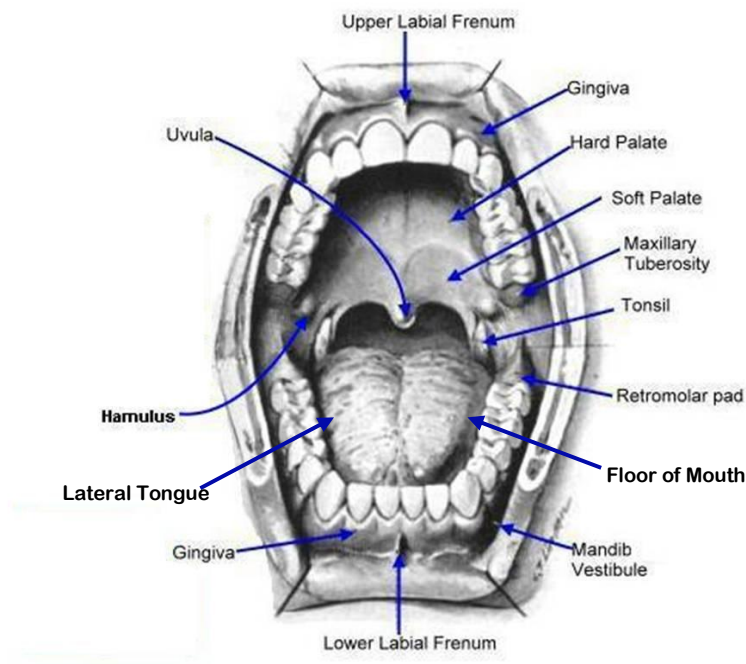
Date

Result

DD / MON / YYYY

DD / MON / YYYY

Present biopsy: please circle the biopsy site below:



Type of Lesion: Control ☐

Dysplasia ☐

Erythroplakia ☐

Candidal ☐

Cancer ☐

Appearance: Homogenous ☐

Heterogenous ☐

Normal ☐

Signature of person completing form: _____

Date: DD / MON / YYYY

Subject's initials: forename & surname

Registration number:

Biopsy Site:

<u>Tick one or more</u>	<u>Code</u>	<u>Description</u>
<input type="checkbox"/>	C00.3	Lip, inner aspect, mucosa of upper
<input type="checkbox"/>	C00.4	Lip, inner aspect, mucosa of lower
<input type="checkbox"/>	C06.0	Cheek mucosa
<input type="checkbox"/>	C06.1	Mouth, vestibule (buccal sulcus and labial)
<input type="checkbox"/>	C06.2	Retromolar trigone
<input type="checkbox"/>	C03.0	Gum, upper (alveolar ridge, mucosa, gingiva)
<input type="checkbox"/>	C03.1	Gum, lower (alveolar ridge, mucosa, gingiva)
<input type="checkbox"/>	C04.0	Mouth, anterior floor
<input type="checkbox"/>	C04.1	Mouth, lateral floor
<input type="checkbox"/>	C04.8	Mouth, floor, overlapping lesion
<input type="checkbox"/>	C.05.0	Palate, hard
<input type="checkbox"/>	C.02.0	Tongue, dorsal surface, anterior 2/3
<input type="checkbox"/>	C02.1	Tongue, lateral border, tip of tongue
<input type="checkbox"/>	C02.2	Tongue, ventral, inferior surface
<input type="checkbox"/>	C.02.8	Tongue, overlapping lesion of anterior two-third
<input type="checkbox"/>	C02.3	Anterior two-thirds of tongue, part unspecified
<input type="checkbox"/>	C06.8	Overlapping lesion of other and unspecified parts of mouth
<input type="checkbox"/>	C02.4	Lingual tonsil (previously in oropharynx)

Details of site:

Signature of person completing form: _____

Date: DD / MON / YYYY

Subject's initials: forename & surname

Registration number:

For Dysplasia

Differentiation: Mild ☐
Moderate ☐
Severe ☐

For confirmed cancer

<u>Clinical TNM stage</u>		<u>Pathological TNM stage</u>		<u>Differentiation</u>	
	<small>Enter code (see following definition)</small>		<small>Enter code (see following definition)</small>		<small>Tick one box</small>
T	<input type="text"/> <input type="text"/>	pT	<input type="text"/> <input type="text"/>	Well	<input type="checkbox"/>
N	<input type="text"/> <input type="text"/>	pN	<input type="text"/> <input type="text"/>	Moderate	<input type="checkbox"/>
M	<input type="text"/>	pM	<input type="text"/>	Poor	<input type="checkbox"/>

Oral cancer staging definition:

<u>Tumour (T)</u>		<u>Nodes (N)</u>		<u>Metastases (M)</u>	
Tis	Carcinoma in situ	N0	No regional lymphadenopathy	M0	No distant metastases
T0	No evidence of primary	N1	Single ipsilateral node ≤ 3cm	M1	Distant metastases
TX	Primary cannot be assessed	N2a	3cm < single ipsilateral node ≤ 6cm	Mx	Only applied to Pathological M stage
T1	Greatest dimension ≤ 2cm	N2b	Multiple ipsilateral nodes ≤ 6cm		
T2	2cm < greatest dimension ≤ 4cm	N2c	Bilateral / contralateral node(s) > 6cm		
T3	Greatest dimension > 4cm	N3	Any node > 6cm		
T4	Invasion of deep muscle of tongue, skin, cortical bone or maxillary sinus	Nx	Only applied to Pathological N stage		