

Case Report Form

DELTA

Integrated diagnostic solution
for oesophageal cancer

DEL /

Patient initials

Date of birth

/ /

Part 1 - Case ascertainment log *(Please complete at telephone screening)*

Indication: *(Please tick one)*

Primary Care

- ☐ Heartburn
☐ Screening *(initiated by GP)*

Secondary Care

- ☐ Heartburn
☐ Known Barrett's for surveillance
☐ Dysphagia
☐ Other

Age years

Sex ☐ Male ☐ Female ☐ Other

Height (m) . Guesstimate? ☐ BMI .

Weight (kg) . Guesstimate? ☐

Ethnicity

Postcode *(First four letters of postcode only)*

Ethnicities	White	Asian/Asian British
	1. English/Welsh/Scottish/Northern Irish/British	9. Indian
	2. Irish	10. Pakistani
	3. Gypsy or Irish Traveller	11. Bangladeshi
	4. Any other White background	12. Chinese
	Mixed/Multiple ethnic groups	13. Any other Asian background
	5. White and Black Caribbean	Black/ African/Caribbean/Black British
	6. White and Black African	14. African
	7. White and Asian	15. Caribbean
	8. Any other Mixed/Multiple ethnic background	16. Any other Black/African/Caribbean background

Patient's response *(Please tick one)*

- ☐ Agreed to participate ☐ Interested — further information requested
☐ Refused *(Please go to the question below)*

➡ Patient's refused *(Please tick one)*

- ☐ Not the gold standard
☐ Concerns due to Covid-19 and attendance
☐ Does not like the sound of the procedure
☐ Symptoms resolved
☐ Symptoms worsened — endoscopy needed
☐ Other

Date of telephone call: / /

Nurse:

Date uploaded to the database: / /

<https://www.deltabase.org.uk>

Part 2 - Cytosponge procedure *(To be completed at Cytosponge clinic)*

Date of appointment: [] [] / [] [] / [] [] [] []

Start time: [] [] : [] [] End time: [] [] : [] [] Time taken (mins): [] [] []

Cytosponge swallow: ☐ First Attempt ☐ Unable to swallow
☐ Second Attempt

Device lot number Pot number

Device issues *(Please tick and report any issues to the Research Manager)***Device fault detected before use**

- ☐
- Capsule cracked
-
- ☐
- Packaging not sealed
-
- ☐
- Broken string
-
- ☐
- Other

Adverse event

- ☐
- Detachment
-
- ☐
- Bleeding on withdrawal
-
- ☐
- Other

Smoking status: ☐ Current ☐ Past ☐ NeverPrevious low grade dysplasia for known Barrett's? ☐ Tick if "Yes"**Medication**

Are you on any medication for heartburn?

☐ Yes *(Please go to the questions below)* ☐ No

➡ Length of time (years): [] []

Anti-reflux medications

Omeprazole	Maalox
Cimetidine	Maxolon
Domeperidone	Omeprazole (Losec)
Esomeprazole (Nexium)	Pantoprazole (Protium)
Gaviscon	Rabeprazole (Pariet)
Lansoprazole (Zoton)	Ranitidine

Medication	Dose (mg)	OD/BD

Other medications: ☐ Asthma inhalers ☐ Aspirin or NSAIDSAnti-coagulation/Anti-platelet medication: ☐ Warfarin ☐ Clopidogrel ☐ Apixiban
☐ Other**Acceptability**Would you be willing to have the
cytosponge procedure again in the future,
if it was recommended by your doctor?

- ☐
- Yes, definitely
- ☐
- Yes, probably
-
- ☐
- No, probably not
- ☐
- No, definitely not
-
- ☐
- Unsure

How acceptable did you find the
cytosponge procedure?

- ☐
- Completely acceptable
- ☐
- Acceptable
-
- ☐
- Unacceptable
- ☐
- Completely unacceptable

Comments: