

Profile Details

Comprehensive Multi-Cancer Risk Assessment Questionnaire

Cancer Is An Uncontrolled Proliferation Of Cells With A Tendency To Spread Across The Body If Left Undetected. Cancer Is A Tumor That Usually Grows Unnoticed Over Many Years In Asymptomatic Healthy Individuals And Is Life-Threatening In Late Stages With High Mortality. Cancer Carries A High Economic Cost, With Overall Medical Expenditures Increasing Exponentially In Cases Of Late-Stage Detection.

Multi-Cancer Risk Assessment (MCRA) Is A Set Of Screening Questions Targeted To Personalise Each Individuals Exposure To The Risk Of Silent Tumor Growth Advancing Undetected To Late Stages Of Cancer Development.

Post Completion Of This MCRA, Each Participant Will Receive A Summary Of Their Answers To The Targeted Questions In A Multi-Cancer Risk Assessment Report Along With An Introduction To The PanTum Detect Blood Test Developed To Screen Asymptomatic Healthy Individuals For Indications Of Tumor Development Progressing Dangerously Towards Cancer.

Screening For Multiple Cancers Is A Powerful Tool For Early Detection, Prevention Of Late Stage Cancer And Better Management Of Multiple Cancers.

Multi-Cancer Screening Empowers Asymptomatic Healthy Individuals To Adopt Prevention And Early Detection Strategies, Targeting All Solid Tumors/Cancers With Confidence.

Personal details play a pivotal role in assessing individualized cancer risks & tailoring screening interventions.

Title

Full Name

Date of Birth

Mr Mrs Ms Miss

Gender

Address

Male Female

City

State

Pincode

Mobile Number

Email ID

Weight

Height

BMI

Personalising Cancer Risk Factors Details

Controllable Cancer Risk Factors

Lifestyle Choices Directly Influence Cancer Risks. Unhealthy Lifestyle Habits, Exposure To Toxins And Environmental Factors, Genetic Susceptibility, And Personal And Family History Of Cancer Are Emerging As The Leading Causes Of Cancer. Understanding These Lifestyle-Related Risk Factors Is Essential For Proactive Health Management And Further Evaluation, Interventions & Investigations. Each Needs To Be Well Informed Of Their Exposure To Each Cancer Risk Factor So That They Can Take Appropriate Action To Mitigate The Risk Of Uncontrolled Cell Growth Going Undetected Till The Late Stages Of Cancer Development.

Current Tobacco Consumption

Consumption Of Tobacco Products Is The Single Largest Preventable Cause Of Cancer. It Damages Cells Throughout The Body And Increases The Risk Of Various Cancers, Including Lung, Mouth, Throat, Esophagus, Bladder, Kidney, Pancreas, Stomach, Cervix, And Leukemia. Tobacco Consumption Also Leads To Many Diseases And Health Conditions, Including Heart Disease, Stroke, Lung Diseases, Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Etc.

Do you currently smoke or consume tobacco products?

Yes No

Select All That Apply

- Cigarettes/Bidi
- Cigars
- E-Cigarettes
- Pipes
- Hukkah Consumption
- Paan Consumption
- Paan Masala/Gutka Consumption
- Chewing Tobacco

How long have you been Consuming any form of tobacco

<10 years >10 years

How much do you consume cigarettes /Bidi | Cigars|E-cigarates|pipes|hukash Consumption

<12 Cigarates per day >20 Cigarates per day

How much do you consume Paan Consumption |Tobacco / Paan Masala / Gutka Consumption /Chewing Tobacco

<12 Cigarates per day >20 Cigarates per day

Past Tobacco Consumption

Consumption Of Tobacco Products Is The Single Largest Preventable Cause Of Cancer. It Damages Cells Throughout The Body And Increases The Risk Of Various Cancers, Including Lung, Mouth, Throat, Esophagus, Bladder, Kidney, Pancreas, Stomach, Cervix, And Leukemia. Tobacco Consumption Is Also Leads To Many Diseases And Health Conditions, Including: Heart Disease, Stroke, Lung Diseases, Diabetes, And Chronic Obstructive Pulmonary Disease (COPD), Etc.

Have you smoked or consume tobacco products in the past?

No Yes

Select All That Apply

- Cigarettes/Bidi
- Cigars
- E-Cigarettes
- Pipes
- Hukkah Consumption
- Paan Consumption
- Paan Masala/Gutka Consumption
- Chewing Tobacco

For how long have you quit any form of tobacco?

<10 years >10 years

For how long did you consume any form of tobacco throughout your lifetime

<10 years >10 years

How much do you consume Cigarettes / Bidi | Cigars | E-cigarettes [Pipes | Hukkah Consumption

<12 Cigars per day >20 Cigars per day

How much did you consume Paan Consumption | Tobacco / Paan Masala / Gutka Consumption / Chewing Tobacco

Occasional Regular

Current Alcohol Consumption

Excessive Alcohol Consumption Is Linked To An Increased Risk Of Several Cancers, Including Mouth, Throat, Esophagus, Liver, Breast, And Colon Cancer. The Risk Increases With The Period And Amount Of Alcohol Consumed. Alcohol Consumption Also Leads To Many Other Diseases And Health Conditions, Including Liver Disease, Steatosis (Accumulation Of Fat), Steatohepatitis (Inflammation), Fibrosis And Cirrhosis (Scarring), Hepatocellular Carcinoma, Etc.

Do you drink alcoholic beverages?

Yes No

If yes, How much do you consume (per day)

- Heavy [> drink (30ml) per day for women and >2 drink (60 ml of hard drink) per day for men]
- Occasional
- Moderate [1 drink (30ml) per day for women and 2 drink (60 ml of hard drink) per day for men]

For how long did you consume any form of alcohol throughout your? *

<10 years >10 years

Regular Physical Activity Details

Regular Physical Activity And Healthy Dietary Habits Help Reduce The Risk Of Several Cancers, Including Colon, Breast, And Endometrial Cancer. Not Being Physically Active Is A Risk Factor For Health Problems. Physical Inactivity Is Associated With An Increased Risk Of Developing Many Other Diseases, Including Cardiovascular Disease, High Blood Pressure, Type 2 Diabetes, Anxiety And Depression, Etc.

Have you engaged in regular physical exercise (minimum 30 minutes of moderate intensity exercise daily) over last 6 months?

Yes,consistently No,rarely Occasionally

What type(s) of exercise or physical activities do you typically do?

- Cardiovascular/Aerobic
- Strength Training/Resistance
- Flexibility/Balance
- Walking
- jogging
- weight lifting
- yoga
- swimming

What is your intensity of the physical activities that you are engaged in?

Moderate to vigorous Varied, including some moderate Mostly sedentary or light

How often do you engage in physical exercise each week? *

At least 5 times 2-4 times Less than once or twice

Regular Diet Details

Diets High In Processed Meats, Red Meat, Unhealthy Fats, And Refined Carbohydrates, And Low In Fruits, Vegetables, And Whole Grains Can Increase Cancer Risk. A Healthy, Balanced Diet Rich In Fiber And Antioxidants May Help Reduce Cancer Risk. An Unhealthy Diet Is Associated With An Increased Risk Of Developing Many Other Diseases, Including Cardiovascular Diseases, Diabetes, And Other Conditions Linked To Obesity.

How often do you consume processed or red meats in a typical week?

- Rarely Weekly Daily

How often do you include high-fat or fried foods in your diet?

- Rarely Weekly Daily

How frequently do you consume sugary foods or beverages in your diet?

- Rarely Weekly Daily

Toxic Exposure

Environmental And Occupational Hazards Are Crucial In Cancer Risk And Exposure Assessment, Highlighting The Link Between Our Surroundings And Health. Exposure To Certain Toxins In The Environment, Workplace, Or Through Contaminated Food And Water Can Increase Cancer Risk.

These Toxins May Be Eaten Or Drunk Through The Consumption Of Contaminated Food Or Liquids, Inhaled, Ingested, Touched, Or Absorbed Through The Skin. Examples Include Particulate Matter, Nitrogen Dioxide, And Sulfur Dioxide From Vehicle Emissions, Asbestos, Benzene, Arsenic, Etc. Used In Industrial Processes And Power Plants, And Some Pesticides. Increase Cancer Risk. A Healthy, Balanced Diet Rich In Fiber And Antioxidants May Help Reduce Cancer Risk. Toxic Exposure Is Associated With An Increased Risk Of Developing Many Other Diseases, Including Water-Related Illnesses (Diarrhea, Dysentery, Typhoid Fever, E. Coli Infection, And Salmonellosis). Respiratory Diseases (Asthma, COPD), Asbestos-Related Diseases (Lung Cancer, Mesothelioma, And Asbestosis), Cadmium-Related Diseases, Etc.

Environmental And Occupational Health Risks

Secondhand Smoke Exposure

Are you frequently exposed to secondhand smoke?

- Yes No Occasionally

Environmental Toxin Exposure

Are you currently or in the past exposed to environmental toxins e.g. inhaling contaminated air (air pollution), drinking contaminated water or any other toxins?

- Yes No Occasionally

Occupational Toxin Exposure

Are you currently or in the past have been exposed to occupational toxins (e.g., ionizing radiation from X-rays, nuclear sources), asbestos, benzene, formaldehyde, arsenic, vinyl chloride, polychlorinated biphenyls (PCBs), chromium, lead, or cadmium, all of which are known to be associated with health risks including cancer

- No,Never Exposed Toxins Yes,Less than 10years Yes,More than 10years

Inherited Cancer Risk Exposure

These Questions Help Build A Comprehensive Picture Of Potential Inherited Cancer Risks. (If The Answers Suggest A Heightened Risk, The Individual Might Be Referred For Further Evaluation, Interventions & Investigations.)

Personal & Family Cancer History

A Previous Cancer Diagnosis Increases The Risk Of Developing Another Cancer, The Specific Risk Depending On The Type And Stage Of The Previous Cancer And The Time Elapsed Since Diagnosis. Additionally, A Family History Of Certain Cancers Can Also Indicate An Increased Risk Due To Inherited Genetic Mutations That Predispose Individuals To Specific Cancers. However, It's Important To Note That Having A Family History Doesn't Guarantee Developing Cancer, And Many Individuals With Such A History Never Develop The Disease.

Have you ever been a cancer patient?

Yes No

Are you currently on active treatment?

Yes No

Have you had cancer multiple times in the past ?

Yes No

What type of cancer ?

- Breast Cancer
- Lung Cancer
- Prostate Cancer
- Colorectal Cancer
- Stomach Cancer
- Liver Cancer
- Cervical Cancer
- Bladdder Cancer
- Non-Hodgkin Cancer
- Others

Are you in remission and off active treatment for more than 12 months?

Yes No

Are you currently suffering from specific medical conditions that increase the risk of cancer i.e. Diabetes, HIV, HPV, H. Pylori, EBV, HCV, HBV?

Yes No

Have any of your first-degree relatives (parents, siblings, children) been diagnosed with cancer syndromes e.g. FAP, Lynch?

Yes No

What type of cancer ?

- Breast Cancer
- Lung Cancer
- Prostate Cancer
- Colorectal Cancer
- Stomach Cancer
- Liver Cancer
- Cervical Cancer
- Cervical Cancer
- Bladdder Cancer
- Non-Hodgkin Cancer
- Others

Genetic Susceptibility And Cancer Risk Assessment

Certain Genetic Mutations Or Variations In An Individual's DNA Can Increase Cancer Risk. Genetic Testing May Identify Individuals With A Higher Risk For Specific Cancers.

Have you undergone genetic susceptibility testing for cancer, such as the BRCA1/BRCA2 test?

- No, I have not been tested for genetic susceptibility
- Yes, I have been tested for genetic susceptibility to cancer, and the results were negative.
- Yes, I have been tested for genetic susceptibility to cancer, and the results were positive.

Controllable Cancer Risk Exposure

Inherited Cancer Risk Exposure Factors

These Questions Help Build A Comprehensive Picture Of Potential Inherited Cancer Risks. (If The Answers Suggest A Heightened Risk, The Individual Might Be Referred For Further Evaluation, Interventions & Investigations.)

Do you have any following symptoms or warning signs related to cancer would prompt you to seek medical advice? Select any that apply

- Fatigue or extreme tiredness that doesn't get better with rest
- Weight loss or gain of 10 pounds or more for no known reason
- Eating problems such as not feeling hungry, trouble swallowing, belly pain, or nausea and vomiting
- Swelling or lumps anywhere in the body
- Thickening or lump in the breast or other part of the body
- Cough or hoarseness that does not go away
- Unusual bleeding or bruising for no known reason
- Change in bowel habits, such as constipation or diarrhea, that doesn't go away or a change in how your stools look
- Others

Specify your other symptoms ?