

ATBC STUDY
CANCER END-POINT FORM

Name: _____

Social security number: _____

Study ID: _____

1. What type of cancer?
 2. Where has the diagnosis been done? _____
 3. The date of the diagnosis? _____
 4. How did the diagnostic process of the cancer originally start?
 - 1 The patient got in touch with his physician because of symptoms
 - 2 The disease was accidentally found; for example in a routine medical check up
 5. Has the cancer been biopsied or operated?
 - 1 No
 - 2 Yes; where and when?
 6. Is the diagnosis going to be verified by additional tests?
 - 1 No
 - 2 Yes; where and when?
 7. How is the patient going to be treated in the future?
 - 1 decision for treatment has not yet been done
 - 2 operation; where and when? _____
 - 3 radiation therapy; where and when? _____
 - 4 cytotoxic drug therapy; where and when? _____
 - 5 other treatment _____
 8. Is the participant going to stay in the study?
 - 1 No
 - 2 Yes
 9. The ID code of the nurse _____, fill-in date ____ / ____ 19____
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TO BE FILLED IN AT THE STUDY COORDINATING CENTER

Epicrisis or comparable requested: 1 no _____, arrived _____
2 yes _____

Description of the operation requested: 1 no _____, arrived _____
2 yes _____

Copy of the histological diagnosis requested: 1 no _____, arrived _____
2 yes _____

Evaluation of the Study Coordinating Center of the diagnosis of malignancy

1 certain

2 possible

3 no malignancy

code of diagnosis: _____

The final verification of the Finnish Cancer Registry:

1 date of diagnosis _____

2 diagnostic code _____

3 histological classification _____