

## Event Checking Chart

### Cases of Cancer, both AIDS and Non-AIDS Defining Cancers

Name of centre and cohort \_\_\_\_\_  
Patient ID code: \_\_\_\_\_ Gender: ☐ Male ☐ Female  
Year of birth (yyyy): \_\_\_\_\_ Date of first diagnosis (dd/mm/yy): \_\_\_\_\_

#### 1. Diagnosis

Please complete this form if the patient has been diagnosed with a malignant disease  
(excluding pre-cancers, relapses, basal and squamous cell skin cancers)

For the patients' cancer disease, please provide specific type: \_\_\_\_\_  
(e.g. adenocarcinoma, osteosarcoma, leukemia)

Primary location (if known): \_\_\_\_\_ (e.g. lung); unknown ☐

If available, please include the: ICD-10 \_\_\_\_\_, or ICD-9 code \_\_\_\_\_

#### 2. Stage (spread) at diagnosis (Tick one only):

- ☐ Localized (growth within the organ of origin)  
☐ Disseminated (spread to tissue outside the organ of origin, incl to regional lymph nodes)  
☐ Unknown

#### 3. Histology/cytology

Is a pathology report (or summary hereof) available?

- ☐ Yes, full report ☐ Summary of report ☐ No ☐ Unknown  
If 'no' or 'unknown', please complete Question 4

If yes, please include a copy of the full report (And provide a brief summary in English):

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#### 4. If the diagnosis is not confirmed by histology/cytology, is the diagnosis based on (Tick all that apply, 1 at a minimum, and please provide source documentation):

- I. ☐ Radiology or other imaging technique (cancer suggestive findings)  
II. ☐ Biochemical assay (elevated markers of cancerous growth (e.g. prostate specific antigen, alpha-fetoprotein, cancer cell markers)  
III. ☐ Strong suspicion of cancer by clinical inspection (skin metastasis, suspected malignant melanoma, suspected cancerous growth visualized during endoscopy/anoscopy)  
IV. ☐ Other

Of those marked above, please specify: \_\_\_\_\_

#### 5. Has the patient previously received chemo- and/or radiation therapy for a malignant disease? ☐ Yes ☐ No ☐ Unknown

If yes, please tick off the appropriate box: chemotherapy ☐, radiation ☐, year of treatment: \_\_\_\_\_

For fatal cases, please also complete a CoDe form.

Signature: \_\_\_\_\_ the Study Coordinating Office, Date: \_\_\_\_\_ (dd/mm/yyyy)

Monitored at site by: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name Signature dd/mm/yyyy

Please return this form to the DAD study coordinating office incl. copies of other relevant documents from the medical record (made anonymous and labeled with the patients ID-code) by air- or email and provide the cohort coordinating office with a copy of the chart.