

PR-0009-F5

VER. 03.01

Effective Date: 07/16/2014

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BPV Case ID: _____

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 (MM/DD/YYYY)

History of cancer in patient or blood relatives
1. Does the participant have a history of prior malignancy?

Select One:

- ☐ Yes – (Enter details below)
☐ No
☐ Unknown

Enter each previous cancer diagnosis in a separate row. Add any additional diagnoses to the Comments on the last page of this form.

Description of diagnosis:
When diagnosis was received. Date if known, or how long ago.

 Date: ____/____/_____
 (MM/DD/YYYY)

OR

 Time since diagnosis was received: _____
 (in years)

Description of diagnosis:
When diagnosis was received. Date if known, or how long ago.

 Date: ____/____/_____
 (MM/DD/YYYY)

OR

 Time since diagnosis was received: _____
 (in years)

Description of diagnosis:
When diagnosis was received. Date if known, or how long ago.

 Date: ____/____/_____
 (MM/DD/YYYY)

OR

 Time since diagnosis was received: _____
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2. Enter participant's blood relatives who have had a history of cancer in a separate row. Add any additional diagnoses to the Comments on the last page of this form.

- ☐ Aunt Type of cancer: _____
- ☐ Brother Type of cancer: _____
- ☐ Daughter Type of cancer: _____
- ☐ Father Type of cancer: _____
- ☐ Mother Type of cancer: _____
- ☐ Sister Type of cancer: _____
- ☐ Son Type of cancer: _____
- ☐ Uncle Type of cancer: _____
- ☐ Grandmother Type of cancer: _____
- ☐ Grandfather Type of cancer: _____
- ☐ Nephew Type of cancer: _____
- ☐ Niece Type of cancer: _____
- ☐ Other - specify Type of cancer: _____

Specify Other blood relative:

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3. Does the participant have an immunosuppressive issue (HIV, organ transplant, steroid use, etc)?

Select One:

- ☐ Yes – **Check all that apply below**
- ☐ No
- ☐ Unknown

Check all that apply:

- ☐ HIV
- ☐ Organ transplant
- ☐ Chronic systemic steroid use
- ☐ Other - specify

Specify Other immunosuppressive issue:

4. Has the participant received radiation therapy prior to surgery?

Select One:

- ☐ Yes – **Describe radiation therapy below**
- ☐ No
- ☐ Unknown

Describe each radiation therapy the participant received prior to surgery in a separate row. Add any additional radiation treatment to the comments section on the last page of this form.

Description of radiation therapy:

When radiation therapy was received. Date if known, or how long ago.

Date: ____/____/____
 (MM/DD/YYYY)

OR

Time since radiation therapy was received:
 _____ (in years)

Description of radiation therapy:

When radiation therapy was received. Date if known, or how long ago.

Date: ____/____/____
 (MM/DD/YYYY)

OR

Time since radiation therapy was received:
 _____ (in years)

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5. Has the participant received chemotherapy prior to surgery:

Select One:

- ☐ Yes – **Describe chemotherapy below**
- ☐ No
- ☐ Unknown

Describe each chemotherapy treatment the participant received prior to surgery in a separate row.
 Add any additional chemotherapy treatment to the comments section on the last page of this form.

Description of chemotherapy:

When chemotherapy was received. Date if known, or how long ago.

Date: ____/____/____
 (MM/DD/YYYY)

OR

Time since chemotherapy was received:
 _____ (in years)

Description of chemotherapy:

When chemotherapy was received. Date if known, or how long ago.

Date: ____/____/____
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OR

Time since chemotherapy was received:
 _____ (in years)

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6. Has the participant received immunotherapy prior to surgery:

Select One:

- ☐ Yes – **Describe immunotherapy below**
- ☐ No
- ☐ Unknown

Describe each immunotherapy the participant received prior to surgery in a separate row. Add any additional immunotherapy treatment to the comments section on the last page of this form.

Description of immunotherapy:

When immunotherapy was received. Date if known, or how long ago.

Date: ____/____/____
(MM/DD/YYYY)

OR

Time since immunotherapy was received:
_____ (in years)

Description of immunotherapy:

When immunotherapy was received. Date if known, or how long ago.

Date: ____/____/____
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OR

Time since immunotherapy was received:
_____ (in years)

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7. Has the participant received hormonal therapy prior to surgery?

Select One:

- ☐ Yes—**Describe hormonal therapy below**
☐ No
☐ Unknown

Describe each hormonal therapy the participant received prior to surgery in a separate row. Add any additional hormonal therapy treatment to the comments section on the last page of this form.

Description of hormonal therapy:

When hormonal therapy was received. Date if known, or how long ago.

 Date: ____/____/____
(MM/DD/YYYY)

OR

 Time since hormonal therapy was received:
_____ (in years)

Description of hormonal therapy:

When hormonal therapy was received. Date if known, or how long ago.

 Date: ____/____/____
(MM/DD/YYYY)

OR

 Time since chemotherapy was received:
_____ (in years)

Infectious Diseases
8. Has the participant been diagnosed with Hepatitis B?

- ☐ Yes
☐ No
☐ Unknown

9. Has the participant been diagnosed with Hepatitis C?

- ☐ Yes
☐ No
☐ Unknown

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10. Has the participant been diagnosed with HIV?

- ☐ Yes
- ☐ No
- ☐ Unknown

Other – (Specify):
11. Does the participant have a history of repeatedly reactive screening assays for HIV-1 or HIV-2 antibodies regardless of the results of supplemental assays?

- ☐ Yes
- ☐ No
- ☐ Unknown

Alcohol history
12. Alcohol consumption:

Select One:

- ☐ Lifelong non-drinker
- ☐ Alcohol consumption equal to or less than 2 drinks per day for men and 1 drink or less per day for women
- ☐ Alcohol consumption more than 2 drinks per day for men and more than 1 drink per day for women
- ☐ Consumed alcohol in the past, but currently a non-drinker
- ☐ Alcohol consumption history not available

13. Number of years participant has consumed more than 2 drinks per day for men and more than 1 drink per day for women: _____

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Tobacco Smoking History

14. Tobacco smoking history:

Select One:

- ☐ Lifelong non-smoker: Less than 100 cigarettes smoked in lifetime
- ☐ Current smoker: Includes daily and non-daily smokers – **(Enter details below)**
- ☐ Current reformed smoker for more than 15 years – **(Enter details below)**
- ☐ Current reformed smoker for less than 15 years – **(Enter details below)**
- ☐ Smoking history not available

Tobacco smoking details

(Complete if participant is a current or current reformed smoker)

Enter age at which the participant started smoking: _____

Enter age at which the participant stopped smoking: _____

On the days that the participant smoked, how many cigarettes did she/he usually smoke?

Number of pack years smoked. Pack years represent the lifetime tobacco exposure defined as number of cigarettes smoked per day, times the number of years smoked divided by 20:

15. Was the participant exposed to second-hand smoke?

Select One:

- ☐ No or minimal exposure to secondhand smoke
- ☐ Yes **(Select exposure if known)**
 - ☐ Exposure to secondhand smoke in household during participant's childhood
 - ☐ Exposure to secondhand smoke in participant's current household
- ☐ Exposure to secondhand smoke history not available

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Clinical tumor stage group (AJCC 7th edition)
16. Clinical tumor stage group (AJCC 7th edition)

Select One:

- ☐ Stage I
- ☐ Stage II
- ☐ Stage III
- ☐ Stage IV
- ☐ Not Available

Record Karnofsky Score or Eastern Cancer Oncology Group (ECOG) Score
17. Performance status scale recorded:

Select One:

- ☐ Karnofsky Score (**complete Karnofsky score section below**)
- ☐ Eastern Cancer Oncology Group (**complete ECOG Score section below**)
- ☐ Not Recorded

Karnofsky score

Select One:

- ☐ 100: asymptomatic
- ☐ 80-90: symptomatic but fully ambulatory
- ☐ 60-70: symptomatic but in bed less than 50% of the day
- ☐ 40-50: symptomatic, in bed more than 50% of the day, but not bed ridden
- ☐ 20-30: bed ridden

Eastern Cancer Oncology Group (ECOG) score

Select One:

- ☐ 0: asymptomatic
- ☐ 1: symptomatic but fully ambulatory
- ☐ 2: symptomatic but in bed less than 50% of the day
- ☐ 3: symptomatic, in bed more than 50% of the day, but not bed ridden
- ☐ 4: bed ridden

18. Timing of score:

Select One:

- ☐ Preoperative
- ☐ Pre-adjuvant therapy
- ☐ Post adjuvant therapy
- ☐ Unknown
- ☐ Other (specify)

Specify other timing of score:

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19. Comments: