

MELANOMA DATA CAPTURE SHEET

Report date: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Drs Surname:	Drs Initials:	Drs e-mail: @ Drs Tel: (0)
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PATIENT DEMOGRAPHICS

Surname:	Initials:	ID Number:	Date of Diagnosis: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Telephone Number:
Date of Birth <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Birthplace <input type="text" value="SA"/> <input type="text" value="Other"/>	Resident <input type="text" value="SA"/> <input type="text" value="Other"/>	Gender <input type="text" value="Male"/> <input type="text" value="Female"/>	Race <input type="text" value="Asian"/> <input type="text" value="Black"/> <input type="text" value="Coloured"/> <input type="text" value="Indian"/> <input type="text" value="White"/>

PATIENT RISK FACTORS

Skin Type <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/>	Eye Colour <input type="text" value="Blue"/> <input type="text" value="Green"/> <input type="text" value="Other"/>	Hair Colour <input type="text" value="Red"/> <input type="text" value="Blonde"/> <input type="text" value="Other"/>	Many Normal Moles <input type="text" value="No"/> <input type="text" value="Yes"/>	Atypical Mole Syndrome <input type="text" value="No"/> <input type="text" value="Yes"/>
Xeroderma Pigmentosum <input type="text" value="No"/> <input type="text" value="Yes"/>	Recreational Activities as: Child: <input type="text" value="cricket"/> <input type="text" value="hiking"/> <input type="text" value="tennis"/> <input type="text" value="watersports"/> <input type="text" value="other"/> Adult: <input type="text" value="cricket"/> <input type="text" value="hiking"/> <input type="text" value="tennis"/> <input type="text" value="watersports"/> <input type="text" value="other"/>		Sun Binges Childhood: <input type="text" value="never"/> <input type="text" value="rare"/> <input type="text" value="often"/> <input type="text" value="occasional"/> Adulthood: <input type="text" value="never"/> <input type="text" value="rare"/> <input type="text" value="often"/> <input type="text" value="occasional"/>	
Is patient aware of dangers of the sun? <input type="text" value="No"/> <input type="text" value="Yes"/>	Was patient aware as a child? <input type="text" value="No"/> <input type="text" value="Yes"/>	Does Patient use sunscreen? Now: <input type="text" value="No"/> <input type="text" value="Yes"/> If Yes factor: <input type="text" value="15"/> <input type="text" value="30"/> <input type="text" value=">30"/> As a child: <input type="text" value="No"/> <input type="text" value="Yes"/> If Yes factor: <input type="text" value="15"/> <input type="text" value="30"/> <input type="text" value=">30"/>		

PATIENTS CLINICAL PROFILE

Change in pre-existing nevus: <input type="text" value="absent"/> <input type="text" value="present"/>	Recurrence of MM <input type="text" value="No"/> <input type="text" value="Yes"/>	Past History of MM <input type="text" value="No"/> <input type="text" value="Yes"/>	Family History MM <input type="text" value="No"/> <input type="text" value="Yes"/> <input type="text" value="unknown"/>
Pregnancy <input type="text" value="No"/> <input type="text" value="Yes"/>	Hormone replacement <input type="text" value="No"/> <input type="text" value="Yes"/>	Other tumours <input type="text" value="No"/> <input type="text" value="Yes"/>	Evidence of MM metastases <input type="text" value="No"/> <input type="text" value="Yes"/> Specify:
Other relevant clinical information			

DESCRIPTION OF LESION

Asymmetry <input type="text" value="No"/> <input type="text" value="Yes"/>	Irregular Border <input type="text" value="No"/> <input type="text" value="Yes"/>	Colour variation <input type="text" value="No"/> <input type="text" value="Yes"/>	Elevation <input type="text" value="No"/> <input type="text" value="Yes"/>	Intransit Metastases <input type="text" value="No"/> <input type="text" value="Yes"/>
Ulceration <input type="text" value="No"/> <input type="text" value="Yes"/>	Satellite Nodules <input type="text" value="No"/> <input type="text" value="Yes"/>	Size (dimensions) in mm <input type="text" value=""/> X <input type="text" value=""/>		

MELANOMA CLINICAL TYPES

Superficial Spreading <input type="text" value="No"/> <input type="text" value="Yes"/>	Lentigo-Maligna <input type="text" value="No"/> <input type="text" value="Yes"/>	Nodular <input type="text" value="No"/> <input type="text" value="Yes"/>	Amelanotic <input type="text" value="No"/> <input type="text" value="Yes"/>	Acral-Lentiginous <input type="text" value="No"/> <input type="text" value="Yes"/>
Subungual <input type="text" value="No"/> <input type="text" value="Yes"/>	Mucosal <input type="text" value="No"/> <input type="text" value="Yes"/>	Disseminated <input type="text" value="No"/> <input type="text" value="Yes"/>	Other:	

SURGICAL NOTES: DIAGNOSTIC PROCEDURES

Fine needle aspiration <input type="text" value="No"/> <input type="text" value="Yes"/>	Total excision biopsy <input type="text" value="No"/> <input type="text" value="Yes"/>	Punch biopsy <input type="text" value="No"/> <input type="text" value="Yes"/>	Lymph node biopsy <input type="text" value="No"/> <input type="text" value="Yes"/>	Incision biopsy <input type="text" value="No"/> <input type="text" value="Yes"/>
Lymph node mapping <input type="text" value="No"/> <input type="text" value="Yes"/>	Dermatoscopy <input type="text" value="No"/> <input type="text" value="Yes"/>	Molemax <input type="text" value="No"/> <input type="text" value="Yes"/>	Other Diagnostic: Procedures: <input type="text" value=""/> Staging: <input type="text" value=""/>	

SURGICAL NOTES: DEFINITIVE PROCEDURES

Wide Local Excision <input type="text" value="No"/> <input type="text" value="Yes"/>	Amputation <input type="text" value="No"/> <input type="text" value="Yes"/>	Graft: <input type="text" value="No"/> <input type="text" value="Yes"/> if Yes: <input type="text" value="full thickness"/> <input type="text" value="split thickness"/>	Flap <input type="text" value="No"/> <input type="text" value="Yes"/> <input type="text" value="local"/> <input type="text" value="distant"/> <input type="text" value="free"/>
Sentinel Node Biopsy <input type="text" value="No"/> <input type="text" value="Yes"/>	Therapeutic Node Dissection <input type="text" value="No"/> <input type="text" value="Yes"/>	Tumour Debulking <input type="text" value="NA"/> <input type="text" value="No"/> <input type="text" value="Yes"/>	No Surgery <input type="text" value="NA"/> <input type="text" value="No"/> <input type="text" value="Yes"/>
Surgical Margins <input type="text" value=""/> mm			

THERAPY

Surgery <input type="text" value="NA"/> <input type="text" value="No"/> <input type="text" value="Yes"/>	Chemotherapy <input type="text" value="NA"/> <input type="text" value="No"/> <input type="text" value="Yes"/>	Radiotherapy <input type="text" value="NA"/> <input type="text" value="No"/> <input type="text" value="Yes"/>	Immunotherapy <input type="text" value="NA"/> <input type="text" value="No"/> <input type="text" value="Yes"/>	Adjunct <input type="text" value="NA"/> <input type="text" value="No"/> <input type="text" value="Yes"/>	Metastases <input type="text" value="NA"/> <input type="text" value="No"/> <input type="text" value="Yes"/>
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OTHER THERAPIES

GENERAL COMMENTS IF APPLICABLE

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