

OUTCOMES CANCER REVIEW FORM

First Name _____ Surname _____ Volunteer Ref No. _____

Cancer	Yes / No
Primary cancer site:	
<input type="checkbox"/>	Ovarian or Fallopian tube (C56/C57.0)
<input type="checkbox"/>	Primary Peritoneal (C48)
<input type="checkbox"/>	Malignant neoplasm, primary site unknown (C80)
<input type="checkbox"/>	Malignant neoplasm, primary site unknown BUT NOT OV/FT (C80 but NOT OV/FT/PP)
<input type="checkbox"/>	Breast
<input type="checkbox"/>	Endometrium
<input type="checkbox"/>	Other genital tract
<input type="checkbox"/>	Other cancer– specified

Reviewed documentation:

- Death Certificate
- ONS Cancer Registration
- CA125 report
- Histology Report
- Cytology Report
- Histology review
- Surgery Notes
- MDT Meeting Summary
- Hospital Letter/Notes
- Discharge Summary
- Imaging Report
- Hospital Episode Statistics (HES)
- Other _____

Histology of the ovary/fallopian tube:

- Primary invasive epithelial malignant neoplasm
- Primary borderline epithelial malignant neoplasm
- Primary non-epithelial malignant neoplasm
- Secondary malignant neoplasm
- Benign neoplasm
- Neoplasm of uncertain or unknown behaviour
- Normal adnexa
- Other (please describe in notes)
- No adnexal histology

- Second adnexal pathology present (details in notes)

Disease code (ICD 10) relating to primary cancer site:

Stage _____

Grade _____

Topography _____

Morphology _____

Additional morphology _____

Is this a type II cancer? Yes No Uncertain

Notes:

Synchronous/ Metachronous neoplasm (please circle)

Cancer site _____

Morphology _____

Stage _____

Grade _____

Unable to 'sign off':

- More information required
- Outcomes Committee Discussion
- Path Review

Signature : _____

Date: _____ / _____ / _____