PhenX Toolkit

Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

1. Have you ever had cancer?

[ ] Yes

[ ] No

If so, please complete the following chart:

** Please include any diagnosis of Breast DCIS here, and specify Breast Cancer or DCIS.

Cancer Site/Type:	**Example:** Breast Cancer	**Your Cancer:**
Laterality (Left/Right/Not Applicable)	Left	
Date of Diagnosis	12/2000	
Age of Diagnosis	47	
Did you have **Surgery** for this Cancer?	[X] Yes [_] No [_] Not Sure	[_] Yes [_] No [_] Not Sure
If yes: Name of Procedure	Radical mastectomy (left)	
Surgery Date	1/5/2001	

Treatment Hospital	Jefferson, Philadelphia, PA	
Did you receive **Chemotherapy** for this Cancer?	[X] Yes [_] No [_] Not Sure	[_] Yes [_] No [_] Not Sure
If yes: Type of Chemo* (Please choose from chemo drug list below)	Adriamycin® & Cytoxan®	
Date Chemo completed	2/2001	
Treatment Hospital	Jefferson, Philadelphia, PA	
Did you receive **Radiation** for this Cancer?	[X] Yes [_] No [_] Not Sure	[_] Yes [_] No [_] Not Sure
Date Radiation completed	3/2001	
Treatment Hospital	HUP	
Did you receive **Hormonal Therapy** for this Cancer?	[X] Yes [_] No [_] Not Sure	[_] Yes [_] No [_] Not Sure
If yes: Name of Hormone Therapy (ex. Tamoxifen, Aromasin®, Femara®)	Tamoxifen	
Treatment Hospital	HUP	
Date Hormonal Therapy started	4/2001	

Did you receive any **other** type(s) of therapy?	[_] Yes [X] No [_] Not Sure	[_] Yes [_] No [_] Not Sure
If yes: Please specify.		
Date Other Therapy started		
Treatment Hospital		
Have you had a **Recurrence** with this Cancer?	[X] Yes [_] No [_] Not Sure	[_] Yes [_] No [_] Not Sure
If yes: Date of Recurrence?	9/2002	
Where did this cancer recur? (ex. lung, breast, liver)	Lung	
Treatment Hospital	HUP	

If you have been diagnosed with more than one cancer, please complete the following chart:

Cancer Site/Type:	**Example:** Second Cancer: Breast Cancer	**Your Second Cancer:**
Laterality (Left/Right/Not Applicable)	Right	
Date of Diagnosis	5/2003	
Age of Diagnosis	50	

Did you have **Surgery** for this Cancer?	[X] Yes [_] No [_] Not Sure	[_] Yes [_] No [_] Not Sure
If yes: Name of Procedure	Radical mastectomy (right)	
Surgery Date	6/1/2003	
Treatment Hospital	Jefferson, Philadelphia, PA	
Did you receive **Chemotherapy** for this Cancer?	[X] Yes [_] No [_] Not Sure	[_] Yes [_] No [_] Not Sure
If yes: Type of Chemo* (Please choose from list below)	Adriamycin® & Cytoxan®	
Date Chemo started	7/2003	
Treatment Hospital	Jefferson, Philadelphia, PA	
Did you receive **Radiation** for this Cancer?	[_] Yes [X] No [_] Not Sure	[_] Yes [_] No [_] Not Sure
Date Radiation started		
Treatment Hospital		
Did you receive **Hormonal Therapy** for this Cancer?	[X] Yes [_] No [_] Not Sure	[_] Yes [_] No [_] Not Sure
If yes: Name of Hormone Therapy (ex. Tamoxifen, Aromasin®,	Tamoxifen	

Femara®)		
Treatment Hospital	HUP	
Date Hormonal Therapy started	8/2003	
Did you receive any **other** type(s) of therapy?	[_] Yes [X] No [_] Not Sure	[_] Yes [_] No [_] Not Sure
If yes: Please specify.		
Date Other Therapy started		
Treatment Hospital		
Have you had a **Recurrence** with this Cancer?	[X] Yes [_] No [_] Not Sure	[_] Yes [_] No [_] Not Sure
If yes: Date of Recurrence?	10/2004	
Where did this cancer recur? (ex. lung, breast, liver)	Chest Wall	
Treatment Hospital	HUP	

***Chemo Drug List Examples**

Adriamycin®
Paclitaxel Taxotere®
Cytoxan®
Xeloda®
Other

Leucovorin®

Fluorouracil®
Methotrexate Taxol®
Herceptin®
Avastin®

Protocol source: https://www.phenxtoolkit.org/protocols/view/71101