Tumour questionnaire − Physician

Full name of applicant:

Application number:

In order to make an equitable underwriting assessment it is necessary, for many tumours, to have detailed information as requested below. You may find it more convenient to send copies of the tumour pathology reports and the results of follow-up reviews and investigations.

1. What was the diagnosis of the tumour or cancer suffered by your patient?

2. When was this diagnosis made?

3. What was the site or organ involved?

4. What was the histological type?

5. What was the grade of the tumour?

6. (i) Please provide details of the staging of the tumour:
    a) Was it *in situ*, i.e. no stromal invasion?   Yes ☐   No ☐
    b) Was it completely localised to the tissue or organ of origin?   Yes ☐   No ☐
    c) Was there invasion of adjacent tissues.   Yes ☐   No ☐
    If YES, please state which.

    d) Was there involvement of regional lymph nodes?   Yes ☐   No ☐
    If YES, please state site(s) and number of nodes involved.

    e) Were there distant metastases?   Yes ☐   No ☐
    If YES, please state where.

 (ii) Please also indicate the size of the primary tumour:

 (iii) Please provide the staging by the TNM or specific tumour classification, e.g. Ann Arbour:

7. Please give details of the type(s) of treatment:
    a) Surgery.   Yes ☐   No ☐

    If YES; was the tumour completely excised?   Yes ☐   No ☐

    Please give date and details of operation.

    b) Irradiation   Yes ☐   No ☐

    Please give dates and details of fields treated.

    c) Chemotherapy   Yes ☐   No ☐

    Please give dates and details of drugs used.

    d) Endocrine therapy.   Yes ☐   No ☐

    Please give dates and details of agents used.

8. Has there been any recurrence or relapse? If so, please give details of:
    a) Date(s)

    b) Site(s)

    c) Treatment

9. Please provide the name and address of the consultant/hospital your patient attends for follow-up, and the date of the last attendance.

10. Please give details of any relevant bloods tests or other investigations which may help to indicate prognosis, e.g. PSA levels post prostate cancer.

11. Is the patient clinically disease-free of the tumour?

Signature

Date

Please print name and add clinic stamp