



THE UNIVERSITY
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Follow-up form Cancer patients

ABDOMINAL SYMPTOMS AND CANCER IN GENERAL PRACTICE

Dear GP-colleagues and participants!

We have now arrived at the follow-up of the prospective study "Abdominal symptoms and cancer in general practice". Eight months ago you registered all your patient consultations during a 10-day period. We are very grateful for your participation. We are now at the stage of collecting follow up data on these consultations. Please complete and return this brief questionnaire. If the GP who collected the initial data is absent, we ask a colleague in the same practice to complete this form.

The dates you collected data on your patients are listed below. We ask you to check your electronic medical record for all of these patients. **Please look for any cancer diagnosis made after the consultation you had eight months ago, and report both new and recurrent forms of cancer.** For all patients we ask you to examine all available data to identify relevant patients. Please report all types of cancer.

If you DO NOT find any patients with a cancer diagnosis over the last eight months, we ask you to complete questions 1 - 11 in this questionnaire and return it in the pre-addressed envelope.

It's likely you will find 1-2 new cases of cancer, new or recurrent. Exceptionally, 3-4 cases will be found. For the patients with cancer we ask you to complete one questionnaire for each patient with a cancer diagnosis.

We would now like you to kindly take the time to go through your patients at registration dates:

- | | | | |
|----------|----------|----------|-----------|
| 1. _____ | 4. _____ | 7. _____ | 10. _____ |
| 2. _____ | 5. _____ | 8. _____ | |
| 3. _____ | 6. _____ | 9. _____ | |

PS! Our budget allows us to pay €50 upon receipt of the completed questionnaire(s), and we ask you to return the enclosed bill with the questionnaire(s)

Kind regards,

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HOW MANY CANCER PATIENTS DID YOU FIND?

1. Date (ddmmyy)
2. GP number
3. I have reviewed all medical records for all patients registered during the initial ten day period: **YES** *Please mark with X*
4. Number of patients diagnosed with a new cancer between your initial registration period and now: _____ (number)
5. Number of patients diagnosed with recurrence of a previously treated cancer between your initial registration period and now: _____ (number)

If you found any cancers, new or recurrent, please fill in one patient form for each cancer patient.

Please include all types of cancer, not only abdominal cancers.

Exception: You do NOT need to report patients with Basal cell carcinoma of the skin (=rodent ulcer), or CIN (cervical intraepithelial neoplasia, where CIN3=cervical carcinoma in situ)

INFORMATION ABOUT THE GP

6. Sex of the GP.

M	F
 7. Age of the GP in years

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 8. Who performed the initial data collection ('Time zero' data)?

Only one x	
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I did

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Another GP in my practice did that

--
 9. I accept to be contacted by a researcher if additional information is required.

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 10. I would like to have a scanned certificate of participation.

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 11. I would like to have electronic copies of published articles.

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- If yes to 9, 10 or 11, please write your mail address and telephone number here:
- E-mail: _____
- Phone: _____

THANK YOU VERY MUCH FOR YOUR COOPERATION

PATIENT FORM

1. Date of birth of the patient (*ddmmyy*):

2. Sex of the patient: *M* *F*

3. Year of first contact - for any reason - that you had with the patient (*yyy*):

4. Date, month and year for confirmed cancer diagnosis (*ddmmyy*).
If you don't have exact date, write month & year like this: (*xmmyy*).
Histological date is best, imaging second best, clinical confirmation third.

A. WHAT KIND OF CANCER?

5. Current cancer type:

Only one x

New cancer:

New recurrence of cancer:

6. Current form of cancer; clinical diagnosis (including location if not evident):

7. Stage at diagnosis, from hospital report.

Only one x

Localised

Locally advanced or regional spread

Distant metastatic spread

Do not know

If there is a more precise staging, please write it here:

8. Histological diagnosis - please be as precise as possible.

9. Were there any metastases in the abdomen?

Only one x

Yes

No

Do not know

10. If the hospital report states an ICD-diagnosis:

Please write the main ICD-code: **C**

11. Diagnosis if any previously diagnosed cancer in this patient:

B. DIAGNOSTIC PROCESS

12. How was this cancer found?

Through symptomatic presentation: *Only one x*

-in primary care, with ordinary referral?

-in primary care, with 'fast track' referral?

-in primary care, with urgent referral?

-in secondary care without referral from GP?

Through non-symptomatic presentation:

-through screening?

-incidentally through investigation for other disease?

Do not know

13. Was it you, who initiated cancer related diagnostics in this patient?

Only one x

Yes

No, another GP initiated

No, a hospital doctor initiated

Do not know

14. You (or a GP colleague) recorded a consultation with this patient approximately 8 months ago. Was this the time when the diagnostic process was initiated?

Only one x

Yes

No

Do not know

15. Write in short form what primarily made you (or another physician) suspect cancer in this particular patient.

16. Concerning *clinical examinations* performed by you (or another GP) before diagnosis, please mark if one or more of the following contributed significantly toward diagnosis:

- Abdominal examination
- Digital rectal examination
- Gynecological examination *Mark with one or more x*
- Proctoscopy or sigmoidoscopy
- Other examination
- No diagnostic contribution from clinical examination

What did you find, if any positive *clinical findings*?

17. Concerning *laboratory tests* ordered by you (or another GP) before diagnosis, please mark if one or more of the following contributed significantly toward diagnosis:

- Haemoglobin concentration (Hgb)
- Erythrocyte Sedimentation rate (ESR)
- C-Reactive Protein (CRP)
- Test for occult blood in stool (OBS) *Mark with one or more x*
- Cervical cytology (Pap smear)
- Prostate Specific Antigen (PSA)
- Urinary examination
- Other
- No diagnostic contribution from laboratory tests

What did you find, if any positive *test results*?

18. Did any of the following *diagnostic procedures* contribute to the diagnosis?

- X-ray
- Ultrasound
- Computer tomography (CT)
- Magnetic resonance (MRI)
- Upper GI Endoscopy *Mark with one or more x*
- Colonoscopy
- Cystoscopy
- Other
- None of the above

What was found, if any positive *findings* from any of the above?

C. OTHER IMPORTANT INFORMATION

19. At the time of the recorded consultation, did the patient have any symptomatic co-morbid conditions?

- Only one x*
- Yes
- No

If yes, can you please specify:

20. The intention of the cancer treatment just after the current diagnosis:

- Only one x*
- Curative
 - Palliative
 - Do not know

21. Present state of the patient?

- Only one x*
- feeling well, no symptoms
 - stable disease
 - progressive disease
 - in the terminal phase
 - dead

22. Your comments:
