

Data Collection Form

Prevalence of Human Papilloma Virus in Head and Neck squamous cell carcinoma

Version 1.0

Site of Collection/Institution: _____

Subject #: Subject Initials: Date: --
F M L Month Day Year

DEMOGRAPHICS:

Gender: Male Female Subject Height: In or Cm
Date of Birth: -- Subject Weight: Lb or Kg
Month Day Year

Address and Contact details
Status Rural Urban Marital status Single Married
Occupation
Education Level
Religion
Average Income

RISK FACTORS:

TOBACCO:

Never	Quit	Current			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Cigarettes:	<input type="text"/> times/day	<input type="text"/> # Years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Pipe / Cigars:	<input type="text"/> times/day	<input type="text"/> # Years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Smokeless:	<input type="text"/> times/day	<input type="text"/> # Years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Gutka	<input type="text"/> times/day	<input type="text"/> # Years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Betelnut	<input type="text"/> times/day	<input type="text"/> # Years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Pan (w tobacco)	<input type="text"/> times/day	<input type="text"/> # Years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Pan (wo Tobacco)	<input type="text"/> times/day	<input type="text"/> # Years

Notes: _____

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ALCOHOL:

Never Quit Current

1. Liquor: drinks/day # Years

2. Beer / Wine: drinks/day # Years

NSAID USE:

Average NSAID use in the previous 12 months: # tablets per Month Week Day
Brand/Dose _____

NSAID use in the last week: # tablets per Month Week Day
Brand/Dose _____

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F M L Month Day Year

TUMOR CHARACTERISTICS:

DATE OF DIAGNOSIS : -- **ICD CODE**
Month Day Year

SITE:

Oral Cavity Pharynx Larynx
 Nasopharynx
 Paranasal sinuses Oropharynx Supraglottis
 Maxillary sinus Hypopharynx Glottis
 Nasal cavity/ethmoid Subglottis
 Unknown

PRESENTATION:

Primary Recurrent

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STAGE: I II III IV

Tumor: size: _____ cm

T: N: M:

Nodes: Ipsilateral Contralateral

Level _____ (size): _____ () cm

Clinical

Level _____ (size): _____ () cm

Pathologic

Level _____ (size): _____ () cm

Metastasis: location (size): _____ () cm

location (size): _____ () cm

TREATMENT(S): Please check all that apply.

PREVIOUS TREATMENT

INTENT: Curative Palliative

Surgery Chemotherapy Radiation Combination

Notes _____

CURRENT TREATMENT

INTENT: Curative Palliative

No Yes

Surgery: Alone
 Adjuvant RT
 Adjuvant Chemo RT
 Neo Adjuvant Chemotherapy
 Salvage
 Neck Dissection

Date: -- Procedure: _____
Month Year

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No **Yes**

Radiation: Alone Adjuvant

TYPE EBRT Brachytherapy

Dose: , cGy Fractionation: : _____

Date Started -
Month Year

Date Completed -
Month Year

No **Yes**

Treatment Breaks

No **Yes**

Tobacco Use During treatment

No **Yes**

Chemoradiation: Alone Adjuvant

Drug(s): _____ # Cycles: Date Completed: -
Month Year

Drug(s): _____ # Cycles: Date Completed: -
Month Year

Drug(s): _____ # Cycles: Date Completed: -
Month Year

No **Yes**

Treatment Breaks

No **Yes**

Tobacco Use During treatment

No **Yes**

Chemotherapy:

Drug(s): _____ # Cycles: Date Completed: -
Month Year

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Drug(s): _____ # Cycles: Date Completed: -
Month Year

Drug(s): _____ # Cycles: Date Completed: -

SUMMARY OF THE TREATMENT

Type of treatment Radical Palliative

Recommended treatment Surgery Chemotherapy Radiation

Treatment Received Surgery Chemotherapy Radiation

Treatment Completed or not Completed Not completed

Date of completion of all treatment --

FOLLOW UP STATUS

SALVAGE TREATMENT

- Surgery
- Chemotherapy
- Radiotherapy
- Date of completion
- Response

STATUS AT LAST FOLLOW UP

Follow up date --

- Status
- Alive with no evidence of disease
 - Alive with evidence of disease
 - Dead due to disease
 - Dead due to other cause with evidence of disease
 - Dead due to other cause with no evidence of disease
 - Dead due to other cause and evidence of disease unknown
 - Dead cause not known
 - Unknown

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If dead; Cause and Date _____

HPV Data Sheet

Subject #: Subject Initials: Date: --

HPV status

Genotyping Positive Negative

TYPE

p16 IHC Positive Negative

% Positive Cells Grade

Intensity Mild Moderate Intense

FOLLOW UP STATUS

Follow Up Date -- Follow up Time (in months)

Recurrence

Yes No

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Locoregional Nodal

Distant metastasis Site _____

Second Primary Site _____

Survival

DFS (In months)

OS (in months)