Personal and Cancer Details

Postcode It is essential that postcode is recorded in full. Postcodes are available from www.royalmail.com. The postcode will be used to obtain an Index of Multiple Deprivation for each woman.

Index of Multiple Deprivation

The index can be obtained by typing the Postcode into the appropriate space in the Access database, the database will automatically return the corresponding Index. This index is calculated by the Office of the Deputy Prime Minister, it is based on geographical areas (Super Output Areas) each of which includes approximately 1,500 residents. The index is ranked and the percentile is recorded.

Study ID Study ID is 14 characters long and is assigned automatically by AJ-CRUK (Exeter) at the same time that the controls are assigned to the case.

It has the following format TES/QT2/CCYY/NNNX, where

- TES = HA cipher
- QT2 = Q code of Case/Control as at the date of diagnosis
- CCYY = the year of the case's diagnosis
- NNN = a sequence number for the Qcode and year of diagnosis
- X = the Case/Control type identifier. If:
    - X = 1 – indicates a Case
    - X = 2 – indicates a GP Control
    - X = 3 – indicates a District Control
    - X = 4 – an Adjusted Screened Control
    - X = 5 – an Abnormal Control
    - X = 6 – an Unadjusted Screened Control.

Dates All dates are of the form DD MM YYYY (eg. May 7, 1992 becomes 07 05 1992)
If only the year is available then leave the day and month blank.
(Most of the dates can be obtained from Open Exeter or AJ-CRUK)

Stage The FIGO staging should be used. 1A, 1A1, 1A2, 1B, 1B1, 1B2, 2, 2A, 2B, 3A, 3B, 4A, 4B. Convert Roman numerals to Arabic numerals. E.g. IIIb becomes 3B. Micro-invasive (1A) should be recorded by the laboratory.
NOTE: valid stage codes for AJ-CRUK are: 1A, IN,1B, 2, 2A, 2B, 3A, 3B, 4A, 4B, X. "X" should be used for unknown stage and "IN" if the tumour is known to be worse than micro-invasive, but the stage is not available (this can also be labeled as "1B+")

Histology (this coding must be used in order to run Exeter AJ-CRUK and should only be used in reference to this output)

S. Squamous
A. Adeno
B. Adeno-squamous
U.Undifferentiated
O. Other
X Unknown

CYTOLOGY HISTORY

No Cytology

1. Not on Exeter System
2. Invited but did not attend
3. Not yet called
4. Ceased
5. Unclear

Ceased

1. Age
2. Absence of cervix
3. Informed Choice
4. Other/ unknown

Result

Where there is a conflict between the result recorded on Exeter and the one in the laboratory records, use the latter. Leave blank if the sample was only used for HPV DNA testing.
Use standard codes:

1. Inadequate
2. Negative
3. Mild dyskaryosis
4. Severe dyskaryosis
5. ?invasive cancer
6. ? glandular neoplasia
7. Moderate dyskaryosis
8. Borderline dyskaryosis

Action Code

A. Routine screening/ Call/ Recall
H. Result recorded but no change in current action code
R. Early recall at interval specified by lab
S. Suspend recall pending referral

Cytology Source (this field is not provided by AJ-CRUK)

1. GP
2. Private
3. NHS Community Clinic
4. NHS Hospital (including colposcopy clinics)
5. GUM Clinic

COLPOSCOPY HISTORY

Please give details of all known relevant colposcopy appointments prior to diagnosis date.

Satisfactory Examination

Defined as able to see the squamocolumnar junction

1. Yes
2. No
3. Not Recorded
4. DNA (did not attend)

Colposcopist

1. Consultant
2. Non-Consultant (Registrar/SHO)
3. Nurse
4. Trainee

Colposcopic Impression

1. Normal
2. HPV Only
3. Low Grade
4. High Grade
5. Invasive cancer
6. Not recorded

Colposcopic/Surgical Procedure

0. None
1. Punch Biopsy
2. LLETZ (loop)
3. Laser excision/Cone
4. Knife Cone
5. Laser Ablation
6. Cold Coagulation
7. Cryotherapy
8. Not Recorded

Pregnant

Leave blank if the woman is NOT pregnant. Write "NK" if NOT KNOWN.

Follow-up

Leave blank if unknown. Write 99 if patient was discharged

Pathological Diagnosis Codes

0. Normal (include cervicitis, infection)
X Inadequate Biopsy
1. HPV Changes only
2. CIN - not otherwise specified
- 2.1 CIN 1
- 2.2 CIN 2
- 2.3 CIN 3

3. CGIN- not otherwise specified
- 3.1 Low grade CGIN (include early invasive & glandular dysplasia)
- 3.2 High grade CGIN
- 3.5 SMILE (Stratified Mucin-producing Intraepithelial Lesions)

4. Invasive Squamous Carcinoma- not otherwise specified
- 4.1 Keratinizing
- 4.2 Non-Keratinizing
- 4.3 Basaloid
- 4.4 Verrucous
- 4.5 Warty
- 4.6 Papillary
- 4.7 Lymphoepithelioma-like

5. Adenocarcinoma of Cervix – not otherwise specified
- 5.1 Mucinous (5.11 Endocervical, 5.12 Intestinal, 5.13 Signet-ring cell, 5.14 Minimal deviation, 5.15 Villoglandular)
- 5.2 Endometriod
- 5.3 Clear cell
- 5.4 Serous
- 5.5 Mesonephric

6. Adenosquamous Carcinoma - not otherwise specified
- 6.1 Glassy cell carcinoma variant

7. All other Cervical Malignancy (please specify)
8. Benign squamous cell lesions (include condyloma, papilloma, polyp)
- 8.1 Benign glandular lesions (include mullerian, polyp)
- 8.2 Non-cervical Atypia

9. Non-cervical Malignancy (include secondary tumours)

HISTOLOGY HISTORY AND REVIEW

Type of Specimen

1. Punch Biopsy
2. Polyp
3. LLETZ (loop)
4. Laser excision/cone
5. Knife Cone
6. Trachelectomy
7. Hysterectomy
8. Other complete cervical excisions

Pathological Diagnosis Codes

(see under Colposcopy History)

Details

Site for non-cervical cancer or type of other cervical cancer.
Any extra information not covered by the Pathological Diagnosis codes.

FIGO Stage

(if you are carrying out HISTOLOGY REVIEW please use 1B+ for non micro-invasive cancers where clinical staging is necessary)

1A	1B	2	3	4
1A1	1B1	2A	3A	4A
1A2	1B2	2B	3B	4B

Difficulties in Interpretation

This is an open field. Some examples of possible difficulties encountered are:
Diathermy Artefact, Epithelial Stripping or Fragmented

CYTOLOGY REVIEW

Test Type

1. Routine Screening
2. Repeat (following abnormal)
3. Surveillance (following colp)
4. Symptomatic
5. Colposcopy
6. Other

Cytology Type

(This field should be filled in by the first reviewer)

1. Conventional
2. LBC (SurePath)
3. LBC (ThinPrep)
4. LBC (other)

Type of Reviewer

1. Screener
2. Checker
3. Advanced Practitioner
4. Consultant

Factors that contribute to Potential False Negatives

1. Small Cell Dyskaryosis
2. Pale Cell Dyskaryosis
3. Microbiopsies
4. Small Keratinized Cell
5. Sparse Dyskaryosis (<200 abnormal cells)
6. Other (specify)

Factors that contribute to Potential False Positives

A. Normal Endometrial Cells
B. Endometriosis/tubo-endo metaplasia
C. Lower uterine segment (LUS) Endometrial Sampling
D. Histiocytes
E. Follicular Lymphocytic cervicitis
F. IUCD Effect
G. Other (Specify)

GP NOTES

Sent From/To

1. GP
2. Patient
3. Cytology laboratory
4. Histology laboratory
5. Gynaecologist
6. PCT
7. Private Doctor
8. Other (specify)

Action/Contents

1. Referral
2. Discharge
3. Invitation
4. Complaint
5. Opted for private care
6. Postpone
7. Opted out of recall
8. Other (please specify)

Reasons for Special Period

1. Pregnant
2. Abroad
3. Hospitalized
4. Hysterectomy
5. Other (please specify)

HPV DNA

This section applies only to women who have had an HPV test the result of which might have impacted on the clinical management. If HPV testing becomes routine this information will be recorded in section B.

Essential Fields

Study ID required for all sections

SECTION A & A1
Personal and Cancer Details

NHS Number
Date of Birth
Date of Diagnosis
Stage of Tumour (FIGO)
Histology

SECTION B
Cytology

No cytology found
Date test was taken
Result of Test

SECTION C
Colposcopy

Number of colposcopic appointments
Date of colposcopy
Satisfactory Examination or DNA
Surgical Procedure

SECTION D1
Histology Cancer Diagnosis

Date of Specimen
FIGO Stage
Pathological Diagnosis

SECTION D2
Specimen History

Date of Specimen
Type of Specimen
Pathological Diagnosis
Clear Margins

SECTION E Cytology Review
E1. Original slide

Slide ID
Date of Original Test
Cytology Type
Original Test Result

E2. Review Results

Reviewed at
Review result

SECTION F Histology Review
F1. Original Specimen

Specimen ID
Date of Original Specimen

F2. Review Results

Review Pathological Diagnosis

F3. Cancer Original Specimen

Specimen ID
Date of Original Specimen

F4. Cancer Review Results

Review Pathological Diagnosis

SECTION G
GP Notes

Although Section G is not essential, if you attempt to collect data, all fields are required

SECTION H
HPV DNA Testing

Date of Sample
Result