

TUMOUR QUESTIONNAIRE

CONFIDENTIAL

To be completed in English by the Medical Attendant of the life assured.

Full name of life assured

Date of birth (dd/mm/yyyy)

The life assured gives a history of having a tumour or growth and we would appreciate your answers to the following questions.

1. When was the initial diagnosis made?
2. What was the site or organ involved?
3. What was the histological type and grade of the tumour? If IN SITU only, please confirm there was no stromal infiltration.
4. Please provide details of the staging of the tumour:
 - a) Was it completely localised to the tissue or organ of origin? ☐ Yes ☐ No
 - b) Was there any invasion of the adjacent tissues?
☐ Yes ☐ No If Yes, please state which.
 - c) Was there any involvement of regional lymph nodes?
☐ Yes ☐ No If Yes, please state site(s) and number of nodes involved.
 - d) Were there any distant metastases?
☐ Yes ☐ No If Yes, please state where.

5. For breast cancer, please indicate the size of the primary tumour:

- ☐ less than 2cm
☐ between 2cm - 5cm
☐ greater than 5cm

6. For the tumours below, please give the appropriate classification:

Bladder Carcinoma: Marshall TNM
Colonic Carcinoma: Dukes'
Invasive cervical Carcinoma: FIGO TNM
Skin Melanoma: Clark Level Breslow thickness

Prostate Cancer:

Gleason Score

Pre-treatment PSA Date Result

Latest post treatment PSA Date Result

7. Please provide full details of treatment and dates.

8. Has there been any recurrence or relapse?

☐ Yes ☐ No If Yes, please give full details of date, site(s) and treatment.

9. Is any follow-up anticipated?

☐ Yes ☐ No If Yes, please give full details below.

10. Has any adverse psychological reaction been noted?

☐ Yes ☐ No If Yes, please give full details below.

Medical Attendant's full name (please print)	<input type="text"/>
Qualifications	<input type="text"/>
Signature of Medical Attendant	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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