

# EUROPEAN NETWORK OF CANCER REGISTRIES

## APPLICATION FOR MEMBERSHIP

1. Name of registry:

2. Name and title of person in charge of registry:

3. Full postal address of registry:

4. Telephone, fax and e-mail of registry:

Tel :	
Fax :	
e-mail :	

### DESCRIPTION OF REGISTRY

5. The registry is:

Hospital based

Population-based

Other (please specify below)

6. The registry is collecting data on:

All cancers

Specific type(s) of cancer (e.g. childhood cancer, selected types)

Please specify

7. Year registry began collection of data:

8. If population-based, year from which population-based data started:

9. (a) What is the number of incident cases in the area covered by the registry, for the most recent data collection year?

Male

Female

Total

(b) These numbers are for which year?

### BACKGROUND

10. What geographical area is covered by the registry? (specify region's name)

Please describe:

11. Are there census reports giving the numbers of people by sex and age for the registration area?

YES

NO

If yes, indicate:

1. Date of last population census

2. Date of next population census

Please attach the most recent sex-age distribution of the population in the registration area. Please use the standard 18 age-groups.

12. What is the most recent total population of the geographical area covered by the registry (either census or estimated)?

as of

(total number)

(year)

### DATA COLLECTION AND SOURCES OF DATA

13. How are data collected?

YES NO\*

Passive collection: notification of diagnosed cases are sent to the registry on a routine, continuing basis.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Active collection: registry staff regularly visit hospitals or other institutions.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Other (please specify)

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

\* Please note that more than one box can be ticked

14. From what types of institutions do you collect data:

	YES	NO
All hospitals in the area covered	<input type="checkbox"/>	<input type="checkbox"/>
Some hospitals in the area covered (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		
All pathological laboratories (departments)	<input type="checkbox"/>	<input type="checkbox"/>
Some pathological laboratories (departments) (please specify below)		
<input type="text"/>		
Other (please specify)		
<input type="text"/>		

15. Do you routinely collect information on deaths from cancer occurring in the area covered by the registry?

If yes, how many deaths from cancer occurred in the year indicated in 9 (b):

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Total	<input type="checkbox"/>

16. Do you use death certificates which mention cancer as a cause of death as a source of information on incident cases?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

17. Do you routinely match the file of registered cases against cancer death certificates to identify unreported cancer cases?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If no, would such a check be possible? Please explain:

18. Do you register cancer cases on the basis of information on the death certificate alone (with no supporting data from clinical/pathological records).

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If yes, how many of the cases registered (question 8 (a)) were from information on the death certificate only (DCO)?

Total	<input type="text"/>
% DCO	<input type="text"/>

**REGISTRATION PRACTICES**

19. Do you collect and code the following items?

	Collect		Code	
	YES	NO	YES	NO
1. Anatomical site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Histology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clinical stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Methods of diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Date of diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Methods of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Outcome (date of death)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. What coding systems do you use for the following items?

1. Anatomical site: ICD-9  ICD-10  ICD-O-3  Other (please specify)

2. Histology: ICD-O-3  Other (please specify)

21. Do you carry out follow-up of registered cases to determine survival?

YES  NO

If yes, which of the following systems of follow-up do you use to determine patient survival?

- 1. Matching of cases with death certificates mentioning cancer
- 2. Matching of cases with all death certificates
- 3. Matching with a register of inhabitants of the registration area
- 4. Active follow-up of individual cases (please describe below)

5. Other (please specify)

## REPORTING OF RESULTS

22. Do you calculate the following statistics with the data collected by the Registry?				YES	NO
1. Numbers of cases by sex, age and primary site				<input type="checkbox"/>	<input type="checkbox"/>
If yes : annually	<input type="checkbox"/>	regularly	<input type="checkbox"/>	occasionally	<input type="checkbox"/>
2. Incidence rates				<input type="checkbox"/>	<input type="checkbox"/>
If yes : annually	<input type="checkbox"/>	regularly	<input type="checkbox"/>	occasionally	<input type="checkbox"/>
3. Mortality rates				<input type="checkbox"/>	<input type="checkbox"/>
If yes : annually	<input type="checkbox"/>	regularly	<input type="checkbox"/>	occasionally	<input type="checkbox"/>
4. Survival rates				<input type="checkbox"/>	<input type="checkbox"/>
If yes : annually	<input type="checkbox"/>	regularly	<input type="checkbox"/>	occasionally	<input type="checkbox"/>

## ADDITIONAL INFORMATION

23. Please mail or fax this form to: IARC, 150 cours Albert Thomas, 69372 Lyon cedex 08, France (Fax: +33 4 72 73 86 96)
24. Please mail a copy of the most recent report published by the registry or any recent relevant publication.