

**BSRBR Event of Special Interest (ESI) Report  
MALIGNANCY**



<b>Patient Name:</b>	<b>Date of Birth:</b>
<b>BSRBR ID:</b>	<b>HRN:</b>
<b>Biologic at time of event:</b>	<b>Date of Event:</b>

**Event Details**

**Details of Malignancy** (including diagnosis, location & cell type if available)

**Date of diagnosis:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please provide any histopathology/radiology reports)

**Did the patient have:**

<b>Surgery</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>
<b>Radiotherapy</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>
<b>Chemotherapy</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>

**Other treatment:** -----

**Was the neoplasm:**

<b>Benign</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
<b>Malignant</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
<b>Carcinoma in situ</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
<b>A Metastasis</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

**Did the malignancy have associated metastases?**  YES  NO  
 DON'T KNOW

Please provide name & hospital of doctor treating the malignancy if available:

**What was the outcome?**  Resolved  Not Resolved  
 Resolved with sequelae  Fatal

**Has a yellow card been submitted?**  YES  NO  UNKNOWN

Form completed  
By: \_\_\_\_\_  
On: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return to: BSRBR, Arthritis Research UK Epidemiology Unit, The University of Manchester, Rutherford House, 40 Pencroft Way, Manchester. M15 6SZ, or fax to 0161 275 1640.  
**Thank you for your help!**