# Event Checking Chart

## Non-AIDS defining malignancy

<table>
<thead>
<tr>
<th>Name of Centre</th>
<th>Gender</th>
<th>Year of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Date of event</th>
</tr>
</thead>
</table>

### 1. Non-AIDS defining malignancy:

- **Acute lymphoid**: Hodgkin lymphoma
- **Acute myeloid**: Head and neck cancer
- **Anal cancer**: Gallbladder cancer
- **Bladder cancer**: Gynaecological cancer *(not cervical)*
- **Bone cancer**: Kidney cancer
- **Brain cancer**: Leukaemia unspecified
- **Breast cancer**: Lip cancer
- **Colon cancer**: Liver cancer
- **Connective tissue cancer**: Lung cancer
- **Chronic lymphoid**: Malignant melanoma
- **Chronic myeloid**: Metastasis of adenocarcinoma
- **Esophagus cancer**: Metastasis of squamous cell carcinoma
- **Other malignancy type**: Metastasis: unspecified
- **Multiple myeloma**: Metastasis of other cancertype
- **Pancreas cancer**: Multiple myeloma
- **Penile cancer**: Pancreas cancer
- **Prostate cancer**: Penile cancer
- **Rectum cancer**: Prostate cancer
- **Stomach cancer**: Rectum cancer
- **Testicular seminoma**: Stomach cancer
- **Unknown malignancy type**: Unknown malignancy type

### 2. What was the stage of cancer at time of diagnosis?

- [ ] Localized
- [ ] Disseminated
- [ ] Unknown

### 3. Was the cancer diagnosed by biopsy, imaging, biochemical assay and/or strong clinical suspicion by visual inspection?

If yes:

- Biopsy: Histology/cytology confirming malignant disease
- Biochemical assay *(including elevated markers of cancerous growth (e.g. prostate specific antigen, alpha-fetoprotein, cancer cell markers))*
- Strong clinical suspicion by visual inspection NOTE: applies only for Kaposi sarcoma, malignant melanoma or tumors visualized by anoscopy
- Imaging: CT
- Imaging: MR
- Imaging: Ultrasound

[ ] No  [ ] Unknown
4. Has the patient undergone or is currently undergoing cancer treatment?
   - [ ] Yes
   - [ ] No
   - [ ] Unknown

5. Is the type of the first cancer treatment known?
   - If yes: [ ] Chemotherapy
   - [ ] Radiotherapy
   - [ ] Endocrinological therapy
   - [ ] Surgery
   - [ ] Immune therapy
   - [ ] Other anti-neoplastic therapy
   - [ ] Unknown which one

   Date of first cancer treatment: ____________________________

6. Was this a fatal Non-AIDS defining malignancy?
   - [ ] Yes
   - [ ] No
   - [ ] Unknown

All available information regarding this event has been collected.

Reported by: ____________________________
Date: ____________________________
Stamp/signature:

Verified by ____________________________
(Senior physician):
Date: ____________________________
Stamp/signature: