**NDROR**

**Master Data Point List**

**Demographic**

1. Participant ID
2. CAS
3. Month of Birth
4. Year of Birth
5. Age that treatment was given
6. Gender
7. Height
8. Weight
9. BMI
10. Ethnicity
11. Race
	1. If other Specify
12. Smoking Status
13. Occupation Environment
14. Referring Doctor
15. State that Treatment was conducted in
16. Treating Radiation Oncologist
17. Has lived overseas
	1. If yes, where
	2. Duration in years
18. Has Lived in North Queensland
	1. Duration in years
19. Patient Type

**Medical History**

1. Previous Radiation therapy
	1. If Yes, Site
	2. Year of Radiation Therapy
2. Current Medications at time of treatment
3. Has had Neotigason or Nicotinamide
4. Major Comorbidities
	1. What are the Comorbidities
	2. Relevant Comorbidities
5. Current Medical Conditions
	1. Body System Code
	2. Diagnosis of medical condition
	3. Month
	4. Year Diagnosed
	5. Year resolved
	6. Ongoing
6. Surgical Cautions
7. Immune suppression

**Referral Information**

1. Treatment Number
2. Number of Total Lesions
3. Number of Total Regions
4. Lesion or Regional Disease
5. Episode
	1. Site
	2. Region
	3. Front or Back
	4. Assumed Bi-lenerality
	5. Body Position
	6. Width
	7. Length
	8. Depth

1. Number of lesion types in Region
2. Lesion Type
	1. If BCC

                                                            i.      BCC Clinical Subtype

                                                           ii.      BCC Pathological Subtype

                                                         iii.

* 1. If SCC

                                                            i.      SCC Clinical Subtype

                                                           ii.      SCC Pathological Subtype

* 1. If IEC

                                                            i.      Degree of Differentiation

                                                           ii.      IEC Clinical Subtype

* 1. If Field Cancerization

                                                            i.      Clinical Subtype

* 1. If Melanoma

                                                            i.      Melanoma Clinical Subtype

                                                           ii.      Melanoma Pathological Subtype

                                                         iii.      Clarks Level of Invasion

                                                         iv.      Breslow's Thickness

                                                           v.      Mitotic Rate

                                                         vi.      T cat

* 1. If Benign Skin Condition

                                                            i.      Type of Skin Condition

* 1. Treatment Type
	2. Treatment Purpose
	3. Previous Treatment
	4. Future Treatment

**Treatment Prescription and Delivery**

1. Site of Treatment
2. Prescribed Treatment
	1. Prescribed Modality
	2. Prescribed Surface area of treated volume (PTV)
	3. Prescribed Dose
	4. Prescribed Fraction
	5. Prescribed Weeks
	6. Prescribed Bolus applied

                                                            i.      If Prescribed Bolus Tissue equivalent mm

* 1. Prescribed Clinical Tumour Volume (CTV) cc
	2. Prescribed Split Dose
1. Delivered Treatment
	1. Delivered Modality
	2. Delivered Surface area of treated volume (PTV)
	3. Delivered Dose
	4. Delivered Fraction
	5. Delivered Weeks
	6. Delivered Bolus applied
	7. Delivered Bolus Tissue equivalent mm
	8. Delivered Clinical Tumour Volume (CTV) cc
	9. Delivered Split Dose
2. Treatment Completion
3. ICD Code
4. TNM Stage
5. Pathology

**Follow up general Questions**

1. Follow up Visit Number
2. Clinical Clearance
3. Clinical Recurrence (or Progression if Visit 3)
4. Adverse Cosmetic or Clinical Skin Reaction
5. Cosmesis Outcome

**Severity Scoring**

1. Objective (not its own data point)
	1. CTC acute cutaneous RT-Induced toxicity
	2. Oedema
	3. Alopecia
	4. Pigmentation change (hyperpigmentation and hypopigmentation
	5. Ulcer/ Necrosis
	6. Telangiectasia
	7. Fibrosis/ Scar
	8. Atrophy / Contraction (depression)
	9. Koebner Reaction
2. Subjective (not its own data point)
	1. Scaliness/ roughness
	2. Sensation
3. Management (not its own data point)
	1. Dryness
	2. Sensation
	3. Ulcer
	4. Oedema
	5. Fibrosis / Scar
4. Analytic (not its own data point)
	1. Colour Photographs -  Hyperpigmentation
	2. Colour Photographs - Hypopigmentation

**CTCAE**

1. Alopecia
2. Body odor
3. Bullous dermatitis
4. Dry skin
5. Eczema
6. Erythema multiforme
7. Erythroderma
8. Fat atrophy
9. Hair color changes
10. Hair texture abnormal
11. Hirsutism
12. Hyperhidrosis
13. Hyperkeratosis
14. Hypertrichosis
15. Hypohidrosis
16. Lipohypertrophy
17. Nail changes
18. Nail discoloration
19. Nail loss
20. Nail ridging
21. Pain of skin
22. Palmar-plantar erythrodysesthesia syndrome
23. Photosensitivity
24. Pruritus
25. Purpura
26. Rash acneiform
27. Rash maculo-papular
28. Scalp pain
29. Skin and subcutaneous tissue disorders - Other, specify
30. Skin atrophy
31. Skin hyperpigmentation
32. Skin hypopigmentation
33. Skin induration
34. Skin ulceration
35. Stevens-Johnson syndrome
36. Subcutaneous emphysema
37. Telangiectasia
38. Toxic epidermal necrolysis
39. Urticaria

**Patient Survey**

1. Treatment
2. Helpfulness
3. Explanation
4. Courtesy and compassion
5. Responsiveness of staff
6. Explanation of billing
7. Wait time
8. Explanation of the Registry

**DLQI**

1. Over the last week, how itch, sore, painful or stinging has your skin been
2. Over the last week, how embarrassed or self-conscious have you been because of your skin?
3. Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden?
4. Over the last week, how much has your skin influenced the clothes you wear?
5. Over the last week, how much has your skin affected any social or leisure activities?
6. Over the last week, how much has your skin made it difficult for you to do any sport?
7. Over the last week, has your skin prevented you from working or studying?
8. If "No", over the last week how much has your skin been a problem at work or studying?
9. Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives?
10. Over the last week, how much has your skin ca used any sexual difficulties?
11. Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy, or by taking up time?

**EQ-5D-5L**

1. Mobility
2. Self-Care
3. Usual Activity
4. Pain / Discomfort
5. Anxiety / Depression
6. How good or bad your health is today