BSRBR-RA Event of Special Interest (ESI) MALIGNANCY

Study ID: **HRN:** **Patient Initials:**	**Gender:** **Date of Birth:** **NHS Number:**

Event Date:	**Biologic/biosimilar at time of event:** **Product Batch Number:**

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:

Surgery	YES	☐	NO	☐	DON'T KNOW	☐
Radiotherapy	YES	☐	NO	☐	DON'T KNOW	☐
Chemotherapy	YES	☐	NO	☐	DON'T KNOW	☐

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

Was the neoplasm:

Benign	☐	YES	☐	NO	☐	DON'T KNOW
Malignant	☐	YES	☐	NO	☐	DON'T KNOW
Carcinoma in situ	☐	YES	☐	NO	☐	DON'T KNOW
A Metastasis	☐	YES	☐	NO	☐	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:

Do you believe there is a possibility that this adverse event was related to the biologic/biosimilar drug used to treat RA? Yes ☐ No ☐ Unknown ☐

If **Yes** please confirm which drug: _____

What was the outcome of the event?

Resolved ☐ Not Resolved ☐ Resolved with sequelae ☐ Fatal ☐

Form completed By: _____ On: _____/_____/_____	Return ESI/s to: BSRBR-RA. The University of Manchester, Unit 4 Rutherford House, 40 Pencroft Way, Manchester Science Park Manchester, M15 6SZ. biologics.register@manchester.ac.uk