

Retinoblastoma Registry Data Definition Document

Section: Header

#	Sub section	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		i	Hospital/Clinic	A unique identifying number assigned to a source data provider (SDP) by the Registry manager and / or the steering committee for the purpose of reporting to central data coordinator		<input type="checkbox"/>	<input type="checkbox"/>
2		ii	Dr in charge			<input type="checkbox"/>	<input type="checkbox"/>
3		iii	Date of Notification	The date of record was created for this admission OR the date Source Data Provider (SDP) was informed/ notify of this admission		<input type="checkbox"/>	<input type="checkbox"/>

Section: Section A: Demographics

#	Sub section	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	Patient Name	Name of the patient as registered in the MyKad or the applicable legal identification documents in CAPITAL LETTER and in FULL. This data element is collected for unique identification of patient records and records matching		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Identification Card Number	2a	MyKad/MyKid	Patient's MyKad number. The numbering of the individual MyKad utilizes a 12-digit numbering system (usual format: YYMMDD-BP-###G) known as the Identification Card number (IC) is issued to MyKad holders.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	Identification Card Number	2b	Old IC	Old Identity Card Number. Only Applicable if MyKad is not available		<input type="checkbox"/>	<input type="checkbox"/>
4	Identification Card Number	2c	Other ID document No	Only Applicable if MyKad and Old IC are not available		<input type="checkbox"/>	<input type="checkbox"/>
5	Identification Card Number	2d	Specify type (eg. Passport, armed force ID)	To record what type of document was used for "Other ID Document No		<input type="checkbox"/>	<input type="checkbox"/>
6	Address	3	Residential area	Only postcode, town/city and state are required		<input type="checkbox"/>	<input type="checkbox"/>
7	Address	3a	Postcode	Postcode of Patient's current place of residence		<input type="checkbox"/>	<input type="checkbox"/>
8	Address	3b	Town / City	The patient's city (or township, or village) of residence		<input type="checkbox"/>	<input type="checkbox"/>

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9	Address	3c	State	The state where the patient resides	1 Johor Darul Takzim 2 Kedah Darul Aman 3 Kelantan Darul Naim 4 Melaka 5 Negeri Sembilan Darul Khusus 6 Pahang Darul Makmur 7 Perak Darul Ridzuan 8 Perlis Indera Kayangan 9 Pulau Pinang 10 Sabah 11 Sarawak 12 Selangor Darul Ehsan 13 Terengganu Darul Iman 14 Wilayah Persekutuan 20 NA (foreign) 8888 Not available 9999 Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Contact number	4a	Homephone	Current residence phone number - Homephone (###-#####)		<input type="checkbox"/>	<input type="checkbox"/>
11	Contact number	4b	H/P	Current mobile/handphone number (###-#####)		<input type="checkbox"/>	<input type="checkbox"/>
12	Date of Birth	5	Date of Birth	The date of birth of the patient.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13	Age at presentation	6a	Age at presentation (year(s))	Derived Patient's Age Value (auto-calculated). Age is calculated as the Date of Notification / Date of Admission -Patient's Birth Date		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14	Age at presentation	6b	Age at presentation (month(s))	Derived Patient's Age Value (auto-calculated). Age is calculated as the Date of Notification / Date of Admission -Patient's Birth Date		<input type="checkbox"/>	<input type="checkbox"/>
15	Sex	7	Gender	The biological sex of the Patient categorized as Male or Female.Note: Gender is not synonymous with Sex. The terms sex refers to biological differences between males and females, while the term gender refers to the social aspect of sex and expected	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 8888 <input type="checkbox"/> Not available 9999 <input type="checkbox"/> Missing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
16	Race	8a	Ethnic	The term ethnic means of or pertaining to a group of people recognized as a class on the basis of certain distinctive characteristics such as religion, language, ancestry, culture or national origin	1 <input type="checkbox"/> Malay 2 <input type="checkbox"/> Chinese 3 <input type="checkbox"/> Indian 4 <input type="checkbox"/> Orang Asli 5 <input type="checkbox"/> Melanau 6 <input type="checkbox"/> Kadazan / Murut / Bajau 7 <input type="checkbox"/> Bidayuh 8 <input type="checkbox"/> Iban 20 <input type="checkbox"/> Other 8888 <input type="checkbox"/> Not available 9999 <input type="checkbox"/> Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17	Race	8b	Other, specify	Specification of other Ethnic group		<input type="checkbox"/>	<input type="checkbox"/>

Section: Section B: Ocular Hitzory and Presentation

#	Sub section	CRF Numbering	Caption	Definitionn	Codelist	Mandatory	Core
1	Clinical presentation	1a	Leukocoria			<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Clinical presentation	1b	Strabismus			<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Clinical presentation	1c	Protopsis			<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Clinical presentation	1d	Others			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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5	Clinical presentation	1e	Others, specify			<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Age of onset	2a	Age of onset (year(s))			<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Age of onset	2b	Age of onset (month(s))			<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Duration	3	Duration of disease (month(s))			<input type="checkbox"/>	<input type="checkbox"/>
9	Eye affected	4	Eye affected	Eye affected. Categorized as Right eye, Left eye and Both eyes	1:Right; 2:Left; 3:Both; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Family History	5	Family History	Indication (yes/no) for family history	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
11	Right eye	6b.i	Unable to take vision (right)	Type of vision at presentation for right eye. Categorized as Normal, Impaired and Blind	1:Normal vision ; 2:Impaired vision; 3:Blind; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Vision at presentation (Left eye)	6b.ii	Unable to take vision (left eye)	Type of vision at presentation for left eye. Categorized as Normal, Impaired and Blind	1:Normal vision ; 2:Impaired vision; 3:Blind; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Vision at presentation (Right eye)	6a.i.a	Unaided	Type of vision at presentation for right eye. Categorized as Normal, Impaired and Blind	1: 6/5; 2: 6/6; 3: 6/9; 4: 6/12; 5: 6/18; 6: 6/24; 7: 6/36; 8: 6/60; 9: 5/60; 10: 4/60; 11: 3/60; 12: 2/60; 13: 1/60; 14: CF; 15: HM; 16: PL; 17: NPL; 8888: Not available; 9999: Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Vision at presentation (Right eye)	6a.i.b	With glasses/pin hole	Type of vision at presentation for left eye. Categorized as Normal, Impaired and Blind	1: 6/5; 2: 6/6; 3: 6/9; 4: 6/12; 5: 6/18; 6: 6/24; 7: 6/36; 8: 6/60; 9: 5/60; 10: 4/60; 11: 3/60; 12: 2/60; 13: 1/60; 14: CF; 15: HM; 16: PL; 17: NPL; 8888: Not available; 9999: Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Vision at presentation (Left eye)	6a.ii.a	Unaided	Type of vision at presentation for right eye. Categorized as Normal, Impaired and Blind	1: 6/5; 2: 6/6; 3: 6/9; 4: 6/12; 5: 6/18; 6: 6/24; 7: 6/36; 8: 6/60; 9: 5/60; 10: 4/60; 11: 3/60; 12: 2/60; 13: 1/60; 14: CF; 15: HM; 16: PL; 17: NPL; 8888: Not available; 9999: Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Vision at presentation (Left eye)	6a.ii.b	With glasses/pin hole	Type of vision at presentation for left eye. Categorized as Normal, Impaired and Blind	1: 6/5; 2: 6/6; 3: 6/9; 4: 6/12; 5: 6/18; 6: 6/24; 7: 6/36; 8: 6/60; 9: 5/60; 10: 4/60; 11: 3/60; 12: 2/60; 13: 1/60; 14: CF; 15: HM; 16: PL; 17: NPL; 8888: Not available; 9999: Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section: Section C: Refer To Tertiary Center

#	Sub section	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	Refer To Tertiary Center	1a	Refer To Tertiary Center		1:Yes; 2:No; 8888: Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
2	Refer To Tertiary Center	1b	Hospital			<input type="checkbox"/>	<input type="checkbox"/>
3	Others, specify	1c	Hospital			<input type="checkbox"/>	<input type="checkbox"/>

Section: Section D: Investigations & Classification

#	Sub section	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
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1	CT scan	1a.i	CT Scan (right eye)		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
2	CT scan	1a.i.a	Presence of mass (Right eye)	Findings of CT scan, Presence of mass		<input type="checkbox"/>	<input type="checkbox"/>
3	CT scan	1a.i.b	Presence of calcification (Right eye)	Findings of CT scan, Presence of calcification		<input type="checkbox"/>	<input type="checkbox"/>
4	CT scan	1a.i.c	Extraocular extension (Right eye)	Findings of CT scan, Extraocular extension		<input type="checkbox"/>	<input type="checkbox"/>
5	CT scan	1a.i.d	Optic pathway (Right eye)	Type of Extraocular extension, Optic pathway		<input type="checkbox"/>	<input type="checkbox"/>
6	CT scan	1a.i.e	Orbit and adnexa (Right eye)	Type of Extraocular extension, Orbit and adnexa		<input type="checkbox"/>	<input type="checkbox"/>
7	CT scan	1a.i.f	Intracranial (Right eye)	Type of Extraocular extension, Intracranial		<input type="checkbox"/>	<input type="checkbox"/>
8	CT scan	1a.ii	CT Scan (left eye)		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
9	CT scan	1a.ii.a	Presence of mass (left eye)	Findings of CT scan, Presence of mass		<input type="checkbox"/>	<input type="checkbox"/>
10	CT scan	1a.ii.b	Presence of calcification (left eye)	Findings of CT scan, Presence of calcification		<input type="checkbox"/>	<input type="checkbox"/>
11	CT scan	1a.ii.c	Extraocular extension (left eye)	Findings of CT scan, Extraocular extension		<input type="checkbox"/>	<input type="checkbox"/>
12	CT scan	1a.ii.d	Optic pathway (left eye)	Type of Extraocular extension, Optic pathway		<input type="checkbox"/>	<input type="checkbox"/>
13	CT scan	1a.ii.e	Orbit and adnexa (left eye)	Type of Extraocular extension, Orbit and adnexa		<input type="checkbox"/>	<input type="checkbox"/>
14	CT scan	1a.ii.f	Intracranial (left eye)	Type of Extraocular extension, Intracranial		<input type="checkbox"/>	<input type="checkbox"/>
15	MRI	1b.i	MRI (Right eye)		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
16	MRI	1b.i.a	Presence of mass (Right eye)	Findings of MRI, Presence of mass		<input type="checkbox"/>	<input type="checkbox"/>
17	MRI	1b.i.b	Presence of calcification (Right eye)	Findings of MRI, Presence of calcification		<input type="checkbox"/>	<input type="checkbox"/>
18	MRI	1b.i.c	Extraocular extension (Right eye)	Findings of MRI, Extraocular extension		<input type="checkbox"/>	<input type="checkbox"/>
19	MRI	1b.i.d	Optic pathway (Right eye)	Type of Extraocular extension, Optic pathway		<input type="checkbox"/>	<input type="checkbox"/>
20	MRI	1b.i.e	Orbit and adnexa (Right eye)	Type of Extraocular extension, Orbit and adnexa		<input type="checkbox"/>	<input type="checkbox"/>
21	MRI	1b.i.f	Intracranial (Right eye)	Type of Extraocular extension, Intracranial		<input type="checkbox"/>	<input type="checkbox"/>
22	MRI	1b.ii	MRI (left eye)		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
23	MRI	1b.ii.a	Presence of mass (left eye)	Findings of MRI, Presence of mass		<input type="checkbox"/>	<input type="checkbox"/>
24	MRI	1b.ii.b	Presence of calcification (left eye)	Findings of MRI, Presence of calcification		<input type="checkbox"/>	<input type="checkbox"/>
25	MRI	1b.ii.c	Extraocular extension (left eye)	Findings of MRI, Extraocular extension		<input type="checkbox"/>	<input type="checkbox"/>
26	MRI	1b.ii.d	Optic pathway (left eye)	Type of Extraocular extension, Optic pathway		<input type="checkbox"/>	<input type="checkbox"/>
27	MRI	1b.ii.e	Orbit and adnexa (left eye)	Type of Extraocular extension, Orbit and adnexa		<input type="checkbox"/>	<input type="checkbox"/>
28	MRI	1b.ii.f	Intracranial (left eye)	Type of Extraocular extension, Intracranial		<input type="checkbox"/>	<input type="checkbox"/>
29	Genetic testing (blood)	2a	Genetic testing (blood)		1:Yes; 2:No; 7777:Not applicable; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

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30	Genetic testing (blood)	2b	Genetic testing (blood) +ve -ve		1:+ve; 2:-ve; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
31	Diagnosis (Right eye)	3a.i	Diagnosis		1:Confirmed Retinoblastoma; 2:Not Retinoblastoma, other diagnosis; 8888:Not applicable; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
32	Diagnosis (Right eye)	3a.i.a	Congenital cataract			<input type="checkbox"/>	<input type="checkbox"/>
33	Diagnosis (Right eye)	3a.i.b	Coat's disease			<input type="checkbox"/>	<input type="checkbox"/>
34	Diagnosis (Right eye)	3a.i.c	Retinal Dysplasia			<input type="checkbox"/>	<input type="checkbox"/>
35	Diagnosis (Right eye)	3a.i.d	Persistent fetal vasculature			<input type="checkbox"/>	<input type="checkbox"/>
36	Diagnosis (Right eye)	3a.i.e	Others			<input type="checkbox"/>	<input type="checkbox"/>
37	Diagnosis (Right eye)	3a.i.f	Others, specify			<input type="checkbox"/>	<input type="checkbox"/>
38	Diagnosis (Left eye)	3a.ii	Diagnosis		1:Confirmed Retinoblastoma; 2:Not Retinoblastoma, other diagnosis; 8888:Not applicable; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
39	Diagnosis (Left eye)	3a.ii.a	Congenital cataract			<input type="checkbox"/>	<input type="checkbox"/>
40	Diagnosis (Left eye)	3a.ii.b	Coat's disease			<input type="checkbox"/>	<input type="checkbox"/>
41	Diagnosis (Left eye)	3a.ii.c	Retinal Dysplasia			<input type="checkbox"/>	<input type="checkbox"/>
42	Diagnosis (Left eye)	3a.ii.d	Persistent fetal vasculature			<input type="checkbox"/>	<input type="checkbox"/>
43	Diagnosis (Left eye)	3a.ii.e	Others			<input type="checkbox"/>	<input type="checkbox"/>
44	Diagnosis (Left eye)	3a.ii.f	Others, specify			<input type="checkbox"/>	<input type="checkbox"/>
45	Classification (Right eye)	4a	Classification (Right eye)	Based on International Intraocular Retinoblastoma Classification (IIRC). Categorized as Group A, Group B, Group C, Group D and Group E	1:Group A; 2:Group B; 3:Group C; 4:Group D; 5:Group E; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
46	Classification (Left eye)	4b	Classification (Left eye)	Based on International Intraocular Retinoblastoma Classification (IIRC). Categorized as Group A, Group B, Group C, Group D and Group E	1:Group A; 2:Group B; 3:Group C; 4:Group D; 5:Group E; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

Section: Section E: Management

#	Sub section	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	Chemotherapy	1a.	Chemotherapy		1:Yes; 2:No; 8888: Not available, 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
2	Chemotherapy	1a.i	Systemic Chemotherapy			<input type="checkbox"/>	<input type="checkbox"/>
3	Chemotherapy	1a.i.a	Systemic cycles			<input type="checkbox"/>	<input type="checkbox"/>
4	Chemotherapy	1a.ii	Ocular chemotherapy injection			<input type="checkbox"/>	<input type="checkbox"/>
5	Chemotherapy	1a.ii.a	Subtenon injection			<input type="checkbox"/>	<input type="checkbox"/>
6	Chemotherapy (right eye)	1a.ii.a.i	Subtenon injection			<input type="checkbox"/>	<input type="checkbox"/>

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7	Chemotherapy (Left eye)	1a.ii.a.ii	Subtenon injection			<input type="checkbox"/>	<input type="checkbox"/>
8	Chemotherapy	1a.ii.b	Intraviteal injection			<input type="checkbox"/>	<input type="checkbox"/>
9	Chemotherapy (right eye)	1a.ii.b.i	Intraviteal injection			<input type="checkbox"/>	<input type="checkbox"/>
10	Chemotherapy (Left eye)	1a.ii.b.ii	Intraviteal injection			<input type="checkbox"/>	<input type="checkbox"/>
11	Enucleation (Right eye)	2a.i	Enucleation	Indication (yes/no) for Enucleation HPE result of right eye	1:Yes; 2:No; 7777:Not applicable; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
12	Enucleation (right eye)	2a.i.a	Enucleation (right eye)	HPE result of enucleated eye (right eye), Categorized as Intraocular (confined to the globe) and Extension (outside the globe)	1:Intraocular (no extraocular extension); 2:With extraocular extension; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
13	Enucleation (Right eye)	2a.i.a.i	Lamina cribrosa (right eye)			<input type="checkbox"/>	<input type="checkbox"/>
14	Enucleation (Right eye)	2a.i.a.ii	Bruch's membrane (right eye)			<input type="checkbox"/>	<input type="checkbox"/>
15	Enucleation (Right eye)	2a.i.a.iii	Superficial choroids (right eye)			<input type="checkbox"/>	<input type="checkbox"/>
16	Enucleation (Right eye)	2a.i.a.iv	Deep choroids (right eye)			<input type="checkbox"/>	<input type="checkbox"/>
17	Enucleation (Right eye)	2a.i.a.v	Sclera (right eye)			<input type="checkbox"/>	<input type="checkbox"/>
18	Enucleation (Right eye)	2a.i.a.vi	Optic nerve end (right eye)			<input type="checkbox"/>	<input type="checkbox"/>
19	Enucleation (Left eye)	2a.ii	Enucleation	Indication (yes/no) for Enucleation HPE result of left eye	1:Yes; 2:No; 7777:Not applicable; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
20	Enucleation (left eye)	2a.ii.a	Enucleation (left eye)	HPE result of enucleated eye (right eye), Categorized as Intraocular (confined to the globe) and Extension (outside the globe)	1:Intraocular (no extraocular extension); 2:With extraocular extension; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
21	Enucleation (Left eye)	2a.ii.a.i	Lamina cribrosa (left eye)			<input type="checkbox"/>	<input type="checkbox"/>
22	Enucleation (Left eye)	2a.ii.a.ii	Bruch's membrane (left eye)			<input type="checkbox"/>	<input type="checkbox"/>
23	Enucleation (Left eye)	2a.ii.a.iii	Superficial choroids (left eye)			<input type="checkbox"/>	<input type="checkbox"/>
24	Enucleation (Left eye)	2a.ii.a.iv	Deep choroids (left eye)			<input type="checkbox"/>	<input type="checkbox"/>
25	Enucleation (Left eye)	2a.ii.a.v	Sclera (left eye)			<input type="checkbox"/>	<input type="checkbox"/>
26	Enucleation (Left eye)	2a.ii.a.vi	Optic nerve end (left eye)			<input type="checkbox"/>	<input type="checkbox"/>
27	Focal Therapy (Right eye)	3a.i	Focal therapy (right eye)	Indication (yes/no) if received Focal therapy for right eye	1:Yes; 2:No; 7777:Not applicable; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
28	Focal Therapy (Right eye)	3a.i.a	Cryotherapy (right eye)	Indication (yes/no) if received Focal therapy is Laser for right eye		<input type="checkbox"/>	<input type="checkbox"/>
29	Focal Therapy (Right eye)	3a.i.b	Laser (right eye)	Indication (yes/no) if received Focal therapy is Laser for right eye		<input type="checkbox"/>	<input type="checkbox"/>
30	Focal Therapy (Left eye)	3a.ii	Focal therapy (left eye)	Indication (yes/no) if received Focal therapy for left eye	1:Yes; 2:No; 7777:Not applicable; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
31	Focal Therapy (Left eye)	3a.ii.a	Laser (left eye)	Indication (yes/no) if received Focal therapy is Laser for right eye		<input type="checkbox"/>	<input type="checkbox"/>
32	Focal Therapy (Left eye)	3a.ii.b	Cryotherapy (left eye)	Indication (yes/no) if received Focal therapy is Laser for right eye		<input type="checkbox"/>	<input type="checkbox"/>
33	Radiotherapy (Right eye)	4a.i	Radiotherapy	Indication (yes/no) if received Radiotherapy for each affected eye	1:Yes; 2:No; 7777:Not applicable; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

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34	Radiotherapy (Right eye)	4a.i.a	External beam radiation (EBRT) (right eye)			<input type="checkbox"/>	<input type="checkbox"/>
35	Radiotherapy (Right eye)	4a.i.b	Intensity modulated radiotherapy (IMRT) (right eye)			<input type="checkbox"/>	<input type="checkbox"/>
36	Radiotherapy (Right eye)	4a.i.c	Plaque radiotherapy (right eye)			<input type="checkbox"/>	<input type="checkbox"/>
37	Radiotherapy (Left eye)	4a.ii	Radiotherapy	Indication (yes/no) if received Radiotherapy for each affected eye	1:Yes; 2:No; 7777:Not applicable; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
38	Radiotherapy (Left eye)	4a.ii.a	External beam radiation (EBRT) (left eye)			<input type="checkbox"/>	<input type="checkbox"/>
39	Radiotherapy (Left eye)	4a.ii.b	Intensity modulated radiotherapy (IMRT) (left eye)			<input type="checkbox"/>	<input type="checkbox"/>
40	Radiotherapy (Left eye)	4a.ii.c	Plaque radiotherapy (left eye)			<input type="checkbox"/>	<input type="checkbox"/>
41	Traditional Complimentary Medicine	5	Traditional complimentary medicine		1:Yes; 2:No; 8888: Not available, 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

Section: Section F: Outcome & Complications

#	Sub section	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	Vision (Right eye)	1a.i.a	Unaided	The outcome of vision after 1 year for right eye. Categorized as Normal, Impaired and Blind	1: 6/5; 2: 6/6; 3: 6/9; 4: 6/12; 5: 6/18; 6: 6/24; 7: 6/36; 8: 6/60; 9: 5/60; 10: 4/60; 11: 3/60; 12: 2/60; 13: 1/60; 14: CF; 15: HM; 16: PL; 17: NPL; 8888: Not available; 9999: Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Vision (Right eye)	1a.i.b	With glasses/pin hole	The outcome of vision after 1 year for left eye. Categorized as Normal, Impaired and Blind	1: 6/5; 2: 6/6; 3: 6/9; 4: 6/12; 5: 6/18; 6: 6/24; 7: 6/36; 8: 6/60; 9: 5/60; 10: 4/60; 11: 3/60; 12: 2/60; 13: 1/60; 14: CF; 15: HM; 16: PL; 17: NPL; 8888: Not available; 9999: Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Vision (Left eye)	1a.ii.a	Unaided	The outcome of vision after 1 year for right eye. Categorized as Normal, Impaired and Blind	1: 6/5; 2: 6/6; 3: 6/9; 4: 6/12; 5: 6/18; 6: 6/24; 7: 6/36; 8: 6/60; 9: 5/60; 10: 4/60; 11: 3/60; 12: 2/60; 13: 1/60; 14: CF; 15: HM; 16: PL; 17: NPL; 8888: Not available; 9999: Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Vision (Left eye)	1a.ii.b	With glasses/pin hole	The outcome of vision after 1 year for left eye. Categorized as Normal, Impaired and Blind	1: 6/5; 2: 6/6; 3: 6/9; 4: 6/12; 5: 6/18; 6: 6/24; 7: 6/36; 8: 6/60; 9: 5/60; 10: 4/60; 11: 3/60; 12: 2/60; 13: 1/60; 14: CF; 15: HM; 16: PL; 17: NPL; 8888: Not available; 9999: Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Vision (Right eye)	1b.i	Unable to take vision, appear to have	The outcome of vision after 1 year for left eye. Categorized as Normal Vision, Impaired Vision and Blind	1:Normal vision ; 2:Impaired vision; 3:Blind; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
6	Vision (Left eye)	1b.ii	Unable to take vision, appear to have	The outcome of vision after 1 year for left eye. Categorized as Normal, Impaired and Blind	1:Normal vision ; 2:Impaired vision; 3:Blind; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Remission (Right eye)	2a.i	Remission (right eye)	The outcome of remission after 1 year for right eye. Categorized as Complete and Partial regression	1:Complete; 2:Partial regression; 3:No regression; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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8	Remission	2a.i.a	Flat Scar (right eye)			<input type="checkbox"/>	<input type="checkbox"/>
9	Remission	2a.i.b	Calcification (right eye)			<input type="checkbox"/>	<input type="checkbox"/>
10	Remission	2a.i.c	Fish-flesh (right eye)			<input type="checkbox"/>	<input type="checkbox"/>
11	Remission	2a.i.d	Mixed (right eye)			<input type="checkbox"/>	<input type="checkbox"/>
12	Remission (Left eye)	2a.ii	Remission (left eye)	The outcome of remission after 1 year for left eye. Categorized as Complete and Partial regression	1:Complete; 2:Partial regression; 3:No regression; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Remission	2a.ii.a	Flat Scar (left eye)			<input type="checkbox"/>	<input type="checkbox"/>
14	Remission	2a.ii.b	Calcification (left eye)			<input type="checkbox"/>	<input type="checkbox"/>
15	Remission	2a.ii.c	Fish-flesh (left eye)			<input type="checkbox"/>	<input type="checkbox"/>
16	Remission	2a.ii.d	Mixed (left eye)			<input type="checkbox"/>	<input type="checkbox"/>
17	Recurrence (Right eye)	3a.i	Recurrence	The indication (yes/no) of recurrence after 1 year for right eye	1:Yes; 2:No; 7777:Not applicable; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	Recurrence (Right eye)	3a.i.a	Duration from first time treatment	If recurrence, the duration from first treatment for right eye (months)		<input type="checkbox"/>	<input type="checkbox"/>
19	Recurrence (Left eye)	3a.ii	Recurrence	The indication (yes/no) of recurrence after 1 year for left eye	1:Yes; 2:No; 7777:Not applicable; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	Recurrence (Left eye)	3a.ii.a	Duration from first time treatment	If recurrence, the duration from first treatment for left eye (months)		<input type="checkbox"/>	<input type="checkbox"/>
21	Complications (Right eye)	4a.i	Complications (right eye)		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
22	Complications (Right eye)	4a.i.a	Socket / prosthesis related	Indication (yes/no) if the complication is Socket / prosthesis related for right eye		<input type="checkbox"/>	<input type="checkbox"/>
23	Complications (Right eye)	4a.i.b	Socket / prosthesis related, specify	Specification if complications is Socket / prosthesis related for right eye		<input type="checkbox"/>	<input type="checkbox"/>
24	Complications (Right eye)	4a.i.c	Chemo related	Indication (yes/no) if the complication is Chemo related for right eye		<input type="checkbox"/>	<input type="checkbox"/>
25	Complications (Right eye)	4a.i.d	Chemo related, specify	Specification if complications is Chemo related for right eye		<input type="checkbox"/>	<input type="checkbox"/>
26	Complications (Right eye)	4a.i.e	Disease related	Indication (yes/no) if the complication is Disease related for right eye		<input type="checkbox"/>	<input type="checkbox"/>
27	Complications (Right eye)	4a.i.f	Disease related, specify	Specification if complications is Disease related for right eye		<input type="checkbox"/>	<input type="checkbox"/>
28	Complications (Right eye)	4a.i.g	Radiation related	Indication (yes/no) if the complication is Radiation for right eye		<input type="checkbox"/>	<input type="checkbox"/>
29	Complications (Right eye)	4a.i.h	Radiation related, specify	Specification if complications is Radiation for right eye		<input type="checkbox"/>	<input type="checkbox"/>
30	Complications (Left eye)	4a.ii	Complications (left eye)		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
31	Complications (Left eye)	4a.ii.a	Socket / prosthesis related	Specification if complications is Socket / prosthesis related for left eye		<input type="checkbox"/>	<input type="checkbox"/>
32	Complications (Left eye)	4a.ii.b	Socket / prosthesis related, specify	Specification if complications is Socket / prosthesis related for left eye		<input type="checkbox"/>	<input type="checkbox"/>
33	Complications (Left eye)	4a.ii.c	Chemo related	Indication (yes/no) if the complication is Chemo related for left eye		<input type="checkbox"/>	<input type="checkbox"/>
34	Complications (Left eye)	4a.ii.d	Chemo related, specify	Specification if complications is Chemo related for left eye		<input type="checkbox"/>	<input type="checkbox"/>

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35	Complications (Left eye)	4a.ii.e	Disease related	Indication (yes/no) if the complication is Disease related for left eye		<input type="checkbox"/>	<input type="checkbox"/>
36	Complications (Left eye)	4a.ii.f	Disease related, specify	Specification if complications is Disease related for left eye		<input type="checkbox"/>	<input type="checkbox"/>
37	Complications (Left eye)	4a.ii.g	Radiation related	Indication (yes/no) if the complication is Radiation for left eye		<input type="checkbox"/>	<input type="checkbox"/>
38	Complications (Left eye)	4a.ii.h	Radiation related, specify	Specification if complications is Radiation for left eye		<input type="checkbox"/>	<input type="checkbox"/>
39		5	Lost to follow up		1:Yes; 2:No; 8888: Not available, 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
40		6	Outcome by 1 year		1:Alive; 2:Death; 7777:Unknown; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>