About the UTUC registry

Getting started

The inclusion criteria for patients are:

1. Is presenting with a suspected primary UTUC at any stage
2. Is scheduled for treatment of UUT tumour
3. Has signed informed consent

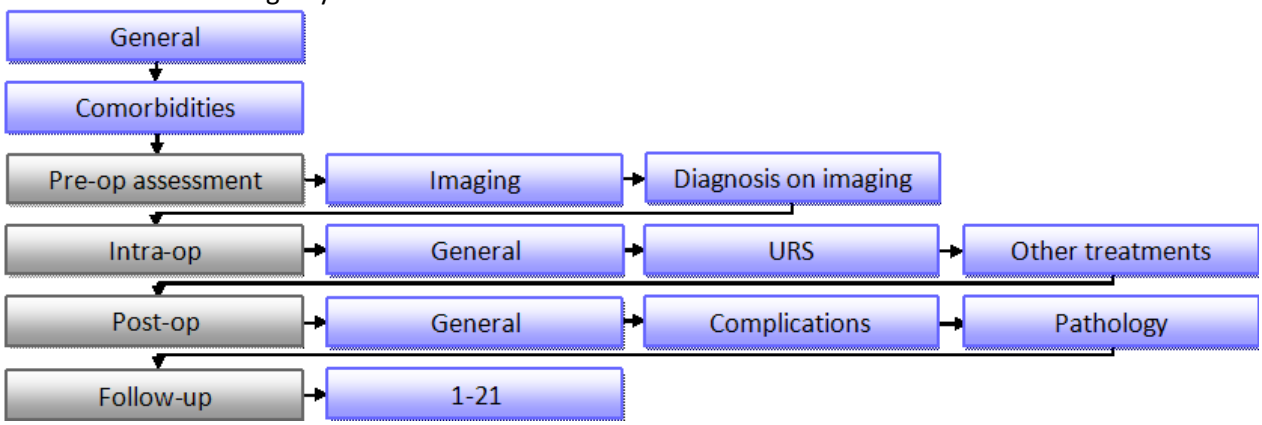
Go to http://www.croesoffice.org/DataManagementSystem.aspx in your browser and enter the DMS with your login and password.

If you do not have a username and password, and you would like to participate in one of the current studies, please contact the CROES office: info@croesoffice.org

PLEASE DO READ THE HELP-FILE (Click HELP after login)!

Structure of the study

Flow chart of UTUC registry



General: Patient characteristics and history of previous malignancies are asked.

Comorbidities: Comorbidities of patient are asked, also Charlson score can be automatically calculated if comorbidities are present.

Pre-op assessment

Imaging: Date of first diagnosis of UTUC and type of diagnostic imaging are asked.

Diagnosis on imaging: Diagnosis on imaging, and laboratory tests are asked. Note that cytology performed covers all types of cytology (during procedure/treatment, post procedure/treatment, etc.)

Intra-op

General: Via this tab the type of treatment/procedure can be chosen. Note that the URS options ('URS only'; 'URS + other treatment') cover URS as diagnostic and / or URS as a treatment. 'Other treatments' for example are: lymph node dissection, RNU, segmental resection, PCNL, or other treatments. Furthermore, lower tract information is asked.

URS: Information on URS procedure is asked.

Other treatments: Information on other procedure(s) is asked.

Post-op

General: Information on adjuvant instillations and date of discharge is asked.

Complications: Intra-operative and post-operative complications are asked.

Pathology: Pathology information on given treatment is asked.

Follow-up

Form 1-21: The follow-up tabs have been numbered consecutively as 1, 2, 3, 4, 5… etc. When follow-up has been performed, please fill in the first form. On the follow-up form, the date can be filled out. As soon as the follow-up form has been completed, the next follow-up form will become available. General information on status will be asked. If patient is not lost to follow-up or deceased, then **l**ower tract follow-up, upper tract follow-up, complications, and Adverse Events (AE) are asked. Additionally it is possibly to add extra information in the comments box at the end of the follow-up form.