

Demographic and Clinical Data that is collected and available to researchers

Donor details	Gender	
	Age at diagnosis	
	Ethnicity	Drop down list containing standard ethnicity classifications
Asbestos Exposure	Known asbestos exposure	Tick box for Yes
	Age at first exposure	
	Exposure duration (years)	
	Occupation	Tick box options: Ship building, Mining, Welding, Construction, Automotive, Secondary, Unknown and Other (with text box for description).
Family/Patient History	Family history of mesothelioma	Tick box options: Yes, No and Unspecified. If Yes selected tick box options for Spouse, Child, Parent, Sibling or Unknown.
	Patient history of other malignancy	Tick box options: Yes, No and Unspecified. If Yes selected text box allowing for further details to be entered.
	Other family history of cancer	Tick box options: Yes, No and Unspecified. If Yes selected text boxes allowing for further details to be entered for Child, Parent or Sibling (where applicable).
Donor history	Smoker	Drop down list: Current, Ex, or Never. If Current or Ex selected text boxes allowing for further details to be entered on No. per day, Age started and Years smoked.
	Chest pain	Tick box options: Yes, No and Unspecified.
	Weight loss>10%	Tick box options: Yes, No and Unspecified.
	ECOG Performance Status	Drop down list: 0,1,2,3,4,Unknown and Not evaluated
Investigations at diagnosis	Hb	
	WBC	
	Platelets	
	Creatinine	
	Serum mesothelin prior to treatment	
	Video Assisted Thoracoscopic Biopsy	Tick box options: Yes, No and Unspecified.
	Local Anaesthetic Thoracoscopic Biopsy	Tick box options: Yes, No and Unspecified.
Primary site of disease	Site	Drop down list: Pleura, Peritoneal or Other.
	Pleura	Drop down list: Left, Right, Bilateral or Other
Pathology	Cell Type	Drop down list: Epithelioid , Sarcomatoid , Desmoplastic , Biphasic , Mesothelioma (NOS), Other Malignancy (not mesothelioma), Benign - Reactive Pleuritis, Benign - Pleural Plaque, Benign - Infection, Benign - Other
	Immunohistochemical biomarkers	Tick box options: Positive, Negative or Not done for the selected biomarkers.
	Necrosis	Drop down list: Absent or Present
	Diagnosis based on	Tick box options: Yes, No and Unspecified for the following categories: Imaging, Histology, Cytology and Symptoms at presentation.
	Disease stage at donation	Drop down list: TX, T0, T1, T1a, T1b, T2, T3, T4
		Drop down list: NX, N0, N1, N2, N3
		Drop down list: MX M0, M1
Treatment	Talc Pleurodesis	Tick box options: Yes, No and Unspecified.
	Chemotherapy	Split into Neoadjuvant, Adjuvant, Second Line. Tick box options: Yes, No or Unspecified. If Yes selected text boxes allowing for further details to be entered for Year started and number of cycles. Tick box options for drug type.
	Surgery	Tick box options: Yes, No or Unspecified. If Yes selected tick box options for surgery type.
	Radiotherapy	Tick box options: Yes, No or Unspecified. If Yes selected tick box options for radiotherapy type and text box to record any further comments.
	Trials	Tick box options: Yes, No or Unspecified. If Yes selected tick box options for trial name.
	Other treatment	Tick box options: Yes, No or Unspecified. If Yes selected text box allowing for further information to be entered.
Patient Progression	Status	Drop down list: Alive, Deceased or Unknown
	If Deceased	Time interval between date of diagnosis and death in days
		Cause of death
Radiological Images		Undertaken as part of routine care