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| --- | --- |
| Paget’s disease classification (for information only) | |
| Type 1a | Primary cutaneous disease without invasion |
| Type 1b | Primary cutaneous disease with invasion through basal membrane |
| Type 1c | Primary cutaneous disease in association with vulval adenocarcinoma |
| Type 2 | Paget’s secondary to intestinal malignancy |
| Type 3 | Paget’s secondary to urological malignancy |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Please complete all fields by entering details/clicking in appropriate box | | | | | | | |
| Local identifier |  | | | | | | |
| Year of diagnosis |  | | | | | | |
| Age at diagnosis |  | | | | | | |
| Type of Paget’s | | | | | | | |
|  | 1a | 1b | 1c | 2 | 3 | | Unclassified |
| Histological Invasion Present | | | | | | | |
|  | Yes | No | | | | | |
| Immunohistochemistry stains (click if performed and result + or -) | | | | | | | |
|  | PAS  Result: | GCDFP- 15  Result: | Uroplakin III  Result: | Melan A, SOX 10, S100    Result: | | | |
| CK 7  Result: | CK20  Result: | CDX2  Result: | Other  Specify:  Result: | | | |
| Screening for malignancy performed | | | | | | | |
|  | Yes | No | | | | | |
| Screening investigations and results (tick all that apply) | | | | | | | |
|  | Bowel  scope  Date:  Result: | Faecal occult blood/stool  Date:  Result: | Mammogram  Date:  Result: | Cervical smear  Date:  Result: | | Cystoscopy  Date:  Result: | |
| CT  Date:  Result: | MRI  Date:  Result: | U/S  Date:  Result: | Other  Specify:  Date:  Result: | | | |
| Any subsequent development of malignancy i.e. after screening | | | | | | | |
|  | Yes | No | | | | | |
| Specify if yes including time after initial diagnosis: | | | | | | |
| Treatment received | | | | | | | |
|  | Topical  steroid  Duration: | Imiquimod  Duration: | PDT  No. of treatments: | Surgery (WLE)  No. of treatments: | | Other  Specify:  No. of treatments: | |