# **Request for Community Cancer Information**

BC Cancer endeavors to help BC residents better understand the burden of cancer in their local communities. Community members who have questions or concerns about cancer in their local community may request information or consultation from BC Cancer to help address these questions. BC Cancer kindly requests the following information be completed and submitted to: datareq@bccancer.bc.ca. This form has been created as an initial assessment to determine the amount and type of information we can provide to interested communities on cancers diagnosed among their residents.

If you have questions about cancer in your workplace rather than your community, this form can also be used to provide information to BC Cancer about your questions or concerns. Please complete these questions providing similar information for your place of work.

## SECTION A: REQUESTOR CONTACT INFORMATION

Date:Click here to enter text.

Name: Click here to enter text.

Title: Click here to enter text.

Organization and department: Click here to enter text.

Contact Phone: Click here to enter text.

Contact E-Mail: Click here to enter text.

## SECTION B: BASIC COMMUNITY INFORMATION

1. Please enter the name(s) of the community:

Click here to enter text.

1. Is the community a First Nations community? If so, please provide the name of the BC First Nation:

Click here to enter text.

1. Please list all known residential Postal Code(s) or dedicated P.O. Boxes used by your community (in the format: A0A 0A0). Please include any historical postal codes from the last 12 years which are no longer in use:

Click here to enter text.

1. Do you have a specific concern about cancers observed in your community/workplace that you would like to describe or is this a general inquiry?

☐ Yes, I have a specific concern - Please complete section C below.

☐ No, this is a general inquiry – Please complete question 5 in this section

1. If this is a general inquiry about cancer in your community, please explain what information you feel would be most useful to you and how you intend to use this information:

Click here to enter text.

## SECTION C: ADDITIONAL INFORMATION ABOUT CANCER IN YOUR COMMUNITY

1. What cancer(s) have been observed in the community?

Click here to enter text.

1. How many cancer cases have been diagnosed in the community to the best of your knowledge?

Click here to enter text.

1. In which age groups(s) are cancer(s) mostly observed? (eg. children, young adults, older adults, seniors)

Click here to enter text.

1. To your knowledge, how many known cancer deaths have occurred in the community?

Click here to enter text.

1. Over what periods have the known cancers described above been diagnosed? (eg. Last year, 5, 10, 20+ years)

Click here to enter text.

1. What is the population size of the community?

Click here to enter text.

1. Is there any particular concern about something that might be causing cancer(s) in your community?

☐ Yes - Please describe: Click here to enter text.

☐ No

1. BC Cancer is committed and respects community values regarding information governance in relation to the collection, use and disclosure of information. We would like to note that our general approach is that we share any information produced related to cancer in communities with the original requester and with any responsible medical health officers for the community in question. If there are any concerns about this information sharing, please make us aware of them here:

Click here to enter text.

Thank you very much for taking the time to complete this assessment form. Once an initial assessment to determine the amount and type of information we can provide has been made, BC Cancer will contact you to discuss further.