Information Collection Questionnaire

Dear Patient/Family Member:

Thank you for participating in this study! This questionnaire aims to explore the relationship between the immune microenvironment of renal cell carcinoma and prognosis, providing scientific evidence for future treatment.

Privacy and Data Security Commitment

Data Usage: The information collected will be used solely for this scientific research. When published in academic journals, only anonymised statistical data will be included. Your personal information, such as your name and contact details, will be replaced with a unique code (e.g., YHD-001) and stored separately from the research data.

Security Measures: Paper documents are stored in a double-locked filing cabinet at the hospital, and electronic data is stored on an encrypted server at the hospital.

The research team has signed a confidentiality agreement prohibiting unauthorised personnel from accessing raw data.

Your Rights: You may refuse to answer any or all questions without affecting your treatment rights. You may withdraw your data or seek consultation at any time via the following methods:

Study Principal Investigator: Dr. Yang;

Phone: 178-6680-5158 (Monday to Friday, 8:00 AM to 6:00 PM)

Ethical Approval: This study has been approved by the Ethics Committee of Yuhuangding Hospital Affiliated to Qingdao University (Approval Number: 2025-YHD-041) and strictly adheres to the Declaration of Helsinki and Chinese Personal Information Protection Law.

1. Basic Information Section

Patient ID Number: _____ Registration Date: _____

Name: _____ Gender: □ Male □ Female

Date of Birth: _____ Age: ____ Years Old

Contact Information: _____ Address: _____

2. Demographics and Lifestyle

Height: ____ cm Weight: ____ kg BMI: ____ kg/m²

Smoking History:

□ Never smoked

□ Former smoker (quit ____ years ago)

□ Current smoker (____ cigarettes/day ____ years)

Alcohol History:

□ Never drank alcohol

□ Occasional drinker

□ Frequent drinker (____ times/week ____ standard drinks/occasion)

Occupation: _____

Education level: □ Primary school or below □ Secondary school □ University or above

3. Medical History and Medication History

Past medical history (multiple selections possible):

□Hypertension □Diabetes □cardiovascular disease

□Chronic kidney disease □Other kidney diseases

□Autoimmune diseases □Other: _____

Family history of cancer:

□None

□Yes (specific relationship ____ type of cancer ____)

Current medication use (including dosage and frequency):

(1) _____

(2) _____

(3) _____

4. Clinical symptoms associated with clear cell Renal Cell Carcinoma (ccRCC)

Initial symptoms (multiple selections possible):

□ Asymptomatic (detected during physical examination)

□ Haematuria □ Lower back pain □ Abdominal mass

□ Weight loss (____ kg/____ months)

□ Fatigue □ Fever □ Other: _____

Duration of symptoms: ____ months

5. Laboratory test results

Serum creatinine (Scr): ____ μmol/L Glomerular filtration rate (GFR): ____ mL/min/1.73m² Haemoglobin: ____ g/dL Platelet count: ____ $\times 10^9$/L

White blood cell count: ____ $\times 10^9$/L

Other relevant laboratory indicators: _____

6. Imaging examination

Maximum tumour diameter: ____ cm

Tumour location: □ Left kidney □ Right kidney

CT/MRI characteristics description: _____

Metastasis:

□ None

□ Yes (location: □ Lymph nodes □ Lung □ Liver □ Bone □ Other ____)

7. Surgical and Pathological Information Type of surgery

□ Partial nephrectomy □ Radical nephrectomy

Date of surgery: _____

Pathological grade: □ Grade I □ Grade II □ Grade III □ Grade IV

Lymph node metastasis:

□ None □ Present

Surgical margin status:

□ Negative □ Positive

Other pathological features: _____

8. Follow-up data

Follow-up time: Survival status:

□ Alive

□ Deceased (Date: _____ Cause: _____)

Follow-up treatment (if any):

□ None

□ Targeted therapy □ Immunotherapy □ Radiotherapy □ Chemotherapy

□ Other____

9. Informed consent

I have read and understood the relevant information about this study, voluntarily participate in this study, and agree to provide my medical data for scientific research. I understand that even after signing, I still have the right to withdraw from the study at any time, and this will not affect my subsequent medical rights.

Patient signature: _____ Date: _____

Investigator signature: _____ Date: _____