

CCC Coder ID: \_\_\_\_\_

Member ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Case #: \_\_\_\_\_

CCC ID: \_\_\_\_\_

Other Case #s: \_\_\_\_\_

Date completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY)

- Colon (18 -)
- Rectum (20)
- Rectosigmoid junction (19)

Colon sub-site: \_\_\_\_\_

(Cecum, C18.0; Ascending, C18.2; Hepatic Flexure, C18.3; Transverse, C18.4; Splenic Flexure, C18.5; Descending, C18.6; Sigmoid, C18.7; Large intestine/Colon NOS, C18.9; Overlapping, 18.8)

1. Was any cancer-directed surgery done as part of primary treatment for colorectal cancer?

<sub>0</sub> No

<sub>9</sub> Unknown if cancer-directed surgery performed  
(e.g., death certificate ONLY)

<sub>1</sub> Yes

**Go to Question 2.**

1.1 Type of surgery: (Mark all that apply.)

For all sites: Colon/Rectum/Rectosigmoid

<sub>1</sub> **Local tumor excision**

- Polypectomy
- Laser excision
- Excisional biopsy
- Curette

<sub>2</sub> **Any of the above with tumor destruction:**

- Photodynamic therapy (PDT)
- Electrocautery/fulguration
- Cryosurgery
- Laser ablation

<sub>3</sub> **Partial Colectomy/Partial Proctectomy**

Segmental/wedge resection

<sub>4</sub> **Total Colectomy/Proctocolectomy**

<sub>5</sub> **Colectomy or Proctectomy, NOS**

For Colon only

<sub>6</sub> **Subtotal/Extended Colectomy**

<sub>7</sub> **Hemicolectomy**

For Rectum/Rectosigmoid only

<sub>8</sub> **Partial Proctosigmoidectomy**

- Anterior Resection
- Low Anterior Resection (LAR)
- Hartman's Operation
- Meso Rectal Excision

<sub>9</sub> **Pull through with Sphincter**

**Preservation (colo-anal anastomosis)**  
Turnbull's Operation

<sub>10</sub> **Total Proctectomy**

- Abdominalperineal (A/P) Resection
- Miles Procedure
- Rankin's Operation

<sub>11</sub> **Pelvic Exenteration**

<sub>88</sub> **Other surgery (Specify):** \_\_\_\_\_

1.2 Surgery Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

<sub>1</sub> Exact

<sub>2</sub> Estimated

<sub>9</sub> Unknown

1.3 With removal of adjacent organ(s)? <sub>0</sub> No

<sub>1</sub> Yes

1.4 With colostomy?

<sub>0</sub> No/Unknown

<sub>1</sub> Yes – Temporary

<sub>2</sub> Yes – Permanent

<sub>3</sub> Yes – Unknown

2. Were any molecular tests performed as part of the diagnosis or treatment? (Oncotype Dx, MSI, BRAF/V600E, KRAS, NRAS, PIK3CA mutation testing, etc. **Mark all that apply.**)

- <sub>1</sub> Yes  
<sub>0</sub> No  
<sub>2</sub> Recommended, unknown if done  
<sub>9</sub> Unknown

2.1 Specify tests

<sub>1</sub> BRAF (V600E)



2.1.1 Test date:  
 \_\_\_/\_\_\_/\_\_\_  
 Month Day Year

2.1.2 Results:  
<sub>1</sub> Change detected  
<sub>2</sub> No change detected  
<sub>3</sub> Equivocal  
<sub>4</sub> Ordered/results not available  
<sub>9</sub> Unknown

2.2 <sub>2</sub> CIMP



2.2.1 Test date:  
 \_\_\_/\_\_\_/\_\_\_  
 Month Day Year

2.2.2 Results available?  
<sub>0</sub> No/not done → **Skip to 2.3**  
<sub>1</sub> Yes



Test subtype (Mark one.)

- |                    |  |  |  |
|--------------------|--|--|--|
| 2.2.3 Status H/L/N | <input type="checkbox"/> <sub>1</sub> High<br><input type="checkbox"/> <sub>4</sub> Ordered, results not available     | <input type="checkbox"/> <sub>2</sub> Low<br><input type="checkbox"/> <sub>9</sub> Unknown/not done      | <input type="checkbox"/> <sub>3</sub> Negative<br><input type="checkbox"/> <sub>9</sub> Unknown/not done |
| 2.2.4 Status +/-   | <input type="checkbox"/> <sub>1</sub> Positive<br><input type="checkbox"/> <sub>2</sub> Ordered, results not available | <input type="checkbox"/> <sub>0</sub> Negative<br><input type="checkbox"/> <sub>9</sub> Unknown/not done |  |
| 2.2.5 Methylation  | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> Ordered, results not available      | <input type="checkbox"/> <sub>0</sub> No<br><input type="checkbox"/> <sub>9</sub> Unknown/not done       |  |

2.3 <sub>3</sub> KRAS

2.3.1 Test date:  
 \_\_\_/\_\_\_/\_\_\_  
 Month Day Year

2.3.2 Results:  
<sub>1</sub> Change detected  
<sub>2</sub> No change detected  
<sub>3</sub> Equivocal  
<sub>4</sub> Ordered/results not available  
<sub>9</sub> Unknown

2.4 <sub>4</sub> NRAS → 2.4.1 Test date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

2.4.2 Results:  
<sub>1</sub> Change detected  
<sub>2</sub> No change detected  
<sub>3</sub> Equivocal  
<sub>4</sub> Ordered/results not available  
<sub>9</sub> Unknown

2.5 <sub>5</sub> MMR → 2.5.1 Test date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

2.5.2 Results:  
<sub>1</sub> Change detected  
<sub>2</sub> No change detected  
<sub>3</sub> Equivocal  
<sub>4</sub> Ordered/results not available  
<sub>9</sub> Unknown

2.6 <sub>6</sub> MSI → 2.6.1 Test date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

2.6.2 Results available?  
<sub>0</sub> No/not done → **Skip to 2.7**  
<sub>1</sub> Yes  
 ↓

**Test subtype (Mark one.)**

2.6.3 IHC <sub>1</sub> Proficient <sub>2</sub> Deficient  
<sub>3</sub> Ordered/results not available <sub>9</sub> Unknown/not done

2.6.4 DNA <sub>1</sub> Low <sub>2</sub> High  
<sub>2</sub> Ordered/results not available <sub>9</sub> Unknown/not done

2.6.5 BAT 25 <sub>1</sub> Stable <sub>2</sub> Unstable  
<sub>3</sub> Ordered/results not available <sub>9</sub> Unknown/not done

2.7 <sub>7</sub> Oncotype Dx → 2.7.1 Test date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Score: \_\_\_\_\_ <sub>1</sub> Score not available

2.8 <input type="checkbox"/> <sub>8</sub> PIK3CA →	2.8.1 Test date: ____ / ____ / ____ Month Day Year	2.8.2 Results: <input type="checkbox"/> <sub>1</sub> Change detected <input type="checkbox"/> <sub>2</sub> No change detected <input type="checkbox"/> <sub>3</sub> Equivocal <input type="checkbox"/> <sub>4</sub> Ordered/results not available <input type="checkbox"/> <sub>9</sub> Unknown
2.9 <input type="checkbox"/> <sub>9</sub> TP53 →	2.9.1 Test date: ____ / ____ / ____ Month Day Year	2.9.2 Results: <input type="checkbox"/> <sub>1</sub> Change detected <input type="checkbox"/> <sub>2</sub> No change detected <input type="checkbox"/> <sub>3</sub> Equivocal <input type="checkbox"/> <sub>4</sub> Ordered/results not available <input type="checkbox"/> <sub>9</sub> Unknown
2.10 <input type="checkbox"/> <sub>88</sub> Other (Specify): _____		

3. Was a second molecular test performed as part of the diagnosis or treatment? **(Mark all that apply.)**

<sub>1</sub> Yes                      <sub>0</sub> No



3.1 Specify tests <input type="checkbox"/> <sub>1</sub> BRAF (V600E) →	3.1.1 Test date: ____ / ____ / ____ Month Day Year	3.1.2 Results: <input type="checkbox"/> <sub>1</sub> Change detected <input type="checkbox"/> <sub>2</sub> No change detected <input type="checkbox"/> <sub>3</sub> Equivocal <input type="checkbox"/> <sub>4</sub> Ordered/results not available <input type="checkbox"/> <sub>9</sub> Unknown
3.2 <input type="checkbox"/> <sub>2</sub> CIMP →	3.2.1 Test date: ____ / ____ / ____ Month Day Year	3.2.2 Results available? <input type="checkbox"/> <sub>0</sub> No/not done → <b>Skip to 3.3</b> <input type="checkbox"/> <sub>1</sub> Yes <div style="text-align: center;">   <b>Go to 3.2.3</b> </div>

**Test subtype (Mark one.)**

3.2.3 Status H/L/N <sub>1</sub> High <sub>2</sub> Low <sub>3</sub> Negative  
<sub>4</sub> Ordered, results not available <sub>9</sub> Unknown/not done

3.2.4 Status +/- <sub>1</sub> Low <sub>0</sub> High  
<sub>2</sub> Ordered/results not available <sub>9</sub> Unknown/not done

3.2.5 Methylation <sub>1</sub> Stable <sub>2</sub> Unstable  
<sub>3</sub> Ordered/results not available <sub>9</sub> Unknown/not done

3.3 <sub>3</sub> KRAS → 3.3.1 Test date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

3.3.2 Results:  
<sub>1</sub> Change detected  
<sub>2</sub> No change detected  
<sub>3</sub> Equivocal  
<sub>4</sub> Ordered/results not available  
<sub>9</sub> Unknown

3.4 <sub>4</sub> NRAS → 3.4.1 Test date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

3.4.2 Results:  
<sub>1</sub> Change detected  
<sub>2</sub> No change detected  
<sub>3</sub> Equivocal  
<sub>4</sub> Ordered/results not available  
<sub>9</sub> Unknown

3.5 <sub>5</sub> MMR → 3.5.1 Test date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

3.5.2 Results:  
<sub>1</sub> Change detected  
<sub>2</sub> No change detected  
<sub>3</sub> Equivocal  
<sub>4</sub> Ordered/results not available  
<sub>9</sub> Unknown

3.6 <sub>6</sub> MSI → 3.6.1 Test date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

3.6.2 Results available?  
<sub>0</sub> No/not done → Skip to 3.7  
<sub>1</sub> Yes



**Test subtype (Mark one.)**

3.6.3 IHC	<input type="checkbox"/> <sub>1</sub> Proficient	<input type="checkbox"/> <sub>2</sub> Deficient	<input type="checkbox"/> <sub>9</sub> Unknown/not done
	<input type="checkbox"/> <sub>3</sub> Ordered/results not available		
3.6.4 DNA	<input type="checkbox"/> <sub>1</sub> Low	<input type="checkbox"/> <sub>2</sub> High	<input type="checkbox"/> <sub>9</sub> Unknown/not done
	<input type="checkbox"/> <sub>3</sub> Ordered/results not available		
3.6.5 BAT 25	<input type="checkbox"/> <sub>1</sub> Stable	<input type="checkbox"/> <sub>2</sub> Unstable	<input type="checkbox"/> <sub>9</sub> Unknown/not done
	<input type="checkbox"/> <sub>3</sub> Ordered/results not available		

3.7 <sub>7</sub> Oncotype Dx → 3.7.1 Test date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

Score: \_\_\_\_\_ <sub>1</sub> Score not available

3.8 <sub>8</sub> PIK3CA → 3.8.1 Test date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

3.8.2 Results:  
<sub>1</sub> Change detected  
<sub>2</sub> No change detected  
<sub>3</sub> Equivocal  
<sub>4</sub> Ordered/results not available  
<sub>9</sub> Unknown

3.9 <sub>9</sub> TP53 → 3.9.1 Test date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

3.9.2 Results:  
<sub>1</sub> Change detected  
<sub>2</sub> No change detected  
<sub>3</sub> Equivocal  
<sub>4</sub> Ordered/results not available  
<sub>9</sub> Unknown

3.10 <sub>88</sub> Other (Specify): \_\_\_\_\_

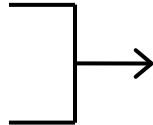
4. Was chemotherapy and/or other targeted or specialized therapy administered as part of the first course of therapy?

- <sub>1</sub> Yes
- <sub>0</sub> No
- <sub>2</sub> Recommended, unknown if done
- <sub>9</sub> Unknown



4.2 Was there written documentation indicating treatment was based on the molecular test results?

- <sub>0</sub> No
- <sub>9</sub> Unknown
- <sub>1</sub> Yes



Record regimen below.

4.3 Regimen Name: \_\_\_\_\_ Code: \_\_\_\_\_

- Type: <sub>1</sub> Adjuvant therapy <sub>3</sub> Chemoradiation (radiation sensitizer)  
<sub>2</sub> Neoadjuvant therapy

Start date: \_\_\_/\_\_\_/\_\_\_ <sub>1</sub> Exact <sub>2</sub> Estimated <sub>9</sub> Unknown  
Month Day Year

4.4 Regimen Name: \_\_\_\_\_ Code: \_\_\_\_\_

- Type: <sub>1</sub> Adjuvant therapy <sub>3</sub> Chemoradiation (radiation sensitizer)  
<sub>2</sub> Neoadjuvant therapy

Start date: \_\_\_/\_\_\_/\_\_\_ <sub>1</sub> Exact <sub>2</sub> Estimated <sub>9</sub> Unknown  
Month Day Year

4.5 Regimen Name: \_\_\_\_\_ Code: \_\_\_\_\_

- Type: <sub>1</sub> Adjuvant therapy <sub>3</sub> Chemoradiation (radiation sensitizer)  
<sub>2</sub> Neoadjuvant therapy

Start date: \_\_\_/\_\_\_/\_\_\_ <sub>1</sub> Exact <sub>2</sub> Estimated <sub>9</sub> Unknown  
Month Day Year

5. Was radiation therapy given as part of the first course of therapy?

- <sub>1</sub> Yes
- <sub>0</sub> No
- <sub>2</sub> Recommended, unknown if done
- <sub>9</sub> Unknown



5.2 (Mark all that apply.)

- <sub>1</sub> External beam radiation therapy (EBRT)
- <sub>2</sub> Internal radiation therapy (e.g., brachytherapy)
- <sub>3</sub> Radioisotopes
- <sub>4</sub> Radioembolization (yttrium-90)
- <sub>5</sub> Endocavity radiation therapy
- <sub>8</sub> Other, specify: \_\_\_\_\_
- <sub>9</sub> Unknown

5.3 Start date: \_\_\_/\_\_\_/\_\_\_ <sub>1</sub> Exact <sub>2</sub> Estimated <sub>9</sub> Unknown  
Month Day Year

Stop date: \_\_\_/\_\_\_/\_\_\_ <sub>1</sub> Exact <sub>2</sub> Estimated <sub>9</sub> Unknown  
Month Day Year

Total dosage of radiation received: \_\_\_\_\_ cGy/Rad <sub>9</sub> Unknown

6. Has the participant ever been disease free since her initial diagnosis/treatment?

- <sub>1</sub> Yes →
- <sub>0</sub> No
- <sub>9</sub> Unknown

6.1 Date as documented in the medical records *: ___/___/___ <div style="text-align: right; font-size: small;">Month Day Year</div>
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\* If no evidence of recurrence or metastasis: Record **most recent** documented disease free date.  
If documented recurrence or metastasis: Record **first** known disease free date.



7. Was there a new or recurrent invasive colorectal cancer diagnosed after a documented disease free interval?

<sub>1</sub> Yes                      <sub>0</sub> No                      <sub>9</sub> Unknown



7.1	Subsite (with sub-site code): _____	<input type="checkbox"/> <sub>9</sub> Unknown
	Histology: <input type="checkbox"/> <sub>1</sub> Same <input type="checkbox"/> <sub>2</sub> Different <input type="checkbox"/> <sub>9</sub> Unknown	
	<b>Histology code:</b> _____	
	Diagnosis date:    ___ / ___ / ___ <input type="checkbox"/> <sub>1</sub> Exact <input type="checkbox"/> <sub>2</sub> Estimated <input type="checkbox"/> <sub>9</sub> Unknown <small>Month    Day    Year</small>	
7.2	Subsite (with sub-site code): _____	<input type="checkbox"/> <sub>9</sub> Unknown
	Histology: <input type="checkbox"/> <sub>1</sub> Same <input type="checkbox"/> <sub>2</sub> Different <input type="checkbox"/> <sub>9</sub> Unknown	
	<b>Histology code:</b> _____	
	Diagnosis date:    ___ / ___ / ___ <input type="checkbox"/> <sub>1</sub> Exact <input type="checkbox"/> <sub>2</sub> Estimated <input type="checkbox"/> <sub>9</sub> Unknown <small>Month    Day    Year</small>	
7.3	Was the recurrence microscopically confirmed? <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>9</sub> Unknown	

8. Did a metastasis occur outside the primary colon/rectum cancer (CRC) site after a documented disease free interval?

<sub>1</sub> Yes                      <sub>0</sub> No                      <sub>9</sub> Unknown



8.1	Site: <b>(Mark all that apply.)</b>	
	<input type="checkbox"/> <sub>1</sub> Peritoneum	<input type="checkbox"/> <sub>6</sub> Distant lymph node
	<input type="checkbox"/> <sub>2</sub> Liver	<input type="checkbox"/> <sub>7</sub> Brain
	<input type="checkbox"/> <sub>3</sub> Bone	<input type="checkbox"/> <sub>8</sub> Port site
	<input type="checkbox"/> <sub>4</sub> Lung	<input type="checkbox"/> <sub>88</sub> Other, specify: _____
	<input type="checkbox"/> <sub>5</sub> Regional lymph node	
8.2	Diagnosis date:    ___ / ___ / ___ <input type="checkbox"/> <sub>1</sub> Exact <input type="checkbox"/> <sub>2</sub> Estimated <input type="checkbox"/> <sub>9</sub> Unknown <small>Month    Day    Year</small>	
8.3	Was the metastasis microscopically confirmed? <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>9</sub> Unknown	

**Comments:**

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