CCC Coder ID: _____

Member ID: __ __ - __ __ __ __ __ __ - __ Case #: _____ CCC ID: _____

Other Case #s: _____ Date completed: __ __ /__ __ / __ __ (MM/DD/YY)

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1. Was any same-site surgery done as part of primary treatment for endometrial cancer?

☐$_1$ Yes ☐$_0$ No

☐$_9$ Unknown if cancer-directed surgery performed (e.g., death certificate ONLY) → **Go to Question 2.**

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

☐$_1$ Local tumor excision
Excisional biopsy, (e.g., polypectomy)

☐$_2$ Total hysterectomy
Simple or pan

☐$_3$ Modified radical or extended hysterectomy

☐$_4$ Hysterectomy, NOS

☐$_5$ Omentectomy/partial omentectomy

☐$_8$ Other surgery: _____

_____

1.2 Surgery Date: __ __ /__ __ /__ __ ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown
Month Day Year

1.3 With removal of ovary(ies)?

☐$_0$ No ☐$_1$ Yes, single ☐$_2$ Yes, both

1.3.1 If no or only single ovary was removed as part of primary treatment, is prior oophorectomy noted in the records?

☐$_0$ No ☐$_1$ Yes ☐$_2$ Not applicable ☐$_9$ Unknown

1.4 With removal of fallopian tube(s)?

☐$_0$ No ☐$_1$ Yes, single ☐$_2$ Yes, both

1.4.1 If no or only single fallopian tube was removed as part of primary treatment, is prior removal noted in the records?

☐$_0$ No ☐$_1$ Yes ☐$_2$ Not applicable ☐$_9$ Unknown

1.5 Surgical Procedure **(Mark all that apply.)**

☐$_1$ Abdominal/Laparotomy

☐$_2$ Laparoscopy

☐$_3$ Vaginal

☐$_4$ Robotic

☐$_8$ Other **(Specify):** _____

☐$_9$ Unknown

1.6 Was pelvic lymph node dissection performed?

☐ 0 No ☐ 1 Yes, unilateral
☐ 9 Unknown ☐ 2 Yes, bilateral
☐ 3 Yes, NOS

→ **Go to Question 1.6.1.**

1.6.1 If Yes:

Left pelvic lymph nodes: # retrieved: _____ # positive: _____

Right pelvic lymph nodes: # retrieved: _____ # positive: _____

Pelvic lymph nodes (if laterality unavailable): # retrieved: _____ # positive: _____

1.7 Was aortic lymph node dissection performed?

☐ 0 No ☐ 1 Yes, unilateral
☐ 9 Unknown ☐ 2 Yes, bilateral
☐ 3 Yes, NOS

→ **Go to Question 1.7.1.**

1.7.1 If Yes:

Left aortic lymph nodes: # retrieved: _____ # positive: _____

Right aortic lymph nodes: # retrieved: _____ # positive: _____

Pelvic aortic nodes (if laterality unavailable): # retrieved: _____ # positive: _____

2. Was the hormone receptor status assessed?

☐ 1 Yes ↓

☐ 0 No
☐ 2 Recommended, unknown if done
☐ 9 Unknown

→ **Go to Question 3.**

2.1 ER

☐ 0 Negative ☐ 2 Borderline ☐ 9 Unknown
☐ 1 Positive ☐ 3 Ordered/Results not available

Date: __ __ / __ __ / __ __ (Month Day Year) ☐ 1 Exact ☐ 2 Estimated ☐ 9 Unknown

2.2 PR

☐ 0 Negative ☐ 2 Borderline ☐ 9 Unknown
☐ 1 Positive ☐ 3 Ordered/Results not available

Date: __ __ / __ __ / __ __ (Month Day Year) ☐ 1 Exact ☐ 2 Estimated ☐ 9 Unknown

3. Was chemotherapy administered as part of the first course of therapy?

☐ 1 Yes
☐ 0 No
☐ 2 Recommended, unknown if done
☐ 9 Unknown

→ **Go to Question 4.**

3.1 Regimen Name: _____ Code: _____
Type: ☐ 1 Adjuvant therapy ☐ 2 Neoadjuvant therapy
Start date: __ __ / __ __ / __ __ ☐ 1 Exact ☐ 2 Estimated ☐ 9 Unknown
Month Day Year

3.2 Regimen Name: _____ Code: _____
Type: ☐ 1 Adjuvant therapy ☐ 2 Neoadjuvant therapy
Start date: __ __ / __ __ / __ __ ☐ 1 Exact ☐ 2 Estimated ☐ 9 Unknown
Month Day Year

3.3 Regimen Name: _____ Code: _____
Type: ☐ 1 Adjuvant therapy ☐ 2 Neoadjuvant therapy
Start date: __ __ / __ __ / __ __ ☐ 1 Exact ☐ 2 Estimated ☐ 9 Unknown
Month Day Year

3.4 Regimen Name: _____ Code: _____
Type: ☐ 1 Adjuvant therapy ☐ 2 Neoadjuvant therapy
Start date: __ __ / __ __ / __ __ ☐ 1 Exact ☐ 2 Estimated ☐ 9 Unknown
Month Day Year

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

☐ 1 Yes
☐ 0 No
☐ 2 Recommended, unknown if done
☐ 9 Unknown

→ **Go to Question 5.**

4.1 Type of radiation. **(Mark all that apply.)**

☐ 1 External beam radiation therapy (EBRT) – Pelvis alone
☐ 2 External beam radiation therapy (EBRT) – Pelvis + aortic region
☐ 3 External beam radiation therapy (EBRT) – Pelvis + vagina
☐ 4 External beam radiation therapy (EBRT) – Pelvis NOS
☐ 5 Internal radiation therapy (e.g., Brachytherapy)
☐ 8 Other, **(Specify):** _____
☐ 9 Unknown

4.2 Start date: __ __ /__ __ /__ __ (Month Day Year) ☐1 Exact ☐2 Estimated ☐9 Unknown

Stop date: __ __ /__ __ /__ __ (Month Day Year) ☐1 Exact ☐2 Estimated ☐9 Unknown

Total dosage of radiation received: _____ cGy/Rad ☐9 Unknown

5. Was endocrine-targeted/hormone therapy given?

☐1 Yes

☐0 No
☐2 Recommended, unknown if done
☐9 Unknown
→ **Go to Question 6.**

5.1 Agent Name: _____ Code: _____

Use: ☐1 Intermittent ☐2 Continuous ☐9 Unknown

Start date: __ __ / __ __ / __ __ (Month Day Year) ☐1 Exact ☐2 Estimated ☐9 Unknown

Stop date: __ __ / __ __ / __ __ (Month Day Year) ☐1 Exact ☐2 Estimated

☐3 Current use ☐9 Unknown

5.2 Is there documentation of a **switch** from one endocrine therapy to another?

☐1 Yes

☐0 No
☐9 Unknown
→ **Go to Question 6.**

5.3 Agent Name: _____ Code: _____

Use: ☐1 Intermittent ☐2 Continuous ☐9 Unknown

Start date: __ __ / __ __ / __ __ (Month Day Year) ☐1Exact ☐2 Estimated ☐9 Unknown

Stop date: __ __ / __ __ / __ __ (Month Day Year) ☐1 Exact ☐2 Estimated

☐3 Current use ☐9 Unknown

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

☐1 Yes →
☐0 No
☐9 Unknown

6.1 Date as documented in the medical records*: __ __ / __ __ / __ __ (Month Day Year)

* 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 endometrial cancer diagnosed after a documented disease free interval?

☐$_1$ Yes ☐$_0$ No ☐$_9$ Unknown → **Go to Question 8.**

7.1 Histology: ☐$_1$ Same ☐$_2$ Different ☐$_9$ Unknown

Histology code: _____

Diagnosis date: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown

7.2 Histology: ☐$_1$ Same ☐$_2$ Different ☐$_9$ Unknown

Histology code: _____

Diagnosis date: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown

8. Did a metastasis occur outside the uterine corpus after the initial endometrial cancer after a documented disease free interval?

☐$_1$ Yes ☐$_0$ No ☐$_9$ Unknown

8.1 Site(s): **(Mark all that apply.)**

☐$_1$ Peritoneum
☐$_2$ Vagina
☐$_3$ Liver
☐$_4$ Bone
☐$_5$ Lung
☐$_6$ Regional lymph node(s)
☐$_7$ Distant lymph node(s)
☐$_8$ Brain
☐$_9$ Unknown
☐$_{88}$ Other **(Specify):** _____

8.2 Diagnosis date: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown

**Comments:**