

CCC Coder ID: _____

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

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

Histology: _____ C42.0 ____ (blood) or C42.1 ____ (bone/bone marrow)

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

- 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 Splenectomy
- ₈ Other surgery (Specify): _____

1.2 Surgery Date: ____ / ____ / ____ ₁ Exact ₂ Estimated ₉ Unknown

Month Day Year

2. Was molecular testing documented in the medical records as part of the initial work-up?

- ₁ Yes
 - ₀ No
 - ₂ Recommended, unknown if done
 - ₉ Unknown
- Go to Question 3.**

2.1 Test type: (Mark all that apply.)

- ₁ Bone marrow biopsy
- ₂ Peripheral blood
- ₃ Conventional Karyotype
- ₄ FISH
- ₈ Other (Specify): _____

3. Was chemotherapy, immune-modulating, or targeted therapy 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 or Agent Name: _____ Code: _____

Start date: ____ / ____ / ____ ₁ Exact ₂ Estimated ₉ Unknown

Month Day Year

End date: ____ / ____ / ____ ₁ Exact ₂ Estimated

Month Day Year

₃ Continued use ₉ Unknown

Administration route: ₁ Oral ₈ Other: _____

(Mark all that apply.) ₂ IV ₉ Unknown

3.2	Regimen or Agent Name: _____	Code: _____	
	Start date: ___ / ___ / ___ Month Day Year	<input type="checkbox"/> ₁ Exact	<input type="checkbox"/> ₂ Estimated <input type="checkbox"/> ₉ Unknown
	End date: ___ / ___ / ___ Month Day Year	<input type="checkbox"/> ₁ Exact	<input type="checkbox"/> ₂ Estimated <input type="checkbox"/> ₃ Continued use <input type="checkbox"/> ₉ Unknown
	Administration route: <input type="checkbox"/> ₁ Oral	<input type="checkbox"/> ₈ Other: _____	
	(Mark all that apply.) <input type="checkbox"/> ₂ IV	<input type="checkbox"/> ₉ Unknown	
3.3	Regimen or Agent Name: _____	Code: _____	
	Start date: ___ / ___ / ___ Month Day Year	<input type="checkbox"/> ₁ Exact	<input type="checkbox"/> ₂ Estimated <input type="checkbox"/> ₉ Unknown
	End date: ___ / ___ / ___ Month Day Year	<input type="checkbox"/> ₁ Exact	<input type="checkbox"/> ₂ Estimated <input type="checkbox"/> ₃ Continued use <input type="checkbox"/> ₉ Unknown
	Administration route: <input type="checkbox"/> ₁ Oral	<input type="checkbox"/> ₈ Other: _____	
	(Mark all that apply.) <input type="checkbox"/> ₂ IV	<input type="checkbox"/> ₉ Unknown	
3.4	Regimen or Agent Name: _____	Code: _____	
	Start date: ___ / ___ / ___ Month Day Year	<input type="checkbox"/> ₁ Exact	<input type="checkbox"/> ₂ Estimated <input type="checkbox"/> ₉ Unknown
	End date: ___ / ___ / ___ Month Day Year	<input type="checkbox"/> ₁ Exact	<input type="checkbox"/> ₂ Estimated <input type="checkbox"/> ₃ Continued use <input type="checkbox"/> ₉ Unknown
	Administration route: <input type="checkbox"/> ₁ Oral	<input type="checkbox"/> ₈ Other: _____	
	(Mark all that apply.) <input type="checkbox"/> ₂ IV	<input type="checkbox"/> ₉ Unknown	
3.5	Regimen or Agent Name: _____	Code: _____	
	Start date: ___ / ___ / ___ Month Day Year	<input type="checkbox"/> ₁ Exact	<input type="checkbox"/> ₂ Estimated <input type="checkbox"/> ₉ Unknown
	End date: ___ / ___ / ___ Month Day Year	<input type="checkbox"/> ₁ Exact	<input type="checkbox"/> ₂ Estimated <input type="checkbox"/> ₃ Continued use <input type="checkbox"/> ₉ Unknown
	Administration route: <input type="checkbox"/> ₁ Oral	<input type="checkbox"/> ₈ Other: _____	
	(Mark all that apply.) <input type="checkbox"/> ₂ IV	<input type="checkbox"/> ₉ Unknown	
3.6	Regimen or Agent Name: _____	Code: _____	
	Start date: ___ / ___ / ___ Month Day Year	<input type="checkbox"/> ₁ Exact	<input type="checkbox"/> ₂ Estimated <input type="checkbox"/> ₉ Unknown
	End date: ___ / ___ / ___ Month Day Year	<input type="checkbox"/> ₁ Exact	<input type="checkbox"/> ₂ Estimated <input type="checkbox"/> ₃ Continued use <input type="checkbox"/> ₉ Unknown
	Administration route: <input type="checkbox"/> ₁ Oral	<input type="checkbox"/> ₈ Other: _____	
	(Mark all that apply.) <input type="checkbox"/> ₂ IV	<input type="checkbox"/> ₉ Unknown	

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 What type of radiation was administered? (Mark all that apply.)

₁ External beam radiation therapy (EBRT) at tumor site

₈ Other (Specify): _____

₉ Unknown

4.2 Start date: ___/___/___ ₁ Exact ₂ Estimated ₉ Unknown
Month Day Year

Stop date: ___/___/___ ₁ Exact ₂ Estimated ₉ Unknown
Month Day Year

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

4.3 Site irradiated: _____ 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 use ₂ Continuous use ₉ Unknown

Start date: ___/___/___ ₁ Exact ₂ Estimated ₉ Unknown
Month Day Year

End date or last documented use: ___/___/___ ₁ Exact ₂ Estimated
Month Day Year ₃ Current use ₉ Unknown

5.2 Agent Name: _____ Code: _____

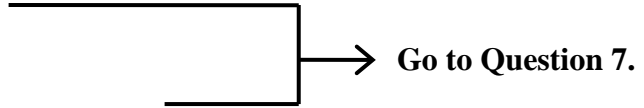
Use: ₁ Intermittent use ₂ Continuous use ₉ Unknown

Start date: ___/___/___ ₁ Exact ₂ Estimated ₉ Unknown
Month Day Year

End date or last documented use: ___/___/___ ₁ Exact ₂ Estimated
Month Day Year ₃ Current use ₉ Unknown

6. Were other treatments administered?

- ₁ Yes
- ₀ No
- ₉ Unknown



6.1 Type of treatment: **(Mark all that apply.)**

₁ Bone marrow transplant ₃ Watchful waiting/Surveillance

₂ Stem cell transplant ₈ Other (Specify): _____

7. Has the participant ever been disease-free since the initial diagnosis/treatment?

- ₁ Yes →
- ₀ No
- ₉ Unknown

7.1 Date as documented in the medical records*: ___ / ___ / ___
Month Day Year

* If no evidence of new, evolved or recurrent disease: Record **most recent** documented disease-free date.
 If documented new, evolved or recurrent disease: Record **first** known disease-free date, if one exists.

8. Was there a new, evolved or recurrent leukemia diagnosed? Code whether or not a disease-free interval exists.

- ₁ Yes
- ₀ No
- ₉ Unknown

8.1 Histology: ₁ Same disease process ₂ Different disease process ₉ Unknown

Specify histology: _____

Diagnosis date: ___ / ___ / ___ ₁ Exact ₂ Estimated ₉ Unknown
Month Day Year

8.2 Histology: ₁ Same disease process ₂ Different disease process ₉ Unknown

Specify histology: _____

Diagnosis date: ___ / ___ / ___ ₁ Exact ₂ Estimated ₉ Unknown
Month Day Year

Comments: _____
