

Complete this form for all newly-diagnosed cancers excluding non-melanoma skin cancers.

OMB #0925-0414 Exp: 4/06

COMMENTS	<p align="center">- Affix label here-</p> <p>Clinical Center/ID: ____ - ____ - ____ - ____</p> <p>First Name _____ M.I. _____</p> <p>Last Name _____</p>
<p><i>To be completed by Physician Adjudicator:</i></p> <p>Date Completed: ____ - ____ - ____ (M/D/Y)</p> <p>Adjudicator Code: ____</p>	<p><i>To be completed by Outcomes Specialist:</i></p> <p>Staff person: ____</p> <p>Adjudication Case No.: ____</p>

Use a separate form for each diagnosis.

1. Primary cancer site: **(Mark the one that applies best.)** (The number to the right of the checkbox is the ICD-O-2 Code. Any number that includes an * has been assigned the 2-digit code for WHI only.)

Main WHI Cancer Outcomes

- ☐₅₀ Breast
- ☐₅₆ Ovary
- ☐₅₄ Corpus uteri, endometrium
- ☐₅₅ Uterus, not otherwise specified
- ☐₁₈ Colon (excludes appendix, see below)
- ☐₂₀ Rectum
- ☐₁₉ Rectosigmoid junction

Other Cancer Outcomes

- ☐₃₁ Accessory sinuses
- ☐₇₄ Adrenal gland
- ☐₂₁ Anus
- ☐_{86*} Appendix
- ☐₂₄ Biliary tract, parts of [other/unspecified]
- ☐₆₇ Bladder
- ☐₄₀ Bones, joints & articular cartilage of limbs
- ☐₄₁ Bones, joints & articular cartilage [other/unspecified]
- ☐₇₁ Brain
- ☐₇₂ Central Nervous System (excludes brain)
- ☐₅₃ Cervix
- ☐₄₉ Connective, subcutaneous & other soft tissues
- ☐₇₅ Endocrine glands & related structures [other/unspecified]
- ☐₁₅ Esophagus
- ☐₆₉ Eye and adnexa
- ☐₅₇ Genital organs, female [other/unspecified]
- ☐₆₄ Kidney

Other Cancer Outcomes (con't)

- ☐₃₂ Larynx
- ☐₄₂ Leukemia [hematopoietic & reticuloendothelial systems (includes blood; excludes multiple myeloma)]
- ☐₂₂ Liver
- ☐₃₄ Lung (bronchus)
- ☐₇₇ Lymph nodes
- ☐_{83*} Lymphoma, Hodgkin's disease
- ☐_{82*} Lymphoma, non-Hodgkin's disease
- ☐₄₄ Melanoma of the skin
- ☐_{85*} Multiple myeloma
- ☐₀₆ Oral (mouth) [other/unspecified]
- ☐₀₅ Palate
- ☐₂₅ Pancreas
- ☐₀₇ Parotid gland (Stensen's duct)
- ☐₄₇ Peripheral nerves & autonomic nervous system
- ☐₁₂ Piriform sinus
- ☐₃₉ Respiratory system and intrathoracic organs [other/unspecified]
- ☐₀₈ Salivary glands, major [other/unspecified]
- ☐₁₆ Stomach
- ☐₇₃ Thyroid
- ☐₀₂ Tongue, part of [other/unspecified]
- ☐₆₈ Urinary organs [other/unspecified]
- ☐₀₀ Other (**Specify:**) _____

RV _____ KE _____

____ ICD-O-2 Code

2. Date of diagnosis: -- (M/D/Y)
3. Tumor Behavior:
- ☐₁ Invasive; malignant; infiltrating; micro-invasive
- ☐₂ In situ; intraepithelial; non-infiltrating; non-invasive; intraductal
- ☐₃ Borderline malignancy; low malignant potential; uncertain whether benign or malignant; indeterminate malignancy
- ☐₉ Unknown
4. Diagnostic Confirmation Status: **(Mark one. If more than one category applies, mark the first applicable category.)**

Microscopically Confirmed:

- ☐₁ Positive histology (pathology)
- ☐₂ Positive exfoliative cytology, no positive histology
- ☐₃ Positive histology (pathology), distant metastatic site only
- ☐₄ Positive microscopic confirmation, method not specified

Not Microscopically Confirmed:

- ☐₅ Positive laboratory test/marker study
- ☐₆ Direct visualization without microscopic confirmation
- ☐₇ Radiography and other imaging techniques without microscopic confirmation
- ☐₈ Clinical diagnosis only (other than 5, 6 or 7 above)

Confirmation Unknown:

- ☐₉ Unknown if microscopically confirmed

5. Reporting Source: **(Mark one. If more than one category applies, mark the first applicable category.)**

- ☐₁ Hospital inpatient
- ☐₂ Hospital outpatient/radiation or chemotherapy facility, surgical center, or clinic
- ☐₃ Laboratory only (hospital or private) including pathology office
- ☐₄ Physician's office/private medical practitioner
- ☐₅ Nursing/convalescent home/hospice
- ☐₆ Autopsy only
- ☐₇ Death certificate only

Complete the following questions for Breast Cancer only. (Additional documents necessary for central adjudication.)

6. Were hormone (estrogen, progesterone) receptor studies performed?
- ☐₀ No ☐₁ Yes. If test completed, please include results. ☐₉ Unknown
7. Was an axillary lymph node and/or sentinel lymph node dissection performed?
- ☐₀ No ☐₁ Yes. If yes, please include operative and pathology reports in adjudication case packet. ☐₉ Unknown

Responsible Adjudicator Signature

NOTE: If this is a hospitalized event, Form 125 – Summary of Hospitalization Diagnosis must be completed and any other WHI outcomes adjudicated.