

<b>COMMENTS</b>	- Affix label here-
	Member ID: ____ - ____ - ____ # ____
<i>To be completed by CCC Cancer Coder:</i>	
Date Completed: ____-____-____ (MM/DD/YY)	Central Case No.: _____
Adjudicator Code: _____	Case Copy No.: _____

Use a separate form for each new diagnosis.

1. Date of Diagnosis: \_\_\_\_-\_\_\_\_-\_\_\_\_ (MM/DD/YY)
2. Cancer site: *(Mark the one that applies best.)*

**Main Cancer Outcomes**

- ☐<sub>50</sub> Breast
- ☐<sub>56</sub> Ovary
- ☐<sub>54</sub> Corpus uteri, endometrium
- ☐<sub>18</sub> Colon (excludes appendix)
- ☐<sub>20</sub> Rectum
- ☐<sub>19</sub> Rectosigmoid junction

**Other Cancer Outcomes (listed alphabetically)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <sub>31</sub> Accessory sinuses  | <input type="checkbox"/> <sub>15</sub> Esophagus  | <input type="checkbox"/> <sub>06</sub> Oral (mouth) parts of<br>[other/unspecified]                          |
| <input type="checkbox"/> <sub>74</sub> Adrenal gland  | <input type="checkbox"/> <sub>69</sub> Eye and adnexa   | <input type="checkbox"/> <sub>05</sub> Palate  |
| <input type="checkbox"/> <sub>21</sub> Anus and anal canal  | <input type="checkbox"/> <sub>23</sub> Gallbladder  | <input type="checkbox"/> <sub>25</sub> Pancreas  |
| <input type="checkbox"/> <sub>86</sub> * Appendix   | <input type="checkbox"/> <sub>57</sub> Genital organs, female<br>[other/unspecified; excludes<br>vagina, labia, and vulva]                        | <input type="checkbox"/> <sub>07</sub> Parotid gland (Stensen's duct)  |
| <input type="checkbox"/> <sub>24</sub> Biliary tract, parts of<br>[other/unspecified]                         | <input type="checkbox"/> <sub>64</sub> Kidney (excludes renal pelvis)   | <input type="checkbox"/> <sub>47</sub> Peripheral nerves & autonomic<br>nervous system                       |
| <input type="checkbox"/> <sub>67</sub> Bladder  | <input type="checkbox"/> <sub>32</sub> Larynx   | <input type="checkbox"/> <sub>12</sub> Pyriform sinus  |
| <input type="checkbox"/> <sub>40</sub> Bones, joints & articular<br>cartilage of limbs                        | <input type="checkbox"/> <sub>42</sub> Leukemia [hematopoietic &<br>reticuloendothelial systems<br>[includes blood; excludes multiple<br>myeloma] | <input type="checkbox"/> <sub>39</sub> Respiratory system and<br>intrathoracic organs<br>[other/unspecified] |
| <input type="checkbox"/> <sub>41</sub> Bones, joints & articular<br>cartilage [other/unspecified]             | <input type="checkbox"/> <sub>22</sub> Liver  | <input type="checkbox"/> <sub>08</sub> Salivary glands, major<br>[other/unspecified]                         |
| <input type="checkbox"/> <sub>71</sub> Brain  | <input type="checkbox"/> <sub>34</sub> Lung (bronchus)  | <input type="checkbox"/> <sub>17</sub> Small intestine   |
| <input type="checkbox"/> <sub>72</sub> Central Nervous System<br>(excludes brain)                             | <input type="checkbox"/> <sub>77</sub> Lymph nodes  | <input type="checkbox"/> <sub>16</sub> Stomach (includes GE junction)  |
| <input type="checkbox"/> <sub>53</sub> Cervix   | <input type="checkbox"/> <sub>83</sub> * Lymphoma, Hodgkin's  | <input type="checkbox"/> <sub>73</sub> Thyroid   |
| <input type="checkbox"/> <sub>49</sub> Connective, subcutaneous &<br>other soft tissues (includes<br>sarcoma) | <input type="checkbox"/> <sub>82</sub> * Lymphoma, non-Hodgkin's  | <input type="checkbox"/> <sub>02</sub> Tongue, parts of<br>[other/unspecified]                               |
| <input type="checkbox"/> <sub>75</sub> Endocrine glands & related<br>structures [other/unspecified]           | <input type="checkbox"/> <sub>44</sub> Melanoma of the skin   | <input type="checkbox"/> <sub>55</sub> Uterus, not otherwise specified                                       |
|   | <input type="checkbox"/> <sub>85</sub> * Multiple myeloma <sup>1</sup>  | <input type="checkbox"/> <sub>00</sub> Other ( <b><i>Specify site. Enter<br/>site code in Qx. 3.</i></b> )   |

\* See WHI Extension Manual, Appendix C, Coding Reference

<sup>1</sup> Includes plasma cell leukemia and plasmacytoma/extramedullary

3. ICD-0 Code:  .

4. Tumor Behavior: **(Mark one only.)**

- ☐<sub>1</sub> Invasive; malignant; infiltrating; micro-invasive
- ☐<sub>2</sub> In situ; intraepithelial; non-infiltrating; non-invasive; intraductal
- ☐<sub>3</sub> Borderline malignancy; low malignant potential; uncertain whether benign or malignant; indeterminate malignancy. **(Use only for ovary site.)**
- ☐<sub>9</sub> Unknown

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

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

6. Diagnostic Confirmation Status: **(Mark one only. If more than one category applies, mark the first applicable category.)**

**Microscopically Confirmed:**

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

**Not Microscopically Confirmed:**

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

**Confirmation Unknown:**

- ☐<sub>9</sub> Unknown if microscopically confirmed

7. Laterality: **(Mark one only.)**

- ☐<sub>0</sub> Not a paired site
- ☐<sub>1</sub> Right: origin of primary
- ☐<sub>2</sub> Left: origin of primary
- ☐<sub>3</sub> Only one side involved, right or left origin unspecified
- ☐<sub>4</sub> Bilateral involvement, lateral origin unknown: stated to be single primary
- ☐<sub>5</sub> Paired site, but no information concerning laterality; midline tumor

## 8. Morphology: (ICD-0)

8.1					8.2	8.3
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## 9. Extent of disease

9.1				9.2			9.3	9.4		9.5
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10. Summary Stage: **(Mark one only.)**

- ☐<sub>1</sub> In situ
- ☐<sub>2</sub> Localized
- ☐<sub>3</sub> Regional
- ☐<sub>4</sub> Distant
- ☐<sub>9</sub> Unknown

**Complete Questions 11–14 for Breast Cancer Only.**11. Complete the subclassification for Breast Histology 8522: **(Mark one only.)**

- |  |   |
|--|---|
| <input type="checkbox"/> <sub>0</sub> Not applicable                       | <input type="checkbox"/> <sub>3</sub> Ductal invasive plus lobular invasive   |
| <input type="checkbox"/> <sub>1</sub> Ductal in situ plus lobular in situ  | <input type="checkbox"/> <sub>4</sub> Ductal in situ plus lobular invasive    |
| <input type="checkbox"/> <sub>2</sub> Ductal invasive plus lobular in situ | <input type="checkbox"/> <sub>5</sub> Invasive cancer, ductal and lobular nos |

## 12. Estrogen Receptor Assay:

**(Mark one only.)**

- ☐<sub>1</sub> Positive
- ☐<sub>2</sub> Negative
- ☐<sub>3</sub> Borderline
- ☐<sub>8</sub> Ordered/Results not available
- ☐<sub>9</sub> Unknown/Not done

## 12.1. Date:

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(MM/DD/YY)

## 12.2. Type of assay:

**(Mark one only.)**

- ☐<sub>1</sub> fmol/mg protein
- ☐<sub>2</sub> ICC/IHC
- ☐<sub>8</sub> Other: \_\_\_\_\_
- ☐<sub>9</sub> Unknown

13. Progesterone Receptor Assay:

**(Mark one only.)**

- ☐<sub>1</sub> Positive
- ☐<sub>2</sub> Negative
- ☐<sub>3</sub> Borderline
- ☐<sub>8</sub> Ordered/Results not available
- ☐<sub>9</sub> Unknown/Not done

13.1. Date:

\_\_\_\_-\_\_\_\_-\_\_\_\_  
(MM/DD/YY)

13.2. Type of assay:

**(Mark one only.)**

- ☐<sub>1</sub> fmol/mg protein
- ☐<sub>2</sub> ICC/IHC
- ☐<sub>8</sub> Other: \_\_\_\_\_
- ☐<sub>9</sub> Unknown

14. Her 2/Neu Receptor:

**(Mark one only.)**

- ☐<sub>1</sub> Positive
- ☐<sub>2</sub> Negative
- ☐<sub>3</sub> Borderline
- ☐<sub>8</sub> Ordered/Results not available
- ☐<sub>9</sub> Unknown/Not done

14.1. Date:

\_\_\_\_-\_\_\_\_-\_\_\_\_  
(MM/DD/YY)

**AS355 COSMOS only**15. Case disposition: **(Mark only one.)**

- ☐<sub>1</sub> New cancer
- ☐<sub>2</sub> Recurrence, Local/regional/distant
- └─> **If yes:** Record the "Metastatic" site(s) \_\_\_\_\_
- ☐<sub>3</sub> Recurrence, Unknown – Unable to further classify
- ☐<sub>4</sub> Transformation (Hematopoietic only)
- ☐<sub>5</sub> Disease progression

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Coder Signature