

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

OMB #0925-0414 Exp: 4/06

<p>COMMENTS</p>	<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 Pyramidal 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:**) _____

____ ICD-0-2 Code

RV _____ KE _____

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.