**WHI Form 130 - Cancer Surveillance Form Ver. 3**

**COMMENTS**

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- Coder Signature

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<th>Clinical Center/ID:</th>
<th>__ __ - ___ ___ ___ - ___</th>
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<tr>
<td>First Name</td>
<td>___________________________</td>
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<tr>
<td>M.I.</td>
<td>__ __ ____________________</td>
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<td>Last Name</td>
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<tr>
<th>Date Completed:</th>
<th>(M/D/Y)</th>
<th>Adjudication Case No.</th>
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1. Date of Diagnosis: ___-___-___ (M/D/Y)

2. Main WHI Cancer Outcomes: *(Mark one.)*

- Breast
- Ovary
- Corpus uteri, endometrium
- Uterus, not otherwise specified
- Colon
- Rectum
- Rectosigmoid junction
- Other *(Specify): ____________________________*

2.1. ICD-0-2: C ___ __

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

**Microscopically Confirmed:**

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

**Not Microscopically Confirmed:**

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

**Confirmation Unknown:**

- Unknown if microscopically confirmed

RV __________ KE __________
4. Morphology:

5. Subclassification for Breast Histology 8522: (Mark One.)
   - [ ] 0 Not Applicable
   - [ ] 1 Ductal in situ plus lobular in situ
   - [ ] 2 Ductal invasive plus lobular in situ
   - [ ] 3 Ductal invasive plus lobular invasive
   - [ ] 4 Lobular invasive plus ductal in situ
   - [ ] 5 Invasive cancer, ductal and lobular nos

6. Laterality: (Mark One.)
   - [ ] 0 Not a paired site
   - [ ] 1 Right: origin of primary
   - [ ] 2 Left: origin of primary
   - [ ] 3 Only one side involved, right or left origin unspecified
   - [ ] 4 Bilateral involvement, lateral origin unknown: stated to be single primary
   - [ ] 5 Paired site, but no information concerning laterality; midline tumor

7. 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

8. EOD (SEER):
9. Summary Stage (SEER): *(Mark one.)*
   - [ ] 1 In situ
   - [ ] 2 Localized
   - [ ] 3 Regional
   - [ ] 4 Distant
   - [ ] 9 Unknown

10. Estrogen Receptor Assay: *(Mark one.)*
   10.1. Date: __________________________ (M/D/Y)
   10.2. Type of assay:
   - [ ] 1 Positive
   - [ ] 2 Negative
   - [ ] 3 Borderline
   - [ ] 8 Ordered/Results not available
   - [ ] 9 Unknown/Not done

11. Progesterone Receptor Assay: *(Mark one.)*
   11.1. Date: __________________________ (M/D/Y)
   11.2. Type of assay:
   - [ ] 1 Positive
   - [ ] 2 Negative
   - [ ] 3 Borderline
   - [ ] 8 Ordered/Results not available
   - [ ] 9 Unknown/Not done

12. Her 2/Neu: *(Mark one.)*
   12.1. Date: __________________________ (M/D/Y)
   - [ ] 1 Positive
   - [ ] 2 Negative
   - [ ] 3 Borderline
   - [ ] 8 Ordered/Results not available
   - [ ] 9 Unknown/Not done

13. CSS Editor Code: ______ ______ ______