To be completed by CCC Cancer Coder:
Date Completed: ________-_______-______ (MM/DD/YY)
Adjudicator Code: ________
Central Case No.: ________
Case Copy No.: ________

Use a separate form for each new diagnosis.

1. Date of Diagnosis: ________-_______-______ (MM/DD/YY)

2. Primary cancer site: (Mark the one that applies best.)

Main WHI Cancer Outcomes

- Breast
- Ovary
- Corpus uteri, endometrium
- Colon (excludes appendix, see below)
- Rectum
- Rectosigmoid junction

Other Cancer Outcomes

- Accessory sinuses
- Adrenal gland
- Anus
- * Appendix
- Biliary tract, parts of [other/unspecified]
- Bladder
- Bones, joints & articular cartilage of limbs
- Bones, joints & articular cartilage [other/unspecified]
- Brain
- Central Nervous System (excludes brain)
- Cervix
- Connective, subcutaneous & other soft tissues
- Endocrine glands & related structures [other/unspecified]
- Esophagus
- Eye and adnexa
- Genital organs, female [other/unspecified]
- Kidney
- Larynx
- Leukemia [hematopoietic & reticuloendothelial systems [includes blood; excludes multiple myeloma]
- Liver
- Lung (bronchus)
- Lymph nodes
- * Lymphoma, Hodgkin’s disease
- * Lymphoma, non-Hodgkin’s disease
- Melanoma of the skin
- * Multiple myeloma
- Oral (mouth) [other/unspecified]
- Palate
- Pancreas
- Parotid gland (Stensen’s duct)
- Peripheral nerves & autonomic nervous system
- Pyriform sinus
- Respiratory system and intrathoracic organs [other/unspecified]
- Salivary glands, major [other/unspecified]
- Stomach
- Thyroid
- Tongue, part of [other/unspecified]
- Urinary organs [other/unspecified]
- Uterus, not otherwise specified
- Other (Specify site. Enter site code in Qx. 3.)
3. ICD-0-2 Code: Complete for Main Cancer site or “Other Cancer” site not already specified in Question 2. (Note to ancillary study coder, complete as requested by CCC.)

4. Tumor Behavior: Complete only for an “Other Cancer” diagnosis. (Mark one only.)
   - Invasive; malignant; infiltrating; micro-invasive
   - In situ; intraepithelial; non-infiltrating; non-invasive; intraductal
   - Borderline malignancy; low malignant potential; uncertain whether benign or malignant; indeterminate malignancy
   - Unknown

5. Reporting Source: (Mark one only. If more than one category applies, mark the first applicable category.)
   - Hospital inpatient
   - Hospital outpatient/radiation or chemotherapy facility, surgical center, or clinic
   - Laboratory only (hospital or private) including pathology office
   - Physician’s office/private medical practitioner
   - Nursing/convalescent home/hospice
   - Autopsy only
   - Death certificate only

6. Diagnostic Confirmation Status: (Mark one only. 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), regional or 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 above)
   - Confirmation Unknown:
     - Unknown if microscopically confirmed
Complete Questions 7–10 for Main Cancer Outcomes only.

7. Laterality: *Mark one only.*
   - □ 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

8. Morphology:
   - □ 8.1
   - □ 8.2
   - □ 8.3

9. EOD (SEER):
   - □ 9.1
   - □ 9.2
   - □ 9.3
   - □ 9.4
   - □ 9.5

10. Summary Stage (SEER): *Mark one only.*
    - □ 1 In situ
    - □ 2 Localized
    - □ 3 Regional
    - □ 4 Distant
    - □ 9 Unknown
Complete Questions 11–14 for Breast Cancer Only.

11. Complete the subclassification for Breast Histology 8522: *(Mark one only.)*
   - □ 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

12. Estrogen Receptor Assay:
   *(Mark one only.)*
   - □ 13.1 Date: 12.2 Type of assay:
     - □ 1 Positive
     - □ 2 Negative
     - □ 3 Borderline
     - □ 8 Ordered/Results not available
     - □ 9 Unknown/Not done

13. Progesterone Receptor Assay:
   *(Mark one only.)*
   - □ 13.1 Date: 13.2 Type of assay:
     - □ 1 Positive
     - □ 2 Negative
     - □ 3 Borderline
     - □ 8 Ordered/Results not available
     - □ 9 Unknown/Not done

14. Her 2/Neu:
   *(Mark one only.)*
   - □ 14.1 Date:
     - □ 1 Positive
     - □ 2 Negative
     - □ 3 Borderline
     - □ 8 Ordered/Results not available
     - □ 9 Unknown/Not done

___________________________________________
Coder Signature

15. Editor Code:  _______________________

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