

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

Use a separate form for each new diagnosis.

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

Main Cancer Outcomes

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

Other Cancer Outcomes (listed alphabetically)

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

* See WHI Extension Manual, Appendix C, Coding Reference
¹ Includes plasma cell leukemia and plasmacytoma/extramedullary

3. ICD-0 Code: .

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

- 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. **(Use only for ovary site.)**
- ₉ Unknown

5. Reporting Source: **(Mark one only. 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

6. Diagnostic Confirmation Status: **(Mark one only. 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), regional or 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

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: (ICD-0)

_{8.1} _{8.2} _{8.3}

9. Extent of disease

_{9.1} _{9.2} _{9.3} _{9.4} _{9.5}

10. Summary Stage: **(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.)**

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

12. Estrogen Receptor Assay:

(Mark one only.)

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

12.1. Date:

(MM/DD/YY)

12.2. Type of assay:

(Mark one only.)

- ₁ fmol/mg protein
- ₂ ICC/IHC
- ₈ Other: _____
- ₉ Unknown

13. Progesterone Receptor Assay:

(Mark one only.)

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

13.1. Date:

____-____-____
(MM/DD/YY)

13.2. Type of assay:

(Mark one only.)

- ₁ fmol/mg protein
- ₂ ICC/IHC
- ₈ Other: _____
- ₉ Unknown

14. Her 2/Neu Receptor:

(Mark one only.)

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

14.1. Date:

____-____-____
(MM/DD/YY)

AS355 COSMOS only

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

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

Coder Signature