## Form 130 – Report of Cancer Outcome

### COMMENTS

<table>
<thead>
<tr>
<th>- Affix label here-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member ID: __ __ - ______ - ___ #___</td>
</tr>
</tbody>
</table>

**To be completed by CCC Cancer Coder:**

<table>
<thead>
<tr>
<th>Date Completed:</th>
<th>(MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjudicator Code:</td>
<td>____________</td>
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<table>
<thead>
<tr>
<th>Central Case No.:</th>
<th></th>
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<tbody>
<tr>
<td>Case Copy No.:</td>
<td></td>
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</tbody>
</table>

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**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

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

### Other Cancer Outcomes (listed alphabetically)

- Accessory sinuses
- Adrenal gland
- Anus and anal canal
- *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 (includes sarcoma)
- Endocrine glands & related structures [other/unspecified]
- Esophagus
- Eye and adnexa
- Gallbladder
- Genital organs, female [other/unspecified; excludes vagina, labia, and vulva]
- Kidney (excludes renal pelvis)
- Larynx
- Leukemia [hematopoietic & reticuloendothelial systems [includes blood; excludes multiple myeloma]
- Liver
- Lung (bronchus)
- Lymph nodes
- Lymphoma, Hodgkin's
- Lymphoma, non-Hodgkin's
- Melanoma of the skin
- *Multiple myeloma
- Oral (mouth) parts of [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]
- Small intestine
- Stomach (includes GE junction)
- Thyroid
- Tongue, parts of [other/unspecified]
- Uterus, not otherwise specified
- Other *(Specify site. Enter site code in Qx. 3.)*

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* See WHI Extension Manual, Appendix C, Coding Reference

* Includes plasma cell leukemia and plasmacytoma/extramedullary
3. ICD-0 Code: [ ]

4. Tumor Behavior: *(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. *(Use only for ovary site.)*
   - [ ] 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
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)*

9. Extent of disease

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.)*
    - □ 0 Not applicable
    - □ 1 Ductal invasive plus lobular invasive
    - □ 2 Ductal in situ plus lobular in situ
    - □ 3 Ductal invasive plus lobular invasive
    - □ 4 Ductal in situ plus lobular invasive
    - □ 5 Invasive cancer, ductal and lobular nos

12. Estrogen Receptor Assay: *(Mark one only.)*
    - □ 1 Positive
    - □ 2 Negative
    - □ 3 Borderline
    - □ 4 Ordered/Results not available
    - □ 5 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: _______/
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: _______/

AS355 COSMOS only

15. Case disposition: (Mark only one.)
- □ 1 New cancer  
- □ 2 Recurrence, Local/regional/distant  
- □ 3 Recurrence, Unknown – Unable to further classify  
- □ 4 Transformation (Hematopoietic only)  
- □ 5 Disease progression  

→ If yes: Record the “Metastatic” site(s) ________________________________

Coder Signature