

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

Use a separate form for each new diagnosis.

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

Main WHI Cancer Outcomes

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> ₅₀ Breast | → | Questions 1–3, 5–14 required. |
| <input type="checkbox"/> ₅₆ Ovary | } | → Questions 1–3, 5–10 required. |
| <input type="checkbox"/> ₅₄ Corpus uteri, endometrium | | |
| <input type="checkbox"/> ₁₈ Colon (excludes appendix, see below) | | |
| <input type="checkbox"/> ₂₀ Rectum | | |
| <input type="checkbox"/> ₁₉ Rectosigmoid junction | | |

Other Cancer Outcomes

- | | | |
|---|---|--|
| → Questions 1–6 required. | | |
| <input type="checkbox"/> ₃₁ Accessory sinuses | <input type="checkbox"/> ₆₉ Eye and adnexa | <input type="checkbox"/> ₀₇ Parotid gland (Stensen's duct) |
| <input type="checkbox"/> ₇₄ Adrenal gland | <input type="checkbox"/> ₅₇ Genital organs, female
[other/unspecified] | <input type="checkbox"/> ₄₇ Peripheral nerves & autonomic
nervous system |
| <input type="checkbox"/> ₂₁ Anus | <input type="checkbox"/> ₆₄ Kidney | <input type="checkbox"/> ₁₂ Pyramidal sinus |
| <input type="checkbox"/> _{86*} Appendix | <input type="checkbox"/> ₃₂ Larynx | <input type="checkbox"/> ₃₉ Respiratory system and
intrathoracic organs
[other/unspecified] |
| <input type="checkbox"/> ₂₄ Biliary tract, parts of
[other/unspecified] | <input type="checkbox"/> ₄₂ Leukemia [hematopoietic &
reticuloendothelial systems
[includes blood; excludes multiple
myeloma] | <input type="checkbox"/> ₀₈ Salivary glands, major
[other/unspecified] |
| <input type="checkbox"/> ₆₇ Bladder | <input type="checkbox"/> ₂₂ Liver | <input type="checkbox"/> ₁₆ Stomach |
| <input type="checkbox"/> ₄₀ Bones, joints & articular
cartilage of limbs | <input type="checkbox"/> ₃₄ Lung (bronchus) | <input type="checkbox"/> ₇₃ Thyroid |
| <input type="checkbox"/> ₄₁ Bones, joints & articular
cartilage [other/unspecified] | <input type="checkbox"/> ₇₇ Lymph nodes | <input type="checkbox"/> ₀₂ Tongue, part of
[other/unspecified] |
| <input type="checkbox"/> ₇₁ Brain | <input type="checkbox"/> _{83*} Lymphoma, Hodgkin's disease | <input type="checkbox"/> ₆₈ Urinary organs
[other/unspecified] |
| <input type="checkbox"/> ₇₂ Central Nervous System
(excludes brain) | <input type="checkbox"/> _{82*} Lymphoma, non-Hodgkin's
disease | <input type="checkbox"/> ₅₅ Uterus, not otherwise
specified |
| <input type="checkbox"/> ₅₃ Cervix | <input type="checkbox"/> ₄₄ Melanoma of the skin | <input type="checkbox"/> ₀₀ Other (Specify site. Enter
site code in Qx. 3.) |
| <input type="checkbox"/> ₄₉ Connective, subcutaneous &
other soft tissues | <input type="checkbox"/> _{85*} Multiple myeloma | |
| <input type="checkbox"/> ₇₅ Endocrine glands & related
structures [other/unspecified] | <input type="checkbox"/> ₀₆ Oral (mouth) [other/unspecified] | |
| <input type="checkbox"/> ₁₅ Esophagus | <input type="checkbox"/> ₀₅ Palate | |
| | <input type="checkbox"/> ₂₅ Pancreas | |

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.)**

- 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

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

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:

9. EOD (SEER):

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.)

- 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: (Mark one only.)

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

14.1. Date: --
(MM/DD/YY)

Coder Signature

15. Editor Code: