

**DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM**

Example 8

SHADED ITEMS WILL BE COMPLETED BY CANCER REGISTRY STAFF	This form MUST be used for all cases diagnosed on or after 2008.
(580) DATE OF FIRST CONTACT: 05252008 (MMDDYYYY)	(2460) PHYSICIAN MANAGING: TX1111
(550) REGISTRY NUMBER: 200800004	(2470) PHYSICIAN FOLLOW UP: TX1234
(540) REPORTING FACILITY NUMBER: 998	(2410) FACILITY REFERRED FROM: 0000000000
(500) REPORTING SOURCE: 2	(2420) FACILITY REFERRED TO: 0000000000
(2300) MEDICAL RECORD #: 0000C1	(560) SEQUENCE NUMBER: 02
(610) CLASS OF CASE: 2	(2220) OTHER PRIMARY TUMORS: (SITE,MORPHOLOGY, and DATE) ADENOCARCINOMA OF SIGMOID COLON, 2000
(2230) LAST NAME: AIF	
(2240) FIRST NAME: D	
(2250) MIDDLE NAME: L	
(2390) MAIDEN NAME:	(630) PRIMARY PAYER AT DX: 10
(2280) ALIAS NAME:	(390) DATE OF INITIAL DX: 05012008 (MMDDYYYY)
(2330) STREET ADDRESS: 222 Everywhere Dr	(420, 430) ICD-O-2 MORPH/BEHAVIOR BEFORE 2001:
(2335) ADDRESS AT DX SUPPLEMENTAL:	(522, 523) ICD-O-3 MORPH/BEHAVIOR DX ON OR AFTER 2001: 81403
(70) CITY: Anytown	(400) PRIMARY SITE: C619
(80) STATE: TX	(440) GRADE OF TUMOR: 2
(100) ZIP CODE: 00001	(410) LATERALITY: 0
(90) FIPS COUNTY CODE AT DX: 481	FINAL DIAGNOSIS (2580, 2590)
(2320) SSN: 100100001	(2590) MORPHOLOGY/BEHAVIOR AND GRADE: Adenocarcinoma, Gleason score 5
(240) DATE OF BIRTH: 11271950	(2580) PRIMARY SITE AND LATERALITY: Prostate
(250) PLACE OF BIRTH: 999	
(160) RACE 1: 01	
(161) RACE 2: 88	
(162) RACE 3: 88	
(163) RACE 4: 88	(490) DIAGNOSTIC CONFIRMATION: 1
(164) RACE 5: 88	
(190) SPANISH/HISPANIC ORIGIN: 3	(780) TUMOR SIZE (MM): DX PRIOR TO 2004
(220) SEX: 1	(760) SUMMARY STAGE 1977:
(2680) OTHER PERTINENT INFORMATION: 57 year old Cuban male	(759) SUMMARY STAGE 2000:

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(2800) (2004 and >) CS TUMOR SIZE: 999	(2640) RX TEXT-CHEMO	
(2810) CS EXTENSION: 15		
(2820) CS TUMOR SIZE/EXT EVAL: 0		
(2830) CS LYMPH NODES: 00		
(820) REGIONAL LYMPH NODES POSITIVE: 98	(1400) HORMONE CODE: 88	
(830) REGIONAL LYMPH NODES EXAMINED: 00	(2650) RX TEXT-HORMONE Lupron recommended, unk if patient received therapy	
(2850) CS METS AT DX: 00		
(2880) CS SITE-SPECIFIC FACTOR 1:		
(2900) CS SITE-SPECIFIC FACTOR 3: 097	(1410) IMMUNOTHERAPY CODE: 00	
(2600) SUMMARY STAGE DOCUMENTATION: 4/15/08 PSA at outside facility elevated at 15 5/1/08 Prostate bx at MD office: Adenoca, Gleason 5 5/5/08 CT scans and Abd U/S: no abnormal findings	(3250) RX SUMM-TRANSPLANT/ENDOCRINE: 00	
	(2660) RX TEXT-IMMUNOTHERAPY	
FIRST COURSE TREATMENT	(1639) RX SUMM-SYSTEMIC/SURG SEQUENCE: 0	
(1292) RX SUMM-SCOPE OF REG LN SURGERY: 0	(1250) DATE OTHER TREATMENT STARTED: 00000000 (MMDDYYYY)	
(1200) RX DATE-SURGERY: 00000000 (MMDDYYYY)	(1420) OTHER TREATMENT CODE: 0	
(1290) SURG RX CODE: 00	(2670) RX TEXT-OTHER	
(1340) REASON FOR NO SURGERY: 1		
(1294) RX SUMM-SURG OTHER/DIST RX CODE: 0		
(2610) RX TEXT-SURGERY No surgery done	(1750) DATE OF LAST CONTACT OR DEATH: 05252008 (MMDDYYYY)	
	(1760) VITAL STATUS: 1	
(1210) DATE RADIATION STARTED: 05252008 (MMDDYYYY)	(2090) DATE ABSTRACTED: 09192008 (MMDDYYYY)	
(1570) RAD-REGIONAL RX MODALITY CODE: 54	(570) ABTRACTOR INITIALS: ONO	
(2620, 2630) RX TEXT-RADIATION Hi dose Iodine-125 Brachytherapy on 5/25/2008	(50) NAACCR RECORD VERSION: 11.2	
	FOR CRD USE ONLY	
		(1380) RX SUMM-SURG/RAD SEQUENCE: 0
		(3230) RX DATE-SYSTEMIC: 88888888 (MMDDYYYY)
(1390) CHEMOTHERAPY CODE: 00		