

**Department of State Health Services Confidential Cancer Reporting Form 2010 Example 1**

(580)DATE OF ADMIT/FIRST CONTACT: (YYYYMMDD)
(581) DATE OF ADMIT/FIRST CONTACT FLAG: Derived
(550) REGISTRY NUMBER:
(540) REPORTING FACILITY NUMBER:
(500) REPORTING SOURCE:
(2300) MEDICAL RECORD #:
(610) CLASS OF CASE:
(2230) LAST NAME:
(2240) FIRST NAME:
(2250) MIDDLE NAME:
(2390) MAIDEN NAME:
(2280) ALIAS NAME:
(2330) STREET ADDRESS:
(2335) ADDRESS AT DX SUPPLEMENTAL:
(70) CITY:
(80) STATE:
(100) ZIP CODE:
(90) FIPS COUNTY CODE AT DX:
(2320) SSN:
(240) DATE OF BIRTH: (YYYYMMDD)
(241) DATE OF BIRTH FLAG: Derived
(250) PLACE OF BIRTH:
(160) RACE 1:
(161) RACE 2:
(162) RACE 3:
(163) RACE 4:
(164) RACE 5:
(190) SPANISH/HISPANIC ORIGIN:
(220) SEX:
(310, 320) TEXT USUAL OCCUPATION AND INDUSTRY
(2680) OTHER PERTINENT INFORMATION

(2470) PHYSICIAN FOLLOW UP:
(560) SEQUENCE #:
(2220) OTHER PRIMARY TUMORS: (SITE MORPHOLOGY AND DATE)
(630) PRIMARY PAYER AT DX:
(390) DATE OF INITIAL DX: (YYYYMMDD)
(391) DATE OF DIAGNOSIS FLAG: Derived
(420, 430) ICD-O-2 MORPH/BEHAVIOUR BEFORE 2001:
(522, 523) ICD-O-3 MORPH/BEHAVIOUR DX ON OR AFTER 2001:
(400) PRIMARY SITE:
(440) GRADE OF TUMOR:
(410) LATERALITY:
FINAL DIAGNOSIS (2580, 2590) (2590) MORPHOLOGY/BEHAVIOR AND GRADE:
(2580) PRIMARY SITE AND LATERALITY:
(490) DIAGNOSTIC CONFIRMATION
(780) TUMOR SIZE (MM): DX PRIOR TO 2004
(760) SUMMARY STAGE 1977:
(759) SUMMARY STAGE 2000:
(2800) (2004 AND >) CS TUMOR SIZE:
(2810) CS EXTENSION :
(2820) CS TUMOR SIZE/EXT EVAL:
(2830) CS LYMPH NODES:
(820) REGIONAL LYMPH NODES POSITIVE:
(830) REGIONAL LYMPH NODES EXAMINED:
(2850) CS METS AT DX:
(2880) CS SITE-SPECIFIC FACTOR 1:
(2890) CS SITE SPECIFIC FACTOR 2:
(2900) CS SITE SPECIFIC FACTOR 3:
(2862) CS SITE SPECIFIC FACTOR 8:

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(2863) CS SITE SPECIFIC FACTOR 9:
(2864) CS SITE SPECIFIC FACTOR 10:
(2865) CS SITE SPECIFIC FACTOR 11:
(2866) CS SITE SPECIFIC FACTOR 12:
(2867) CS SITE SPECIFIC FACTOR 13:
(2868) CS SITE SPECIFIC FACTOR 14:
(2897) CS SITE SPECIFIC FACTOR 25
(2600) SUMMARY STAGE DOCUMENTATION:
<b>FIRST COURSE TREATMENT</b>
(1260) DATE OF INITIAL TREATMENT: Derived (YYYYMMDD)
(1261) DATE OF INITIAL TREATMENT FLAG: Derived
(1292) RX SUMM-SCOPE OF REG LN SURGERY:
(1200) RX DATE SURGERY: (YYYYMMDD)
(1201) RX DATE SURGERY FLAG: Derived
(1290) SURG RX CODE:
(1340) REASON FOR NO SURGERY:
(1294) RX SUMM-SURG OTHER/DIST RX CODE:
(2610) RX TEXT-SURGERY
(1210) DATE RADIATION STARTED: (YYYYMMDD)
(1211) RX DATE RADIATION FLAG:
(1570) RAD-REGIONAL RX MODALITY CODE:
(2620, 2630) RX TEXT-RADIATION
(1380) RX SUMM-SURG/RAD SEQUENCE:
(3230) RX DATE-SYSTEMIC: Derived (YYYYMMDD)

(1220) DATE CHEMOTHERAPY STARTED: (YYYYMMDD)
(1221) RX DATE CHEMO FLAG:
(1390) CHEMOTHERAPY CODE:
(2640) RX TEXT-CHEMO:
(1230) DATE HORMONE THERAPY STARTED: (YYYYMMDD)
(1231) RX DATE HORMONE FLAG:
(1400) HORMONE THERAPY:
(2650) RX TEXT HORMONE:
(1240) DATE IMMUNOTHERAPY STARTED: (YYYYMMDD)
(1241) RX DATE IMMUNOTHERAPY FLAG:
(1410) IMMUNOTHERAPY:
(2660) RX TEXT-IMMUNOTHERAPY:
(3250) RX SUMM-TRANSPLANT/ENDOCRINE:
(1639) RX SUMM-SYSTEMIC/SURG SEQUENCE:
(1250) DATE OTHER TREATMENT STARTED: (YYYYMMDD)
(1251) RX DATE OTHER FLAG: Derived
(1420) OTHER TREATMENT CODE:
(2670) RX TEXT-OTHER:
(1285) RX SUMM-TREATMENT STATUS:
(1750) DATE OF LAST CONTACT OR DEATH: (YYYYMMDD)
(1751) DATE OF LAST CONTACT FLAG: Derived
(1760) VITAL STATUS:
(2090) DATE ABSTRACTED: (YYYYMMDD)
(570) ABTRACTOR INITIALS:
(50) NAACCR RECORD VERSION: 12