

Department of State Health Services Confidential Cancer Reporting Form 2012  
 Example 1: WebPlus Format

Date of Admit/First Contact *	<input type="text" value="20120119"/>	
Registry Number *	<input type="text" value="201200010"/>	
Reporting Facility Number *	<input type="text" value="997"/>	
Reporting Source *	<input type="text" value="1"/>	
Patient Medical Record # *	<input type="text" value="00002012811"/>	
Class of Case *	<input type="text" value="10"/>	

**PATIENT INFORMATION/DEMOGRAPHICS**

Patient Last Name *	<input type="text" value="BROWN"/>	
Patient First Name *	<input type="text" value="CHARLES"/>	
Patient Middle Name	<input type="text" value="L"/>	
Patient Maiden Name	<input type="text"/>	
Name--Alias	<input type="text" value="CHARLIE"/>	
Patient Street Address *	<input type="text" value="91264 Ready Ln"/>	
Addr at DX--Supplemental	<input type="text"/>	
Patient City *	<input type="text" value="NACOGDOCHES"/>	
Patient State *	<input type="text" value="TX"/>	
Patient Zip Code *	<input type="text" value="75964"/>	
FIPS County Code at DX *	<input type="text" value="347"/>	

Patient SSN *	<input type="text" value="121212121"/>	
Patient Date of Birth *	<input type="text" value="20000223"/>	
Place of Birth *	<input type="text" value="077"/>	
Race 1 *	<input type="text" value="01"/>	
Race 2 *	<input type="text" value="88"/>	
Race 3 *	<input type="text" value="88"/>	
Race 4 *	<input type="text" value="88"/>	
Race 5 *	<input type="text" value="88"/>	
Spanish/Hispanic Origin *	<input type="text" value="0"/>	

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Patient Sex *	<input type="text" value="1"/>	
Text--Usual Industry	<input type="text" value="N/A"/>	
Text--Usual Occupation	<input type="text" value="None"/>	
Other Pertinent Information		
	<input type="text" value="Caucasian male child&lt;br/&gt;Following Phys: Dr. Angela&lt;br/&gt;Camacho.&lt;br/&gt;Primary Payer: PPO"/>	
Physician--Follow-Up *	<input type="text" value="TX777"/>	
Sequence Number *	<input type="text" value="00"/>	
Other Primary Tumors	<input type="text" value="None"/>	
Primary Payer at DX *	<input type="text" value="20"/>	
Tobacco Use Cigarettes *	<input type="text" value="0"/>	
Tobacco Use Oth Smoke *	<input type="text" value="0"/>	
Tobacco Use Smokeless *	<input type="text" value="0"/>	
Tobacco Use NOS *	<input type="text" value="0"/>	
Date of Initial Diagnosis *	<input type="text" value="20120119"/>	
Age at Diagnosis	<input type="text"/>	
ICDO 2 Morph B/4 2001	<input type="text"/>	
ICDO 2 Behavior B/4 2001	<input type="text"/>	
ICDO 3 Morph After 2001 *	<input type="text" value="9471"/>	
ICDO 3 Behavior After 2001 *	<input type="text" value="3"/>	
Primary Site *	<input type="text" value="C716"/>	
Grade of Tumor *	<input type="text" value="9"/>	
Grade Path Value	<input type="text"/>	



























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Grade Path System	<input type="text"/>		
Laterality *	0		
Final Diagnosis (Morph, Behavior, Grade) *	<div style="border: 1px solid gray; padding: 2px;">                 Desmoplastic Nodular                  Medullablastoma                  Grade 3             </div>		
Final Diagnosis (Primary, Laterality) *	<div style="border: 1px solid gray; padding: 2px;">                 Brain, cerebellum             </div>		
Lymph-vascular Invasion	<input type="text"/>		
Diagnostic Confirmation	1		


**STAGE/PROGNOSTIC FACTORS**


SEER Sum Stage 1977	<input type="text"/>		
SEER Sum Stage 2000	<input type="text"/>		
CS Tumor Size *		060	
CS Extension *		710	
CS Tumor Size/Ext Eval *		3	
CS Lymph Nodes *		99	
CS Lymph Nodes Eval *		9	
Reg Lymph Nodes Pos *		99	
Reg Lymph Nodes Exam *		99	
CS Mets at DX *		99	
CS Mets Eval *		9	
CS Site-Specific Factor 1 *		030	
CS Site-Specific Factor 2 *		999	
CS Site-Specific Factor 3 *		988	
CS Site-Specific Factor 4 *		988	
CS Site-Specific Factor 5 *		988	



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CS Site-Specific Factor 6 *		<input type="text" value="988"/>	
CS Site-Specific Factor 7 *		<input type="text" value="020"/>	
CS Site-Specific Factor 8 *		<input type="text" value="988"/>	
CS Site-Specific Factor 9 *		<input type="text" value="988"/>	
CS Site-Specific Factor 10 *		<input type="text" value="988"/>	
CS Site-Specific Factor 11 *		<input type="text" value="988"/>	
CS Site-Specific Factor 12 *		<input type="text" value="988"/>	
CS Site-Specific Factor 13 *		<input type="text" value="988"/>	
CS Site-Specific Factor 14 *		<input type="text" value="988"/>	
CS Site-Specific Factor 15 *		<input type="text" value="988"/>	
CS Site-Specific Factor 16 *		<input type="text" value="988"/>	
CS Site-Specific Factor 17 *		<input type="text" value="988"/>	
CS Site-Specific Factor 25 *		<input type="text" value="988"/>	


DerivedSS1977		<input type="text"/>	
DerivedSS2000		<input type="text"/>	



Summary Stage Documentation 

Circulating cells in cerebral fluid 


 



Summary Stage Documentation - PE 

Patient presented with morning nausea. Vomiting persistent for 10 days. Not responsive to standard treatment. 

Summary Stage Documentation - Xray/Scan

1/19/2012 MRI 6cm tumor in cerebellum cons/w probable medullablastoma. 

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Summary Stage Documentation - Scopes

No scopes reported.



Summary Stage Documentation - Lab Tests

Clusters of medulloblastoma cells in lumbar puncture. Cons/w drop mets.



Summary Stage Documentation - OP

1/19/2012 Neurosurgical procedure to remove tumor in cerebellum. Gross resection of lesion.



Summary Stage Documentation - Path

1/19/2012 Classic desmoplastic medulloblastoma v significant regressive and necrotic phenomena.



**TREATMENT INFORMATION**

ScopeRegLN Surgery *	<input type="text" value="9"/>		
RX Date-- Surgery	<input type="text" value="20120119"/>		
Rx Date Surg Flag	<input type="text"/>		
Surgery RX Code *	<input type="text" value="30"/>		
Reason for no Surgery *	<input type="text" value="0"/>		
Rx Summ- Surg Oth/Dist *	<input type="text" value="0"/>		
RX Text-- Surgery	<input type="text" value="1/19/2012 Total resection of cerebellar tumor."/>		

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Date Radiation Started	<input type="text"/>	
Date Radiation Started Flag	11	
RAD--Reg RX Modality Code	00	

RX Summ--Rad	9
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RX Text--Radiation	<div style="border: 1px solid gray; padding: 5px;">                 No documentation or mention of radiation in patient records.             </div>
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RX Summ--Surg/Rad Seq *	0	
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Reason for no Radiation *	0	
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Chemotherapy Date Started	20120228	
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Chemotherapy Date Started Flag		
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Chemotherapy Code *	03	
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RX Text--Chemo	<div style="border: 1px solid gray; padding: 5px;">                 2/28/2012: Cisplatin, Vincristine             </div>	
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Hormone Date Started	<input type="text"/>	
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Hormone Date Started Flag	11	
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RX Summ--Hormone *	00	
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RX Text--Hormone	<div style="border: 1px solid gray; padding: 5px;">                 N/A             </div>	
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
Immunotherapy Date Started	<input type="text"/>	
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Immunotherapy Date	11	
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Started Flag



Immunotherapy Code \*   



RX Text--Immunotherapy     
   
 





Transplant/Endocrine Code \*   



RX Summ--Systemic Surg Seq \*   


Date Other Treatment Started  



RX Date Other Flag   


Other Treatment Code \*   

RX Text--Other     
   
 

RX Summ--Treatment Status \*   

Date of Last Contact/Death \*  

Vital Status \*   

Date Abstracted \*  

Abstractor Initials \*  