

2013 Data Acquisition Manual

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Date Case Complete/ Date Case Abstracted	
Abstracted By (Cancer Abstractor Code)	
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Name – Middle	
Name – Alias	
Name - Maiden	
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Birthplace – Country - NEW	
Sex	
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Race 2	
Race 3	
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Spanish/Hispanic Origin	
Marital Status	
Height at Diagnosis (inches)	
Weight at Diagnosis (lbs)	
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Tobacco Use – OthSmoke	
Tobacco Use – SmokelessTob	
Tobacco Use – NOS	
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Addr at DX – No & Street	
Addr at DX – City	
Addr at DX – State	
Addr at DX – Country - NEW	
Addr at DX – Postal Code	
County at DX	
Addr Current – No & Street	
Addr Current – City	
Addr Current – State	
Addr Current – Country - NEW	
Addr Current – Postal Code	
County – Current	
Telephone Current	
Primary Payer at DX	
Physician – Managing	
NPI – Managing Physician	

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Date of Initial Diagnosis
Date of Diagnosis Flag
Text – Place of Diagnosis
Class of Case
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Primary Site
Laterality
Histologic Type ICD-O-3
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Grade
Lymph –Vascular Invasion
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Rx Date – Surgery Flag
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Rx Summ – Surgery of Other Reg/Dis
Date of First Surgical Procedure
Reason for No Surgery
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Rx Summ – Radiation Flag
Rx Summ – Surg/Rad Seq
Rad – Regional RX Modality
Rx Date – Radiation
Rx Summ – Systemic Surg Seq
Rx Summ – Chemo
Rx Date – Chemo
Rx Date – Chemo Flag
Rx Summ – Hormone

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Rx Date – Hormone
Rx Date – Hormone Flag
Rx Summ – BRM/Immunotherapy
Rx Date – BRM/Immunotherapy
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Rx Summ – Other
Rx Date – Other
Rx Date – Other Flag
Rx Summ – Transplant/Endocr
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RX Text – Chemo
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