



A Joint Project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health

CONFIDENTIAL ABSTRACT REPORT
DO NOT MAIL THIS FORM TO FCDS

REGISTRY INFORMATION

FCDS – Facility Number	Accession Number	Sequence Number

Date of Admission/First Contact |__|__|-|__|__|-|__|__|__|__| **Date 1st Contact Flag:** Blank |__| 12

[illegible][illegible]

PATIENT DEMOGRAPHICS

[illegible]

Spanish/Hispanic Origin |__|

Name – First | | | | | | | | | | | | | | Birth Date | | | - | | | - | | | | | |

Date of Birth Date Flag: Blank |__| 12

[illegible]

Birthplace Geocode | | | **Sex** | **Marital Status at DX** | |

Name – Maiden |_|_|_|_|_|_|_|_|_|_|_|_|

Race 1 | | **Race 2** | | **Race 3** | | **Race 4** | | **Race 5** | |

[illegible]

Social Security Number | | | - | | - | | | |

Addr at DX – No & Street |

Addr at DX – City | | | | | | | | | | | | | | | | | | | | | |

County at DX

Addr at DX – State

Addr at DX – Country |__|__|__|

Addr at DX –Postal Code | | | | |

Addr at DX – Supplemental |

Addr Current – No & Street

Telephone Current | | | - | | | - | | |

[illegible][illegible]

County Current | | |

Addr Current – State |__|__|__|

Addr Current – Country |__|__|__|

Addr Current – Postal Code |_|_|_|_|_|

FCDS-Primary Payer-DX	Text – Usual Occupation	Text – Usual Industry

TUMOR INFORMATION

Class of Case

☐|00 ☐|10 ☐|11 ☐|12 ☐|13 ☐|14 ☐|20 ☐|21 ☐|22 ☐|30 ☐|31 ☐|32
☐|33 ☐|34 ☐|35 ☐|36 ☐|37 ☐|38 ☐|40 ☐|41 ☐|42 ☐|43 ☐|49 ☐|99

Diagnostic Confirmation

☐| 1 Histology ☐|2 Cytology ☐|3 histo/Immuno and/or genetic studies
Only Hematopoietic or Lymphoid Tumors 4 Micro, Nos☐| ☐| 5 Lab test/marker study

☐| 6 Dir. Visual ☐| 7 Radiography ☐| 8 Clinical ☐| 9 Unknown

Date of Initial DX || - || - ||| **Place of DX** _____

Primary Site Text Title _____ **Histology Text Title** _____

Primary Site C _____. ____ **Histology** |||| **Behavior** | **Grade/Differentiation** |

Laterality | 0 None| 1 Right| 2 Left| 3 Unilat| 4 Bilat| 5 Paired site: Midline Tumor | 9 Unk

Lymph Vascular Invasion | 0 Absent/not identified| 1 Present/Identified| 8 N/A | 9 Unk

Height at DX (inches) |__|

Weight at DX (lbs) |__|

Tobacco Use Cigarette |__|

Tobacco Use Smokeless |__|

Tobacco Use Other Smoke |__|

Tobacco Use NOS |__|

COLLABORATIVE STAGE DATA ITEMS

CS Site Schema Used (Text) _____

CS Site-Specific Factor 25 |__|

CS Tumor Size |__|

CS Extension |__|

CS Tumor Size/Ext Eval |__|

Regional Nodes Positive |__|

Regional Nodes Examined |__|

CS Lymph Nodes |__|

CS Reg Nodes Eval |__|

CS Mets at DX |__|

CS Mets Eval |__|

CS Site-Specific Factor 1 |__|

CS Site-Specific Factor 9 |__|

CS Site-Specific Factor 17 |__|

CS Site-Specific Factor 2 |__|

CS Site-Specific Factor 10 |__|

CS Site-Specific Factor 18 |__|

CS Site-Specific Factor 3 |__|

CS Site-Specific Factor 11 |__|

CS Site-Specific Factor 19 |__|

CS Site-Specific Factor 4 |__|

CS Site-Specific Factor 12 |__|

CS Site-Specific Factor 20 |__|

CS Site-Specific Factor 5 |__|

CS Site-Specific Factor 13 |__|

CS Site-Specific Factor 21 |__|

CS Site-Specific Factor 6 |__|

CS Site-Specific Factor 14 |__|

CS Site-Specific Factor 22 |__|

CS Site-Specific Factor 7 |__|

CS Site-Specific Factor 15 |__|

CS Site-Specific Factor 23 |__|

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CS Site-Specific Factor 8

CS Site-Specific Factor 16

CS Site-Specific Factor 24

Text – Dx Procedures – Physical Exam

RX Text - Surgery

Text – Dx Procedures – X-ray/Scans

RX Text – Radiation (Beam)

Text – Dx Procedures – Scopes

RX Text – Radiation (Other)

Text – Dx Procedures – Lab Tests

RX Text - Chemotherapy

Text – Dx Procedures – Operative Report

RX Text - Hormone

RX Text - BRM

Text – Dx Procedures – Pathology Report

RX Text - Other

Text – Staging

REMARKS

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1ST COURSE OF TREATMENT

RX Summ-Surg Primary Site

RX Summ-Scope Reg LN Sur

RX Summ Surg Other Reg/Distant

Date of Surgery --

RX – Date Surg Flag: Blank, 10, 11, 12

Reason for No Surgery

RX Summ - Radiation

Rad – Regional RX Modality

Reason for No Radiation

RX Date –Radiation --

RX Date Rad Flag: Blank, 10, 11, 12, 15

RX Summ- Chemo RX Date - Chemo --

RX Chemo Flag: Blank, 10, 11, 12, 15

RX Summ-Hormone RX Date-Hormone --

RX Hormone Flag: Blank, 10, 11, 12, 15

RX Summ - BRM RX Date – BRM --

RX BRM Flag: Blank, 10, 11, 12, 15

RX Summ- Tr/Endo RX Date --

RX Date Flag: Blank, 10, 11, 12, 15

RX Summ – Other RX Date – Other --

RX Date Other Flag: Blank, 10, 11, 12, 15

RX Summ - Surg/Rad Seq

Rx Summ – Systemic Surg Seq

RX Summ- Treatment Status 0 No treatment given 1 Treatment given 2 Active surveillance (watchful waiting) 9 Unknown

FOLLOW-UP

Vital Status ☐ 0 Dead ☐ 1 Alive

Cancer Status ☐ 1 NED ☐ 2 Evidence of Disease ☐ 9 Unknown

Date of Last Contact --

Date of last Contact Flag: Blank ☐ 12 Event occurred but Date UNK

NPI Physician Managing

NPI Physician Follow-Up

NPI Physician – Primary Surgery

NPI Physician 3 – Radiation Oncologist

NPI Physician 4 – Medical Oncologist