

# 2014 CONFIDENTIAL ABSTRACT REPORT DO NOT MAIL THIS FORM TO FCDS

## **REGISTRY INFORMATION**

FCDS – Facility Number   _  Facility A	Accession Number   _ _ _  Sequence Number   _		
Date of Admission/First Contact   _ -  -  _	_ Date 1st Contact Flag: Blank     12		
Medical Record Number   _ _ _			
Date Abstracted    -  -   Abstracted By (FCDS Abstractor Code)   _  Type of Reporting Source			
PATIENT DEMOGRAPHICS			
Name – Last   _ _ _ _	Spanish/Hispanic Origin		
Name – First   _   Date of	f Birth   _ -  -  _  Date of Birth Date Flag: Blank    12		
Name – Middle   _ _ _ _	Birthplace State   _ Birthplace Country   _		
Social Security Number   _ -  -  -	Sex    Marital Status at DX		
Name – Maiden   _   _   _   _   _   _   _   _	Race 1  _   Race 2  _   Race 3  _   Race 4  _   Race 5  _		
Name- Alias   _   _   _   _   _   _   _   _   _			
Addr at DX – No & Street   _   _   _   _   _			
Addr at DX – City   _ _ _ _ _	Addr at DX – FIPS County		
Addr at DX – State    Addr at DX – Country	_   Addr at DX – Postal Code   _ _		
Addr at DX – Supplemental			
Addr Current – No & Street Telephone Cu	urrent   _   _   -   _   _   _   _		
Addr Current – City   _ _ _ _ _ _	_		
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	4   20    21    22    30    31   32		
33    34    35    36    37    3	8   40   41   42   43   49   99		
Diagnostic Confirmation			
and/or (	isto/Immuno 4 Micro, NOS      5 Lab test/marker Gene Studies study or Hematopoietic phoid Neoplasms		
6 Dir. Visual    7 Radiography    8 0	Clinical    9 Unknown		
Date of Initial DX   _   -      -      Place of DX			
Primary Site Text Title Histolo	gy Text Title		
Primary Site C Histology   _ _  Behavior    Grade/Differentiation/Immunophenotype			
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 DAT	A ITEMS			
CS Site Schema Used (Text)		CS Site-Specific Factor 25   _ _		
<b>CS Tumor Size</b>	<b>CS Extension</b>   _ _	CS Tumor Size/Ext Eval		
Regional No	des Positive    Regiona	al Nodes Examined   _		
CS Lymph Nodes   _  CS R	eg Nodes Eval    CS Mets at	<b>DX</b>		
CS Site-Specific Factor 1   _	CS Site-Specific Factor 9   _			
CS Site-Specific Factor 2   _	CS Site-Specific Factor 10   _			
CS Site-Specific Factor 3   _	CS Site-Specific Factor 11   _			
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   _		
CS Site-Specific Factor 8   _	CS Site-Specific Factor 16   _			

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
Text – Dx Procedures – Pathology Report	RX Text - BRM
	RX Text - Other
Text – Staging	REMARKS



#### 1ST COURSE OF TREATMENT

RX Summ-Surg Primary Site   _	RX Summ-Scope Reg LN Sur	RX Su	ımm Surg Other Reg/Distant
Date of Surgery   _ - _ - _		RX – Date Surg Flag	g:    Blank, 10, 11, 12
		Reaso	n for No Surgery
RX Summ - Radiation    Ra	ad – Regional RX Modality   _	Reaso	n for No Radiation
RX Date –Radiation	n   _ -  -	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 – S	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	