

# 2015 CONFIDENTIAL ABSTRACT REPORT DO NOT MAIL THIS FORM TO FCDS

### **REGISTRY INFORMATION**

FCDS – Facility Number	Facility Accession Number   _	Sequence Number
Date of Admission/First Contact   _ -	-  _  Date 1st Contact F	<b>Flag:</b> Blank    12
Medical Record Number   _   _   _   _		
Date Abstracted   _ _ -  -	<b>Abstracted By (FCDS Abstractor Co</b>	de)
PATIENT DEMOGRAPHICS		
Name – Last   _ _ _ _ _		Spanish/Hispanic Origin
Name – First   _ _ _ _	Date of Birth   _ -  -	Date of Birth Date Flag: Blank     12
Name – Middle   _ _ _ _ _	Birthplace State	Birthplace Country
Social Security Number   _   _   _   -   _   _   _	_	Marital Status at DX
Name – Maiden   _   _   _   _   _	Race 1   Race 2	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 \  \underline{\hspace{1cm}} $ $Addr \ at \ DX -$	- Country     Addr at D2	X – Postal Code   _ _
Addr at DX – Supplemental   _ _ _		
Addr Current – No & Street	Telephone Current   _   _   _   -   _   _   _   -	
Addr Current – City   _ _ _		Addr Current – FIPS County   _
Addr Current – State    Addr Current	t – Country   _  Addr Currer	nt – Postal Code    _
FCDS-Primary Payer-DX     Text – Usual Oo	ccupation Tex	tt – Usual Industry



## **TUMOR INFORMATION**

Class of Case				
00   10   11	12   13	14   20  _	_  21    22    30	31   32
33    34    35	5  _  36  _  37	38   40  _	_  41    42    43	49   99
<b>Diagnostic Confirmation</b>				
1 Histology  _	_ 2 Cytology	3 Histo/Immuno and/or Gene Studies Only for Hematopoietic or Lymphoid Neoplasms	2	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/Im	nunophenotype
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 Cigaretto	e	Tobacco Use Smokeless
Tobacco Use Other Smo	ke	Tobacco Use NOS
DIRECT-CODED SEER SUMMARY	<b>STAGE 2000</b>       In-Situ     Local	_  Regional (3, 4, 5)    Distant    Unknown
COLLABORATIVE STAGE DATA	<u>ITEMS</u>	
CS Site Schema Used (Text)		CS Site-Specific Factor 25   _
CS Tumor Size   _	<b>CS Extension</b>	CS Tumor Size/Ext Eval
Regional Nodes	s Positive    Regional N	odes Examined   _
CS Lymph Nodes   _  CS Reg	Nodes Eval    CS Mets at DX	_
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   _
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
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 St	ımm Surg Other Reg/Distant
Date of First Surgery   _   _   _  -  _  -  _	RX – Date Surg Fla	g:    Reaso	n for No Surgery
Date of Most Definitive Surgery   _ _ -  -   RX – Date Most Definitive Surg Flag:			
RX Summ - Radiation    R	ad – Regional RX Modality   _	Reaso	n for No Radiation
RX Date –Radiatio	n  _ _ - _ -	RX Date Rad Flag:	Blank, 10, 11, 12, 15
RX Summ- Chemo   _ RX Date - Chemo	•   <u> </u> - _ - _	RX Chemo Flag:	Blank, 10, 11, 12, 15
RX Summ-Hormone   _ RX Date-Hormon	e   _ -  -	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		Systemic Surg Seq	
RX Summ- Treatment Status     0 No treatment	nt given     1 Treatment given       2	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	