

# Ohio Department of Health Ohio Cancer Incidence Surveillance System (OCISS) Individual Cancer Case Worksheet

## Demographic Information

### Patient name

<b>(1) Last</b>		
<b>(2) First</b>		
<b>(3) Middle</b>		<b>(4) Suffix (e.g. Jr.)</b>
<b>(5) Maiden</b>		
<b>(6) Alias "AKA"</b>		

### General

<b>(7) Social Security number</b>	<b>(10) Place of Birth</b>
<b>(8) Medical Record number</b>	<b>(11) Marital status (at time of diagnosis)</b>
	1—Single (never married)      3—Separated      5—Widowed 2—Married (including common law)      4—Divorced      9—Unknown
<b>(9) Date of Birth (DOB) mm/dd/yyyy</b>	<b>(12) Sex</b>
	1—Male      3—Other (hermaphrodite)      9—Not stated in patient record 2—Female      4—Transsexual

### Demographics (At time of diagnosis)

<b>(13) Address (number and street)</b>	<b>(13a) Address supplemental (e.g. PO Box)</b>				
<b>(14) City</b>	<b>(15) State</b>				
<b>(15) ZIP/Postal code</b>	<b>(17) County</b>				
<b>(18) Race 1</b>	<b>(19) Race 2</b>	<b>(20) Race 3</b>	<b>(21) Race 4</b>	<b>(22) Race 5</b>	<b>(23) Hispanic (Spanish/Hispanic origin)</b>

### Race codes

01—White	05—Japanese	14—Thai	22—Guamanian, NOS	88—No additional races for race 2
02—Black	06—Filipino	15—Asian Indian or Pakistani, NOS (formerly code 09)	25—Polynesian, NOS	96—Other Asian, including Asian, NOS and Oriental, NOS
03—American Indian, Aleutian or Eskimo (includes all indigenous populations of the western hemisphere)	07—Hawaiian	16—Asian Indian	26—Tahitian	97—Pacific Islander, NOS
04—Chinese	08—Korean	17—Pakistani	27—Samoan	98—Other
	10—Vietnamese	20—Micronesian, NOS	28—Tongan	99—Unknown
	11—Laotian	21—Chamorroan	30—Melanesian, NOS	
	12—Hmong		31—Fiji Islander	
	13—Kampuchean (Cambodian)		32—New Guinean	

### Hispanic codes

0—Non-Spanish; non-Hispanic	6—Spanish, NOS; Hispanic, NOS; Latino, NOS (There is evidence other than surname or maiden name that the person is Hispanic, but he/she cannot be assigned to any category of 1–5).
1—Mexican (includes Chicano)	7—Spanish surname only (The only evidence of the person's Hispanic origin is surname or maiden name, and there is no contrary evidence that the person is not Hispanic).
2—Puerto Rican	8—Dominican Republic (for use with patients who were diagnosed with cancer January 1, 2005, or later).
3—Cuban	9—Unknown whether Spanish or not; not stated in patient record
4—South or Central American (except Brazil)	
5—Other specified Spanish/Hispanic origin, (includes European; excludes Dominican Republic).	

**Environment** (Greatest lifetime)(24) **Usual occupation** (Text) (Work performed during most of the patient's working life before diagnosis of this tumor)


(25) **Usual industry** (Text) (Business/industry where patient was employed for most years of working life before diagnosis of this tumor)


(26) **Tobacco history**

<input type="checkbox"/>	0—Never used 1—Cigarette smoker, current (or quit within past year) 2—Cigar/pipe smoker, current (or quit within past year)	3—Snuff/chew/smokeless, current (or quit within past year) 4—Combination use, current (or quit within past year) 5—Previous use (no use within past year)	9—Unknown
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**Diagnostic Information**(27) **Date of diagnosis** mm/dd/yyyy

<input type="text"/>	<input type="text"/>	-	<input type="text"/>						
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(28) **Primary site** (ICD-O Third Edition coding)

<b>C</b>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
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(29) **Laterality at diagnosis**

<input type="checkbox"/>	0—Organ is not a paired site 1—Origin of primary is right 2—Origin of primary is left	3—Only one side involved, right or left origin not specified 4—Bilateral involvement at time of diagnosis, lateral origin unknown for a single primary; or both ovaries involved simultaneously, single histology; bilateral retinoblastomas; bilateral Wilms tumors	5—Paired site: midline tumor 6—Paired site: but no information concerning laterality
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(30) **Primary site** (Substantiating text)

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(31) **Histology/Behavior** (ICD-O Third Edition coding)

<b>M</b>	<input type="text"/>				
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(32) **Histology/Behavior** (Substantiating text)

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(33) **Grade** (Differentiation)

<input type="checkbox"/>	Grade I, 1, i —Well differentiated, differentiated, NOS Grade II, 2, ii I/III or 1/3 —Moderately differentiated; moderately well differentiated; intermediate differentiation	Grade III, 3, iii II/III or 2/3—Poorly differentiated; dedifferentiated Grade IV, 4, iv III/III or 3/3—Undifferentiated; anaplastic 9—Unknown grade
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(33a) **Grade path system**

<input type="checkbox"/>	Blank—No 2, 3 or 4 grade system available. Unknown. 2—A 2-grade grading system was used (2, II or ii)	3—A 3-grade grading system was used (3, III or iii) 4—A 4-grade grading system was used (4, IV or iv)
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(33b) **Grade path value**

<input type="checkbox"/>	Blank— No 2-, 3- or 4-grade system available. Unknown. 1 — Recorded as Grade I, i, or 1 of 2-4 grade system 2 — Recorded as Grade II, ii, or 2 of 2-4 grade system	3 — Recorded as Grade III, iii, or 3 of 3-4 grade system 4 — Recorded as Grade IV, iv, or 4 of 4 grade system
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(34) **Diagnostic confirmation**

<input type="checkbox"/>	1—Positive histology 2—Positive cytology 4—Positive microscopic confirmation, method not specified 5—Positive laboratory test or marker study	6—Direct visualization without microscopic confirmation 7—Radiology and other imaging techniques without microscopic confirmation 8—Clinical diagnosis only (other than 5, 6 or 7) 9—Unknown whether or not microscopically confirmed
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(35) **Vital status**

<input type="checkbox"/>	0—Dead 1—Alive
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(36) **Date of last contact** (at this facility) mm/dd/yyyy

<input type="text"/>	<input type="text"/>	-	<input type="text"/>						
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(39) **Sequence number** (See FORDS manual for codes)

<input type="text"/>	<input type="text"/>
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(40) **Date of first contact** (at this facility) mm/dd/yyyy

<input type="text"/>	<input type="text"/>	-	<input type="text"/>						
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(41) **Class of case**

<input type="text"/>	<input type="text"/>
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**Class of case codes***Initial diagnosis at reporting facility*

- 00 —Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere.
- 10 —Initial diagnosis at the reporting facility or in a staff physician's office AND part or all of first course treatment or a decision not to treat was at the reporting facility, NOS.
- 11 —Initial diagnosis in staff physician's office AND part of first course treatment was done at the reporting facility.
- 12 —Initial diagnosis in staff physician's office AND all first course treatment or a decision not to treat was done at the reporting facility.
- 13 —Initial diagnosis at the reporting facility AND part of first course treatment was done at the reporting facility.
- 14 —Initial diagnosis at the reporting facility AND all first course treatment or a decision not to treat was done at the reporting facility.

*Initial diagnosis elsewhere*

- 20 —Initial diagnosis elsewhere AND all or part of first course treatment was done at the reporting facility, NOS.
- 21 —Initial diagnosis elsewhere AND part of first course treatment was done at the reporting facility.
- 22 —Initial diagnosis elsewhere AND all first course treatment or a decision not to treat was done at the reporting facility.

Patient appears in person at reporting facility

- 30 —Initial diagnosis and all first course treatment provided elsewhere AND reporting facility participated in diagnostic workup (for example, consult only, staging workup after initial diagnosis elsewhere).
- 31 —Initial diagnosis and all first course treatment provided elsewhere AND reporting facility providing in-transit care.
- 32 —Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease recurrence or persistence.
- 33 —Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease history only.
- 34 —Type of case not required by CoC to be accessioned (for example, a benign colon tumor) AND initial diagnosis AND part or all of the first course treatment by reporting facility.
- 35 —Case diagnosis before program's Reference Date AND initial diagnosis AND all or part first course of treatment provided by reporting facility.
- 36 —Type of case not required by CoC to be accessioned (for example, a benign colon tumor) AND initial diagnosis elsewhere AND all or part of the first course treatment by reporting facility.
- 37 —Case diagnosed before program's Reference Date AND initial diagnosis elsewhere AND all or part of first course treatment by facility.
- 38 —Initial diagnosis established by autopsy at the reporting facility, cancer not suspected prior to death.

Patient does not appear in person at reporting facility

- 40 —Diagnosis AND all first course treatment given at the same staff physician's office.
- 41 —Diagnosis and all first course of treatment given in two or more different staff physician offices.
- 42 —Non-staff physician or non-CoC accredited clinic or other facility, not part of reporting facility, accessioned reporting facility for diagnosis and/or treatment by that entity (for example, hospital abstracts cases from an independent radiation facility).
- 43 —Pathology or other lab specimens only.
- 49 —Death certificate only.
- 99 —Non analytic case of unknown relationship to facility (not for use by CoC accredited cancer programs for analytic cases).

### Diagnostic Procedures

(41a) Diagnostic Procedure code

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- 00 —No surgical diagnostic or staging procedure was performed.
- 01 —A biopsy was done to a site other than the primary site.  
No exploratory procedure was done.
- 02 —A biopsy was done to a site to the primary site, or biopsy or removal of a lymph node to diagnose or stage lymphoma.
- 03 —A surgical exploratory only. The patient was not biopsied or treated.
- 04 —A surgical procedure with a bypass was performed, but no biopsy was done.
- 05 —An exploratory procedure was performed, and a biopsy of either the primary site or another site was done.
- 06 —A bypass procedure was performed, and a biopsy of either the primary site or another site was done.
- 07 —A procedure was done, but the type of procedure is unknown.
- 09 —No information of whether a diagnostic or staging procedure was performed.

(41b) Date of Diagnostic Procedure mm/dd/yyyy

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(41c) Date of Diagnostic Procedure Flag

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- 10—No information whatsoever can be inferred from this exceptional value (that is, unknown if any diagnostic or staging procedure performed).
- 11—No proper value is applicable in this context (for example, no diagnostic or staging procedure performed; autopsy only case).
- 12—A proper value is applicable but not known. This event occurred, but the date is unknown (for example, diagnostic or staging procedure performed but date is unknown).
- Blank—A valid date is provided in item *Date of Surgical Diagnostic and Staging Procedure* (NAACCR Item #1280). Case was diagnosed prior to January 1, 2007.

(42) Physical exam (Results of the physical exam) (Text)

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(43) X-ray/Scans (Results of X-rays, scans and/or other imaging examinations) (Text)

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(44) Endoscopic (Text)

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(45) Laboratory (Results of laboratory examinations other than cytology or histopathology) (Text)

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(46) Surgical (Results of all surgical procedures) (Text)

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(47) Pathology (Text)

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(58) **Hormone therapy code**

- 00—None, hormone therapy was not part of the planned first course of therapy. Diagnosed at autopsy.
- 01—Hormone therapy administered as first course therapy.
- 82—Hormone therapy was not recommended/administered because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age, progression of tumor prior to administration, etc.).
- 85—Hormone therapy was not administered because patient died prior to planned or recommended therapy.
- 86—Hormone therapy was not administered. It was recommended by the patient's physician, but was not administered as part of the first course of therapy. No reason was stated in patient record.
- 87—Hormone therapy was not administered. It was recommended by the patient's physician, but this treatment was refused by the patient, a patient's family member or patient's guardian. The refusal was noted in patient record.
- 88—Hormone therapy was recommended, but it is unknown if administered.
- 99—It is unknown whether a hormonal agent(s) was recommended or administered because it is not stated in the patient record. Death certificate only.

(59) **Hormone therapy start date** mm/dd/yyyy

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(59a) **Hormone flag** (Complete if date hormone started is unavailable)

- 10—No information whatsoever can be inferred from this exceptional value (that is, unknown if any hormone therapy was given).
- 11—No proper value is applicable in this context (for example, no hormone therapy was given).
- 12—A proper value is applicable but not known. This event occurred, but the date is unknown (that is, hormone therapy was given but the date is unknown).
- 15—Information is not available at this time, but it is expected that it will be available later (that is, hormone therapy is planned as part of the first course of therapy, but not yet started at the time of the last follow-up).
- Blank**—A valid date value is provided in item *Date Hormone Therapy Started* (NAACCR Item #1230). Case was diagnosed between 2003 and 2009 and the facility did not record *Date Hormone Therapy Started* (NAACCR Item #1230) at that time.

(60) **Hormone therapy (Text)**

(61) **BRM immunotherapy code**

- 00—None, immunotherapy was not part of the planned first course of therapy. Diagnosed at autopsy.
- 01—Immunotherapy therapy administered as first course therapy.
- 82—Immunotherapy therapy was not recommended/administered because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age, progression of tumor prior to administration, etc.).
- 85—Immunotherapy therapy was not administered because patient died prior to planned or recommended therapy.
- 86—Immunotherapy therapy was not administered. It was recommended by the patient's physician, but was not administered as part of the first course of therapy. No reason was stated in patient record.
- 87—Immunotherapy therapy was not administered. It was recommended by the patient's physician, but this treatment was refused by the patient, a patient's family member or patient's guardian. The refusal was noted in patient record.
- 88—Immunotherapy therapy was recommended, but it is unknown if administered.
- 99—It is unknown whether a immunotherapeutic agent(s) was recommended or administered because it is not stated in the patient record. Death certificate only.

(62) **BRM immunotherapy start date** mm/dd/yyyy

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(62a) **BRM immunotherapy flag** (Complete if date immunotherapy started is unavailable)

- 10—No information can be inferred from this exceptional value (that is, unknown if any immunotherapy therapy was given).
- 11—No proper value is applicable in this context (for example, no immunotherapy was given).
- 12—A proper value is applicable but not known. This event occurred, but the date is unknown (that is, immunotherapy was given but the date is unknown).
- 15—Information is not available at this time, but it is expected that it will be available later (that is, immunotherapy is planned as part of the first course of therapy, but not yet started at the time of the last follow-up).
- Blank**—A valid date value is provided in item *Date Immunotherapy Started* (NAACCR Item #1240). Case was diagnosed between 2003 and 2009 and the facility did not record *Date Immunotherapy Started* (NAACCR Item #1240) at that time.

(63) **BRM (Text)**

(64) **Other treatment code**

- |                      |                      |  |
|----------------------|----------------------|--|
| 0—None               | 3—Other—Double Blind | 8—Recommended; unknown if administered |
| 1—Other              | 6—Other—Unproven     | 9—Unknown                              |
| 2—Other—Experimental | 7—Refusal            |  |

(65) **Date other treatment started** mm/dd/yyyy

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(65a) **Other treatment flag** (Complete if date hormone started is unavailable)

- 10—No information whatsoever can be inferred from this exceptional value (that is, unknown if any other treatment was given).
- 11—No proper value is applicable in this context (for example, no other treatment was given).
- 12—A proper value is applicable but not known. This event occurred, but the date is unknown (that is, other treatment was given but the date is unknown).
- Blank**—A valid date value is provided in item *Date Other Treatment Started* (NAACCR Item #1250).

(66) **Other treatment (Text)**

(67) Radiation/surgery sequence

- |   |   |   |
|---|---|---|
| 0—No radiation therapy and/or surgical procedures | 4—Radiation therapy both before and after surgery | 6—Intraoperative radiation therapy with other therapy administered before and after surgery |
| 2—Radiation therapy before surgery                | 5—Intraoperative radiation therapy                | 9—Sequence unknown  |
| 3—Radiation therapy after surgery                 |   |   |

(68) Radiation regional RX modality

- |                                |  |                                     |
|--------------------------------|--|-------------------------------------|
| 00—No radiation treatment      | 30—Neutrons, with or without photons/electrons | 53—Brachytherapy, interstitial, LDR |
| 20—External beam, NOS          | 31—IMRT  | 54—Brachytherapy, interstitial, HDR |
| 21—Orthovoltage                | 32—Conformal or 3-D therapy                    | 55—Radium                           |
| 22—Cobalt-60, Cesium-137       | 40—Protons                                     | 60—Radioisotopes, NOS               |
| 23—Photons (2-5 MV)            | 41—Stereotactic radiosurgery, NOS              | 61—Strontium-89                     |
| 24—Photons (6-10 MV)           | 42—Linac radio surgery                         | 62—Strontium-90                     |
| 25—Photons (11-19 MV)          | 43—Gamma Knife                                 | 80—Combined modality specified*     |
| 26—Photons (> 19 MV).          | 50—Brachytherapy, NOS                          | 85—Combined modality, NOS*          |
| 27—Photons (mixed energies).   | 51—Brachytherapy, intracavity, LDR             | 98—Other, NOS                       |
| 28—Electrons                   | 52—Brachytherapy, intracavity, HDR             | 99—Unknown                          |
| 29—Photons and electrons mixed |  |                                     |

(68a) Reason for no radiation

- |  |  |
|--|--|
| 0—Radiation therapy was administered.  | physician, but was not administered as part of the first course treatment. No reason was noted in patient record.  |
| 1—Radiation therapy was not administered because it was not part of the planned first course treatment.  | 7—Radiation therapy was not administered; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record. |
| 2—Radiation therapy was not recommend/administered because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, progression of tumor prior to planned radiations, etc.). | 8—Radiation therapy was recommended, but it is unknown whether it was administered.  |
| 5—Radiation therapy was not administered because the patient died prior to planned or recommended therapy.   | 9—It is unknown if radiation therapy was recommended or administered. Death certificate and autopsy cases only.  |
| 6—Radiation therapy was not administered; it was recommended by the patient's  |  |

(69) RX Summ systemic/surgery sequence

- |  |  |
|--|--|
| 0—No systemic therapy and/or surgical procedures | 5—Intraoperative systemic therapy  |
| 2—Systemic therapy before surgery                | 6—Intraoperative systemic therapy with other systemic therapy administered before or after surgery |
| 3—Systemic therapy after surgery                 | 9—Sequence unknown.  |
| 4—Systemic therapy both before and after surgery |  |

(70) RX Summ transplant/endocrine

- |   |   |
|---|---|
| 00—No transplant procedure or endocrine therapy was administered as part of the first course of therapy. Diagnosed at autopsy.  | administered because the patient died prior to planned or recommended therapy.  |
| 10—A bone marrow transplant procedure was administered, but the type was not specified.   | 86—Hematologic transplant and/or endocrine surgery/radiation was not administered. It was recommended by the patient's physician, but it was not administered as part of the first course of therapy. No reason was stated in patient record.                                   |
| 11—A bone marrow transplant—autologous.   | 87—Hematologic transplant and/or endocrine surgery/radiation was not administered. It was recommended by the patient's physician, but this treatment was refused by the patient, a patient's family member, or the patient's guardian. The refusal was noted in patient record. |
| 12—A bone marrow transplant—allogenic.  | 88—Hematologic transplant and/or endocrine surgery/radiation was recommended but it is unknown if it was administered.  |
| 20—Stem cell harvest and infusion. Umbilical cord stem cell transplant.   | 99—It is unknown whether hematologic transplant and /or endocrine surgery/ radiation was recommended or administered because it was not stated in patient record. Death certificate only.   |
| 30—Endocrine surgery and/or endocrine radiation therapy.  |   |
| 40—Combination of endocrine surgery and/or radiation with a transplant procedure. (Combination of codes 30 and 10, 11, 12, or 20).  |   |
| 82—Hematologic transplant and/or endocrine surgery/radiation was not recommended/administered because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age, progression of disease prior to administration, etc.). |   |
| 85—Hematologic transplant and/or endocrine surgery/radiation was not  |   |

(71) Surgical margins (Surgical margins of the primary site)

- |                              |                              |                             |
|------------------------------|------------------------------|-----------------------------|
| 0—No residual tumor          | 3—Macroscopic residual tumor | 8—No primary site surgery   |
| 1—Residual tumor, NOS        | 7—Margins not evaluable      | 9—Unknown or not applicable |
| 2—Microscopic residual tumor |                              |                             |

(72) Scope of regional lymph node surgery

- |  |   |
|--|---|
| 0—None   | 4—1-3 regional lymph nodes removed  |
| 1—Biopsy or aspiration of regional lymph node, NOS   | 5—4 or more regional lymph nodes removed                                      |
| 2—Sentinel lymph node biopsy   | 6—Sentinel node biopsy and code 3, 4, or 5 at same time, or timing not stated |
| 3—Number of regional nodes removed unknown or not stated; regional lymph nodes, removed, NOS | 7—Sentinel node biopsy and code 3, 4, or 5 at different times                 |
|  | 9—Unknown or not applicable   |

(73) Surgery of other regional site(s), or distant lymph nodes

- |   |   |
|---|---|
| 0—None  | 4—Nonprimary surgical procedure to distant site |
| 1—Nonprimary surgical procedure performed                       | 5—Combination of codes                          |
| 2—Nonprimary surgical procedure to other regional sites         | 9—Unknown                                       |
| 3—Nonprimary surgical procedure to <i>distant lymph node(s)</i> |   |

\*Note: For cases diagnosed prior to January 1, 2003, the codes reported in this data item describe any radiation administered to the patient as part of the first course of therapy. Codes 80 and 85 describe specific converted descriptions of radiation therapy coded according to Vol. II, ROADS, and DAM rules and **should not** be used to record regional radiation for cases diagnosed on or later than January 1, 2003.

(74) **If no cancer directed surgery, reason for no surgery**

- 0—Surgery of the primary site was performed.
- 1—Surgery of the primary site was not performed because it was not part of the planned first course treatment.
- 2—Surgery of the primary site was not recommended/performed because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age, progression of tumor prior to planned surgery, etc.).
- 5—Surgery of the primary site was not performed because the patient died prior to planned or recommended surgery.
- 6—Surgery of the primary site was not performed it was recommended by

- the patient's physician, but was not performed as part of the first-course therapy. No reason was noted in patient record.
- 7—Surgery of the primary site was not performed; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record.
- 8—Surgery of the primary site was recommended, but it is unknown if it was performed. Further follow-up is recommended.
- 9—It is unknown whether surgery of the primary site was recommended or performed. Diagnosed at autopsy or death certificate only.

**Physicians**

(75) **Physician—managing license number**

(76) **NPI—managing physician (Populated by OCISS)**

(77) **Physician—follow-up license number**

(78) **NPI—following physician (Populated by OCISS)**

(79) **Physician—primary surgeon license number**

(80) **NPI—primary surgeon (Populated by OCISS)**

**Collaborative Stage Inputs – For cases diagnosed ON or AFTER 1/1/2004**

(See the Collaborative Staging Manual and Coding Instructions, Version 02.00.00 for Site-Specific codes and coding rules)

(85) **CS tumor size**

(Record the largest dimension, or the diameter of the primary tumor in millimeters).

(86) **CS extension**

(Identifies contiguous growth (extension) of the primary tumor within the organ of origin or its extension into neighboring organs).

(87) **CS tumor size/extension evaluated**

Identifies whether the T, of AJCC TNM, was clinically or pathologically diagnosed and by what method.

(87a) **Lymph vascular invasion**

- 0—Lymph-vascular invasion is not present (absent) or not identified
- 1—Lymph-vascular invasion is present or identified

- 8—Not applicable
- 9—Unknown or indeterminate

(88) **CS lymph nodes**

(Identifies the regional lymph nodes involved with cancer at the time of diagnosis.)

(89) **CS Regional lymph nodes evaluated**

This field is primarily used to derive the staging Basis for N category in the TNM system. It records the code for the item CS Lymph Nodes was determined based on the diagnostic methods employed.

(90) **CS regional LN positive**

(Identifies the number of regional LN's positive at the time of diagnosis.

(91) **CS regional LN examined**

(Number of Regional LN's that were examined)

(92) **CS Metastasis at diagnosis**

Identifies the distant sites(s) of metastatic involvement at time of diagnosis

(93) **CS metastasis evaluated**

This item reflect the validity of the classification of this item CS Mets at DX only According to the diagnostic methods employed.

**CS Site-Specific Factors for tumors diagnosed in 2010** (See FORDS Manual for codes)

(94) **Site Specific Factor 1**

(95) **Site Specific Factor 2**

(96) **Site Specific Factor 3**

(97) **Site Specific Factor 4**

(98) **Site Specific Factor 5**

(99) **Site Specific Factor 6**

(99a) **Site Specific Factor 7**

(99b) **Site Specific Factor 8**

(99c) **Site Specific Factor 9**

(99d) **Site Specific Factor 10**

(99e) **Site Specific Factor 11**

(99f) **Site Specific Factor 12**

(99g) **Site Specific Factor 13**

(99h) **Site Specific Factor 14**

(99i) **Site Specific Factor 15**

(99j) **Site Specific Factor 16**

(99k) Site Specific Factor 17 <input type="text"/>	(99l) Site Specific Factor 18 <input type="text"/>	(99m) Site Specific Factor 19 <input type="text"/>	(99n) Site Specific Factor 20 <input type="text"/>
(99o) Site Specific Factor 21 <input type="text"/>	(99p) Site Specific Factor 22 <input type="text"/>	(99q) Site Specific Factor 23 <input type="text"/>	(99r) Site Specific Factor 24 <input type="text"/>
(99s) Site Specific Factor 25 <input type="text"/>			

**Staging (For CANCER diagnosed ON or AFTER 1/1/2001 and PRIOR to 1/1/2004 and were assigned a (SEER) Summary Surveillance, Epidemiology and End Results Program (SEER) Summary Stage 2000**

(100) SEER Summary Stage 2000 <input type="text"/>	0—In situ. 1—Localized. 2—Regional by direct extension.	3—Regional by lymph nodes 4—Regional (both codes 2 and 3) 5—Regional, NOS	7—Distant metastasis/systemic disease 9—Unknown of extension or metastasis (unstaged, unknown, or unspecified); death certificate only
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(101) Staging Text

(102) Size of tumor (mm) <input type="text"/>	(103) Number of Regional Nodes Examined (EOD) <input type="text"/>	(104) Number of Regional Nodes Positive (EOD) <input type="text"/>
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**AJCC staging for cases Diagnosed on or After 1/1/2001 and Prior to 1/1/2004 (American Joint Committee on Cancer Staging Manual)(See AJCC Cancer Staging Manual Seventh Edition)**

(105) AJCC Clinical tumor <input type="text"/>	(Evaluates the primary tumor (T) and reflects the tumor size and/or extension of the tumor known prior to the start of therapy)	(106) AJCC Clinical node <input type="text"/>	(Identifies the absences or presence of regional lymph node (N) metastasis and describes the extent of regional lymph node metastasis of the tumor known prior to the start of any therapy)
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(107) AJCC Clinical metastasis <input type="text"/>	(Identifies the presence or absence of distant metastasis (M) of the tumor known prior to the start of any therapy)	(108) AJCC Clinical TNM stage group <input type="text"/>	(Identifies the anatomic extent of disease based on the T,N, and M elements known prior to the start of any therapy)
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(109) AJCC Clinical group text (Substantiating)

(110) Clinical stage descriptor (AJCC) as recorded by the physician <input type="text"/>	0—None 1—E (Extranodal, lymphomas only) 2—S (Spleen, lymphomas only)	3—M (Multiple primary tumors in a single site) 5—E and S (Extranodal and spleen, lymphomas only)	6—M and Y (Multiple primary tumors and initial multimodality therapy) 9—Unknown, not stated in patient record
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(111) Clinical stage recorded by (Identifies the person who recorded the clinical AJCC staging elements) <input type="text"/>	0—Not staged 1—Managing physician 2—Pathologist 3—Pathologist and managing physician	4—Cancer committee chair, cancer liaison physician, or registry physician advisor 5—Cancer registrar 6—Cancer registrar and physician	7—Staging assigned at another facility 8—Case is not eligible for staging 9—Unknown; not stated in patient record
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(112) AJCC stage pathological tumor <input type="text"/>	(Evaluates the primary tumor (T) and reflects the tumor size and/or extension of the tumor known following the completion of surgical therapy).	(113) AJCC stage pathological node <input type="text"/>	(Identifies the absences or presence of regional lymph node(N) metastasis and describes the extent of regional lymph node metastasis of the tumor known following the completion of surgical therapy).
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(114) AJCC stage pathological metastasis <input type="text"/>	(Identifies the presence or absence of distant metastasis(M) of the tumor know following the completion of surgical therapy).	(115) AJCC stage pathological group <input type="text"/>	(Identifies the anatomic extent of disease based on the T,N, and M elements known prior to the start of any therapy).
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(116) AJCC Stage pathological text (Substantiating)

(117) Pathological stage descriptor (AJCC) as recorded by the physician <input type="text"/>	0—None 1—E (Extranodal, lymphomas only) 2—S (Spleen, lymphomas only)	3—M (Multiple primary tumors in a single site) 4—Y (Classification during or after initial multimodality therapy)—pathologic staging only	5—E and S (Extranodal and spleen, lymphomas only) 6—M and Y (Multiple primary tumors and initial multimodality therapy) 9—Unknown, not stated in patient record
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(118) AJCC pathological stage by (Identifies the person who recorded the pathologic AJCC staging elements) <input type="text"/>	0—Not staged 1—Managing physician 2—Pathologist 3—Pathologist and managing physician	4—Cancer committee chair, cancer liaison physician, or registry physician advisor 5—Cancer registrar 6—Cancer registrar and physician	7—Staging assigned at another facility 8—Case is not eligible for staging 9—Unknown; not stated in patient record
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## Reporting Source information

### (119) Type of reporting source

- |                      |  |   |                                    |
|----------------------|--|---|------------------------------------|
| <input type="text"/> | 1—Hospital inpatient   | 3—Laboratory only (hospital –affiliated or independent) | 6—Autopsy only                     |
| <input type="text"/> | 2—Radiation Treatment Centers or Medical Oncology Centers (hospital-affiliated or independent) | 4—Physician's office/private medical practitioner (LMD) | 7—Death certificate only           |
|                      |  | 5—Nursing/convalescent home/hospice                     | 8—Other hospital out patient units |

### Facility reporting source number

Enter your unique four-digit number of the reporting facility that is assigned by the Ohio Cancer Incidence Surveillance System (OCISS)

### (120) Primary payer at diagnosis codes

- |                      |   |   |                                       |
|----------------------|---|---|---------------------------------------|
| <input type="text"/> | 01—Not insured                                  | 35—Medicaid administered through as managed care plan | 64—Medicare with Medicaid eligibility |
| <input type="text"/> | 02—Not insured, self-pay                        | 60—Medicare without supplement, Medicare, NOS         | 65—TRICARE                            |
|                      | 10—Insurance, NOS                               | 61—Medicare with supplement, NOS                      | 66—Military                           |
|                      | 20—Private insurance: Managed Care, HMO, or PPO | 62—Medicare administered through a Managed Care plan  | 67—Veterans Affairs                   |
|                      | 21—Private insurance: Fee-for-Service           | 63—Medicare with private supplement                   | 68—Indian/Public Health Service       |
|                      | 31—Medicaid                                     |   | 99—Insurance status unknown           |

### (121) Initials of person who abstracted this case (abstracted by)

Please check to make sure ALL boxes are completed with appropriate codes and dates.

Please ATTACH supporting documentation, e.g. pathology reports, X-rays, labs, etc.

If you have questions regarding this form please contact your OCISS Regional Representative.