

**Michigan Department of Community Health
Cancer Surveillance Program
Cancer Report Form DCH-0768 (Rev. 7/2011)**

Please type or print. Indicate by checking the box whether the case is NEW or UPDATE.

1a. LAST NAME OF PATIENT		1b. FIRST NAME OF PATIENT		1c. MIDDLE NAME OF PATIENT	
2. MAIDEN NAME		3. ALIAS NAME		4. SOCIAL SECURITY NUMBER	
5a. PATIENT ADDRESS AT TIME OF DIAGNOSIS (NUMBER AND STREET)				5b. CITY AT DIAGNOSIS	
5c. SUPPLEMENTAL ADDRESS AT DIAGNOSIS (Nursing home, Apt Complex)			5d. STATE AT DIAGNOSIS		5e. ZIP CODE AT DIAGNOSIS
6. COUNTY AT DIAGNOSIS	7. DATE OF BIRTH ____/____/____ (YYYY/MM/DD)		8. BIRTHPLACE (STATE /COUNTRY)	9. SEX _____ 1 - Male 2 - Female 3 - Other (hermaphrodite) 4 - Transsexual 9 - Not Stated/Unknown	
10. SPANISH/HISPANIC ORIGIN _____ 0 - Non-Spanish; non-Hispanic 1 - Mexican (includes Chicano) 2 - Puerto Rican 3 - Cuban 4 - South or Central American (except Brazil) 5 - Other specified Spanish/Hispanic origin 6 - Spanish, NOS; Hispanic NOS; Latino NOS 7 - Spanish surname ONLY 8 - Dominican Republic 9 - Unknown whether Spanish or not				11. RACE (If patient is multi-racial, list ALL races. If patient is Asian, give nationality i.e. Chinese, Filipino, Asian Indian.)	
12. MARITAL STATUS AT DIAGNOSIS _____ 1 - Single (never married) 2 - Married 3 - Separated 4 - Divorced 5 - Widowed 6 - Unmarried or Domestic Partner 9-Unknown		13. PRIMARY PAYER AT DIAGNOSIS (INSURANCE CARRIER)	14. COMORBID/COMPLICATION (List up to 10 ICD-9-CM codes)		
15a. USUAL OCCUPATION PRIOR TO RETIREMENT	15b. USUAL INDUSTRY PRIOR TO RETIREMENT	16a. FAMILY HISTORY OF CANCER? YES___ NO___		16b. IF YES, IMMEDIATE FAMILY MEMBER? YES___ NO___	
		16c. IF YES, SAME ANATOMICAL SITE? YES___ NO___			
17. ALCOHOL USE Current Use ___ Prior Use ___ Never Used ___ Unknown ___			18. TOBACCO USE Current Use ___ Prior Use ___ Never Used ___ Unknown ___		
19. MEDICAL RECORD NUMBER	20. LABORATORY REPORT NUMBER	21. ACCESSION NUMBER AND SEQUENCE NUMBER _____/____			
22. TYPE OF REPORTING SOURCE _____ 1 - Hospital inpatient 2 - Radiation treatment centers or medical oncology centers		3 - Laboratory only (hospital-affiliated or independent) 4 - Physician's office/private medical practitioner 5 - Nursing home/convalescent home/hospice 6 - Autopsy only		7 - Death certificate only 8 - Other hospital outpatient units/surgery center	
23. CASEFINDING SOURCE _____ 10 - Reporting hospital, NOS 20 - Pathology department review 21 - Daily discharge review 22 - Disease index review (MDI) 23 - Radiation therapy department/center 24 - Laboratory reports 25 - Outpatient chemotherapy 26 - Diagnostic imaging/radiology 27 - Tumor board 28 - Hospital rehabilitation service or clinic 29 - Other hospital source, NOS 30 - Physician-initiated case 40 - Consult only or path consult only 50 - Independent pathology/laboratory report 60 - Nursing home-initiated case 70 - Coroner's office records review 75 - Managed care organization or insurance records 80 - Death certificate 85 - Out-of-state case sharing 90 - Other non-reporting hospital source 95 - Quality control review 99 - Unknown					
24. REPORTING FACILITY AND CITY				25. MICHIGAN FACILITY NUMBER	

26. CLASS OF CASE _____ 00 - Initial dx at reporting facility & all rx or decision not to rx was done elsewhere 10 - Initial dx at reporting facility/staff physician's office & part/all of 1st course rx or decision not to rx was at reporting facility, NOS 11 - Initial dx in staff physician's office & part of 1st course rx was done at reporting facility 12 - Initial dx in staff physician's office & all 1st course rx or decision not to rx at reporting facility 13 - Initial dx at reporting facility & part of 1st course rx at reporting facility 14 - Initial dx at reporting facility & all 1st course rx or decision not to rx at reporting facility 20 - Initial dx elsewhere & all/part of 1st course rx at reporting facility, NOS		21 - Initial dx elsewhere & part of 1st course rx at reporting facility 22 - Initial dx elsewhere & all 1st course rx or decision not to rx was done at reporting facility 30 - Initial dx & all 1st course rx elsewhere & reporting facility participated in diagnostic workup 31 - Initial dx & all 1st course rx elsewhere & reporting facility provided in-transit care 32 - Dx & all 1st course rx provided elsewhere & pt presents at reporting facility w/ disease recurrence or persistence 33 - Dx & all 1st course rx provided elsewhere & pt presents at reporting facility w/ disease hx only 34 - Case not required by COC & initial dx & part/all of 1st course rx by reporting facility 35 - Case dx'd before reference date & initial dx & all/part of 1st course rx by reporting facility		36 - Case not required by COC & initial dx elsewhere & all/part of 1st course rx by reporting facility 37 - Case dx'd before reference date & initial dx elsewhere & all/part of 1st course rx by facility 38 - Initial dx by autopsy at reporting facility, cancer not suspected prior to death 40 - Dx & all 1st course rx given at same staff physician's office 41 - Dx & all 1st course rx given in 2 or more different staff physician's office 42 - Nonstaff physician or non-COC clinic/facility, not part of reporting facility, accessioned by reporting facility for dx &/or rx by that entity 43 - Pathology or other lab specimens only 49 - Death certificate only 99 - Nonanalytic case of unk relationship to facility NOTE: Refer to FORDS for full definition.			
27a. DATE OF INPT ADMISSION ____/____/____ (YYYY/MM/DD)		28a. DATE OF INPT DISCHARGE ____/____/____ (YYYY/MM/DD)		29. DATE OF FIRST CONTACT ____/____/____ (YYYY/MM/DD)		30. DATE OF DIAGNOSIS ____/____/____ (YYYY/MM/DD)	
27b. DATE OF INPT ADM FLAG ____ 10 - Admission status unknown 11 - Never admitted 12 - Admitted, but date unknown BLANK - Valid date provided in item 27a		28b. DATE OF INPT D/C FLAG ____ 10 - Admission status unknown 11 - Never admitted 12 - Admitted, but date unknown BLANK - Valid date provided in item 28a		31. PRIMARY ANATOMICAL SITE C ____ . ____ (INCLUDE DESCRIPTION OF PRIMARY SITE)			
32. LATERALITY (PAIRED ORGAN) _____ 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 5 - Paired site: midline tumor 9 - Paired site, no information on laterality			33a. HISTOLOGY M _____ (final dx from PATH report)		33b. BEHAVIOR CODE _____ 0 - Benign 1 - Borderline 2 - In situ 3 - Invasive		
34. GRADE/DIFFERENTIATION _____ 1 - Well differentiated; differentiated NOS; grade 1 2 - Moderately differentiated; mod well diff; grade 2 3 - Poorly differentiated; dedifferentiated; grade 3			4 - Undifferentiated; anaplastic; grade 4 5 - T-cell; T-precursor 6 - B-cell; B-precursor 7 - Null cell; Non T; Non B 8 - NK (natural killer) cell		9 - Cell type not stated; not determined; not applicable; high grade dysplasia; unknown primary		35. GRADE PATH SYSTEM _____ 2 - Two-Grade System 3 - Three-Grade System 4 - Four-Grade System Blank: no grade system; unknown
36. GRADE PATH VALUE _____ 1 - Recorded as Grade I or 1 2 - Recorded as Grade II or 2 3 - Recorded as Grade III or 3 4 - Recorded as Grade IV or IV Blank: no grade system; unknown		37. LYMPH VASCULAR INVASION (LVI) _____ 0 - LVI not present; not identified 1 - LVI present 8 - Not applicable 9 - Unknown/indeterminate		38. Dx CONFIRMATION _____ 1 - Positive histology 2 - Positive cytology 3 - Positive histology PLUS positive immunophenotyping &/or positive genetic studies (Used only for hematopoietic and lymphoid neoplasms M9590/3 - M9992/3) 4 - Positive microscopic; method NOS 5 - Positive laboratory test/marker study 6 - Direct visualization w/o micro 7 - Radiography w/o micro 8 - Clinical dx only, other than 5, 6, or 7 9 - Unknown method			
39. SEER SUMMARY STAGE 2000 _____ (NOT derived stage) 0 - In-situ 1 - Localized only 2 - Regional, direct extension only 3 - Regional, regional lymph nodes involved only 4 - Regional, BOTH direct extension and regional lymph nodes 5 - Regional, NOS 7 - Distant 8 - Benign 9 - Unknown; Unstaged				40. AJCC STAGE 7th EDITION (assigned by managing physician/pathologist) CLIN: T ____ N ____ M ____ STAGE GRP ____ DESCRIPTOR ____ PATH: T ____ N ____ M ____ STAGE GRP ____ DESCRIPTOR ____			
41. CS TUMOR SIZE _____		42. CS EXTENSION _____		43. CS TUM SIZE/EXT EVAL _____			
44. CS LYMPH NODES _____		45. CS LN EVAL _____	46. REG LN EXAM _____	47. REG LN POS _____	48. CS METS AT DX _____	49. CS METS BONE _____	50. CS METS BRAIN _____
51. CS METS LIVER _____	52. CS METS LUNG _____	53. CS METS EVAL _____	54. CS SSF 1 _____		55. CS SSF 2 _____	56. CS SSF 3 _____	57. CS SSF 4 _____
58. CS SSF 5 _____	59. CS SSF 6 _____	60. CS SSF 7 _____	61. CS SSF 8 _____	62. CS SSF 9 _____	63. CS SSF 10 _____	64. CS SSF 11 _____	

65. CS SSF 12	66. CS SSF 13	67. CS SSF 14	68. CS SSF 15	69. CS SSF 16	70. CS SSF 17	71. CS SSF 18
72. CS SSF 19	73. CS SSF 20	74. CS SSF 21	75. CS SSF 22	76. CS SSF 23	77. CS SSF 24	78. CS SSF 25
79. RX SUMM - RX STATUS _____ 0 - No treatment given 1 - Treatment given 2 - Active surveillance (watchful waiting) 9 - Unknown if treatment was given If NO treatment (surgery, chemo, radiation, hormone, immunotherapy or other) was administered, SKIP to ITEM # 100a.		80a. DATE FIRST COURSE OF TREATMENT ____/____/____ (YYYY/MM/DD)		81. SYSTEMIC/SURGERY SEQUENCE _____ 0 - No systemic therapy and/or surgical procedure(s) 2 - Systemic therapy before surgery 3 - Systemic therapy after surgery 4 - Systemic therapy both before AND after surgery 5 - Intra-operative systemic therapy 6 - Intra-operative systemic therapy w/other systemic therapy administered before OR after surgery 9 - Sequence unknown		
		80b. DATE 1ST COURSE OF RX FLAG _____ 10 - Unknown if treatment administered 11 - No treatment administered 12 - Treatment administered, but date unknown BLANK - Valid date provided in item 80a				
82. REASON FOR NO SURGERY OF PRIMARY SITE _____ 0 - Surgery of primary site was performed 1 - Surgery of primary site was not performed because it was not part of the planned first course of treatment 2 - Surgery of primary site was not recommended because it was contraindicated due to patient risk factors 5 - Surgery of primary site was not performed because the patient died prior to planned or recommended surgery 6 - Surgery of primary site was not performed but recommended; reason unknown 7 - Surgery of primary site was not performed; recommended by patient's physician but refused 8 - Surgery of primary site was recommended, but unknown if it was performed. 9 - It is unknown whether surgery of the primary site was recommended or performed; diagnosed at autopsy					83a. DATE 1ST SURGICAL PROCEDURE ____/____/____ (YYYY/MM/DD)	
					83b. DATE 1ST SURG PROC FLAG _____ 10 - Unknown if surgery performed 11 - No surgery performed 12 - Surgery performed, but date unknown BLANK - Valid date provided in item 83a	
84. SURGICAL PROCEDURE OF PRIMARY SITE CODE _____ (REFER TO FORDS MANUAL, APPENDIX B FOR A LIST OF SURGERY CODES) (INCLUDE DESCRIPTION OF SURGERY)				85. SURGICAL PROCEDURE/OTHER SITE _____ 0 - None 1 - Nonprimary surgical procedure performed 2 - Nonprimary surgical procedure to other regional sites 3 - Nonprimary surgical procedure to <i>distant lymph node(s)</i> 4 - Nonprimary surgical procedure to distant site 5 - Combination of codes 9 - Unknown		
86. SCOPE OF REG LN SURGERY _____ 0 - None 1 - Bx or aspiration of RLN, NOS 2 - Sentinel LN bx 3 - Number of RLN removed unknown or not stated; RLN, NOS 4 - 1 to 3 RLN's removed 5 - 4 or more RLN's removed		87. RADIATION/SURGERY SEQUENCE _____ 0 - No radiation therapy and/or surgical procedure(s) 2 - Radiation therapy before surgery 3 - Radiation therapy after surgery 4 - Radiation therapy both before AND after surgery 5 - Intraoperative radiation therapy 6 - Intraoperative radiation therapy w/other therapy administered before OR after surgery 9 - Sequence unknown				
88a. DATE RADIATION STARTED ____/____/____ (YYYY/MM/DD)		89. REASON NO RADIATION _____ 0 - Radiation therapy was administered. 1 - Radiation therapy was not administered because it was not part of the planned first course treatment. 2 - Radiation therapy was not recommended/administered because it was contraindicated due to other patient risk factors (comorbid conditions, advanced age, progression of tumor prior to planned radiation etc.). 5 - Radiation therapy was not administered because the patient died prior to planned or recommended therapy. 6 - Radiation therapy was not administered; it was recommended by the patient's physician, but was not administered as part of first course treatment. No reason was noted in patient record. 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 record. 8 - Radiation therapy was recommended, but it is unknown whether it was administered. 9 - It is unknown if radiation therapy was recommended or administered. Death certificate and autopsy cases only.				
88b. DATE RAD STARTED FLAG _____ 10 - Unknown if radiation administered 11 - No radiation administered 12 - Radiation given, but date unknown 15 - Radiation planned, but not started BLANK - Valid date provided in item 88a						
90. RAD Rx MODALITY _____ 00 - No radiation treatment 20 - External beam, NOS 21 - Orthovoltage 22 - Cobalt-60, Cesium-137 23 - Photons (2-5 MV) 24 - Photons (6-10 MV) 25 - Photons (11-19 MV) 26 - Photons (> 19 MV) 27 - Photons (mixed energies) 28 - Electrons 29 - Photons and electrons mixed 30 - Neutrons, with or without photons/electrons 31 - IMRT 32 - Conformal or 3-D therapy 40 - Protons 41 - Stereotactic radiosurgery, NOS 42 - Linac radiosurgery 43 - Gamma Knife 50 - Brachytherapy, NOS 51 - Brachytherapy, Intracavitary, Low Dose Rate (LDR) 52 - Brachytherapy, Intracavitary, High Dose Rate (HDR) 53 - Brachytherapy, Interstitial, Low Dose Rate (LDR) 54 - Brachytherapy, Interstitial, High Dose Rate (HDR) 55 - Radium					91a. DATE CHEMO STARTED ____/____/____ (YYYY/MM/DD)	
					91b. DATE CHEMO FLAG _____ 10 - Unknown if chemo administered 11 - No chemo administered 12 - Chemo given, but date unknown 15 - Chemo planned, but not started BLANK - Valid date provided in item 91a	

<p>92. CHEMOTHERAPY _____</p> <p>00 - None; no chemotherapy administered 01 - Chemotherapy administered as first course therapy; type/agents not documented 02 - Single-agent chemotherapy administered as first course therapy 03 - Multi-agent chemotherapy administered as first course therapy 82 - Chemo was not recommended/administered because it was contraindicated due to patient risk factors</p>		<p>85 - Chemotherapy was not administered because patient expired prior to planned therapy 86 - Chemotherapy recommended but not administered; reason unknown 87 - Chemotherapy recommended but refused by patient or family 88 - Chemotherapy recommended but unknown if administered 99 - Unknown whether chemotherapy was recommended</p>		<p>93. HEMATOLOGIC TRANSPLANT AND ENDOCRINE PROCEDURES _____</p> <p>00 - No transplant 10 - Bone marrow transplant, NOS 11 - Bone marrow transplant - autologous 12 - Bone marrow transplant - allogeneic 20 - Stem cell harvest and infusion 30 - Endocrine surgery and/or endocrine radiation therapy 40 - Combo codes 30 and 10, 11, 12, or 20 82 - Not administered because it was contraindicated due to patient risk factors 85 - Not administered: patient expired 86 - Not administered; reason unknown 87 - Recommended but refused by patient or family 88 - Recommended but unknown if administered 99 - Unknown whether procedure was recommended or administered</p>	
<p>94a. DATE HORMONE STARTED</p> <p>____/____/____ (YYYY/MM/DD)</p>		<p>95. HORMONE THERAPY _____</p> <p>00 - None; no hormone therapy administered 01 - Hormone therapy administered as first course therapy 82 - Hormone therapy not administered due to patient risk factors 85 - Hormone therapy was not administered: patient expired 86 - Hormone therapy recommended; not administered; reason unk 87 - Hormone therapy recommended but refused by patient/family 88 - Hormone therapy recommended but unknown if administered 99 - Unknown whether hormone therapy was recommended or administered</p>			
<p>94b. DATE HORMONE FLAG _____</p> <p>10 - Unknown if hormone administered 11 - No hormone administered 12 - Hormone administered, but date unk 15 - Hormone planned, but not started BLANK - Valid date provided in item 94a</p>					
<p>96a. DATE IMMUNOTHERAPY STARTED</p> <p>____/____/____ (YYYY/MM/DD)</p>		<p>97. IMMUNOTHERAPY _____</p> <p>00 - None; no immunotherapy administered 01 - Immunotherapy administered as first course therapy 82 - Immunotherapy was not administered because it was contraindicated due to patient risk factors 85 - Immunotherapy not administered; pt expired</p>		<p>86 - Immunotherapy recommended but not administered; reason unknown 87 - Immunotherapy recommended but refused by patient/family 88 - Immunotherapy recommended but unknown if administered 99 - Unknown whether immunotherapy therapy was recommended or administered</p>	
<p>96b. DATE IMMUNOTHERAPY FLAG _____</p> <p>10 - Unknown if immunotherapy administered 11 - No immunotherapy administered 12 - Immunotherapy given, date unknown 15 - Immunotherapy planned, but not started BLANK - Valid date provided in item 96a</p>					
<p>98a. DATE OTHER RX STARTED</p> <p>____/____/____ (YYYY/MM/DD)</p>		<p>99. OTHER TREATMENT _____</p> <p>0 - None (no other treatment administered) 1 - Other, NOS 2 - Other - Experimental 3 - Other - Double Blind 6 - Other - Unproven 7 - Refusal of treatment 8 - Recommended; unknown if administered 9 - Unknown if therapy was recommended or administered</p>		<p>100a. DATE OF LAST CONTACT</p> <p>____/____/____ (YYYY/MM/DD)</p>	
<p>98b. DATE OF OTHER RX FLAG _____</p> <p>10 - Unknown if therapy administered 11 - No therapy administered 12 - Therapy administered, but date unknown BLANK - Valid date provided in item 98a</p>				<p>100b. DATE LAST CONTACT FLAG _____</p> <p>12 - Date of last contact unknown BLANK - Valid date provided in item 100a</p>	
<p>101. TEXT - PHYSICAL EXAM/SIGNS AND SYMPTOMS/LAB RESULTS (PSA, CEA)</p>					
<p>102. TEXT - X-RAYS/SCANS (INTREPRETATION OF SCANS TO JUSTIFY STAGE)</p>					
<p>103. TEXT - BIOPSY/SCOPES/STAGING/PATHOLOGY REPORT</p>					
<p>104. TEXT— CHEMOTHERAPY/HORMONE THERAPY/IMMUNOTHERAPY/OTHER THERAPY (LIST AGENTS ADMINISTERED)</p>					
<p>105. TEXT - RADIATION THERAPY/MISCELLANEOUS</p>					
<p>106. ABSTRACTOR NAME AND CONTACT NUMBER</p>					
<p>107. VITAL STATUS _____</p> <p>0 - Dead 1 - Alive 9 - Unknown</p>		<p>108. DATE OF DEATH</p> <p>____/____/____ (YYYY/MM/DD)</p>		<p>109. DEATH CAUSE</p>	<p>110. DEATH STATE</p>
					<p>111. DATE ABSTRACTED</p> <p>____/____/____ (YYYY/MM/DD)</p>