

**Michigan Department of Health and Human Services
Cancer Surveillance Program
Cancer Report Form DCH-0768 (Rev. 1/6/2016)**

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 DX (Number and Street)				5b. CITY / TOWN AT DX	
5c. SUPPLEMENTAL ADDR AT DX (Nursing Home, Apt Complex)		5d. STATE AT DX	5e. ZIP AT DX	5f. COUNTY AT DX	5g. COUNTRY AT DX
6. CURRENT ADDRESS (Street, City, State, Zip, Country)					
7. DATE OF BIRTH ____/____/____ (YYYY/MM/DD)		8a. BIRTHPLACE - STATE		9. SEX _____	
		8b. BIRTHPLACE - COUNTRY		1 - Male 2 - Female 3 - Other (Intersex/DSD) 4 - Transsexual, NOS 5 - Transsexual, natal male 6 - Transsexual, natal female 9 - Not Stated/Unknown	
10. SPANISH / HISPANIC ORIGIN _____			11. RACE (If patient is multi-racial, list ALL races. If patient is Asian, give nationality i.e. Chinese, Filipino, Asian Indian.)		
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		
12. MARITAL STATUS AT DX _____		13. PRIMARY PAYER AT DX		14a. COMORBIDITIES/COMPLICATIONS (List up to ten ICD-9-CM codes only)	
1 - Single (never married) 2 - Married (including common law) 3 - Separated 4 - Divorced 5 - Widowed 6 - Unmarried or Domestic Partner 9 - Unknown		(INSURANCE CARRIER)		14b. SECONDARY DIAGNOSES (List up to ten ICD-10-CM codes only)	
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			18. TOBACCO USE		
Current Use _____ Prior Use _____ Never Used _____ Unknown _____			Current Use _____ Prior Use _____ Never Used _____ Unknown _____		
19. MEDICAL RECORD NUMBER		20. LAB REPORT NUMBER		21. ACCESSION NUMBER AND SEQUENCE NUMBER	
				_____/____	
22. TYPE OF REPORTING SOURCE _____					
1 - Hospital inpatient		4 - Physician's office/private medical practitioner		7 - Death certificate only	
2 - Radiation treatment centers or medical oncology centers		5 - Nursing home/convalescent home/hospice		8 - Other hospital outpatient units/surgery center	
3 - Laboratory only (hospital-affiliated or independent)		6 - Autopsy only			
23. CASEFINDING SOURCE _____					
10 - Reporting hospital, NOS		25 - Outpatient chemotherapy		40 - Consult only or path consult only	
20 - Pathology department review		26 - Diagnostic imaging/radiology		50 - Independent path/lab report	
21 - Daily discharge review		27 - Tumor board		60 - Nursing home-initiated case	
22 - Disease index review (MDI)		28 - Hospital rehabilitation service/clinic		70 - Coroner's office records review	
23 - Radiation therapy department/center		29 - Other hospital source, NOS		75 - Managed care or insurance records	
24 - Laboratory reports		30 - Physician-initiated case		80 - Death certificate	
				85 - Out-of-state case sharing	
				90 - Other non-reporting hospital source	
				95 - Quality control review	
				99 - Unknown	
24a. REPORTING FACILITY AND CITY				25. MI FACILITY NUMBER	
24b. PLACE OF DX (If different than reporting facility)					

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 offices 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 definitions.					
27a. DATE OF INPT ADM _____/_____/_____ (YYYY/MM/DD)		28a. DATE OF INPT DISCH _____/_____/_____ (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 DISCH FLAG ____ 10 - Admission status unknown 11 - Never admitted 12 - Admitted, but date unknown BLANK - Valid date provided in item 28a		31. PRIMARY SITE C ____ (Include text 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) (Include text description of histology 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. LYMPH VASCULAR INVASION (LVI) _____ 0 - LVI not present; not identified 1 - LVI present 8 - Not applicable 9 - Unknown/indeterminate			36. DIAGNOSTIC 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 test 6 - Direct visualization w/o microscopic confirmation 7 - Radiography w/o microscopic confirmation 8 - Clinical dx only, other than 5, 6, or 7 9 - Unknown method	
37. SEER SUMMARY STAGE - 2000 _____ (Directly coded) 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				38. AJCC STAGE (Directly coded and assigned by managing physician or pathologist) Clinical: T _____ N _____ M _____ Clinical: STAGE GROUP _____ DESCRIPTOR _____ Pathologic: T _____ N _____ M _____ Pathologic: STAGE GROUP _____ DESCRIPTOR _____					
39. TUMOR SIZE <input type="checkbox"/> Clinical _____ <input type="checkbox"/> Pathologic		40. REG LN POS _____	41. REG LN EXAM _____	42. METS BONE _____	43. METS BRAIN _____	44. METS DISTANT LNS _____			
45. METS LIVER _____	46. METS LUNG _____	47. METS OTHER _____	48. CS SSF 1 _____	49. CS SSF 2 _____	50. CS SSF 3 _____	51. CS SSF 4 _____			
52. CS SSF 5 _____	53. CS SSF 6 _____	54. CS SSF 7 _____	55. CS SSF 8 _____	56. CS SSF 9 _____	57. CS SSF 10 _____	58. CS SSF 11 _____			

59. CS SSF 12 _____	60. CS SSF 13 _____	61. CS SSF 14 _____	62. CS SSF 15 _____	63. CS SSF 16 _____	64. CS SSF 17 _____	65. CS SSF 18 _____
66. CS SSF 19 _____	67. CS SSF 20 _____	68. CS SSF 21 _____	69. CS SSF 22 _____	70. CS SSF 23 _____	71. CS SSF 24 _____	72. CS SSF 25 _____
73. RX SUMM - RX STATUS _____ 0 - No treatment given 1 - Treatment given 2 - Active surveillance (watchful waiting) 9 - Unknown if treatment was given		74a. DATE 1ST CRS RX ____/____/____ (YYYY/MM/DD)		75. 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 - Intraoperative systemic therapy 6 - Intraoperative systemic therapy w/other therapy administered before and/or after surgery 7 - Surgery both before and after systemic therapy 9 - Sequence unknown, but both surgery and systemic given		
		74b. DATE 1ST CRS RX FLAG _____ 10 - Unknown if treatment administered 11 - No treatment administered 12 - Treatment administered, but date unknown BLANK - Valid date provided in item 80a				
76. 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				77a. DATE 1ST SURGICAL PROCEDURE ____/____/____ (YYYY/MM/DD)		
				77b. DATE 1ST SURGICAL PROC FLAG _____ 10 - Unknown if surgery performed 11 - No surgery performed or autopsy only 12 - Surgery performed, but date unknown BLANK - Valid date provided in item 81a		
78. MOST DEFINITIVE SURGICAL PROCEDURE OF PRIMARY SITE _____ (SEE FORDS MANUAL, APPENDIX B FOR LIST OF SURGERY CODES) (Include text description of surgery)				77c. DATE MOST DEFINITIVE SURG PROC ____/____/____ (YYYY/MM/DD)		
				77d. DATE MOST DEF SURG PROC FLAG _____ 10 - Unknown if surgery performed 11 - No surgery performed or autopsy only 12 - Surgery performed, but date unknown BLANK - Valid date provided in item 81c		
79. SURGICAL PROCEDURE / OTHER SITE _____ 0 - None 1 - Non-primary surgical procedure performed 2 - Non-primary surgical procedure to other regional sites 3 - Non-primary surgical procedure to distant lymph node 4 - Non-primary surgical procedure to distant site 5 - Combination of codes 9 - Unknown		80. 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 6 - Sentinel node bx and code 3, 4 or 5 at same time or timing not stated 7 - Sentinel node bx and code 3, 4, or 5 at different times 9 - Unknown or NA				
81. RADIATION / SURGERY SEQUENCE _____ 0 - No radiation therapy and/or surgical procedures. 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 radiation therapy given before and/or after surgery 7 - Surgery both before and after radiation 9 - Sequence unknown, but both surgery and radiation given		82a. DATE RADIATION STARTED ____/____/____		83. REASON FOR NO RADIATION _____ 0 - Radiation therapy (RT) administered. 1 - RT not part of 1st course treatment. 2 - RT contraindicated due to pt risk factors. 5 - Patient died prior to planned RT. 6 - RT recommended but not administered. No reason noted in pt record. 7 - RT recommended but refused & noted in record. 8 - RT recommended but unknown if administered. 9 - Unknown if RT recommended or administered. Death certificate and autopsy cases only.		
		82b. 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				
84. RADIATION TREATMENT 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				85a. DATE CHEMO STARTED ____/____/____ (YYYY/MM/DD)		
				85b. 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 89a		

86. CHEMOTHERAPY _____ 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		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 or administered		87. HEMATOLOGIC TRANSPLANT AND ENDOCRINE PROCEDURES _____ 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	
88a. DATE HORMONE STARTED _____/_____/_____ (YYYY/MM/DD)		89. HORMONE THERAPY _____ 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			
88b. DATE HORMONE FLAG _____ 10 - Unknown if hormone administered 11 - No hormone administered 12 - Hormone administered, but date unknown 15 - Hormone planned, but not started BLANK - Valid date provided in item 94a					
90a. DATE IMMUNE / BRM RX STARTED _____/_____/_____ (YYYY/MM/DD)		91. IMMUNE THERAPY / BRM _____ 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; patient expired		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	
90b. DATE IMMUNE / BRM RX FLAG _____ 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					
92a. DATE OTHER RX STARTED _____/_____/_____ (YYYY/MM/DD)		93. OTHER TREATMENT _____ 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		94a. DATE OF LAST CONTACT _____/_____/_____ (YYYY/MM/DD)	
92b. DATE OF OTHER RX FLAG _____ 10 - Unknown if therapy administered 11 - No therapy administered 12 - Therapy administered, but date unknown 15 - Therapy planned, but not started BLANK - Valid date provided in item 98a				94b. DATE LAST CONTACT FLAG _____ 12 - Date of last contact unknown BLANK - Valid date provided in item 100a	
95. TEXT - PHYSICAL EXAM/SIGNS AND SYMPTOMS/LAB RESULTS (PSA, CEA)					
96. TEXT - X-RAYS / SCANS (INTREPRETATION OF SCANS TO JUSTIFY STAGE)					
97. TEXT - BIOPSY / SCOPES / STAGING / PATHOLOGY REPORT					
98. TEXT— CHEMOTHERAPY / HORMONE THERAPY / IMMUNOTHERAPY / OTHER THERAPY (List agents administered)					
99. TEXT - RADIATION THERAPY / MISCELLANEOUS					
100. ABSTRACTOR NAME AND CONTACT NUMBER (Include Name, Phone number, Email address)					
101. VITAL STATUS ____ 0 - Dead 1 - Alive 9 - Unknown		102. DATE OF DEATH _____/_____/_____ (YYYY/MM/DD)		103. CAUSE OF DEATH	
104a. PLACE OF DEATH STATE		104b. PLACE OF DEATH - COUNTRY		105. DATE ABSTRACTED _____/_____/_____ (YYYY/MM/DD)	