

Michigan Department of Health and Human Services Cancer Surveillance Program - Cancer Report Form DCH-0768 (Rev. 12/15/2017)

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

Only approved abbreviations may be used when filling out this report. For approved abbreviations, see NAACCR Data Standards & Data Dictionary, Appendix G (<http://datadictionary.naacr.org/?c=17>)

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 _____ 1 - Male 2 - Female 3 - Other (Intersex/DSD) 4 - Transsexual, NOS 5 - Transsexual, natal male 6 - Transsexual, natal female 9 - Not Stated/Unknown	
		8b. BIRTHPLACE - COUNTRY			
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 DX _____ 1 - Single (never married) 2 - Married (including common law) 3 - Separated 4 - Divorced 5 - Widowed 6 - Unmarried or Domestic Partner 9 - Unknown		13. PRIMARY PAYER AT DX (INSURANCE CARRIER)		14a. COMORBIDITIES/COMPLICATIONS (List up to ten ICD-9-CM codes only)	
				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 Current Use _____ Prior Use _____ Never Used _____ Unknown _____			18. TOBACCO USE 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 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/clinic 29 - Other hospital source, NOS 30 - Physician-initiated case 40 - Consult only or path consult only 50 - Independent path/lab report 60 - Nursing home-initiated case 70 - Coroner's office records review 75 - Managed care or insurance records 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. DIRECTLY ASSIGNED SEER SUMMARY STAGE 2018 _____ 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. SITE SPECIFIC DATA ITEMS (SSDI) Record test name and test results. For more information, refer to NAACCR web site (https://www.naaccr.org/)											

49. SEER EOD (Extent of disease). For more information, refer to [SEER web site](https://seer.cancer.gov/) (https://seer.cancer.gov/)

Derived EOD 2018 T _____

Derived EOD 2018 N _____ Derived EOD 2018 Stage Group _____

Derived EOD 2018 M _____

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
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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 _____/_____/_____ (YYYY/MM/DD)	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		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)	
92a. DATE OTHER RX STARTED _____ _____/_____/_____ (YYYY/MM/DD)				94b. DATE LAST CONTACT FLAG _____ 12 - Date of last contact unknown BLANK - Valid date provided in item 100a	
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		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)	