

Michigan Department of Health and Human Services Cancer Surveillance Program - Cancer Report Form DCH-0768 (Rev. 5/26/21)

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/default.aspx?c=17&Version=21>)

1a. LAST NAME OF PATIENT		1b. FIRST NAME OF PATIENT		1c. MIDDLE NAME OF PATIENT	
2. BIRTH SURNAME (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 - Otherspecified 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 (Prior Use means patient had no alcohol in over 1 yr.) Current Use _____ Prior Use _____ Never Used _____ Unknown _____			18. TOBACCO USE (Prior Use means patient has not smoked in over 1 yr.) Current Use _____ Prior Use _____ Never Used _____ Unknown _____ TOBACCOTYPE _____ 1 Cigarettes 2 Cigars 3 Smokeless Tobacco Products (chewing tobacco, moist snuff) 4 Electronic (Vape Pen, Hookah Pen) 5 Waterpipes (hookah, Shisha) 6 Multiple Types (code 1, 2 and/or 3) 7 Multiple Types (code 1, 2 and/or 3 plus 4 and/or 5) 8 Never Used 9 Unknown/Not documented		
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 casesharing 90 - Other non-reporting hospital source 95 - Quality control review 99 - Unknown					
24a. REPORTING FACILITY AND CITY		24b. PLACE OF DX (If different than reporting facility)		25. MI FACILITY NUMBER	

<p>26. CLASS OF CASE _____</p> <p>00 - Initial dx at reporting facility & all rx or decision not to rx was done elsewhere</p> <p>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</p> <p>11 - Initial dx in staff physician's office & part of 1st course rx was done at reporting facility</p> <p>12 - Initial dx in staff physician's office & all 1st course rx or decision not to rx at reporting facility</p> <p>13 - Initial dx at reporting facility & part of 1st course rx at reporting facility</p> <p>14 - Initial dx at reporting facility & all 1st course rx or decision not to rx at reporting facility</p> <p>20 - Initial dx elsewhere & all/part of 1st course rx at reporting facility, NOS</p> <p>21 - Initial dx elsewhere & part of 1st course rx at reporting facility</p>		<p>22 - Initial dx elsewhere & all 1st course rx or decision not to rx was done at reporting facility</p> <p>30 - Initial dx & all 1st course rx elsewhere & reporting facility participated in diagnostic workup</p> <p>31 - Initial dx & all 1st course rx elsewhere & reporting facility provided in-transit care</p> <p>32 - Dx & all 1st course rx provided elsewhere & pt presents at reporting facility w/ disease recurrence or persistence</p> <p>33 - Dx & all 1st course rx provided elsewhere & pt presents at reporting facility w/ disease hx only</p> <p>34 - Case not required by COC & initial dx & part/all of 1st course rx by reporting facility</p> <p>35 - Case dx'd before reference date & initial dx & all/part of 1st course rx by reporting facility</p> <p>36 - Case not required by COC & initial dx elsewhere & all/part of 1st course rx by reporting facility</p> <p>37 - Case dx'd before reference date & initial dx</p>		<p>elsewhere & all/part of 1st course rx by facility</p> <p>38 - Initial dx by autopsy at reporting facility, cancer not suspected prior to death</p> <p>40 - Dx & all 1st course rx given at same staff physician's office</p> <p>41 - Dx & all 1st course rx given in 2 or more different staff physician's offices</p> <p>42 - Non-staff physician or non-COC clinic/facility, not part of reporting facility, accessioned by reporting facility for dx &/or rx by that entity</p> <p>43 - Pathology or other lab specimens only</p> <p>49 - Death certificate only</p> <p>99 - Nonanalytic case of unk relationship to facility NOTE: See STORE manual for full definitions. https://www.facs.org/quality-programs/cancer/ncdb/call-for-data/cocmanuals</p>	
<p>27. DATE OF 1ST CONTACT _____/_____/_____ (YYYY/MM/DD)</p>		<p>29. PRIMARY SITE C _____ (Include text description of primary site)</p>		<p>30. LATERALITY (PAIRED ORGAN) _____</p> <p>0 - Organ is not a paired site</p> <p>1 - Origin of primary is right</p> <p>2 - Origin of primary is left</p> <p>3 - Only one side involved, right or left origin not specified</p> <p>4 - Bilateral involvement at time of diagnosis</p> <p>5 - Paired site: midline tumor</p> <p>9 - Paired site, no information on laterality</p>	
<p>28. DATE OF DIAGNOSIS _____/_____/_____ (YYYY/MM/DD)</p>		<p>31. HISTOLOGY M _____ (Final Dx from path report. Include text description.)</p>		<p>32. BEHAVIOR CODE _____</p> <p>0 - Benign</p> <p>1 - Borderline</p> <p>2 - In situ</p> <p>3 - Invasive</p>	
<p>34. LYMPHOVASCULAR INVASION (LVI) _____</p> <p>0 - LVI not present; not identified</p> <p>1 - LVI present</p> <p>8 - Not applicable</p> <p>9 - Unknown/indeterminate</p>		<p>35. DIAGNOSTIC CONFIRMATION _____</p> <p>1 - Positive histology</p> <p>2 - Positive cytology</p> <p>3 - Positive histology PLUS positive immunophenotyping &/or positive genetic studies (Used only for hematopoietic and lymphoid neoplasms M9590/3-M9992/3)</p> <p>4 - Positive microscopic; method NOS</p> <p>5 - Positive laboratory test / marker test</p> <p>6 - Direct visualization w/o micro confirm</p> <p>7 - Radiography w/o microscopic confirm</p> <p>8 - Clinical dx only, other than 5, 6, or 7</p> <p>9 - Unknown method</p>		<p>33. GRADE (cases prior to 2018) _____</p> <p>1 - Well differentiated; differentiated NOS; grade 1</p> <p>2 - Moderately differentiated; mod well diff; grade 2</p> <p>3 - Poorly differentiated; dedifferentiated; grade 3</p> <p>4 - Undifferentiated; anaplastic; grade 4</p> <p>5 - T-cell; T-precursor</p> <p>6 - B-cell; B-precursor</p> <p>7 - Null cell; Non T; Non B</p> <p>8 - NK (natural killer) cell</p> <p>9 - Cell type not stated; , not determined, not applicable; high grade dysplasia; unknown primary</p> <p>The following apply to cases diag. in 2018 and later:</p> <p>GRADE CLINICAL _____</p> <p>GRADE PATHOLOGICAL _____</p> <p>GRADE POST THERAPY CLIN (yc) _____</p> <p>GRADE POST THERAPY PATH (yp) _____</p>	
<p>36. DIRECTLY ASSIGNED SEER SUMMARY STAGE 2000 _____ 2018 _____</p> <p>0 - In-situ</p> <p>1 - Localized only</p> <p>2 - Regional, direct extension only</p> <p>3 - Regional, regional lymph nodes involved only</p> <p>4 - Regional, BOTH direct extension and regional lymph nodes</p> <p>5 - Regional, NOS</p> <p>7 - Distant</p> <p>8 - Benign</p> <p>9 - Unknown; Unstaged</p>				<p>37. AJCC STAGE (Assigned by managing physician or pathologist)</p> <p>Clinical: T _____ N _____ M _____</p> <p>Clinical: STAGE GROUP _____ DESCRIPTOR _____</p> <p>Pathologic: T _____ N _____ M _____</p> <p>Pathologic: STAGE GROUP _____ DESCRIPTOR _____</p> <p>AJCC Edition _____</p>	
<p>38. TUMOR SIZE <input type="checkbox"/> Clinical <input type="checkbox"/> Pathologic <input type="checkbox"/> Summary</p>		<p>39. REG LN POS _____</p>		<p>40. REG LN EXAM _____</p>	
<p>41. METS BONE _____</p>		<p>42. METS BRAIN _____</p>		<p>43. METS DISTANT LNS _____</p>	
<p>44. METS LIVER _____</p>		<p>45. METS LUNG _____</p>		<p>46. METS OTHER _____</p>	
<p>SSDI Field: Include all Site Specific Data Items or older Collaborative Stage Items (such as record test name and test results.) Refer to SSDI Manual (https://apps.naaccr.org/ssdi/list/) or Collaborative Stage Data Collection System (http://www.cancerstaging.org/cstage/Pages/default.aspx)</p>					

47. SEER EOD (Extent of disease). Items apply to SEER facilities only. For more information, refer to SEER web site (https://seer.cancer.gov/tools/staging/) EOD - Mets _____ EOD - Primary Tumor _____ EOD - Regional Nodes _____		
48. RX SUMM - TX STATUS _____ 0 - No treatment given 1 - Treatment given 2 - Active surveillance (watchful waiting) 9 - Unknown if treatment was given	49a. DATE 1 ST COURSE OF TREATMENT _____/_____/_____ (YYYY/MM/DD)	50. 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
	49b. DATE 1 ST CRS TX FLAG _____ 10 - Unknown if treatment administered 11 - No treatment administered 12 - Treatment administered, but date unknown BLANK - Valid date provided in item 49a	
51. 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		52a. DATE 1 ST SURGICAL PROCEDURE _____/_____/_____ (YYYY/MM/DD)
		52b. DATE 1 ST 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 52a
53. MOST DEFINITIVE SURGICAL PROCEDURE OF PRIMARY SITE _____ See STORE Manual, Appendix B for list of surgery codes (https://www.facs.org/quality-programs/cancer/ncdb/cal-for-data/cocmanuals) (Include text description of surgery)		54a. DATE MOST DEFINITIVE SURG PROC _____/_____/_____ (YYYY/MM/DD)
		54b. 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 54a
55. 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	56. SCOPE OF RELN 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	
57. 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	58a. DATE RADIATION STARTED _____/_____/_____ (YYYY/MM/DD)	59. 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.
	58b. 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 58a	
60. RX SUMM RADIATION _____ 0 - None 1 - Beam radiation 2 - Radioactive implants 3 - Radioisotopes 4 - Combination of 1 with 2 or 3 5 - Radiation, NOS-method or source not specified 6 - Currently allowable for historic cases only; see note below 7 - Patient or patient's guardian refused 8 - Radiation recommended unknown if administered 9 - Unknown if radiation administered	61a. DATE CHEMO STARTED _____/_____/_____ (YYYY/MM/DD)	
	61b. 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 61a	

62. 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		63. 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	
64a. DATE HORMONE STARTED ____/____/____ (YYYY/MM/DD)		65. 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			
64b. 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 64a					
66a. DATE IMMUNE / BRM RX STARTED ____/____/____ (YYYY/MM/DD)		67. 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			
66b. 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 66a		69. 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		70a. DATE OF LAST CONTACT ____/____/____ (YYYY/MM/DD)	
68a. DATE OTHER RX STARTED ____/____/____ (YYYY/MM/DD)		70b. DATE LAST CONTACT FLAG ____ 12 - Date of last contact unknown BLANK - Valid date provided in item 69a			
68b. 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 68a		71. TEXT - PHYSICAL EXAM/SIGNS AND SYMPTOMS / LAB RESULTS (PSA, CEA)			
72. TEXT - X-RAYS / SCANS (INTREPRETATION OF SCANS TO JUSTIFY STAGE)					
73. TEXT - BIOPSY / SCOPES / STAGING / PATHOLOGY REPORT					
74. TEXT - CHEMOTHERAPY / HORMONE THERAPY / IMMUNOTHERAPY / OTHER THERAPY (Record start dates and agents administered)					
75. TEXT - RADIATION THERAPY / MISCELLANEOUS REMARKS Record start date and modality, e.g., external beam, brachytherapy, a radio isotope as well as their major subtypes, or a combination of modalities.					
76. ABTRACTOR NAME AND CONTACT NUMBER (Include Name, Phone number, Email address)					
77. VITAL STATUS ____ 0 - Dead 1 - Alive 9 - Unknown		78. DATE OF DEATH ____/____/____ (YYYY/MM/DD)		79. CAUSE OF DEATH	
80a. PLACE OF DEATH STATE		80b. PLACE OF DEATH - COUNTRY		81. DATE ABSTRACTED ____/____/____ (YYYY/MM/DD)	