

WISCONSIN CANCER REPORTING SYSTEM Cancer Report

INSTRUCTIONS: See the reverse side of this form for the statutory reference and instructions to complete the form. Complete reporting requirements and definitions are available in the WCRS reporting manual, *WCRS Abstract Code Manual*.

1. Last Name		2. First Name		3. Middle Name	
4. Maiden Name		5. Name Suffix		6. Alias Name	
7. Social Security No.					
8. Address at Diagnosis			9. City at Diagnosis		10. State and Zip Code at Diagnosis
11. Supplemental Address			12. County at Diagnosis	13. Date of Birth (MM/DD/YYYY)	14. Birthplace (State or Country)
15. Sex 1 Male 4 Transsexual 2 Female 9 Not stated/Unknown 3 Other (Hermaphrodite)		16. Race (Circle or specify codes) 01 White Asian (specify) _____ 02 Black Other (specify) _____ 03 American Indian 99 Unknown		17. Hispanic Origin 6 Yes Specify _____ 0 No	18. Marital Status 1 Single 4 Divorced 2 Married 5 Widowed 3 Separated 9 Unknown
19. Primary Site and Subsite (text only)			20. Histology & Behavior (text only)		
21. Paired Organs (Laterality) 0 Not a paired site 4 Bilateral involvement 1 Right: origin of primary 5 Midline 2 Left: origin of primary 9 Paired site, but no information 3 Only one side involved			22. Grade/Differentiation 1 Well Differentiated 4 Undifferentiated/Anaplastic 7 Null cell 2 Mod. Well Differentiated 5 T-cell 8 NK cell (natural killer) cell 3 Poorly Differentiated 6 B-cell 9 Unknown/Not Stated/NA		
23. Diagnostic Confirmation 1 Histology 5 Positive Lab/Marker 8 Clinical 2 Cytology 6 Visualization 9 Unknown 4 Microscopic 7 Radiographic			24. Occupation/Industry	25. ACC/SEQ No.	26. Medical Record No.
27a. Date Diagnosis		28a. Date 1st Contact		29. Facility Referred From	
27b. Diagnosis Flag		28b. 1st Contact Flag		30. Facility Referred To	
31. Class of Case 00 Dx here, Rx elsewhere 32 Dx & Rx else 10 Dx and Rx here 35 Rx here prior to ref 20 Dx elsewhere, Rx here 40 Staff MD office only		32a. Reporting Facility _____ 32b. NPI—Rptg Facility _____	33. Abstractor Phone	34. Abstractor	
35a. Primary Payer at Diagnosis 01 Not insured 31 Medicaid 63 Medicare with private supplement 02 Not insured, self-pay 35 Medicaid-Managed Care plan 65 TRICARE 10 Insurance, NOS 60 Medicare/Medicare, NOS 66 Military 20 Managed Care, HMO, PPO 61 Medicare with supplement, NOS 68 Indian/Public Health Service 21 Fee-for-Service 62 Medicare-Managed Care plan 99 Insurance status unknown					35b. TypRepSource
36. SEER Summary Stage 2000 0 In situ 5 Regional NOS 1 Localized 7 Distant 2 Regional, Direct Ext. Only 8 Benign, borderline, NA 3 Reg. Lymph Nodes Only 9 Unknown/ Unstaged 4 Reg., Direct Ext. & Lymph Nodes			37. CS Tumor Size (in millimeters) _____	38. CS Extension _____	39. CS Ext/Size Eval _____
			40. CS Lymph Nodes	41. CS Mets at DX	42. CS Mets-Bone

Completion of this form is mandatory under Chapter 255.04, Wisconsin Statutes. Personally identifiable information on this form (including social security number) is required by law and kept confidential per the requirements under Chapter 255.04; the information is necessary to assure complete and accurate data matching and consolidation and is used only for stated purposes in Chapter 255.04. Reporting this information to WCRS is not a violation of any person's responsibility for maintaining the confidentiality of patient health care records, as defined under s. 146.81(4).

Please complete the form by following the instructions provided in each box. Information and instructions for some boxes did not fit within the form. The instructions and additional values for those data items are listed below. The number before each set of instructions corresponds directly to the numbered field on the actual form.

16. Race

- 01 White
- 02 Black
- 03 American Indian, Aleutian, or Eskimo
- 04 Chinese
- 05 Japanese
- 06 Filipino
- 07 Hawaiian
- 08 Korean
- 10 Vietnamese
- 11 Laotian
- 12 Hmong
- 13 Kampuchean
- 14 Thai
- 15 Asian Indian/Pakistani, NOS
- 16 Asian Indian
- 17 Pakistani
- 20 Micronesian, NOS
- 21 Chamorro
- 22 Guamanian, NOS
- 25 Polynesian, NOS
- 26 Tahitian
- 27 Samoan
- 28 Tongan
- 30 Melanesian, NOS
- 31 Fiji Islander
- 32 New Guinean
- 96 Other Asian, including Asian, NOS and Oriental, NOS
- 97 Pacific Islander, NOS
- 98 Other
- 99 Unknown

17. 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 (includes European; excludes Dominican Republic)
- 6 Spanish, NOS
Hispanic, NOS
Latino, NOS
- 8 Dominican Republic
- 9 Unknown whether Spanish or not

(56.) (58.) Reason for No (Surgery) (Radiology)

- 0 (Surgery) (Radiation) of the primary site was performed.
- 1 (Surgery) (Radiation) of the primary site was not performed because it was not part of the planned first-course treatment.
- 2 (Surgery) (Radiation) of the primary site was not recommended/performed because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc.).
- 5 (Surgery) (Radiation) of the primary site was not performed because the patient died prior to planned or recommended surgery.
- 6 (Surgery) (Radiation) 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 the patient's record.
- 7 (Surgery) (Radiation) 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) (Radiation) of the primary site was recommended, but it is unknown if it was performed. Further follow-up is recommended.
- 9 It is unknown if (surgery) (radiation) of the primary site was recommended or performed. Death certificate only cases and autopsy only cases.

DEPARTMENT OF HEALTH SERVICES

Division of Public Health
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See the *Collaborative Staging Manual and Coding Instructions* (<http://cancerstaging.org/cstage/index.html>), for site-specific codes/coding rules.

43. CS Mets-Brain		44. CS Mets-Liver		45. CS Mets-Lung		46. SSF1		47. SSF2		48. SSF3	
49. SSF8		50. SSF9		51. SSF10		52. SSF11		53. SSF12		54. SSF13	
55. SSF14		56. SSF25		57a. Following MD or WI License No.		57b. Following MD NPI		58. Nodes Examined		59. Nodes Positive	
Treatment		Reporting Facility Rx		Other Facility Rx		Other Facility Name		Date / Date Flag			
60. RxSumSurgPrimSite								/			
61. RxSumScopeRegLNSurg								/			
62. ReasonNoSurgery								/			
63. RadRegionalModality								/			
64. ReasonNoRadiation								/			
65. RxSumSurgRadSeq								/			
66. RxSumChemo								/			
67. RxSumHormone								/			
68. RxSumBRM								/			
69. RxSumTransplntEndocr								/			
70. RxSumSurgChemoSeq								/			
71. RxSumOther								/			
72. RxTreatmentStatus								/			
73. Vital Status Last Seen		0 Dead		1 Alive		74. Date of Death if deceased:					

TEXT (OR ATTACH SUPPORTING DOCUMENTATION)

PE

X-RAY/SCANS/SCOPES

LABS & OP

PATHOLOGY

STAGING

RX SURGERY

RX RADIATION

RX SYSTEMIC (Chemo, Hormone, BRM, Transplant/Endocrine)

MISC/REMARKS

Date Case Completed: ___/___/_____