

Field Item Description – “Cheat Sheet”

(See specific definitions for each data item in the WCRS Coding Manual at <https://www.dhs.wisconsin.gov/wcrs/reporterinfo/manual.htm>)

Note: Critical fields cannot be left blank. All critical field data items are indicated below in blue. Items in black are *required* fields, but may not always have data and may be left blank (some people do not have middle names, for example).

Last Name	Write in the last name. Critical Field
First Name	Write in the first name. Critical Field
Middle Name	Write in the middle name or middle initial. If there is no middle name or initial, leave this field blank.
Maiden Name	Write in the maiden name. If there is no maiden name, leave blank.
Name Suffix	If available, enter the name suffix (Sr., Jr., Esq., etc.). If there is no suffix, leave this field blank.
Alias	Write in the alias name if available. If there is no alias, the field will remain blank. Note: The alias is not the same as the maiden name.
Social Security No.	Write in the Social Security number. Critical Field
Address at Diagnosis	Write in the street address of the patient’s residence at diagnosis .
City at Diagnosis	Write in the city of the patient’s residence at diagnosis. No abbreviations are allowed in this field. If unknown, write in “Unknown.” Critical Field
State and Zip Code at Diagnosis	Write in the state and zip code of residence at the time of diagnosis. Enter the nine-digit extended zip code at diagnosis if available. If it is unavailable, enter the five-digit zip code. Critical Field
Supplemental Address	Write in additional information about address at diagnosis, such as the name of a place or facility (Sunny Side Nursing Home, Waupun State Prison, etc.). If there is no supplemental address, leave blank.
County at Diagnosis	Write in the county of residence at diagnosis. Critical Field
Date of Birth	Write in the birth date in YYYY/MM/DD format. Critical Field
Birthplace	Write in the state or country (if not born in U.S.) of birth.
Sex	Circle the correct sex code from the choices in Box 15. Critical Field
Race	Circle the correct race code from the choices in Box 16 or on the back of the reporting form. If the patient is of more than one race, circle all correct codes. Critical Field
Hispanic Origin	Circle the correct the Hispanic origin code from the choices in Box 17 or on the back of the reporting form. Critical Field
Marital Status	Circle the correct marital status code, listed in box 18. Critical Field

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Primary Site	Write in the primary cancer site (not metastatic site) and subsite . Example: Breast, lower outer quadrant Critical Field
Histology & Behavior	Write in the histologic cancer type and behavior - in situ, malignant, or benign (CNS tumors only). Examples: Invasive adenocarcinoma, <i>in situ</i> melanoma, benign meningioma Critical Field
Laterality	Circle the laterality code from the choices in Box 21. Critical Field
Grade	Circle the grade code from the choices in Box 22. Critical Field
Diagnostic Confirmation	Circle the diagnostic confirmation code from the choices in Box 23. Critical Field
Occupation/Industry	Write in the usual or longest held occupation (do not enter “retired”) and the industry as related to the occupation, if known.
Accession Number	Write in the case accession number (the year in which the patient was first seen at the reporting facility and the consecutive order in which the patient was abstracted) in box 25a. This is a nine-digit field; if the patient was the 31 st seen at your facility for cancer in 2016, the accession number will be 201600031.
Sequence Number	Write in the cancer sequence number in box 25b. This is the order of this tumor in the sequence of cancers over the lifetime of the patient (/00 if patient’s only malignant cancer, /01 if patient’s first of more than one malignant cancer, etc.). Critical Field
Medical Record No.	Write in the patient’s medical record number. Critical Field
Date of Diagnosis	Write in the diagnosis date in YYYY/MM/DD format. If any or all of the date is unknown, use dashes for date parts unknown. Critical Field
Date First Contact	Write in the date of first contact in YYYY/MM/DD format. If any or all of the date is unknown, use dashes for date parts unknown. Critical Field
Facility Referred From	Write in the facility from which the patient was referred. If not referred to your facility, leave this field blank.
Facility Referred To	Write in the facility to which the patient was referred. If not referred from your facility, leave this field blank.
Class of Case	Circle the class of case from the choices in Box 31. Critical Field
Reporting Facility	Write in your 10-digit WCRS facility number. Critical Field
NPI—Rept. Facility	Write in your facility’s National Provider Index Number.
Abstractor Phone	Write in the abstractor’s phone number (ONLY used by WCRS to contact abstractor if there are questions about the report).
Abstractor	Write in the abstractor’s three initials. Critical Field

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Primary Payer at Dx	Circle the appropriate code for the primary payer/insurance carrier at the time of initial diagnosis or treatment as listed in the patient's records. Critical Field
TypeRepSource	Write in the type of reporting source identifying the source documents used to abstract the majority of data for the tumor being reported: hospital, physician office, radiation oncology office, etc.
SEER Summary Stage 2000	Circle the correct Summary Stage code based on SEER Summary Staging Manual 2000. Critical Field
CS Tumor Size	Write in the size (largest dimension) of the primary tumor in millimeters. For example, if the tumor size is 60 millimeters or 6 x 4 x 2 cm, enter 060. Make sure to list the tumor size, not the specimen size (they can be different). Critical Field
CS Extension	Write in the code or text that identifies how the Extension was determined. Use the <i>Collaborative Staging Manual</i> to find the correct code for the site being reported. Critical Field
CS Extension/Size Eval	Write in the code that identifies how the CS tumor size and CS extension were determined. Use the <i>Collaborative Staging Manual</i> to find the correct code for the site being reported. Critical Field
CS Lymph Nodes	Write in the code that identifies the regional lymph nodes involved. Use the <i>Collaborative Staging Manual</i> to find the correct code for the site being reported. Critical Field
CS Mets at DX	Write in the code that identifies distant site(s) of metastases at Dx. Use the <i>Collaborative Staging Manual</i> to find the correct code for the site being reported. Critical Field
CS Mets – Bone	Write in the code that identifies specifically if bone was a metastatic site. Use the <i>Collaborative Staging Manual</i> to find the correct code
CS Mets – Brain	Write in the code that identifies specifically if brain was a metastatic site. Use the <i>Collaborative Staging Manual</i> to find the correct code
CS Mets – Liver	Write in the code that identifies specifically if liver was a metastatic site. Use the <i>Collaborative Staging Manual</i> to find the correct code
CS Mets – Lung	Write in the code that identifies specifically if lung was a metastatic site. Use the <i>Collaborative Staging Manual</i> to find the correct code
CSSSF1 through CSSSF17	Write in the site-specific code needed to generate stage or prognostic factors. See Appendix VI in the WCRS Coding Manual to identify the sites for which these fields are required. Critical Field
CSSSF25	Write in the site-specific code needed to generate stage or prognostic factors. See Appendix VI in the WCRS Coding Manual to identify the sites for which this field is required to be completed manually.
Following MD Name & City	Write in the name and city of residence of the physician responsible for patient follow-up. If you know the 5-digit Wisconsin license number, please write it in.
NPI—Following MD	Write in the National Provider Index number for the follow-up physician, if known. (This is not the same as the facility NPI.)

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Nodes Examined	Please write in the number of nodes examined. If no nodes were examined, write 'none.'
Nodes Positive	Please write in the number of nodes found positive upon examination. If no nodes were found positive, write 'none.'

All codes in this next section describe first-course Tx provided by your facility or another facility. If a treatment is administered by your facility, enter the information under the "Reporting Facility Tx" column. If treatment administered by another facility is noted in the patient's chart, enter the information under the "Other Facility Tx" column and write in the name of the facility in the "Other Facility Name" column. Enter the date when the treatment was first administered in the "Date" column.	
RxSumSurgPrimSite	Write in the type of cancer-directed surgery (e.g., radical mastectomy).
RxSumScopeRegLN	Write in the scope of regional lymph node surgery - removal, biopsy or aspiration of regional lymph nodes at the time of surgery of the primary site. (Possible entries: none, sentinel lymph node biopsy, aspiration of regional lymph node, etc.)
Reason No Surgery	If surgery not performed, write in the reason for no surgery. (See back of Page 1 of the reporting form for more detail.)
Radiation Regional Modality	Write in the type of dominant modality of radiation therapy (external beam, stereotactic radiosurgery, brachytherapy, etc.).
ReasonNoRadiation	If radiation not administered, write in the reason for no radiation. (See back of Page 1 of the reporting form for more detail.)
RxSumSurgRadSeq	Write in the sequence of radiation and surgery given as part of the first-course Rx. (For example, Surgery 1/1/2015 followed by radiation on 1/10/2015.) If either surgery and/or radiation were NOT administered, write in "N/A."
RxSumChemo	Write in the type of and date chemotherapy initiated or reason not administered.
RxSumHormone	Write in the type of and date hormone therapy initiated or reason not administered.
RxSumBRM	Write in the type of and date immunotherapy (biological response modifiers) initiated or reason not administered.
RxSumTransEndo	Write in the type of and date bone marrow transplant or endocrine procedures initiated or reason not administered.
RxSumSysSurSeq	Record the sequencing of systemic Rx (chemo, hormone, BRM or transplant/endocrine) and surgical procedures given as part of first-course treatment. If surgery and/or the above-mentioned systemic treatments were NOT performed, write in "N/A."
RxSumOther	Write in the 'other' cancer-directed therapy administered (clinical

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	trial, blind treatment, etc.).
RxTreatmentStatus	Write in the summary of treatment status one of the following: treatment given, no treatment given, watchful waiting, or unknown.
Vital Status	Circle the code for the patient's current vital status. Critical Field
Date of Death	If the patient is deceased, record the state where the death occurred and the date of death (YYYY/MM/DD). Write in the appropriate date flag, if necessary.
Date Case Completed	Write in the date (YYYY/MM/DD format) you completed the case.

ENTERING TEXT INFORMATION	
Before entering cancer identification information (text to describe Primary Site, Histology, Treatment, etc.), review the entire medical record. Refer to the <i>WCRS Coding Manual</i> for instructions and examples for each text field.	
PE	Record text information from the history and physical exam about the history of the current tumor, patient race, patient age, history of other cancers. Example: WMF (white married female) age 52 seen for biopsy after abnormal mammogram on 3/12/13. No hx of cancer.
X-ray/scan/scopes	Record text information from diagnostic imaging reports, scans or scopes. Document positive and negative findings.
Lab Tests and OP	Record text information from laboratory examinations, other than cytology and histopathology, and the operative report.
Pathology	Record text information for histology, grade, tumor size and behavior contained in the pathology, autopsy or cytology reports. Include differential diagnoses, notes, comments, addenda, and results of consultations or second opinions.
Staging	Record text information to support stage and justify codes in staging fields.
Surgery	Record type and date of all surgical procedures performed as part of first-course treatment.
Radiation	Record type and date initialed of all radiation procedures performed as part of first-course treatment.
Systemic	Record type and date initiated of all chemotherapy, immunotherapy (BRM), hormone and transplant/endocrine procedures performed as part of first-course treatment.
Misc. / Remarks	If there are any additional comments (pt. status, referral information, physician names, etc.), record in this section.