Version Date: 10/99

Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial

OTHER CANCER FORM (OCF/OCQ)
CONFIRMATION OF CANCERS OTHER THAN PLCO

1. Date Abstracted: MO. DAY YEAR

2. Satellite Center:

3. Abstractor ID#:

4. Study Year: T

5. Purpose of Abstract:
- ○ Initial abstract
- ○ Re-abstract for QA

PART A: CONFIRMATION OF CANCER

6. Result of Confirmation of Reported Non-PLCO Cancer (MARK ONLY ONE):
- ○ Primary Non-PLCO Cancer → (GO TO ITEM A.7)
- ○ Metastatic Site - Unknown Primary → (GO TO ITEM A.7)
- ○ Metastatic Site - PLCO Primary → (GO TO ITEM A.6a)

6a. Type of PLCO Cancer (MARK ONLY ONE):
○ Prostate ○ Lung ○ Colorectum ○ Ovary
(GO TO ITEM A.12)

7. Date of Cancer Diagnosis: MO. DAY YEAR

8. ICD-O-2 Cancer Classification of Primary Cancer: CTR ID# | Topography (C -) | Morphology (-) | Behavior Grade (-)

9. Verbatim Description of Cancer Diagnosis:

10. Basis of Diagnosis: (MARK ONLY ONE)
- ○ Histology
- ○ Cytology
- ○ Radiology
- ○ Other (SPECIFY):_____

11. Photocopy of Report Confirming Cancer Attached?
- ○ No
- ○ Yes

12. Reported Metastatic Sites:
- ○ None Reported (GO TO PART B)

Record Up to Three Sites:

Site:_____

Site:_____

Site:_____

PLEASE DO NOT WRITE IN THIS AREA

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PART B: PHYSICIAN/HOSPITAL LOCATION INFORMATION

13. **Physician for Primary or Metastatic Cancer Diagnosis Information:**

a. Name: _____

Address: _____ Street

_____ City State ZIP Code

Tel: ( ) _____ **Chart #:** _____

b. Name: _____

Address: _____ Street

_____ City State ZIP Code

Tel: ( ) _____ **Chart #:** _____

14. **Hospital or Clinic for Primary or Metastatic Cancer Diagnosis Information:**

a. Name: _____

Address: _____ Street

_____ City State ZIP Code

Tel: ( ) _____ **Chart #:** _____

b. Name: _____

Address: _____ Street

_____ City State ZIP Code

Tel: ( ) _____ **Chart #:** _____

15. **Comments:** ◯ No ◯ Yes (SPECIFY)

Item #	Comments
	(◯ CONTINUED)

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Forms Processing (DARKEN CIRCLES AS STEPS ARE COMPLETED)

	Data Retrieval:	Data Entry of Non-Scannable Items:	Final Disposition:		
Form Receipted into SMS ◯	Attempted ◯ **OR**	Completed ◯ **OR** None Required ◯	Interim Complete (ICM) ◯	Final Complete (FCM) ◯	Final Incomplete (FIC) ◯
Manual Review Completed ◯	None Required ◯				