Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial

Version No.: 07/01

MEDICAL RECORD ABSTRACT FORM
DIAGNOSTIC EVALUATION - OVARY (DEO3/DOQ3)

1. Date Abstracted: MO. DAY YEAR — 20

2. Abstractor ID #:

3. Nosologist ID #:

4. CTR ID#:

5. Study Year T_0-T_{13}: T

6. Purpose of Abstract:

- ◯ Initial abstract
- ◯ Re-abstract for QA

7. Multiple Primary Cancer #:

(GO TO A.6)

FOR OFFICE USE ONLY

8. Form Processing (MARK RESPONSES AS STEPS ARE COMPLETED)

Form Receipted into SMS ◯
Manual Review Completed ◯

Data Entry of Non-Scannable Items: Completed ◯ None Required ◯

Data Retrieval: Attempted ◯ None Required ◯

Disposition:

Interim Complete (ICM) ◯ Final Complete (FCM) ◯ Final Incomplete (FIC) ◯

PART A: DIAGNOSTIC EVALUATION AND STAGING

1. Diagnostic Procedures Performed:

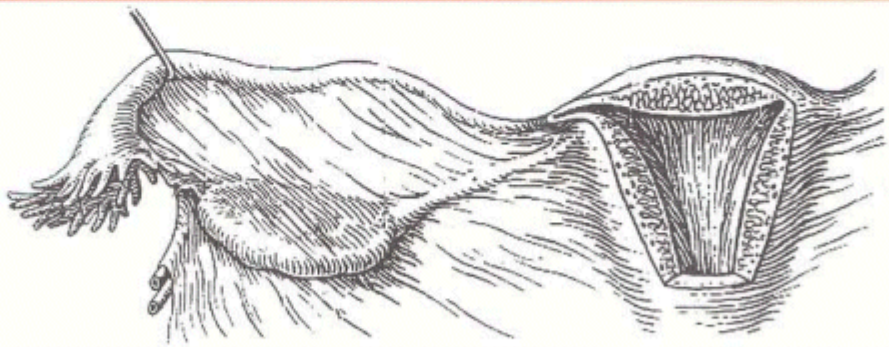
- ◯ Yes
- ◯ No, Physician report
- ◯ No, Participant self-report

} (GO TO A.6)

2. Reason for Initial Visit for Clinical Assessment:

(MARK ALL THAT APPLY)

- ◯ Symptomatic
- ◯ Follow-up of positive PLCO screen
- ◯ Other (SPECIFY) _____



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PART A CONTINUED . . .

3. **CA-125 Blood Test:** (DO NOT RECORD RESULTS OF PLCO SCREENING EXAMINATIONS)

○ No ○ Yes (COMPLETE TABLE BELOW) ○ Unknown

CA-125 BLOOD TEST	1	2	3
CA-125 LEVEL (units/ml)			
CA-125 ASSAY BRAND 1 = Centacor 2 = Abbott 8 = Other (SPECIFY) 9 = Not available	SPECIFY	SPECIFY	SPECIFY
LAB RANGE (units/ml)	to	to	to
DATE OF TEST (MO. - DAY - YEAR)	MO. DAY YEAR	MO. DAY YEAR	MO. DAY YEAR

PART A CONTINUED . . .

4. Other Diagnostic/Staging Procedures: (DO NOT RECORD RESULTS OF PLCO SCREENING EXAMINATIONS)

○ No ○ Yes (COMPLETE TABLE BELOW) ○ Unknown

PROCEDURE #	1	2	3
TYPE OF PROCEDURE (SEE PROCEDURE CODES BELOW. IF OTHER, SPECIFY)	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 88 SPECIFY	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 88 SPECIFY	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 88 SPECIFY
DATE OF PROCEDURE (MO. - DAY - YEAR)	MO. DAY YEAR	MO. DAY YEAR	MO. DAY YEAR
PROCEDURE #	**4**	**5**	**6**
TYPE OF PROCEDURE (SEE PROCEDURE CODES BELOW. IF OTHER, SPECIFY)	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 88 SPECIFY	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 88 SPECIFY	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 88 SPECIFY
DATE OF PROCEDURE (MO. - DAY - YEAR)	MO. DAY YEAR	MO. DAY YEAR	MO. DAY YEAR

PROCEDURE CODES

01 = Barium enema
02 = Biopsy (SPECIFY)
03 = Chest radiograph
04 = Color doppler
05 = CT scan - abdominal
06 = CT scan - other (SPECIFY)
07 = CT scan - pelvic
08 = Culdocentesis
09 = Intra-abdominal washings (peritoneal or pelvic)
10 = Intravenous pyelography (IVP)/excretory urography
11 = Laparotomy
12 = Lymphangiogram
13 = MRI scan - abdominal
14 = MRI scan - other (SPECIFY)
15 = MRI scan - pelvic
16 = Needle aspiration
17 = Paracentesis
21 = Transabdominal/pelvic ultrasound or sonogram
22 = Transvaginal ultrasound
23 = Oophorectomy/Salpingooophorectomy
24 = Abdominal/vaginal hysterectomy
25 = Clinical evaluation
26 = CT scan - abdomen and pelvis combined
27 = CT scan - chest
28 = Hysteroscopy
29 = Laparoscopy
30 = Lymphadenectomy/Lymph node sampling
31 = Omentectomy, complete/NOS
32 = Omentectomy, partial
33 = Radiograph, other (SPECIFY)
34 = Record review
35 = Resection (SPECIFY)
36 = Sigmoidoscopy/Colonoscopy
37 = Thoracentesis
38 = Transabdominal/pelvic and transvaginal ultrasounds combined
39 = Ultrasound, other (SPECIFY)
88 = Other (SPECIFY)

PART A CONTINUED . . .

PROCEDURE #	7	8	9
TYPE OF PROCEDURE (SEE PROCEDURE CODES BELOW. IF OTHER, SPECIFY)	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 88	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 88	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 88
	SPECIFY	SPECIFY	SPECIFY
DATE OF PROCEDURE (MO. - DAY - YEAR)	MO. DAY YEAR	MO. DAY YEAR	MO. DAY YEAR
PROCEDURE #	10	11	12
TYPE OF PROCEDURE (SEE PROCEDURE CODES BELOW. IF OTHER, SPECIFY)	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 88	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 88	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 88
	SPECIFY	SPECIFY	SPECIFY
DATE OF PROCEDURE (MO. - DAY - YEAR)	MO. DAY YEAR	MO. DAY YEAR	MO. DAY YEAR

4b. DIAGNOSTIC/STAGING PROCEDURES SUPPLEMENT FORM COMPLETED ○

PROCEDURE CODES

01 = Barium enema
02 = Biopsy (SPECIFY)
03 = Chest radiograph
04 = Color doppler
05 = CT scan - abdominal
06 = CT scan - other (SPECIFY)
07 = CT scan - pelvic
08 = Culdocentesis
09 = Intra-abdominal washings (peritoneal or pelvic)
10 = Intravenous pyelography (IVP)/excretory urography
11 = Laparotomy
12 = Lymphangiogram
13 = MRI scan - abdominal
14 = MRI scan - other (SPECIFY)
15 = MRI scan - pelvic
16 = Needle aspiration
17 = Paracentesis
21 = Transabdominal/pelvic ultrasound or sonogram
22 = Transvaginal ultrasound
23 = Oophorectomy/Salpingooophorectomy
24 = Abdominal/vaginal hysterectomy
25 = Clinical evaluation
26 = CT scan - abdomen and pelvis combined
27 = CT scan - chest
28 = Hysteroscopy
29 = Laparoscopy
30 = Lymphadenectomy/Lymph node sampling
31 = Omentectomy, complete/NOS
32 = Omentectomy, partial
33 = Radiograph, other (SPECIFY)
34 = Record review
35 = Resection (SPECIFY)
36 = Sigmoidoscopy/Colonoscopy
37 = Thoracentesis
38 = Transabdominal/pelvic and transvaginal ultrasounds combined
39 = Ultrasound, other (SPECIFY)
88 = Other (SPECIFY)

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PART A CONTINUED . . .

5. Medical Complications of Diagnostic Evaluation and Staging:

○ No ○ Yes (COMPLETE TABLE BELOW) ○ Unknown

COMPLICATION #	1	2	3
TYPE OF COMPLICATION (SEE COMPLICATION CODES BELOW)	1 2 20 21 22 23 24 25 26 27 28 29 30 31 32 33 400 401 402 407 408 409 412 413 414 415 — SPECIFY	1 2 20 21 22 23 24 25 26 27 28 29 30 31 32 33 400 401 402 407 408 409 412 413 414 415 — SPECIFY	1 2 20 21 22 23 24 25 26 27 28 29 30 31 32 33 400 401 402 407 408 409 412 413 414 415 — SPECIFY
DATE OF COMPLICATION (MO. - DAY - YEAR)	MO. DAY YEAR	MO. DAY YEAR	MO. DAY YEAR
COMPLICATION #	**4**	**5**	**6**
TYPE OF COMPLICATION (SEE COMPLICATION CODES BELOW)	1 2 20 21 22 23 24 25 26 27 28 29 30 31 32 33 400 401 402 407 408 409 412 413 414 415 — SPECIFY	1 2 20 21 22 23 24 25 26 27 28 29 30 31 32 33 400 401 402 407 408 409 412 413 414 415 — SPECIFY	1 2 20 21 22 23 24 25 26 27 28 29 30 31 32 33 400 401 402 407 408 409 412 413 414 415 — SPECIFY
DATE OF COMPLICATION (MO. - DAY - YEAR)	MO. DAY YEAR	MO. DAY YEAR	MO. DAY YEAR

MEDICAL COMPLICATION CODES

1 = Infection (SPECIFY)
2 = Fever requiring antibiotics
20 = Cardiac arrest
21 = Respiratory arrest
22 = Hospitalization
23 = Pulmonary embolus/emboli
24 = Myocardial infarction
25 = Cardiac arrhythmia
26 = Cerebral vascular accident (CVA)/Stroke
27 = Blood loss requiring transfusion
28 = Deep venous thrombosis (DVT)
29 = Acute/chronic respiratory failure
30 = Hypotension
31 = Congestive heart failure (CHF)
32 = Wound dehiscence
33 = Hypokalemia
400 = Diarrhea
401 = Small bowel obstruction/partial or complete
402 = Ileus
407 = Blood in stool
408 = Bowel injury
409 = Adhesions
412 = Peritonitis
413 = Pneumonia
414 = Urinary tract infection (UTI)
415 = Wound infection

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PART A CONTINUED . . .

6. Result of Diagnostic Evaluation for Ovarian Cancer:

- ○ No malignancy **(GO TO PART B)**
- ○ No malignancy and no diagnostic/staging procedures performed **(GO TO PART D)**
- ○ Ovarian malignancy confirmed histologically **(GO TO PART C)**
- ○ Ovarian malignancy confirmed cytologically **(GO TO PART C)**
- ○ Ovarian malignancy diagnosed by clinical examination only **(GO TO PART C)**
- ○ Other malignancy confirmed histolcgically or cytologically **(GO TO PART B)**
- ○ No information available **(GO TO PART D)**

PART B: DIAGNOSIS INFORMATION FOR SPECIFIC CONDITIONS OTHER THAN OVARIAN CANCER

7. Specific Ovarian Diagnosis:

○ No ○ Yes **(COMPLETE TABLE BELOW)**

DIAGNOSIS #	1	2	3
DIAGNOSIS 1 = Cyst 2 = Polycystic ovary 3 = Teratoma 4 = Benign neoplasm	① ② ③ ④	① ② ③ ④	① ② ③ ④
DATE OF DIAGNOSIS **(MO. - DAY - YEAR)**	MO. DAY YEAR	MO. DAY YEAR	MO. DAY YEAR

8. Other Cancer Diagnosis:

○ No ○ Yes **(COMPLETE TABLE BELOW)**

OTHER CANCER DIAGNOSIS 1		OTHER CANCER DIAGNOSIS 2	
ICD-9-CM CLASSIFICATION	DATE OF OTHER CANCER DIAGNOSIS MO. DAY YEAR	ICD-9-CM CLASSIFICATION	DATE OF OTHER CANCER DIAGNOSIS MO. DAY YEAR

GO TO PART D

PART C: PRIMARY OVARIAN CANCER DIAGNOSIS INFORMATION

9. Date of Primary Ovarian Cancer Diagnosis:

MO.	DAY	YEAR

10. Verbatim Description of Primary Ovarian Cancer Diagnosis:

11. ICD-O-2 Cancer Classification:

Topography				Morphology				Behavior		Grade
C										

12. Photocopy of Report Confirming Primary Ovarian Cancer: (MARK ONE)

- ◯ Pathology/Histopathology (ATTACH COPY)
- ◯ Cytology/Cytopathology (ATTACH COPY)
- ◯ Not available

13. Histopathologic Type for Primary Ovarian Cancer:

- ◯ Serous cystadenoma (low potential/borderline malignancy)
- ◯ Serous cystadenocarcinoma
- ◯ Mucinous cystadenoma (low potential/borderline malignancy)
- ◯ Mucinous cystadenocarcinoma
- ◯ Endometrioid tumor (low potential/borderline malignancy)
- ◯ Endometrioid adenocarcinoma
- ◯ Clear cell tumor (low potential/borderline malignancy)
- ◯ Clear cell cystadenocarcinoma
- ◯ Undifferentiated carcinoma
- ◯ Other (SPECIFY) _____
- ◯ Unknown

14. Histopathologic Grade for Primary Ovarian Cancer:

- ◯ Grade cannot be assessed (GX)
- ◯ Borderline malignancy (GB)
- ◯ Well differentiated (G1)
- ◯ Moderately differentiated (G2)
- ◯ Poorly differentiated or undifferentiated (G3-4)
- ◯ Unknown

PART C CONTINUED . . .

15. **TNM Staging for Primary Ovarian Cancer:**

If TNM Staging performed, what AJCC Cancer Staging Manual did you use? ○ 4th Edition ○ 5th Edition

a. **TNM Clinical Staging:**

○ Yes (COMPLETE 15.a.1, 15.a.2, 15.a.3) ○ No (GO TO C.15.b)

1. PRIMARY TUMOR (T)	2. NODAL INVOLVEMENT (N)	3. DISTANT METASTASES (M)
(T) Codes	(N) Codes	(M) Codes
○ Tx ○ T2a ○ T0 ○ T2b ○ T1 ○ T2c ○ T1a ○ T3 ○ T1b ○ T3a ○ T1c ○ T3b ○ T2 ○ T3c	○ Nx ○ N0 ○ N1	○ Mx ○ M0 ○ M1
○ Not available	○ Not available	○ Not available

b. **TNM Pathologic Staging:**

○ Yes (COMPLETE 15.b.1, 15.b.2, 15.b.3) ○ No (GO TO C.16)

1. PRIMARY TUMOR (T)	2. NODAL INVOLVEMENT (N)	3. DISTANT METASTASES (M)
(T) Codes	(N) Codes	(M) Codes
○ Tx ○ T2a ○ T0 ○ T2b ○ T1 ○ T2c ○ T1a ○ T3 ○ T1b ○ T3a ○ T1c ○ T3b ○ T2 ○ T3c	○ Nx ○ N0 ○ N1	○ Mx ○ M0 ○ M1
○ Not available	○ Not available	○ Not available

16. **Record Stage:** (COMPLETE IF 15.b.1, 15.b.2, OR 15.b.3 IS NOT AVAILABLE, OTHERWISE SKIP)

○ Yes (RECORD STAGING BELOW) ○ No (GO TO PART E)

FIGO

○ I	○ II	○ III	○ IV
○ IA	○ IIA	○ IIIA	
○ IB	○ IIB	○ IIIB	
○ IC	○ IIC	○ IIIC	

GO TO PART E

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PART D: DATE OF DIAGNOSTIC EVALUATION DETERMINATION

17. Complete this item if:

Item A.6 = No malignancy and Item B.7 and Item B.8 = No **OR**
Item A.6 = No malignancy and no diagnostic procedures performed **OR**
Item A.6 = No information available

MO.	DAY	YEAR

PART E: PHYSICIAN/HOSPITAL LOCATION INFORMATION

18. Physician for Diagnostic Evaluation:

a. Name: _____

Address: _____
City State ZIP Code

Telephone: ( ) _____ Medical Record/Chart # _____

b. Name: _____

Address: _____
City State ZIP Code

Telephone: ( ) _____ Medical Record/Chart # _____

19. Hospital or Clinic for Diagnostic Evaluation:

a. Name: _____

Address: _____
City State ZIP Code

Telephone: ( ) _____ Medical Record/Chart # _____

b. Name: _____

Address: _____
City State ZIP Code

Telephone: ( ) _____ Medical Record/Chart # _____

20. Comments:

○ No ○ Yes (SPECIFY)

Item #	Comments

(○ CONTINUED)

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20. Comments: (Continued)

○ No ○ Yes (SPECIFY)

Item #	Comments

(○ CONTINUED)

20. Comments: (Continued)

◯ No ◯ Yes (SPECIFY)

Item #	Comments

(◯ CONTINUED)

20. **Comments: (Continued)**

○ No ○ Yes (SPECIFY)

Item #	Comments

(○ CONTINUED)

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