

PART A: INITIAL TREATMENT INFORMATION

1. SURGICAL TREATMENT FOR COLORECTAL CANCER:

No Yes (COMPLETE TABLE BELOW) Unknown

PROCEDURE #	1	2	3	4																																																																																																																																				
TYPE OF SURGICAL PROCEDURE (SEE SURGICAL PROCEDURE CODES BELOW. IF OTHER, SPECIFY)	01 03 04 06 07 08 09 10 88 _____ SPECIFY	01 03 04 06 07 08 09 10 88 _____ SPECIFY	01 03 04 06 07 08 09 10 88 _____ SPECIFY	01 03 04 06 07 08 09 10 88 _____ SPECIFY																																																																																																																																				
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SURGICAL PROCEDURE CODES

- | | |
|--|---|
| 01 = Local excision (includes local transanal excision)
03 = Surgical resection with reanastomosis
04 = Surgical resection with colostomy
06 = Bypass surgery or palliative resection
07 = Cryosurgery | 08 = Lymphadenectomy/Lymph node sampling
09 = Appendectomy (for appendiceal primaries only)
10 = Laser ablation
88 = Other (SPECIFY) |
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2. RADIATION TREATMENT FOR COLORECTAL CANCER:

No Yes (COMPLETE TABLE BELOW) Unknown

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PART A CONTINUED . . .

3. CHEMOTHERAPEUTIC TREATMENT FOR COLORECTAL CANCER:

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4. OTHER TYPE OF TREATMENT FOR COLORECTAL CANCER:

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5. ANY LOCAL OR REGIONAL RESIDUAL DISEASE LEFT AFTER SURGERY:

- No
 Not applicable
 Yes - Microscopic
 Unknown
 Yes - Gross Tumor

