

Participant ID Number

Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

MEDICAL RECORD ABSTRACT FORM DIAGNOSTIC EVALUATION – COLORECTUM (DEC3/DCQ3)

1. Date Abstracted: _____
Month Day Year
2. Abstractor ID#: _____
3. Nosologist ID: _____
4. CTR ID: _____
5. Study Year T0-T13: _____
6. Purpose of Abstract:
 - Initial abstract
 - Re-abstract for QA
7. Multiple Primary Cancer #: (Select 2 through 9)
(GO TO A.7)

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 (GO TO A.7)
- No, Participant self-report (GO TO A.7)

2. Reason for Initial Visit for Clinical Assessment: (MARK ALL THAT APPLY)

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

3. Sigmoidoscopy or Colonoscopy: (DO NOT RECORD RESULTS OF PLCO SCREENING EXAMINATIONS)

- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

PROCEDURE #	1	2	3
PROCEDURE TYPE 1 = Sigmoidoscopy 3 = Colonoscopy 4 = Endoscopy (NOS)			
DATE OF SURGERY (MO.-DAY-YEAR)			
CECUM VISUALIZATION (SKIP FOR SIGMOIDOSCOPY) 0 = No 1 = Yes 9 = Not available			
BOWEL PREPARATION 0 = Inadequate 1 = Adequate 9 = Not available			
HYPERPLASTIC POLYPS 0 = None 1 = One 2 = Multiple			

4. Adenomas on Sigmoidoscopy or Colonoscopy: (DO NOT RECORD RESULTS OF PLCO SCREENING EXAMINATIONS)

- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

PATHOLOGY OR SPECIMEN JAR #	1	2	3	4	5
<p>MULTIPLE POLYPS IN SPECIMEN JAR?</p> <p>0 = No 1 = Yes</p>					
<p>PROCEDURE</p> <p>1 = Sigmoidoscopy 3 = Colonoscopy 4 = Endoscopy (NOS)</p>					
<p>LOCATION</p> <p>a. Anatomic (MARK ALL THAT APPLY FOR MULTIPLE ADENOMAS)</p> <p>01 = Cecum 02 = Ascending colon 03 = Hepatic flexure 04 = Transverse colon 05 = Splenic flexure 06 = Descending colon 07 = Sigmoid colon 08 = Rectum 09 = Appendix 99 = Not available</p> <p>b. Distance in cm 99 = Not available</p>	<p>a.</p> <p>b. ____</p>	<p>a.</p> <p>b. ____</p>	<p>a.</p> <p>b. ____</p>	<p>a.</p> <p>b. ____</p>	<p>a.</p> <p>b. ____</p>
<p>SIZE</p> <p>a. Longest dimension in cm 99.9 = Not available</p> <p>OR</p> <p>b. 1 = Diminutive 2 = Small 3 = Large 9 = Not available</p>	<p>_____ . _____</p>	<p>_____ . _____</p>	<p>_____ . _____</p>	<p>_____ . _____</p>	<p>_____ . _____</p>
<p>HISTOLOGY</p> <p>2 = Tubular adenoma 3 = Tubular villous adenoma 4 = Villous adenoma 5 = Adenoma (NOS)</p>					
<p>DYSPLASIA</p> <p>0 = None 1 = Mild (low grade) 2 = Moderate (low grade) 3 = Severe (high grade) 9 = Not available</p>					

4a. NUMBER OF NON-ADVANCED AND/OR ADVANCED ADENOMAS

ADVANCED ADENOMA CRITERIA:

(must fulfill at least one to be classified as advanced)

- greater than or equal to 1 cm
- villous elements in histology
- severe or high-grade dysplasia

Total # of confirmed non-advanced adenomas ____

Total # of confirmed advanced adenomas ____

4b. CAN EXACT # OF ADENOMAS BE DETERMINED?

- 0 = No
- 1 = Yes

5. 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 CEA, RECORD VALUE; IF OTHER, SPECIFY)			
DATE OF PROCEDURE (MO.-DAY-YEAR)			

PROCEDURE #	4	5	6
TYPE OF PROCEDURE (SEE PROCEDURE CODES BELOW. IF CEA, RECORD VALUE; IF OTHER, SPECIFY)			
DATE OF PROCEDURE (MO.-DAY-YEAR)			

PROCEDURE #	7	8	9
TYPE OF PROCEDURE (SEE PROCEDURE CODES BELOW. IF CEA, RECORD VALUE; IF OTHER, SPECIFY)			
DATE OF PROCEDURE (MO.-DAY-YEAR)			

PROCEDURE #	10	11	12
TYPE OF PROCEDURE (SEE PROCEDURE CODES BELOW. IF CEA, RECORD VALUE; IF OTHER, SPECIFY)			
DATE OF PROCEDURE (MO.-DAY-YEAR)			

PROCEDURE CODES

- 01 = Abdominal flat plate (plain film)
- 02 = Barium enema radiograph
- 03 = Biopsy (SPECIFY)
- 04 = Chest radiograph
- 05 = Clinical evaluation
- 06 = CT scan – abdominal
- 07 = CT scan – other (SPECIFY)
- 08 = CT scan – pelvic
- 09 = Cystoscopy
- 10 = DRE
- 11 = Intravenous pyelography (IVP)/excretory urography
- 12 = MRI scan – abdominal
- 13 = MRI scan – other (SPECIFY)
- 14 = MRI scan – pelvic
- 15 = Preoperative carcinoembryonic antigen (CEA) (RECORD VALUE)
- 16 = Stool occult blood
- 17 = Record review
- 18 = Resection (SPECIFY)
- 19 = Abdominal ultrasound
- 20 = CT scan – abdomen and pelvis combined
- 21 = Hemicolectomy
- 22 = Laparoscopy
- 23 = Laparotomy
- 24 = Lymphadenectomy/Lymph node sampling
- 25 = Other radiograph (SPECIFY)
- 26 = Ultrasound (SPECIFY)
- 27 = Upper GI evaluation – endoscopic/radiographic
- 88 = Other (SPECIFY)

5b. DIAGNOSTIC/STAGING PROCEDURES SUPPLEMENT FORM COMPLETED ○

6. Medical Complications of Diagnostic Evaluation and Staging:

- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

COMPLICATION #	1	2	3
TYPE OF COMPLICATION (SEE COMPLICATION CODES BELOW.)			
DATE OF PROCEDURE (MO.-DAY-YEAR)			

COMPLICATION #	4	5	6
TYPE OF COMPLICATION (SEE COMPLICATION CODES BELOW.)			
DATE OF PROCEDURE (MO.-DAY-YEAR)			

MEDICAL COMPLICATION CODES

- 1 = Infection (SPECIFY)
- 2 = Fever requiring antibiotics
- 3 = Perforation
- 4 = Hemorrhage
- 6 = Respiratory arrest
- 20 = Cardiac 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
- 300 = Diarrhea
- 301 = Small bowel obstruction/partial or complete
- 302 = Ileus
- 306 = Rectal damage
- 307 = Blood in stool

7. Result of Diagnostic Evaluation for Colorectal Cancer:

- No malignancy (**GO TO PART D**)
- No malignancy and no diagnostic/staging procedures performed (**GO TO PART D**)
- Colorectal malignancy confirmed histologically (exclude carcinoma in situ) (**GO TO PART C**)
- Colorectal malignancy confirmed cytologically (**GO TO PART C**)
- Colorectal malignancy diagnosed by clinical examination only (**GO TO PART C**)
- Other malignancy confirmed histologically or cytologically (**GO TO PART B**)
- No information available (**GO TO PART D**)

PART B: DIAGNOSIS INFORMATION FOR CANCERS OTHER THAN COLORECTAL CANCER

8. Other Cancer Diagnosis:

- No
- Yes (COMPLETE TABLE BELOW)

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

GO TO PART D

PART C: PRIMARY COLORECTAL CANCER DIAGNOSIS INFORMATION

9. Description of Colorectal Carcinoma:

- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

	1	2	3
PROCEDURE (MARK ALL THAT APPLY) 1 = Sigmoidoscopy 2 = Colonoscopy 3 = Polypectomy 4 = Surgical resection 5 = Local transanal or other resection 8 = Endoscopy (NOS)			

	1	2	3
<p style="text-align: center;">LOCATION</p> <p>a. Anatomic (MARK ALL THAT APPLY FOR MULTIPLE ADENOMAS)</p> <p>01 = Cecum 02 = Ascending colon 03 = Hepatic flexure 04 = Transverse colon 05 = Splenic flexure 06 = Descending colon 07 = Sigmoid colon 08 = Rectum 09 = Appendix 99 = Not available</p> <p>b. Distance in cm 99 = Not available</p>	<p>a.</p> <p>b. ____</p>	<p>a.</p> <p>b. ____</p>	<p>a.</p> <p>b. ____</p>
<p style="text-align: center;">GROSS MORPHOLOGY</p> <p>1 = Exophytic 2 = Endophytic 3 = Annular 4 = Diffusely infiltrative 9 = Not available</p>			

10. Date of Primary Colorectal Cancer Diagnosis:
(MO.-DAY-YEAR)

11. Verbatim Description of Primary Colorectal Cancer Diagnosis:

12. ICD-O-2 Cancer Classification:

____ - ____ - ____ - ____
(Topography) (Morphology) (Behavior) (Grade)

13. Photocopy of Report Confirming Primary Colorectal Cancer: (MARK ONE)

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

14. Histopathologic Type for Primary Colorectal Cancer:

- Adenocarcinoma
- Mucinous (colloid) adenocarcinoma
- Signet ring cell carcinoma
- Squamous cell (epidermoid) carcinoma
- Adenosquamous carcinoma
- Undifferentiated carcinoma
- Carcinoma
- Other (SPECIFY) _____
- Unknown

15. Histopathologic Grade for Primary Colorectal Cancer:

- Grade cannot be assessed (GX)
- Well differentiated (G1)
- Moderately differentiated (G2)
- Poorly differentiated (G3)
- Undifferentiated (G4)
- Unknown

16. TNM Staging for Primary Colorectal Cancer:

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

a. TNM Clinical Staging:

- Yes (COMPLETE 16.a.1, 16.a.2, 16.a.3)
- No (GO TO C.16.b)

1. PRIMARY TUMOR (T)

- Tx
- T0
- T1
- T2
- T3
- T4
- Not available

2. NODAL INVOLVEMENT (N)

- Nx
- N0
- N1
- N2
- N3
- Not available

3. DISTANT METASTASES (M)

- Mx
- M0
- M1
- Not available

b. TNM Pathologic Staging:

Yes (COMPLETE 16.b.1, 16.b.2, 16.b.3)

No (GO TO C.17)

1. PRIMARY TUMOR (T)

- Tx T2
 T0 T3
 T1 T4
 Not available

2. NODAL INVOLVEMENT (N)

- Nx N2
 N0 N3
 N1 Not available

3. DISTANT METASTASES (M)

- Mx M1
 M0 Not available

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

Yes (COMPLETE 17.1, 17.2, 17.3, 17.4)

No (GO TO PART E)

1. STAGE ONLY

- I III
 II IV
 Not available

2. DUKES

- A C
 B Not available

3. MODIFIED DUKES (ASTLER-COLLER)

- A C
 B1 C2
 B2 D
 Not available

4. SUMMARY STAGING

- Localized Distant
 Regional Not available

GO TO PART E

PART D: DATE OF DIAGNOSTIC EVALUATION DETERMINATION

18. Complete this item if:

Item A.7 = No malignancy **OR**

Item A.7 = No malignancy and no diagnostic procedures performed **OR**

Item A.7 = No information available

(MO.-DAY-YEAR)

PART E: PHYSICIAN/HOSPITAL LOCATION INFORMATION

19. 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 # _____

20. 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 # _____

21. COMMENTS:

No

Yes (SPECIFY)

Item #	Comments

(CONTINUED)