

Participant ID Number

## Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

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

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.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 (GO TO A.6)
- 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) \_\_\_\_\_

**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			
LAB RANGE (units/ml)	_____ to _____	_____ to _____	_____ to _____
DATE OF TEST (MO.-DAY-YEAR)			

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

- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

PROCEDURE #	1	2	3
<b>TYPE OF PROCEDURE</b> (SEE PROCEDURE CODES BELOW. IF OTHER, SPECIFY)			
<b>DATE OF PROCEDURE</b> (MO.-DAY-YEAR)			

PROCEDURE #	4	5	6
<b>TYPE OF PROCEDURE</b> (SEE PROCEDURE CODES BELOW. IF OTHER, SPECIFY)			
<b>DATE OF PROCEDURE</b> (MO.-DAY-YEAR)			

PROCEDURE #	7	8	9
<b>TYPE OF PROCEDURE</b> (SEE PROCEDURE CODES BELOW. IF OTHER, SPECIFY)			
<b>DATE OF PROCEDURE</b> (MO.-DAY-YEAR)			

PROCEDURE #	10	11	12
<b>TYPE OF PROCEDURE</b> (SEE PROCEDURE CODES BELOW. IF OTHER, SPECIFY)			
<b>DATE OF PROCEDURE</b> (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/Salpingoophorectomy
- 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
- 88 = Other (SPECIFY)

**4b. DIAGNOSTIC/STAGING PROCEDURES SUPPLEMENT FORM COMPLETED**

**5. Medical Complications of Diagnostic Evaluation and Staging:**

- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

<b>COMPLICATION #</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>TYPE OF COMPLICATION</b> (SEE COMPLICATION CODES BELOW.)			
<b>DATE OF COMPLICATION</b> (MO.-DAY-YEAR)			

COMPLICATION #	4	5	6
<b>TYPE OF COMPLICATION</b> (SEE COMPLICATION CODES BELOW.)			
<b>DATE OF COMPLICATION</b> (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

**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 (exclude carcinoma in situ) (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 histologically or cytologically (GO TO PART B)
- No information available (GO TO PART D)

**PART B: DIAGNOSIS INFORMATION FOR CANCERS OTHER THAN OVARIAN CANCER**

**7. Specific Ovarian Diagnosis:**

- No  
 Yes (COMPLETE TABLE BELOW)

DIAGNOSIS #	1	2	3
<b>DIAGNOSIS</b> 1 = Cyst 2 = Polycystic ovary 3 = Teratoma 4 = Benign neoplasm			
<b>DATE OF TEST (MO.-DAY-YEAR)</b>			

**8. Other Cancer Diagnosis:**

- No  
 Yes (COMPLETE TABLE BELOW)

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

**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)

**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)
- 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

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

If TNM Staging performed, what AJCC Cancer Staging Manual did you use?  4<sup>th</sup> Edition  5<sup>th</sup> 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)**

- Tx  T2a
- T0  T2b
- T1  T2c
- T1a  T3
- T1b  T3a
- T1c  T3b
- T2  T3c
- Not available

**2. NODAL INVOLVEMENT (N)**

- Nx  N1
- N0  Not available

**3. DISTANT METASTASES (M)**

- Mx  M1
- M0  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)**

- Tx  T2a
- T0  T2b
- T1  T2c
- T1a  T3
- T1b  T3a
- T1c  T3b
- T2  T3c
- Not available

**2. NODAL INVOLVEMENT (N)**

- Nx  N1
- N0  Not available

**3. DISTANT METASTASES (M)**

- Mx  M1
- M0  Not available





Address: \_\_\_\_\_  
City State ZIP Code

Telephone: (\_\_\_\_) \_\_\_\_\_ Medical Record/Chart # \_\_\_\_\_

**20. COMMENTS:**

- No
- Yes (SPECIFY)

Item #	Comments

(CONTINUED)