

Participant ID Number

Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

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

1. Date Abstracted: _____
Month Day Year
2. Satellite Center: ____ ____
3. Abstractor ID#: ____ ____ ____ ____
4. Study Year: ____ ____
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: _____
Month Day Year

8. ICD-O-2 Cancer Classification of Primary Cancer:

CTR ID#: ____ ____ ____ ____

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

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

a. Name: _____

Address: _____
City State ZIP Code

Telephone: (____) _____ Chart # _____

b. Name: _____

Address: _____
City State ZIP Code

Telephone: (____) _____ Chart # _____

15. Comments:

- No
- Yes (SPECIFY)

Item #	Comments

(CONTINUED)

FOR OFFICE USE ONLY

Form Processing (DARKEN CIRCLES AS STEPS ARE COMPLETED)

- Form Received into SMS
- Manual Review Completed

Data Retrieval:

- Attempted OR
- None Required

Data Entry of Non-Scannable Items:

- Completed OR
- None Required

Final Disposition:

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