

GENERIC CASE WORKSHEET FOR ADVANCED ABSTRACTING EXERCISE

FIELD#	FIELD NAME	CODE AND RATIONALE/DOCUMENTATION
PATIENT IDENTIFICATION		
1	Medical Record #	
2	Accession #	
3	Sequence #	
4	Patient Name	
5	Race 1	
6	Spanish Origin	
7	Sex	
CANCER IDENTIFICATION		
8	Class of Case	
9	DATE 1st Contact	
10	DATE Initial Dx	
11	Primary Site	
12	Laterality	
13	Histology	
14	Behavior	
15	Grade	
16	Diagnostic Confirmation	
17	Ambiguous Terminology Dx	
18	Date of Conclusive Dx	
19	Date of Multiple Tumors	
20	Mult Tumors Reported as 1 Prim	
21	Multiplicity Counter	
STAGE OF DISEASE AT DIAGNOSIS		
22	DATE Surg Dx/Stage Procedure	
23	Surg Dx/Stage Procedure Code	
24	Clinical T	
25	Clinical N	
26	Clinical M	
27	Clinical Stage Group	
28	Clinical Stage Descriptor	
29	Clinical Staged By	
30	Pathologic T	
31	Pathologic N	
32	Pathologic M	
33	Pathologic Stage Group	
34	Pathologic Stage Descriptor	
35	Pathologic Staged By	
36	SEER Summary Stage 2000	
COLLABORATIVE STAGING		
37	CS Tumor Size	
38	CS Extension	
39	CS Tumor Size/Ext Eval	
40	CS Lymph Nodes	
41	CS Reg Nodes Eval	
42	Regional Nodes Positive	
43	Regional Nodes Examined	
44	CS Mets at Dx	
45	CS Mets Eval	0 No path exam of mets disease; Clinical
46	CS Site-Specific Factor 1	032 Original size 3.2 cm LN per H&P 3/18/07

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47	CS Site-Specific Factor 2	
48	CS Site-Specific Factor 3	
49	CS Site-Specific Factor 4	
50	CS Site-Specific Factor 5	
51	CS Site-Specific Factor 6	
FIRST COURSE OF TREATMENT (FCOT)		
52	DATE of FCOT	
53	DATE 1st Surgical Procedure	
54	DATE Most Definitive Surg Primary	
55	Surg Procedure Primary Site	
56	Surg Margins Primary Site	
57	Scope Regional LN Surgery	
58	Surg Procedure Other Site	
59	DATE Surg Discharge	
60	Readmit Same Hosp w/in 30 Days	
61	Reason No Surg Primary Site	
62	DATE Radiation Started	
63	DATE Radiation Ended	
64	Location of Radiation Treatment	
65	Radiation Treatment Volume	
66	Regional Treatment Modality	
67	Regional Dose: cGy	
68	Boost Treatment Modality	
69	Boost Dose: cGy	
70	Number Treatments per Volume	
71	Radiation/Surgery Sequence	
72	Reason No Radiation	
73	DATE Systemic Therapy Started	
74	Chemotherapy Code	
75	Hormone Code	
76	Immunotherapy Code	
77	Hematologic Trsplt & Endo Code	
78	Systemic/Surgery Sequence	
79	DATE Other Treatment Started	
80	Other Treatment Code	
81	Palliative Treatment Code	
RECURRENCE		
82	DATE 1st Recurrence	
83	Type 1st Recurrence	
84	DATE Last Contact/Death	
85	Vital Status	
86	Cancer Status	
CASE ADMINISTRATION		
87	Is Case Complete?	