

C-CFR Mayo CLINICAL DIAGNOSIS AND TREATMENT FORM

SECTION 1. - IDENTIFICATION/GENERAL

CENTER ID: 15 **PERSON Name:** _____

PERSON ID: _____

1.1 Consent for medical records:

- 1 Consent received
- 2 No consent- form will not be completed

1.2 What information source(s) were available? (check all applicable):

Resection Pathology report	1 Yes	<input type="checkbox"/> 2 No	
Operative Note	1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 8 NA
Discharge Summary	1 Yes	<input type="checkbox"/> 2 No	
Clinic note	1 Yes	<input type="checkbox"/> 2 No	
Chemotherapy Note	1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 8 NA
Radiotherapy Note	1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 8 NA
Any other Radiology report (such as Ultrasound, CT scan, MRI): Any other Radiology report, (specify): _____	1 Yes	<input type="checkbox"/> 2 No	
Any other report source: Other report source, (specify) : _____	1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 8 NA
No Medical Records Available: form cannot be completed	1 Yes		

SECTION 2. - BASELINE PRIMARY COLORECTAL CANCER

2.1 Primary CRC cancer diagnosed?

1	Yes
2	No

2.2 First CRC Primary Diagnosis Type. (*If SYNCHRONOUS primaries, please record the LARGEST as primary*)

ICD CODE:	Specify Primary Diagnosis Type
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2.3 Diagnosis Date Of First CRC Primary(s) in the Eligibility Period

Month:	Day:	Year:
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2.4 Surgical treatment performed?

1	Yes
2	No (go to 2.16)
8	Missing (go to 2.16)
9	Unknown (go to 2.16)

2.5 Type of surgical treatment (Can use SEER coding to derive):

<input type="checkbox"/> 02	Local tumor destruction, i.e. laser, electrocautery
<input type="checkbox"/> 03	Local surgical excision with specimen i.e. trans-anal excision, polypectomy, snare
<input type="checkbox"/> 04	Right Hemi-colectomy
<input type="checkbox"/> 05	Left Hemi-colectomy
<input type="checkbox"/> 06	Hemi-colectomy - side not specified: not total
<input type="checkbox"/> 07	Low Anterior resection
<input type="checkbox"/> 08	Total Colectomy
<input type="checkbox"/> 09	Total Proctectomy
<input type="checkbox"/> 10	Total Proctocolectomy
<input type="checkbox"/> 11	Abdominoperineal resection
<input type="checkbox"/> 12	Segmental / Wedge / Partial Resection NOS
<input type="checkbox"/> 77	Other Surgery Specify:

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2.6 Surgical resection/definitive surgery for primary CRC?

1	Yes
2	No (go to 2.14)

2.7 Date of 1st resection:

Month:	Day:	Year:
88 Missing (missing document)	88 Missing (missing document)	8888 Missing (missing document)

2.8 Hospital at which the surgery was performed:

Name of Hospital	City or Town	State or Province	Country
8 Missing (missing document)	8 Missing (missing document)	8 Missing (missing document)	8 Missing (missing document)

2.9 Operative findings , local (residual tumor)

(obtain information from the operative report and/or the discharge summary- **NOT** pathology report)

<input type="checkbox"/> 1	Tumor <i>not entirely</i> resected
<input type="checkbox"/> 2	Tumor <i>entirely</i> resected
<input type="checkbox"/> 8	Missing (missing document)
<input type="checkbox"/> 9	Unknown (document available, info missing or uninterpretable)

2.10 Were other organs (partial or total) removed at definitive surgery?

1	Yes
2	No
8	Missing (missing document)
9	Unknown

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2.11 If other organs (partial or total) were removed, please specify:

<input type="checkbox"/> yes	Small Intestine
<input type="checkbox"/> yes	Liver
<input type="checkbox"/> yes	Appendix (not a part of colon resection)
<input type="checkbox"/> yes	Ovary any (side unknown)
<input type="checkbox"/> yes	Ovary Right
<input type="checkbox"/> yes	Ovary Left
<input type="checkbox"/> yes	Ovary Both
<input type="checkbox"/> yes	Spleen
<input type="checkbox"/> yes	Bladder
<input type="checkbox"/> yes	Other organs
	Other (Specify): _____

2.12 Did the tumor reach surgical resection margins? (Source: Pathology report)

<input type="checkbox"/> 1 Positive, proximal (Tumor is seen at proximal surgical resection margin)
<input type="checkbox"/> 2 Positive, distal (Tumor is seen at distal surgical resection margin)
<input type="checkbox"/> 3 Positive, radial (Tumor is seen at radial surgical resection margin)
<input type="checkbox"/> 4 Positive, more than one margins defined.
<input type="checkbox"/> 5 Positive, NOS (Tumor is seen at surgical resection margin, margin not defined)
<input type="checkbox"/> 6 Negative (all surgical resection margins are free of tumor)
<input type="checkbox"/> 8 Missing (missing document)
<input type="checkbox"/> 9 Unknown (document available, info missing or uninterpretable)

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2.13 Operative findings, Distant (obtain info. from the operative report and/or the discharge summary or resection pathology report. Do not record information from radiology reports, i.e. CT scan, Ultrasound, MRI, etc.):

Metastatic Disease Found	Site of Metastatic Disease Found (circle all that apply):	Was this metastasis resected immediately (within 3 months) after baseline surgery)
<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 1 Ascites <input type="checkbox"/> 1 Mesenteric lymph nodes, other than in mesentery of planned resection <input type="checkbox"/> 1 Liver <input type="checkbox"/> 1 Lung <input type="checkbox"/> 1 Omentum <input type="checkbox"/> 1 Abdominal wall <input type="checkbox"/> 1 Ovary/Ovaries <input type="checkbox"/> 1 Bone <input type="checkbox"/> 1 Peritoneum <input type="checkbox"/> 1 Mesentery <input type="checkbox"/> 1 Other Other, (Specify): _____ _____ _____	<input type="checkbox"/> 1 All metastases entirely resected <input type="checkbox"/> 2 At least one metastasis not entirely resected <input type="checkbox"/> 3 Not resected (No surgery) <input type="checkbox"/> 8 Missing (missing documentation) <input type="checkbox"/> 9 Unknown (document available, info missing/not interpretable) Date metastasis was resected (only if metastasis was completely or incompletely resected) Month of metastasis resection: ___ ___ Day of metastasis resection: ___ ___ Year of metastasis resection: ___ ___ ___ ___ Notes: _____ _____
<input type="checkbox"/> 2 No		
<input type="checkbox"/> 8 Missing (missing document)		
<input type="checkbox"/> 9 Unknown (document available, info missing or uninterpretable)		

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2.14 BASELINE clinicopathologic summary stage of disease. T & N values will be derived from pathology report. To derive M, please use information available from all sources, and all investigations, i.e. resection or biopsy pathology report, pre-operative scan (ultrasound, MRI, CT, nuclear scan), operative notes within 6 months of pathology proven diagnosis date, i.e. 3 months prior/3 months post diagnosis. Please specify source in section 2.15.

Tumor Stage at Baseline (0-4)		Nodal stage at Baseline (0-3)		Metastasis stage at Baseline (0-1)	
0	Carcinoma in situ/TIS	0	No regional lymph node metastasis	0	No distant metastasis
1	Tumor invades submucosa	1	Metastasis in 1-3 regional lymph nodes	1	Distant metastasis is present
2	Tumor invades muscularis propria	2	Metastasis in 4 or more regional lymph nodes		
3	Tumor invades through muscularis propria into submucosa or into non-peritonealized pericolic or perirectal tissues				
4	Tumor directly invades other organs/structures/perforates visceral peritoneum				
8	Missing: (missing document)	8	Missing: (missing document)	8	Missing: (missing document)
9	Unknown: (document available, info missing or uninterpretable)	9	Unknown: (document available, info missing or uninterpretable)	9	Unknown: (document available, info missing or uninterpretable)
2.15 Source of information for tumor stage: <input type="checkbox"/> 1 Pathology Report <input type="checkbox"/> 2 Clinic Note/Discharge Summary <input type="checkbox"/> 3 Other (Specify): <hr/>		Source of information for nodal stage: <input type="checkbox"/> 1 Pathology Report <input type="checkbox"/> 2 Clinic Note/Discharge Summary <input type="checkbox"/> 3 Other (Specify): <hr/>		Source of information for metastasis stage): <input type="checkbox"/> 1 Pathology Report <input type="checkbox"/> 2 Clinic Note/Discharge Summary <input type="checkbox"/> 3 Operative Note <input type="checkbox"/> 4 Radiology report (US, CT, MRI etc.) <input type="checkbox"/> 5 Other (Specify): <hr/>	
<input type="checkbox"/> 8 Missing (missing document)		<input type="checkbox"/> 8 Missing (missing document)		<input type="checkbox"/> 8 Missing (missing document)	
<input type="checkbox"/> 9 Unknown (document available, info missing or uninterpretable)		<input type="checkbox"/> 9 Unknown (document available, info missing or uninterpretable)		<input type="checkbox"/> 9 Unknown (document available, info missing or uninterpretable)	

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2.16 Was chemotherapy given for treatment of the primary colorectal cancer(s)?

<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No (go to 2.20)	<input type="checkbox"/> 8 Missing (relevant document unavailable) (go to 2.20)	9 Unknown (go to 2.20)
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2.17 Date of 1st chemotherapy treatment of the CRC primary(s) in the eligibility period

Month:	Day:	Year:
88 missing	88 missing	8888 missing

2.18 What method of chemotherapy was applied for treatment of the primary colorectal cancer(s)?

<input type="checkbox"/> Yes	1 Adjuvant
<input type="checkbox"/> Yes	2 Palliative
<input type="checkbox"/> Yes	3 Pseudo-Adjuvant
<input type="checkbox"/> Yes	4 Neo-Adjuvant (pre-operative)

2.19 CHEMOTHERAPEUTIC AGENT - FOR BASELINE DIAGNOSIS - first course only.

Number	Name (select code from the guideline document)
1	CHEMO_1 _____
2	CHEMO_2 _____
3	CHEMO_3 _____
4	CHEMO_4 _____
5	CHEMO_5 _____
8	Missing (not documented)

DRUG_CODE	DRUG_DESC
001	5 FU / FLUOROURACIL/ ADRUCIL
002	FA (FOLINIC ACID) / LEUCOVORIN / WELLCOVORIN
003	CPT11/ IRINOTECAN / CAMPTOSAR
004	TOMUDEX
005	OXALIPLATIN / ELOXATIN
006	LEVAMISOLE
007	GEMZAR
008	CISPLATINUM / CISPLATIN
009	RALTITREXED
010	ETOPISADE
011	XELODA / CAPECITABINE
012	EPOTHILONE
013	AVASTIN / BEVACIZUMAB
014	ERBITUX/ CETUXIMAB
015	VECTIBIX / PANITUMUMAB
999	UNKNOWN

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2.20 Was radiation given for treatment of the primary colorectal cancer(s)?

<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No (go to 2.23)	<input type="checkbox"/> 8 Missing (not documented/ relevant document unavailable) (go to 2.23)	9 Unknown (go to 2.23)
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2.21 Date of 1st radiotherapy treatment of the CRC primary(s) in the eligibility period

Month:	Day:	Year:
88 missing	88 missing	8888 missing

2.22 What method of radiotherapy was applied for treatment of the primary colorectal cancer(s)?

<input type="checkbox"/> 1 Yes	Adjuvant
<input type="checkbox"/> 2 Yes	Palliative
<input type="checkbox"/> 3 Yes	Pseudo-Adjuvant
<input type="checkbox"/> 4 Yes	Neo-Adjuvant (pre-operative)
<input type="checkbox"/> 8	Missing (not documented) Missing (not documented/ relevant)
<input type="checkbox"/> 9	Unknown (document available, info missing or uninterpretable)

2.23 Were other treatment methods applied for primary colorectal cancer(s)?

<input type="checkbox"/> 1	Yes (Specify):
<input type="checkbox"/> 2	Yes (Specify):
<input type="checkbox"/> 3	No
<input type="checkbox"/> 8	Missing (not documented) Missing (not documented/ relevant) (go to 2.24)
<input type="checkbox"/> 9	Unknown (document available, info missing or uninterpretable) (go to 2.24)

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SYNCHRONOUS PRIMARY(S)

2.24 Were synchronous primaries diagnosed?

1	Yes
2	No (go to Section 3)

_____ of SYNCHRONOUS PRIMARY(S)

2.25 2nd Synchronous Primary Diagnosed?

1	Yes
2	No (go to Section 3)
8	Missing (go to Section 3)
9	Unknown (go to Section 3)

2.26 2nd SYNCHRONOUS CRC PRIMARY DIAGNOSIS TYPE. Please record the 2nd largest. (PRIMARY_2)

ICD CODE:

2.27 DIAGNOSIS DATE OF 2nd SYNCHRONOUS CRC PRIMARY IN THE ELIGIBILITY PERIOD

Month:	Day:	Year:
88 missing	88 missing	8888 missing

2.28 Surgical treatment for 2nd synchronous primary CRC (Can use SEER coding to derive)

<input type="checkbox"/> 01	No Surgery (go to 2.31)
<input type="checkbox"/> 02	Local tumor destruction, i.e. laser, electrocautery
<input type="checkbox"/> 03	Local surgical excision with specimen i.e. trans-anal excision, polypectomy, snare
<input type="checkbox"/> 04	Right Hemi-colectomy
<input type="checkbox"/> 05	Left Hemi-colectomy
<input type="checkbox"/> 06	Hemi-colectomy - Side not specified: not total
<input type="checkbox"/> 07	Low Anterior resection
<input type="checkbox"/> 08	Total Colectomy
<input type="checkbox"/> 09	Total Proctectomy
<input type="checkbox"/> 10	Total Proctocolectomy
<input type="checkbox"/> 11	Abdominoperineal resection
<input type="checkbox"/> 12	Segmental / Wedge / Partial Resection NOS
<input type="checkbox"/> 77	Other (Specify):
<input type="checkbox"/> 88	Missing (missing document) (go to 2.31)
<input type="checkbox"/> 99	Unknown (document available, info missing or uninterpretable) (go to 2.31)

2.29 Operative findings , local (residual tumor)

(obtain information from the operative report and/or the discharge summary- **NOT** pathology report)

<input type="checkbox"/> 1	Tumor <i>not entirely</i> resected
<input type="checkbox"/> 2	Tumor <i>entirely</i> resected
<input type="checkbox"/> 8	Missing (missing document)
<input type="checkbox"/> 9	Unknown (document available, info missing or uninterpretable)

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2.30 Did the tumor reach surgical resection margins? (Source: Pathology report)

<input type="checkbox"/> 1	Positive, proximal (Tumor is seen at proximal surgical resection margin)
<input type="checkbox"/> 2	Positive, distal (Tumor is seen at distal surgical resection margin)
<input type="checkbox"/> 3	Positive, radial (Tumor is seen at radial surgical resection margin)
<input type="checkbox"/> 4	Positive, more than one margins defined.
<input type="checkbox"/> 5	Positive, NOS (Tumor is seen at surgical resection margin, margin not defined)
<input type="checkbox"/> 6	Negative (all surgical resection margins are free of tumor)
<input type="checkbox"/> 8	Missing (missing document)
<input type="checkbox"/> 9	Unknown (document available, info missing or uninterpretable)

2.31 3rd Synchronous Primary Diagnosed?

1	Yes
2	No (go to Section 3)
8	Missing (go to Section 3)
9	Unknown (go to Section 3)

2.32 3rd SYNCHRONOUS CRC PRIMARY DIAGNOSIS TYPE. Please record the 3rd largest. (PRIMARY_3)

ICD CODE:

2.33 DIAGNOSIS DATE OF 3rd SYNCHRONOUS CRC PRIMARY IN THE ELIGIBILITY PERIOD

Month:	Day:	Year:
88 missing	88 missing	8888 missing

2.34 Surgical treatment for 3rd synchronous primary CRC (Can use SEER coding to derive)

<input type="checkbox"/> 01	No Surgery (go to section 3)
<input type="checkbox"/> 02	Local tumor destruction, i.e. laser, electrocautery
<input type="checkbox"/> 03	Local surgical excision with specimen i.e. trans-anal excision, polypectomy, snare
<input type="checkbox"/> 04	Right Hemi-colectomy
<input type="checkbox"/> 05	Left Hemi-colectomy
<input type="checkbox"/> 06	Hemi-colectomy - Side not specified: not total
<input type="checkbox"/> 07	Low Anterior resection
<input type="checkbox"/> 08	Total Colectomy
<input type="checkbox"/> 09	Total Proctectomy
<input type="checkbox"/> 10	Total Proctocolectomy
<input type="checkbox"/> 11	Abdominoperineal resection
<input type="checkbox"/> 12	Segmental / Wedge / Partial Resection NOS
<input type="checkbox"/> 77	Other (Specify):
<input type="checkbox"/> 88	Missing (missing document) (go to Section 3)
<input type="checkbox"/> 99	Unknown (document available, info missing or uninterpretable) (go to Section 3)

2.35 Operative findings , local (residual tumor)

(obtain information from the operative report and/or the discharge summary- **NOT** pathology report)

1	Tumor <i>not entirely</i> resected
2	Tumor <i>entirely</i> resected
8	Missing (missing document) (go to Section 3)
9	Unknown (document available, info missing or uninterpretable) (go to Section 3)

2.36 Did the tumor reach surgical resection margins? (Source: Pathology report)

<input type="checkbox"/> 1	Positive, proximal (Tumor is seen at proximal surgical resection margin)
<input type="checkbox"/> 2	Positive, distal (Tumor is seen at distal surgical resection margin)
<input type="checkbox"/> 3	Positive, radial (Tumor is seen at radial surgical resection margin)
<input type="checkbox"/> 4	Positive, more than one margins defined.
<input type="checkbox"/> 5	Positive, NOS (Tumor is seen at surgical resection margin, margin not defined)
<input type="checkbox"/> 6	Negative (all surgical resection margins are free of tumor)
<input type="checkbox"/> 8	Missing (missing document)
<input type="checkbox"/> 9	Unknown (document available, info missing or uninterpretable)

CLINICAL FOLLOW-UP SINCE BASELINE DIAGNOSIS

(At Least 4 Years after the Incident Colorectal Cancer Diagnosis)

SECTION 3 - FIRST LOCOREGIONAL RECURRENCE

3.1. Did the patient have at least one locoregional recurrence after CRC diagnosis? (Ideally interval between diagnosis date and final chart review date should be at least 4 years)

<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No (go to Section 4)	<input type="checkbox"/> 8 Missing (missing document) (go to Section 4)	<input type="checkbox"/> 9 Unknown (document available, info missing or uninterpretable) (go to Section 4)
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3.2. Site(s) of involvement at time of first locoregional recurrence (please circle all that apply): (provide date of diagnosis from the most reliable data source in this order: pathology, autopsy, operative note, clinical note, discharge summary)

Yes	No	LocoRegional Recurrence Site	First Diagnosed Month	First Diagnosed Day (optional)	First Diagnosed Year
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Anastomosis: enter date if yes			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Mesentery			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Abdominal Wall (not incisional)			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Incisional			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Pelvis			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Other Please specify: _____ _____			
<input type="checkbox"/> 1		Missing (missing document) (go to)			
<input type="checkbox"/> 2		Unknown (document available, info missing or uninterpretable) (go to)			

3.3 Did patient receive treatment for locoregional recurrence?

1	Yes
2	No (go to 3.15)
8	Missing (go to 3.15)
9	Unknown (go to 3.15)

3.4 Surgical treatment given for locoregional recurrence?

1	Yes
2	No (go 3.7)
8	Missing (go to 3.7)
9	Unknown (go to 3.7)

3.5. Surgery for locoregional recurrence:

<input type="checkbox"/> 1	Recurrent tumor entirely resected
<input type="checkbox"/> 2	Recurrent tumor not entirely resected
<input type="checkbox"/> 8	Missing (missing document)
<input type="checkbox"/> 9	Unknown (document available, info missing or uninterpretable)

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3.6 If 3.5 = 1 or 2, then specify (describe procedure—text format)

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3.7 Was chemotherapy given for locoregional recurrence?

1	Yes
2	No (go to 3.11)
8	Missing (go to 3.11)
9	Unknown (go to 3.11)

3.8 What method of chemotherapy was applied for treatment of the locoregional recurrence(s)

<input type="checkbox"/> Yes	1 Adjuvant
<input type="checkbox"/> Yes	2 Palliative
<input type="checkbox"/> Yes	3 Pseudo-Adjuvant
<input type="checkbox"/> Yes	4 Neo-Adjuvant (pre-operative)
<input type="checkbox"/>	8 Missing (missing document)
<input type="checkbox"/>	9 Unknown (document available, info missing or uninterpretable)

3.9 Date of 1st chemotherapy treatment of the locoregional recurrence.

Month:	Day:	Year:
88 missing	88 missing	8888 missing

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3.10 CHEMOTHERAPEUTIC AGENT - FOR 1st locoregional recurrence - first course only.

Number	Name
1	CHEMO_1 _____
2	CHEMO_2 _____
3	CHEMO_3 _____
4	CHEMO_4 _____
5	CHEMO_5 _____
8	Missing (missing document)

DRUG_CODE	DRUG_DESC
001	5 FU / FLUOROURACIL/ ADRUCIL
002	FA (FOLINIC ACID) / LEUCOVORIN / WELLCOVORIN
003	CPT11/ IRINOTECAN / CAMPTOSAR
004	TOMUDEX
005	OXALIPLATIN / ELOXATIN
006	LEVAMISOLE
007	GEMZAR
008	CISPLATINUM / CISPLATIN
009	RALTITREXED
010	ETOPISADE
011	XELODA / CAPECITABINE
012	EPOTHILONE
013	AVASTIN / BEVACIZUMAB
014	ERBITUX/ CETUXIMAB
015	VECTIBIX / PANITUMUMAB
999	UNKNOWN

3.11 Was radiotherapy given for locoregional recurrence?

1	Yes
2	No (go 3.14)
8	Missing (go to 3.14)
9	Unknown (go to 3.14)

3.12 What method of radiotherapy was applied for treatment of the locoregional recurrence?

<input type="checkbox"/> Yes	1 Adjuvant
<input type="checkbox"/> Yes	2 Palliative
<input type="checkbox"/> Yes	3 Pseudo-Adjuvant
<input type="checkbox"/> Yes	4 Neo-Adjuvant (pre-operative)
<input type="checkbox"/>	8 Missing (missing document)
<input type="checkbox"/>	9 Unknown (document available, info missing or uninterpretable)

3.13 Date of 1st radiotherapy treatment of the locoregional recurrence.

Month:	Day:	Year:
88 missing	88 missing	8888 missing

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3.14 Were other treatment methods applied for first locoregional recurrence?

<input type="checkbox"/> 1	Yes (Specify):
<input type="checkbox"/> 2	Yes (Specify):
<input type="checkbox"/> 3	No
<input type="checkbox"/> 8	Missing (not documented) Missing (not documented/ relevant)
<input type="checkbox"/> 9	Unknown (document available, info missing or uninterpretable)

3.15 Locoregional recurrence site(s) after the 1st site(s) identified – This records when there is a locoregional recurrence after the first recurrence was identified with/without treatment. Record only when there is a clear evidence for more than 1 site: (please provide date of recurrence diagnosis from the most reliable report source in order of preference: pathology, autopsy, operative note, clinical note, radiological investigations, discharge summary)

Yes 1	No 2	LocoRegional Recurrence Site	Diagnosed Month	Diagnosed Day (optional)	Diagnosed Year
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Anastomosis			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Mesentery			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Abdominal Wall (not incisional)			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Incisional			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Pelvis			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Other (Specify):			

SECTION 4 - FIRST DISTANT RECURRENCE

4.1. Did the patient have a distant recurrence after CRC diagnosis (after start date to final chart date available)?

1 Yes	2 No (go to Section 5)	8 Missing (missing document) (go to Section 5)	9 Unknown (document available, info missing or uninterpretable) (go to Section 5)
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4.2. Site(s) of involvement at time of first distant recurrence *(please check off all that apply):* *(please provide date of diagnosis from the most reliable data source in this order: pathology, autopsy, operative note, clinical note, discharge summary)*

Yes	No	Distant Recurrence Site	First Diagnosed Month	First Diagnosed Day (optional)	First Diagnosed Year
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Liver			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Lung			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Bone			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Ascites			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Non-mesenteric lymph nodes (except supraclavicular) Specify site (text):			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Supraclavicular nodes			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Brain			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Skin, except incision Specify site (text):			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Adrenal gland			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Other Specify site (text):			
<input type="checkbox"/> 1		Missing (missing document)			
<input type="checkbox"/> 2		Unknown (document available, info missing or uninterpretable)			

4.3. Did the patient undergo treatment for distant recurrence?:

1	Yes
2	No (go to 4.14)
8	Missing (go to 4.14)
9	Unknown (go to 4.14)

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4.4 Did patient undergo surgical treatment for distant recurrence?

1	Yes
2	No (go to 4.7)
8	Missing (go to 4.7)
9	Unknown (go to 4.7)

4.5 Surgery for distant recurrence:

<input type="checkbox"/> 1	Recurrent tumor entirely resected
<input type="checkbox"/> 2	Recurrent tumor not entirely resected
<input type="checkbox"/> 8	Missing (missing document)
<input type="checkbox"/> 9	Unknown (document available, info missing or uninterpretable)

4.6 If 4.5 = 1 or 2, then specify (describe procedure-text format):

4.7 Did patient undergo chemotherapy for distant recurrence?

1	Yes
2	No (go to 4.11)
8	Missing (go to 4.11)
9	Unknown (go to 4.11)

4.8 If chemotherapy was given, what method of chemotherapy was applied for treatment of the distant recurrence?

<input type="checkbox"/> Yes	1 Adjuvant
<input type="checkbox"/> Yes	2 Palliative
<input type="checkbox"/> Yes	3 Pseudo-Adjuvant
<input type="checkbox"/> Yes	4 Neo adjuvant (pre-operative)
<input type="checkbox"/>	8 Missing (missing document)
<input type="checkbox"/>	9 Unknown (document available, info missing or uninterpretable)

4.9 Date of 1st chemotherapy treatment of the distant recurrence.

Month:	Day:	Year:
88 missing	88 missing	8888 missing

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4.10 CHEMOTHERAPEUTIC AGENT - FOR 1st distant recurrence - first course only.

Number	Name
1	CHEMO_1 _____
2	CHEMO_2 _____
3	CHEMO_3 _____
4	CHEMO_4 _____
5	CHEMO_5 _____
9	Missing (missing document)

DRUG_CODE	DRUG_DESC
001	5 FU / FLUOROURACIL/ ADRUCIL
002	FA (FOLINIC ACID) / LEUCOVORIN / WELLCOVORIN
003	CPT11/ IRINOTECAN / CAMPTOSAR
004	TOMUDEX
005	OXALIPLATIN / ELOXATIN
006	LEVAMISOLE
007	GEMZAR
008	CISPLATINUM / CISPLATIN
009	RALTITREXED
010	ETOPISADE
011	XELODA / CAPECITABINE
012	EPOTHILONE
013	AVASTIN / BEVACIZUMAB
014	ERBITUX/ CETUXIMAB
015	VECTIBIX / PANITUMUMAB
999	UNKNOWN

4.11 Was radiotherapy treatment given for distant recurrence?

1	Yes
2	No (go to 4.14)
8	Missing (go to 4.14)
9	Unknown (go to 4.14)

4.12 What method of radiotherapy was applied for treatment of the 1st distant recurrence?

<input type="checkbox"/> Yes	1 Adjuvant
<input type="checkbox"/> Yes	2 Palliative
<input type="checkbox"/> Yes	3 Pseudo-Adjuvant
<input type="checkbox"/> Yes	4 Neo-Adjuvant (pre-operative)
<input type="checkbox"/>	8 Missing (missing document)
<input type="checkbox"/>	9 Unknown (document available, info missing or uninterpretable)

4.13 Date of 1st radiotherapy treatment of the distant recurrence.

Month:	Day:	Year:
88 missing	88 missing	8888 missing

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4.14 Distant recurrence site(s) after the 1st site(s) identified – This records when there is a distant recurrence after the first recurrence was identified with/without treatment. Record only when there is a clear evidence for more than 1 site: (please provide date of recurrence diagnosis from the most reliable report source in order of preference: pathology, autopsy, operative note, clinical note, radiological investigations, discharge summary)

Yes	No	Distant Recurrence Site	First Diagnosed Month	First Diagnosed Day (optional)	First Diagnosed Year
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Liver			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Lung			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Bone			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Ascites			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Non-mesenteric lymph nodes (except supraclavicular) Specify (text):			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Supraclavicular nodes			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Brain			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Skin, except incision Specify (text):			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Adrenal gland			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	Other Specify (text):			
<input type="checkbox"/> 1		Missing (missing document)			
<input type="checkbox"/> 2		Unknown (document available, info missing or uninterpretable)			

SECTION 5 - NEW PRIMARY COLORECTAL CANCER

5.1 Did the proband have a new primary colorectal cancer diagnosis after the original CRC diagnosis (after start date to final chart date)?

1 Yes (go to 5.2)	2 No (go to Section 6)	8 Missing (missing document) (go to Section 6)	9 Unknown (document available info not available or not interpretable) (go to Section 6)
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5.2 PRIMARY DIAGNOSIS TYPE. If SYNCHRONOUS primaries, please record the LARGEST. (NEW_PRIMARY_1)

ICD CODE:	Specify Primary Diagnosis Type
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5.3 DIAGNOSIS DATE OF 1st New CRC PRIMARY IN THE ELIGIBILITY PERIOD

Month:	Day:	Year:
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5.4 Surgical treatment performed?

1	Yes (go to 5.5)
2	No (go to 5.16)
8	Missing (go to 5.16)
9	Unknown (go to 5.16)

5.5 Type of surgical treatment for new primary colorectal cancer (Can use SEER coding)

<input type="checkbox"/> 02	Local tumor destruction, i.e. laser, electrocautery
<input type="checkbox"/> 03	Local surgical excision with specimen i.e. trans-anal excision, polypectomy, snare
<input type="checkbox"/> 04	Right Hemi-colectomy
<input type="checkbox"/> 05	Left Hemi-colectomy
<input type="checkbox"/> 06	Hemi-colectomy - Side not specified: not total
<input type="checkbox"/> 07	Low Anterior resection
<input type="checkbox"/> 08	Total Colectomy
<input type="checkbox"/> 09	Total Proctectomy
<input type="checkbox"/> 10	Total Proctocolectomy
<input type="checkbox"/> 11	Abdominoperineal resection
<input type="checkbox"/> 12	Segmental / Wedge / Partial Resection NOS
<input type="checkbox"/> 77	Other (Specify):

5.6 Surgical resection/definitive surgery for new primary CRC?

1	Yes (go to 5.7)	8	Missing (go to 5.14)
2	No (go to 5.14)	9	Unknown (go to 5.14)

5.7 Date of 1st resection for new primary CRC:

Month:	Day:	Year:
88 Missing (missing document)	88 Missing (missing document)	8888 Missing (missing document)

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5.8 Hospital at which the surgery for new primary CRC was performed:

Name of Hospital	City or Town	State or Province	Country
8 Missing (missing document)	8 Missing (missing document)	8 Missing (missing document)	8 Missing (missing document)

5.9 Operative findings , local (residual tumor)

(obtain information from the operative report and/or the discharge summary- **NOT** pathology report)

1	Tumor <i>not entirely</i> resected
2	Tumor <i>entirely</i> resected
8	Missing (missing document)
9	Unknown (document available, info missing or uninterpretable)

5.10 Were other organs (partial or total) removed at definitive surgery?

1	Yes	8	Missing (missing document)
2	No	9	Unknown

5.11 If other organs were removed (partial or total), specify:

<input type="checkbox"/> yes	Small Intestine
<input type="checkbox"/> yes	Liver
<input type="checkbox"/> yes	Appendix (not a part of colon resection)
<input type="checkbox"/> yes	Ovary _ any (side unknown)
<input type="checkbox"/> yes	Ovary _ Right
<input type="checkbox"/> yes	Ovary _ Left
<input type="checkbox"/> yes	Ovary _ Both
<input type="checkbox"/> yes	Spleen
<input type="checkbox"/> yes	Bladder
<input type="checkbox"/> yes	Other organs
<input type="checkbox"/>	Other Please Specify:
<input type="checkbox"/>	Missing (missing document)

5.12 Did the tumor reach surgical resection margins? (Source: Pathology report)

1	Positive, proximal (Tumor is seen at proximal surgical resection margin)
2	Positive, distal (Tumor is seen at distal surgical resection margin)
3	Positive, radial (Tumor is seen at radial surgical resection margin)
4	Positive, more than one margins defined.
5	Positive, NOS (Tumor is seen at surgical resection margin, margin not defined)
6	Negative (all surgical resection margins are free of tumor)
8	Missing (missing document)
9	Unknown (document available, info missing or uninterpretable)

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5.13 Was distant metastatic disease found at surgery? (Obtain info. from the operative report and/or the discharge summary or resection pathology report. **Do not record information from radiology reports, i.e. CT scan, Ultrasound, MRI, etc.):**

Metastatic Disease Found	Site of Metastatic Disease Found (circle all that apply):	Was this metastasis resected immediately (within 3 months) after baseline surgery) (if applicable)
<p>1 Yes</p>	<p>1 Ascites 1 Mesenteric lymph nodes, other than in mesentery of planned resection 1 Liver 1 Lung 1 Omentum 1 Abdominal wall 1 Ovaries 1 Bone 1 Peritoneum 1 Mesentery 1 Other Other Specify (text):</p>	<p>1 All metastases entirely resected 2 At least one metastasis <u>not</u> entirely resected 3 Not resected (No surgery) 8 Missing (no documentation) (go to) 9 Unknown (document available, info unavailable or not interpretable) (go to)</p> <p>Date metastasis was resected (only if metastasis was completely or incompletely resected):</p> <p>Month: _____ Day: _____ Year: _____</p> <p><u>Notes (text):</u></p>
<p><input type="checkbox"/> 2 No</p>		
<p><input type="checkbox"/> 8 Missing (missing document)</p>		
<p><input type="checkbox"/> 9 Unknown (document available, info missing or uninterpretable)</p>		

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5.14 Clinicopathologic summary stage of disease. T & N values will be derived from pathology report. To derive M, please use information available from all sources, and all investigations, i.e. resection or biopsy pathology report, pre-operative scan (ultrasound, MRI, CT, nuclear scan), operative notes within 6 months of pathology proven diagnosis date, i.e. 3 months prior/3 months post diagnosis. Please specify source in section 5.7

Tumor Stage at Baseline (0-4)		Nodal stage at Baseline (0-3)		Metastasis stage at Baseline (0-1)	
0	Carcinoma in situ/TIS	0	No regional lymph node metastasis	0	No distant metastasis
1	Tumor invades submucosa	1	Metastasis in 1-3 regional lymph nodes	1	Distant metastasis is present
2	Tumor invades muscularis propria	2	Metastasis in 4 or more regional lymph nodes		
3	Tumor invades through muscularis propria into submucosa or into non-peritonealized pericolic or perirectal tissues				
4	Tumor directly invades other organs/structures/perforates visceral peritonium				
8	Missing: (missing document)	8	Missing: (missing document)	8	Missing: (missing document)
9	Unknown: (document available, info missing or uninterpretable)	9	Unknown: (document available, info missing or uninterpretable)	9	Unknown: (document available, info missing or uninterpretable)
5.15 Source of information for tumor stage: <input type="checkbox"/> 1 Pathology Report <input type="checkbox"/> 2 Clinic Note/Discharge Summary <input type="checkbox"/> 3 Other Specify (text):		Source of information for nodal stage: <input type="checkbox"/> 1 Pathology Report <input type="checkbox"/> 2 Clinic Note/Discharge Summary <input type="checkbox"/> 3 Other Specify (text):		Source of information for metastasis stage: <input type="checkbox"/> 1 Pathology Report <input type="checkbox"/> 2 Clinic Note/Discharge Summary <input type="checkbox"/> 3 Operative Note <input type="checkbox"/> 4 Radiology report (US, CT, MRI etc.) <input type="checkbox"/> 5 Other Specify (text):	
8 Missing (missing document)		<input type="checkbox"/> 8 Missing (missing document)		<input type="checkbox"/> 8 Missing (missing document)	
<input type="checkbox"/> 9 Unknown (document available, info missing or uninterpretable)		<input type="checkbox"/> 9 Unknown (document available, info missing or uninterpretable)		<input type="checkbox"/> 9 Unknown (document available, info missing or uninterpretable)	

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5.16 Was chemotherapy given for treatment of the new primary colorectal cancer(s)?

1 Yes	2 No (go to 5.20)	8 Missing (relevant document unavailable) (go to 5.20)	9 Unknown (go to 5.20)
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5.17 Date of 1st chemotherapy treatment of the CRC primary(s) in the eligibility period

Month:	Day:	Year:
88 missing	88 missing	8888 missing

5.18 What method of chemotherapy was applied for treatment of the new primary colorectal cancer(s)?

<input type="checkbox"/> Yes	1 Adjuvant
<input type="checkbox"/> Yes	2 Palliative
<input type="checkbox"/> Yes	3 Pseudo-Adjuvant
<input type="checkbox"/> Yes	4 Neo-Adjuvant (pre-operative)
<input type="checkbox"/>	8 Missing (not documented) (go to 5.20)
<input type="checkbox"/>	9 Unknown (document available, info missing or uninterpretable) (go to 5.20)

5.19 CHEMOTHERAPEUTIC AGENT - FOR new CRC DIAGNOSIS First course only.

Number	Name (select code from the guideline document)
1	CHEMO_1 _____
2	CHEMO_2 _____
3	CHEMO_3 _____
4	CHEMO_4 _____
5	CHEMO_5 _____
8	Missing (not documented)

DRUG_CODE	DRUG_DESC
001	5 FU / FLUOROURACIL/ ADRUCIL
002	FA (FOLINIC ACID) / LEUCOVORIN / WELLCOVORIN
003	CPT11/ IRINOTECAN / CAMPTOSAR
004	TOMUDEX
005	OXALIPLATIN / ELOXATIN
006	LEVAMISOLE
007	GEMZAR
008	CISPLATINUM / CISPLATIN
009	RALTITREXED
010	ETOPISADE
011	XELODA / CAPECITABINE
012	EPOTHILONE
013	AVASTIN / BEVACIZUMAB
014	ERBITUX/ CETUXIMAB
015	VECTIBIX / PANITUMUMAB
999	UNKNOWN

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5.20 Was radiation given for treatment of the new primary colorectal cancer(s)?

1 Yes	2 No (go to 5.23)	8 Missing (not documented/ relevant document unavailable) (go to 5.23)	9 Unknown (go to 5.23)
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5.21 Date of 1st radiotherapy treatment of the CRC primary(s) in the eligibility period

Month:	Day:	Year:
88 missing	88 missing	8888 missing

5.22 What method of radiotherapy was applied for treatment of the new primary colorectal cancer(s)?

<input type="checkbox"/> 1 Yes	Adjuvant
<input type="checkbox"/> 2 Yes	Palliative
<input type="checkbox"/> 3 Yes	Pseudo-Adjuvant
<input type="checkbox"/> 4 Yes	Neo-Adjuvant (pre-operative)
<input type="checkbox"/> 8	Missing (not documented) Missing (not documented/ relevant)
<input type="checkbox"/> 9	Unknown (document available, info missing or uninterpretable)

5.23 Were other treatment methods applied for new primary colorectal cancer(s)?

<input type="checkbox"/> 1	Yes (Specify):
<input type="checkbox"/> 2	Yes (Specify):
<input type="checkbox"/> 3	No
<input type="checkbox"/> 8	Missing (not documented) Missing (not documented/ relevant) (go to 5.24)
<input type="checkbox"/> 9	Unknown (document available, info missing or uninterpretable) (go to 5.24)

SYNCHRONOUS PRIMARY(S)

5.24 Were synchronous primaries diagnosed?

1	Yes	8	Missing (go to Section 6)
2	No (go to Section 6)	9	Unknown (go to Section 6)

_____ of SYNCHRONOUS PRIMARY(S)

5.25 2nd Synchronous Primary Diagnosed:

1	Yes
2	No (go to Section 6)
8	Missing (go to Section 6)
9	Unknown (go to Section 6)

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5.26 2nd SYNCHRONOUS CRC PRIMARY DIAGNOSIS TYPE. (Please record the 2nd largest. (NEW_PRIMARY_2))

ICD CODE:

5.27 DIAGNOSIS DATE OF 2nd SYNCHRONOUS CRC PRIMARY IN THE ELIGIBILITY PERIOD

Month:	Day:	Year:
88 missing	88missing	8888 missing

5.28 Surgical treatment for 2nd synchronous CRC (Can use SEER coding to derive)

<input type="checkbox"/> 01	No Surgery (go to Section 6)
<input type="checkbox"/> 02	Local tumor destruction, i.e. laser, electrocautery
<input type="checkbox"/> 03	Local surgical excision with specimen i.e. trans-anal excision, polypectomy, snare
<input type="checkbox"/> 04	Right Hemi-colectomy
<input type="checkbox"/> 05	Left Hemi-colectomy
<input type="checkbox"/> 06	Hemi-colectomy - Side not specified: not total
<input type="checkbox"/> 07	Low Anterior resection
<input type="checkbox"/> 08	Total Colectomy
<input type="checkbox"/> 09	Total Proctectomy
<input type="checkbox"/> 10	Total Proctocolectomy
<input type="checkbox"/> 11	Abdominoperineal resection
<input type="checkbox"/> 12	Segmental / Wedge / Partial Resection NOS
<input type="checkbox"/> 77	Other (Specify):
<input type="checkbox"/> 88	Missing (missing document) (go to 5.31)
<input type="checkbox"/> 99	Unknown (document available, info missing or uninterpretable) (go to 5.31)

5.29 Operative findings , local (residual tumor)

(obtain information from the operative report and/or the discharge summary- **NOT** pathology report)

1	Tumor <i>not entirely</i> resected
2	Tumor <i>entirely</i> resected
8	Missing (missing document)
9	Unknown (document available, info missing or uninterpretable)

5.30 Did the tumor reach surgical resection margins? (Source: Pathology report)

1	Positive, proximal (Tumor is seen at proximal surgical resection margin)
2	Positive, distal (Tumor is seen at distal surgical resection margin)
3	Positive, radial (Tumor is seen at radial surgical resection margin)
4	Positive, more than one margins defined.
5	Positive, NOS (Tumor is seen at surgical resection margin, margin not defined)
6	Negative (all surgical resection margins are free of tumor)
8	Missing (missing document)
9	Unknown (document available, info missing or uninterpretable)

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5.31 3rd Synchronous Primary Diagnosed:

1	Yes
2	No (go to Section 6)
8	Missing (go to Section 6)
9	Unknown (go to Section 6)

5.32 3rd SYNCHRONOUS CRC PRIMARY DIAGNOSIS TYPE. (Please record the 3rd largest. (NEW_PRIMARY_3))

ICD CODE:

5.33 DIAGNOSIS DATE OF 3rd SYNCHRONOUS CRC PRIMARY IN THE ELIGIBILITY PERIOD

Month:	Day:	Year:
88 missing	88 missing	8888 missing

5.34 Surgical treatment for 3rd SYNCHRONOUS CRC primary (Can use SEER coding to derive)

<input type="checkbox"/> 01	No Surgery (go to Section 6)
<input type="checkbox"/> 02	Local tumor destruction, i.e. laser, electrocautery
<input type="checkbox"/> 03	Local surgical excision with specimen i.e. trans-anal excision, polypectomy, snare
<input type="checkbox"/> 04	Right Hemi-colectomy
<input type="checkbox"/> 05	Left Hemi-colectomy
<input type="checkbox"/> 06	Hemi-colectomy - Side not specified: not total
<input type="checkbox"/> 07	Low Anterior resection
<input type="checkbox"/> 08	Total Colectomy
<input type="checkbox"/> 09	Total Proctectomy
<input type="checkbox"/> 10	Total Proctocolectomy
<input type="checkbox"/> 11	Abdominoperineal resection
<input type="checkbox"/> 12	Segmental / Wedge / Partial Resection NOS
<input type="checkbox"/> 77	Other (Specify):
<input type="checkbox"/> 88	Missing (missing document) (go to Section 6)
<input type="checkbox"/> 99	Unknown (document available, info missing or uninterpretable) (go to Section 6)

5.35 Operative findings , local (residual tumor)

(obtain information from the operative report and/or the discharge summary- **NOT** pathology report)

1	Tumor <i>not entirely</i> resected
2	Tumor <i>entirely</i> resected
8	Missing (missing document) (go to Section 6)
9	Unknown (document available, info missing or uninterpretable) (go to Section 6)

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5.36 Did the tumor reach surgical resection margins? (Source: Pathology report)

<input type="checkbox"/> 1 Positive, proximal (Tumor is seen at proximal surgical resection margin)
<input type="checkbox"/> 2 Positive, distal (Tumor is seen at distal surgical resection margin)
<input type="checkbox"/> 3 Positive, radial (Tumor is seen at radial surgical resection margin)
<input type="checkbox"/> 4 Positive, more than one margins defined.
<input type="checkbox"/> 5 Positive, NOS (Tumor is seen at surgical resection margin, margin not defined)
<input type="checkbox"/> 6 Negative (all surgical resection margins are free of tumor)
<input type="checkbox"/> 8 Missing (missing document)
<input type="checkbox"/> 9 Unknown (document available, info missing or uninterpretable)

SECTION 6 - NEW PRIMARY NON-COLORECTAL CANCER

6.1 Did the proband have a new primary non-colorectal cancer diagnosis after the original CRC diagnosis (after incident CRC date to date of final chart note)

<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 8 Missing (missing document) (go to Section 7)	<input type="checkbox"/> 9 Unknown (documented available, info missing or uninterpretable) (go to Section 7)
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SECTION 7 - FINAL REVIEW

DEATH

7.1 Did the proband expire after CRC diagnosis (after incident CRC date to date of final chart note)

1 Yes - Patient died because of colorectal cancer	2 Yes - Patient died as a result of other cause(s)	3 Yes - Patient died, cause of death unknown	4 No - Patient is alive (go to 7.3)	8 Missing (document is missing) (go to 7.3)
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7.2 What was the patient's cause of death?

Cause of Death: (if known use ICD code)
<input type="checkbox"/> 8 Missing (missing document)

LAST MEDICAL RECORD

7.3 Date of Last (Most Recent) Physician Chart Note found by the Abstractor (Operative Notes, Discharge Summary, Clinic Notes, Chemotherapy and/or Radiotherapy Notes)

Month:	Day:	Year:
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7.4 Status at time of Last Chart Note or Medical Report

<input type="checkbox"/> 1	Alive, cancer free
<input type="checkbox"/> 2	Alive, with cancer
<input type="checkbox"/> 3	Deceased (as per section 7.1)
<input type="checkbox"/> 8	Missing
<input type="checkbox"/> 9	Unknown (document available, info missing or uninterpretable) (go to)

7.5 Date Form Completed (date review/abstraction completed)

Month:	Day:	Year:
<input type="checkbox"/> 88 Missing (missing document)	<input type="checkbox"/> 88 Missing (missing document)	<input type="checkbox"/> 8888 Missing (missing document)

7.6 Date of last FU Treatment contact with participant or next of kin:

Month:	Day:	Year:
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