OFCCR CLINICAL DIAGNOSIS AND TREATMENT FORM

Name: _____, _____

OFCCR # _____ OCGN # _____ OCR Group # _____ HIN# _____

Sex:

□ MALE	□ FEMALE	□ UNKNOWN

Date of Birth:

DD	MMM	YYYY

BASELINE DIAGNOSIS & TREATMENT

1. Place of Diagnosis:

Name	City or Town	MOH Code

2. Site of Cancer(s):

Cancer	Site Name	4-Digit ICD-9 Code
1.		
2.		
3.		
4.		
5.		

3. Date of initial diagnosis of colorectal cancer (pls. use histological date i.e. Date of path report):

DD	MMM	YYYY	□ Unknown

4. Preoperative symptoms (please check all that apply):

□	None, asymptomatic (detected by screening)
□	Bleeding
□	Constipation
□	Diarrhea
□	Pain
□	Weight Loss
□	Other Please Specify: _____
□	Unknown

5. Method of colorectal cancer diagnosis:

□	Colonoscopy
□	Rigid sigmoidoscopy
□	Flexible sigmoidoscopy
□	Sigmoidoscopy NOS
□	Barium enema
□	Chest x-ray
□	Chest CT scan
□	Abdominal/Pelvic CT scan
□	Ultrasound
□	Other Please Specify: _____
□	Unknown

6. Type of definitive surgery for colorectal cancer (SEER coding used)
(please attach all pathology and operative reports for this colorectal cancer):

□	None
□	Local tumour destruction, i.e. laser, electrocautery
□	Local surgical excision with specimen i.e. polypectomy, snare
□	Segmental resection, not hemi-colectomy i.e. cecectomy, appendectomy, sigmoidectomy, partial resection of transverse colon and flexures, iliocolectomy, enterocolectomy, partial colectomy, NOS □ Low Anterior
□	Hemi-colectomy, but not total. Right or left, must include a portion of transverse colon
□	Abdominoperineal resection
□	Total or subtotal colectomy, not rectum
□	Colectomy NOS
□	Segmental colectomy + other organs (*Please specify below)
□	Hemi-colectomy + other organs (*Please specify below)
□	Total or subtotal colectomy or + other organs (*Please specify below)
□	Abdominoperineal resection + other organs (*Please specify below)
□	Other Please Specify: _____
□	Unknown

*If Other Organs were removed:

□	Spleen
□	Gallbladder
□	Appendix (not a part of colon resection)
□	Stomach
□	Pancreas
□	Small intestine
□	Liver
□	Abdominal Wall, Retroperitoneum
□	Adrenal
□	Kidney
□	Bladder
□	Urethra
□	Ovary
□	Uterus
□	Vagina
□	Prostate
□	Other Please Specify: _____
□	Unknown

7. If no surgery was performed, reason:

□	Patient Refusal
□	Antecedent Death
□	Medical Contraindication
□	Other Please Specify: _____
□	Unknown

8. (a) Did the Proband receive treatment prior to their first surgery?:

□	No	
□	Yes	
	□	Chemotherapy
	□	Radiation
□	Unknown	

8. (b) Summary of disease from pathology report only:

pT		**pN**		**pM**		□ **Unknown**

9. Nodal Summary:

Number of Nodes Reported (Checked)		Number of Nodes Positive (If pN >=1)	

10. Pathological Stage of disease (from all information available):

T		**N**		**M**		□ **Unknown**

11. Stage of disease at initial diagnosis (from all information available)

OLD METHOD		**GROUPING**	**6TH EDITION METHOD**	
□	Stage 0	Tis N0 M0	□	Stage 0
□	Stage 1	T1, T2 N0 M0	□	Stage 1
□	Stage 2	T3 N0 M0	□	Stage 2A
		T4 N0 M0	□	Stage 2B
□	Stage 3	T1, T2 N1 M0	□	Stage 3A
		T3, T4 N1 M0	□	Stage 3B
		Any T N2 M0	□	Stage 3C
□	Stage 4	Any T Any N M1	□	Stage 4
□	Unknown	UNABLE TO STAGE	□	Unknown

12. Other Pathology Identified:

Yes	**Type:**	**No**	**Unknown**
□	□ Crohn's Disease □ Ulcerative colitis □ Diverticulosis/it is □ Perforation □ Other Please Specify: _____	□	□

13. Preoperative CEA (carcinoembryonic antigen):

□ Yes _____ ug/L	□ No	□ Unknown

14. Date of Blood Test for Preoperative CEA:

DD	**MMM**	**YYYY**	□ **Unknown**

15. Date of surgery:

DD	**MMM**	**YYYY**	□ **Unknown**

16. Primary surgery hospital:

Name	**City or Town**	**MOH Code**

17. Operating Surgeon:

18. Operative findings, local (residual tumour)
(please obtain information from the operative report and/or the discharge summary)

□	Tumour *not entirely* resected
□	Tumour *entirely* resected
□	Unknown

19. Operative findings, Distant (pls. obtain info. from the operative rep. &/or the discharge summ.):

No Metastatic Disease	Metastatic Disease Found	Type of Metastatic Disease Found:	Metastatic Resection After Baseline Surgery? (if applicable)	Unknown
□	□	□ Ascites □ Mesenteric nodes, other than in mesentery of planned resection □ Liver □ Lung □ Omentum □ Abdominal wall □ Ovaries □ Bone □ Peritoneum □ Mesentery □ Other Please Specify: _____	□ Not Entirely resected □ Entirely resected □ Unknown Date(d/m/y): __ ___ __ Notes: _____ _____ _____ _____ _____ _____	□

20. Margins:

Negative	Positive	Unknown
□	□ Proximal □ Distal □ Radial □ Other Please Specify: _____	□

(CONCURRENT) PRIMARY DIAGNOSIS #_____ Please see Ques.#2 to identify Site #. (Please complete a separate form for each primary diagnosis).

21. Grade of Primary:

Well Differentiated	Moderately Differentiated	Poorly Differentiated	Undifferentiated	Unknown
□	□	□	□	□

22. Cell Type:

	Adenoca.
□	NOS
□	Mucinous
□	Signet ring cell
□	Other Please specify: _____
□	Unknown

23. Vascular Invasion:

□	Yes
□	No
□	Unknown

24. Lymphatic Invasion:

□	Yes
□	No
□	Unknown

25. Perineural Invasion:

□	Yes

☐	No
☐	Unknown

26. Patient Enrolled in a clinical trial:

☐	Yes Please Specify: ____
☐	No
☐	Unknown

27. Oncologist(s): ☐ Not assessed

1.	3.
2.	4.

28. Chemotherapy given (If yes, pls. complete Treatment table below & attach all flow sheets):

Yes	Type	No (Pls. go to #32)	Unknown
☐	☐ Adjuvant ☐ Palliative ☐ Pseudo-Adjuvant	☐	☐

Height	**Weight**	**B.S.A.**
______.___ cm ☐ Unknown	______.___ kg ☐ Unknown	___.___ m2 ☐ Unknown

CHEMOTHERAPY TREATMENT (For cyclic chemo., pls. report each cycle *separately* e.g. 1, 2, 3, 4)
FOR BASELINE DIAGNOSIS First Course Only. Flow sheet attached Y/N: ____________

Cycle #	Name	Drug Dosage	IV/PO	Days Given	Date Given	Palliative Therapy Response
_____	________________ ________________ ________________ ________________	__________ __________ __________ __________	______ ______ ______ ______	__________ __________ __________ __________	__________ __________ __________ __________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	________________ ________________ ________________ ________________	__________ __________ __________ __________	______ ______ ______ ______	__________ __________ __________ __________	__________ __________ __________ __________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	________________ ________________ ________________ ________________	__________ __________ __________ __________	______ ______ ______ ______	__________ __________ __________ __________	__________ __________ __________ __________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	________________ ________________ ________________ ________________	__________ __________ __________ __________	______ ______ ______ ______	__________ __________ __________ __________	__________ __________ __________ __________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	________________ ________________ ________________ ________________	__________ __________ __________ __________	______ ______ ______ ______	__________ __________ __________ __________	__________ __________ __________ __________	☐ Progression ☐ Stable ☐ Minor ☐ Partial

						☐ Complete ☐ Unknown
_____	____________ ____________ ____________ ____________	________ ________ ________ ________	_____ _____ _____ _____	________ ________ ________ ________	________ ________ ________ ________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	____________ ____________ ____________ ____________	________ ________ ________ ________	_____ _____ _____ _____	________ ________ ________ ________	________ ________ ________ ________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	____________ ____________ ____________ ____________	________ ________ ________ ________	_____ _____ _____ _____	________ ________ ________ ________	________ ________ ________ ________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown

32. Radiation given (*please attach all flow sheets, where available)*:

Yes	Type	No	Unknown
☐	☐ Adjuvant ☐ Palliative	☐	☐

CLINICAL FOLLOW-UP SINCE BASELINE DIAGNOSIS

33. New cancer event in the four years following the initial diagnosis:

Yes	Check off as many that apply and complete the corresponding section.	None	Unknown
☐	☐ Locoregional Recurrence ☐ Distant Recurrence ☐ Other Non-Colorectal Primary ☐ Colorectal Primary ☐ Death	☐	☐

34. **Patient Enrolled in a clinical trial since baseline:**

☐	Yes Please Specify: ____
☐	No
☐	Unknown

FIRST LOCOREGIONAL RECURRENCE

☐ None (go to #43)

If applicable, please attach copies of documentation (i.e. radiology reports, clinic notes, pathology reports, operative reports, etc.) with the date of first detection of site(s) of first locoregional recurrence(s).

35. Sites of involvement at time of first locoregional recurrence *(please check off all that apply):*

	Site	First Diagnosed Day	First Diagnosed Month	First Diagnosed Year
☐	Anastomosis			
☐	Mesentery			
☐	Abdominal Wall (not incisional)			
☐	Incisional			
☐	Pelvis			
☐	Other Please specify: _____ _____			
☐	Unknown			

36. Surgery for locoregional recurrence:

☐	Yes Please specify: _____
☐	No
☐	Unknown

37. Treatment for locoregional recurrence:

☐	Yes
☐	No
☐	Unknown

38. Oncologist(s): ☐ Not assessed

1.	3.
2.	4.

39. Chemotherapy given (If yes, pls. complete Treatment table below & attach all flow sheets):

Yes	Type	No	Unknown
☐	☐ Adjuvant ☐ Palliative ☐ Pseudo-Adjuvant	☐	☐

Height	**Weight**	**B.S.A.**
_____.___ cm ☐ Unknown	_____.___ kg ☐ Unknown	___.___ m2 ☐ Unknown

CHEMOTHERAPY TREATMENT (For cyclic chemo., pls. report each cycle *separately* e.g. 1, 2, 3, 4)
FOR FIRST LOCOREGIONAL RECURRENCE
First Course. **Flow sheet attached Y/N:** _____________

Cycle #	Name	Drug Dosage	IV/PO	Days Given	Date Given	Palliative Therapy Response
_____	____________________ ____________________ ____________________ ____________________	___________ ___________ ___________ ___________	______ ______ ______ ______	___________ ___________ ___________ ___________	____________ ____________ ____________ ____________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	____________________ ____________________ ____________________ ____________________	___________ ___________ ___________ ___________	______ ______ ______ ______	___________ ___________ ___________ ___________	____________ ____________ ____________ ____________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	____________________ ____________________ ____________________ ____________________	___________ ___________ ___________ ___________	______ ______ ______ ______	___________ ___________ ___________ ___________	____________ ____________ ____________ ____________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	____________________ ____________________ ____________________ ____________________	___________ ___________ ___________ ___________	______ ______ ______ ______	___________ ___________ ___________ ___________	____________ ____________ ____________ ____________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	____________________ ____________________ ____________________ ____________________	___________ ___________ ___________ ___________	______ ______ ______ ______	___________ ___________ ___________ ___________	____________ ____________ ____________ ____________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	____________________ ____________________ ____________________ ____________________	___________ ___________ ___________ ___________	______ ______ ______ ______	___________ ___________ ___________ ___________	____________ ____________ ____________ ____________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	____________________ ____________________ ____________________ ____________________	___________ ___________ ___________ ___________	______ ______ ______ ______	___________ ___________ ___________ ___________	____________ ____________ ____________ ____________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	____________________ ____________________ ____________________ ____________________	___________ ___________ ___________ ___________	______ ______ ______ ______	___________ ___________ ___________ ___________	____________ ____________ ____________ ____________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown

40. Radiation given (*please attach all flow sheets, where available)*:

Yes	Type	No	Unknown
□	□ Adjuvant □ Palliative	□	□

41. Other treatment given (*please attach all documents)*:

□	Yes
□	No
□	Unknown

42. Other Locoregional recurrence sites after the 1st site was identified

	Site	Diagnosed Day	Diagnosed Month	Diagnosed Year
□	Anastomosis			
□	Mesentery			
□	Abdominal Wall (not incisional)			
□	Incisional			
□	Pelvis			
□	Other Please specify: _____ _____			
□	Unknown			

FIRST DISTANT RECURRENCE

□ None (go to #51)

If applicable, please attach copies of documentation (i.e. radiology reports, clinic notes, pathology reports, operative reports, etc.) with the date of first detection of site(s) of first distant recurrence(s).

43. Sites of involvement at time of first distant recurrence *(please check off all that apply):*

	Site	First Diagnosed Day	First Diagnosed Month	First Diagnosed Year
□	Liver			
□	Lung			
□	Bone			
□	Ascites			
□	Non-mesenteric lymph nodes (except supraclavicular) Please specify: _____ _____			
□	Supraclavicular nodes			
□	Brain			
□	Skin, except incision Please specify: _____			
□	Adrenal gland			
□	Other Please specify: _____			

44. Surgery for distant recurrence:

□	Yes Please specify: _____
□	No
□	Unknown

45. Treatment for distant recurrence:

☐	Yes
☐	No
☐	Unknown

46. Oncologist(s): ☐ Not assessed

1.	3.
2.	4.

47. Chemotherapy given (If yes, pls. complete Treatment table below & attach all flow sheets):

Yes	Type	No	Unknown
☐	☐ Adjuvant ☐ Palliative ☐ Pseudo-Adjuvant	☐	☐

Height	**Weight**	**B.S.A.**
______.___ cm ☐ Unknown	______.___ kg ☐ Unknown	___.___ m2 ☐ Unknown

CHEMOTHERAPY TREATMENT (For cyclic chemo., pls. report each cycle *separately* e.g. 1, 2, 3, 4)
FOR FIRST DISTANT RECURRENCE First Course. Flow sheet attached Y/N: ______________

Cycle #	**Name**	**Drug Dosage**	**IV/PO**	**Days Given**	**Date Given**	**Palliative Therapy Response**
_____	____________________ ____________________ ____________________ ____________________	___________ ___________ ___________ ___________	______ ______ ______ ______	___________ ___________ ___________ ___________	____________ ____________ ____________ ____________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	____________________ ____________________ ____________________ ____________________	___________ ___________ ___________ ___________	______ ______ ______ ______	___________ ___________ ___________ ___________	____________ ____________ ____________ ____________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	____________________ ____________________ ____________________ ____________________	___________ ___________ ___________ ___________	______ ______ ______ ______	___________ ___________ ___________ ___________	____________ ____________ ____________ ____________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	____________________ ____________________ ____________________ ____________________	___________ ___________ ___________ ___________	______ ______ ______ ______	___________ ___________ ___________ ___________	____________ ____________ ____________ ____________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	____________________ ____________________ ____________________ ____________________	___________ ___________ ___________ ___________	______ ______ ______ ______	___________ ___________ ___________ ___________	____________ ____________ ____________ ____________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown

_____	____________________ ____________________ ____________________ ____________________	____________ ____________ ____________ ____________	_______ _______ _______ _______	____________ ____________ ____________ ____________	_____________ _____________ _____________ _____________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	____________________ ____________________ ____________________ ____________________	____________ ____________ ____________ ____________	_______ _______ _______ _______	____________ ____________ ____________ ____________	_____________ _____________ _____________ _____________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	____________________ ____________________ ____________________ ____________________	____________ ____________ ____________ ____________	_______ _______ _______ _______	____________ ____________ ____________ ____________	_____________ _____________ _____________ _____________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown

48. Radiation given (*please attach all flow sheets, where available)*:

Yes	Type	No	Unknown
☐	☐ Adjuvant ☐ Palliative	☐	☐

49. Other treatment given (*please attach all documents)*:

☐	Yes
☐	No
☐	Unknown

50. Other Distant recurrence sites after the first site was identified

	Site	Diagnosed Day	Diagnosed Month	Diagnosed Year
☐	Liver			
☐	Lung			
☐	Bone			
☐	Ascites			
☐	Non-mesenteric lymph nodes (except supraclavicular) Please specify: _________ ____________________________________			
☐	Supraclavicular nodes			
☐	Brain			
☐	Skin, except incision Please specify: ______________________			
☐	Adrenal gland			
☐	Other Please specify: ______________________			

OTHER NON-COLORECTAL PRIMARY(S)

☐ None (go to #55)

51. Hospital of Diagnosis:

Name	City or Town	MOH Code

52. Sites of new Non-Colorectal Primary Cancer(s) since the initial diagnosis of CRC:

Cancer	Site	4-Digit ICD-9 Code
1.		
2.		
3.		
4.		
5.		

53. Date(s) of diagnosis of new Non-Colorectal Primary Cancer(s) (please use histological date):

Cancer	Day	Month	Year
1.			
2.			
3.			
4.			
5.			

54. Stage(s) of new Non-Colorectal Primary Cancer(s):

Cancer	Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	Unknown
1.	□	□	□	□	□	□
2.	□	□	□	□	□	□
3.	□	□	□	□	□	□
4.	□	□	□	□	□	□
5.	□	□	□	□	□	□

NEW COLORECTAL PRIMARY(S)

□ None (go to #80)

55. Site of Cancer(s):

Cancer	Site Name	4-Digit ICD-9 Code	Diag. Day	Diag. Month	Diag. Year	Unknown
1.						□
2.						□
3.						□
4.						□
5.						□

56. Preoperative symptoms (please check all that apply):

□	None, asymptomatic (detected by screening)
□	Bleeding
□	Constipation
□	Diarrhea
□	Pain
□	Weight Loss
□	Other Please Specify: _____
□	Unknown

57. Method of colorectal cancer diagnosis (check all that apply):

□	Colonoscopy
□	Rigid sigmoidoscopy
□	Flexible sigmoidoscopy
□	Sigmoidoscopy NOS
□	Barium enema
□	Chest x-ray
□	Chest CT scan
□	Abdominal CT scan
□	Ultrasound
□	Other Please Specify: _____
□	Unknown

58. Type of definitive surgery for colorectal cancer (SEER coding used) (please attach all pathology and operative reports for this colorectal cancer):

□	None
□	Local tumour destruction, i.e. laser, electrocautery
□	Local surgical excision with specimen i.e. polypectomy, snare
□	Segmental resection, not hemi-colectomy i.e. cecectomy, appendectomy, sigmoidectomy, partial resection of transverse colon and flexures, iliocolectomy, enterocolectomy, partial colectomy, NOS □ Low Anterior
□	Hemi-colectomy, but not total. Right or left, must include a portion of transverse colon
□	Abdominoperineal resection
□	Total or subtotal colectomy, not rectum
□	Colectomy NOS
□	Segmental colectomy + other organs (*Please specify below)
□	Hemi-colectomy + other organs (*Please specify below)
□	Total or subtotal colectomy or + other organs (*Please specify below)
□	Abdominoperineal resection + other organs (*Please specify below)
□	Other Please Specify: _____
□	Unknown

*If Other Organs were removed:

□	Spleen
□	Gallbladder
□	Appendix (not a part of colon resection)
□	Stomach
□	Pancreas
□	Small intestine
□	Liver
□	Abdominal wall, Retroperitoneum
□	Adrenal
□	Kidney
□	Bladder
□	Urethra
□	Ovary
□	Uterus
□	Vagina
□	Prostate
□	Other Please Specify: _____
□	Unknown

59. If no surgery was performed, reason:

□	Patient Refusal
□	Antecedent Death
□	Medical Contraindication
□	Other Please Specify: _____
□	Unknown

60. (a) Did the Proband receive treatment prior to their first surgery:

□	No	
□	Yes	
	□	Chemotherapy
	□	Radiation
□	Unknown	

60. (b) Summary of disease from pathology report only:

pT		**pN**		**pM**		□ **Unknown**

61. Nodal Summary:

Number of Nodes Reported (Checked)		Number of Nodes Positive (If pN >=1)	

62. Pathological Stage of disease (from all information available):

T		**N**		**M**		□ **Unknown**

63. Stage of disease at initial diagnosis (from all information available)

OLD METHOD		**GROUPING**	**6TH EDITION METHOD**	
□	Stage 0	Tis N0 M0	□	Stage 0
□	Stage 1	T1, T2 N0 M0	□	Stage 1
□	Stage 2	T3 N0 M0	□	Stage 2A
		T4 N0 M0	□	Stage 2B
□	Stage 3	T1, T2 N0 M0	□	Stage 3A
		T3, T4 N1 M0	□	Stage 3B
		Any T N2 M0	□	Stage 3C
□	Stage 4	Any T Any N M1	□	Stage 4
□	Unknown	UNABLE TO STAGE	□	Unknown

64. Other Pathology Identified:

Yes	**Type:**	**No**	**Unknown**
□	□ Crohn's Disease □ Ulcerative colitis □ Diverticulosis/it is □ Perforation □ Other Please Specify: _____	□	□

65. Preoperative CEA (carcinoembryonic antigen):

□ Yes _____ ug/L	□ No	□ Unknown

66. Date of Blood Test for Preoperative CEA:

DD	**MMM**	**YYYY**	□ **Unknown**

67. Date of surgery:

DD	MMM	YYYY	□ Unknown

68. Primary surgery hospital:

Name	City or Town	MOH Code

69. Operating Surgeon:

70. Operative findings, local (residual tumour) (please obtain information from the operative report and/or the discharge summary)

□	Tumour *not entirely* resected
□	Tumour *entirely* resected
□	Unknown

71. Operative findings, Distant (pls. obtain info. from the operative rep. &/or the discharge summ.):

No Metastatic Disease	Metastatic Disease Found	Type of Metastatic Disease Found:	Unknown
□	□	□ Ascites □ Mesenteric nodes, other than in mesentery of planned resection □ Liver □ Lung □ Omentum □ Abdominal wall □ Ovaries □ Bone □ Peritoneum □ Mesentery □ Other Please Specify: _____	□

72. Margins:

Negative	Positive	Unknown
□	□ Proximal □ Distal □ Radial □ Other Please Specify: _____	□

(CONCURRENT) PRIMARY DIAGNOSIS # _____ Please see Ques.#55 to identify Site #.
(Please complete a separate form for each primary diagnosis).

73. Grade of Primary:

Well Differentiated	Moderately Differentiated	Poorly Differentiated	Undifferentiated	Unknown
□	□	□	□	□

74. Cell Type:

	Adenoca.
□	NOS
□	Mucinous
□	Signet ring cell
□	Other Please specify: _____
□	Unknown

75. Vascular Invasion:

□	Yes
□	No
□	Unknown

76. Lymphatic Invasion:

□	Yes
□	No
□	Unknown

77. Perineural Invasion:

□	Yes
□	No
□	Unknown

78. Oncologist(s): ☐ Not assessed

1.	3.
2.	4.

79. Chemotherapy given (If yes, pls. complete Treatment table below & attach all flow sheets):

Yes	Type	No	Unknown
☐	☐ Adjuvant ☐ Palliative	☐	☐

Height	**Weight**	**B.S.A.**
______.___ cm ☐ Unknown	______.___ kg ☐ Unknown	___.___ m2 ☐ Unknown

CHEMOTHERAPY TREATMENT (For cyclic chemo., pls. report each cycle *separately* e.g. 1, 2, 3, 4)
FOR NEW CRC PRIMARY
First Course **Flow sheet attached Y/N: ______________**

Cycle #	Name	Drug Dosage	IV/PO	Days Given	Date Given	Palliative Therapy Response
_____	________________ ________________ ________________ ________________	__________ __________ __________ __________	______ ______ ______ ______	__________ __________ __________ __________	___________ ___________ ___________ ___________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	________________ ________________ ________________ ________________	__________ __________ __________ __________	______ ______ ______ ______	__________ __________ __________ __________	___________ ___________ ___________ ___________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	________________ ________________ ________________ ________________	__________ __________ __________ __________	______ ______ ______ ______	__________ __________ __________ __________	___________ ___________ ___________ ___________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	________________ ________________ ________________ ________________	__________ __________ __________ __________	______ ______ ______ ______	__________ __________ __________ __________	___________ ___________ ___________ ___________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	________________ ________________ ________________ ________________	__________ __________ __________ __________	______ ______ ______ ______	__________ __________ __________ __________	___________ ___________ ___________ ___________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
_____	________________ ________________ ________________ ________________	__________ __________ __________ __________	______ ______ ______ ______	__________ __________ __________ __________	___________ ___________ ___________ ___________	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown

_____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	□ Progression □ Stable □ Minor □ Partial □ Complete □ Unknown
_____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	□ Progression □ Stable □ Minor □ Partial □ Complete □ Unknown

79. Radiation given (*please attach all flow sheets, where available)*:

Yes	Type	No	Unknown
□	□ Adjuvant □ Palliative	□	□

DEATH

80. Date of Death:

DD	MMM	YYYY	□ Unknown

81. Cause of Death *(please attach copy of death certificate if available):*

□	Colorectal cancer
□	Other, No colorectal present Please specify: _____
□	Other, colorectal present Please specify: _____
□	Unknown

82. Autopsy performed *(please attach copy of report if available)*:

□	Yes
□	No
□	Unknown

83. Location of Death:

□	Hospital Please specify: _____
□	Home
□	Hospice Please specify: _____
□	Other Please specify: _____
□	Unknown

DATE OF FINAL CHART NOTE: _____

PATIENT HAS BEEN REFERRED TO THE CARE OF: DR. _____

ADDITIONAL FOLLOW-UP REQUIRED (Y/N): _____

Date form Completed: _____ _____ _____ (dd/mmm/yyyy)

Abstractor's Initials: _____ _____

ADDITIONAL NOTES: