Name:	
OFCCR # OCGN # OCR Group # HIN# Sex: MALE	
Sex: MALE	
Date of Birth: DD MMM YYYY BASELINE DIAGNOSIS & TREATMENT 1. Place of Diagnosis: Name City or Town MOH Code 2. Site of Cancer(s):	de
Date of Birth: DD MMM YYYY BASELINE DIAGNOSIS & TREATMENT 1. Place of Diagnosis: Name City or Town MOH Code 2. Site of Cancer(s):	de
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1. Place of Diagnosis: Name City or Town MOH Code 2. Site of Cancer(s):	de
2. Site of Cancer(s):	de
	· <u> </u>
Consor Site Name	
Cancer Site Name 4-Digit ICD-9 C	Code
1.	
2.	
3.	
4. 5.	
3. Date of initial diagnosis of colorectal cancer (pls. use histological date i.e. Date of path red DD MMM YYYY DINKNOWN	report):
PIPE IIII DONNOWN	
4. Preoperative symptoms (please check all that apply): None, asymptomatic (detected by screening)	
4. Preoperative symptoms (please check all that apply):	
4. Preoperative symptoms (please check all that apply): None, asymptomatic (detected by screening) Bleeding Constipation	
4. Preoperative symptoms (please check all that apply): None, asymptomatic (detected by screening) Bleeding Constipation Diarrhea	
4. Preoperative symptoms (please check all that apply): None, asymptomatic (detected by screening) Bleeding Constipation Diarrhea Pain	
4. Preoperative symptoms (please check all that apply): None, asymptomatic (detected by screening) Bleeding Constipation Diarrhea Pain Weight Loss	
4. Preoperative symptoms (please check all that apply): None, asymptomatic (detected by screening) Bleeding Constipation Diarrhea Pain Weight Loss Other Please Specify:	
4. Preoperative symptoms (please check all that apply): None, asymptomatic (detected by screening) Bleeding Constipation Diarrhea Pain Weight Loss	
4. Preoperative symptoms (please check all that apply): None, asymptomatic (detected by screening) Bleeding Constipation Diarrhea Pain Weight Loss Other Please Specify:	
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	
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	
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	
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	
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	
4. Preoperative symptoms (please check all that apply): None, asymptomatic (detected by screening) Bleeding Constipation Diarrhea Pain Weight Loss Unknown 5. Method of colorectal cancer diagnosis: Colonoscopy Rigid sigmoidoscopy Flexible sigmoidoscopy Sigmoidoscopy NOS Barium enema Chest x-ray	
4. Preoperative symptoms (please check all that apply): None, asymptomatic (detected by screening) Bleeding Constipation Diarrhea Pain Weight Loss Unknown 5. Method of colorectal cancer diagnosis: Colonoscopy Rigid sigmoidoscopy Flexible sigmoidoscopy Sigmoidoscopy NOS Barium enema Chest x-ray Chest CT scan	
4. Preoperative symptoms (please check all that apply): None, asymptomatic (detected by screening) Bleeding Constipation Diarrhea Pain Weight Loss 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	
4. Preoperative symptoms (please check all that apply): None, asymptomatic (detected by screening) Bleeding Constipation Diarrhea Pain Weight Loss Unknown 5. Method of colorectal cancer diagnosis: Colonoscopy Rigid sigmoidoscopy Flexible sigmoidoscopy Sigmoidoscopy NOS Barium enema Chest x-ray Chest CT scan	

6. Type of definitive surgery for colorectal cancer (SEER coding used)

(please	e 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 O	ther 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
0 /-) Did the Duebend we should be should be their first source 2:
გ. (a) Did the Proband receive treatment prior to their first surgery?:
H	No Yes
	☐ Chemotherapy Radiation
	Unknown
	OHIGHOVVII

8. (b) Summary	of disease f	rom pathology r	repo	rt only:			
рТ		pN	рМ	1		□ Unkn	own	
	odal Summa		a alcad)		Number of No	dos Dositivo (If	nN > -1\	
Num	per of modes	Reported (Ch	ескей)		Number of No	des Positive (If	piν >=1)	
10. P	Pathologica	Stage of di	sease (from all i	infor	mation availa	ble):		
Т		N	М			□ Unkne	own	
•			<u>.</u>					
			al diagnosis (from	m all			- 1	
	D METHOD		GROUPING			ON METHOD		
	Stage 0	Tis				Stage 0		
	Stage 1		T2 N0 M0			Stage 1		
	Stage 2	T3	-			Stage 2A		
	Ctago 2	T4				Stage 2B		
Ш	Stage 3	T1,				Stage 3A	_	
		T3,	T4 N1 M0 /T N2 M0			Stage 3B Stage 3C		
П	Stage 4	Any				Stage 4		
П	Unknown		ABLE TO STAGE			Unknown		
Ш	UTIKITOWIT	ON	ADEL TO STAGE			OTIKHOWII		
12. C	Other Patho	logy Identif	ied:					
Yes	Type:						No	Unknow
	□ Crohn's	Disease						
	□ Ulcerati							
		ulosis/it is						
	□ Perforation							
	☐ Other	Please Speci	fy:					
		/ .						
			oembryonic antige					
□ Yes	S	ug/	L 🗆 No	□ Un	known			
44 5	\	-1 T1 C D						
<u>14. L</u> DD	MMM	YYYY	reoperative CEA	<u>``</u>				
עט	141141141	1111	□ Unknown					
15. C	Date of surg	erv:						
DD	MMM	YYYY	□ Unknown					
16. P	Primary sur	gery hospita	l:					
Nam	е				City or Town		MOH Co	de
17. C	Operating S	urgeon:						
				-				
			(residual tumo		nd/ou +b = d:s-!-			
(pieas	_		the operative rep	ort a	na/or the disch	arge summary)		
<u></u>	-	<u>ot entirely</u> rese						
	Unknown	<u>ntirely</u> resected	4					
1	i UlikilUWII							

19. Operative findings, Distant (pls. obtain info. from the operative rep. &/or the discharge summ.): No Metastatic Metastatic Type of Metastatic Disease Found: Metastatic Resection Unknown Disease Disease After Baseline Surgery? Found (if applicable) ☐ Ascites ☐ Not Entirely resected ☐ Mesenteric nodes, other than in ☐ Entirely resected mesentery of planned resection ☐ Unknown □ Liver □ Lung Date(d/m/y): ___ ___ ☐ Omentum □ Abdominal wall Notes: □ Ovaries □ Bone □ Peritoneum ■ Mesentery □ Other Please Specify: 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: Moderately Well Poorly Undifferentiated Unknown Differentiated Differentiated Differentiated 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						
		 olled in a clini	ical trial:				
		ase Specify:	cai ciiai.				
	No	<u></u>					
	Unknown						
	ncologist(s): 🗆	Not assess				
1.				3.			
2.				4.			
	hemother Type	apy given (If y		nplete Treatm Jnknown	ent table belov	v & attach all flo	w sheets):
	□ Adjuvant □ Palliative □ Pseudo- Adjuvant						
		ı	-				
Heigh		Weight	B.S.A				
	cm	k □ Unknown		m2 mown			
U OHK	IIOWII	- OHKHOWH		allowii			
		Y TREATMEN DIAGNOSIS F			report each cy Flow sheet at	cle <i>separately</i> e	.g. 1, 2, 3, 4)
Cycle #		<u>DIAGNOSIS</u> I	Drug Dosa		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

33. N	Check off as section. Locoreg Distant Other N Colorect Death	ional Recu Recurrence Ion-Colorectal Primary	apply and ourrence se ctal Prima	ary	g the initial dia		Unknown	
33. N Yes	Check off as section. Locoreg Distant Other N Colorect Death	ional Recurrence con-Colorectal Primary	apply and ourrence se ctal Prima	ary	ne corresponding	None		
33. N	Check off as section. Locoreg Distant Other N Colorect Death	ional Recu Recurrence Ion-Colorectal Primary	apply and ourrence se ctal Prima	ary	ne corresponding	None		
33. N Yes	Check off as section. Locoreg Distant Other N Colorect	ional Recu Recurrence Ion-Colore	apply and ourrence se ctal Prima	complete ti		None		
33. N Yes	Check off as section. □ Locoreg □ Distant	many that ional Recu Recurrence	apply and durrence	complete ti		None		
33. N Yes	Check off as section.	s many that	apply and o			None		
33. N	Check off as						Unknown	
'	ew cancer ev	vent in the	four vear	s followin	g the initial dia	ianosis:		
CLINICAL FOLLOW-UP SINCE BASELINE DIAGNOSIS								
	□ Adjuvant□ Palliative							
Yes	Туре	No		Unknown	where available):			
							_	
						_	_	
							□ Progression □ Stable □ Minor □ Partial □ Complete □ Unknown	
							□ 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
						□ Minor □ Partial
						☐ Complete
						☐ Unknown
						☐ Progression
						☐ Stable
						☐ Minor
						□ Partial
						□ Complete
						□ Unknown
						□ Progression
						□ Stable
		=		-		☐ Minor
						□ Partial
						☐ Complete
						□ Unknown
						□ Progression
						□ Stable
		-		-		☐ Minor☐ Partial
		<u></u> -		<u></u> -		☐ Complete
						☐ Unknown
						□ Progression
						☐ Stable
l						☐ Minor
						□ Partial
	_					□ Complete
						□ Unknown
						□ Progression
						☐ Stable
l ———						□ Minor
						□ Partial
						□ Complete
						□ Unknown

40 . I	Radiation given (please attach all fi	ow sheets, where availa	ble):	
Yes	Type No	Unknown	,	
	□ Adjuvant □			
	□ Palliative			
41. (Other treatment given (please atta	nch all documents):		
	Yes			
	No			
	Unknown			
42 (Other Locoregional recurrence sit	os after the 1st site w	vas identified	
72.		Diagnosed	Diagnosed	Diagnosed
	Site	Day	Month	Year
	Anastomosis	24)	1 TOTTETT	1 64.
	Mesentery			
	Abdominal Wall (not incisional)			
	Incisional			
	Pelvis			
	Other Please specify:			
	Unknown			
repo	None (go to #51) plicable, please attach copies of docurts, operative reports, etc.) with the consistence of involvement at time of fire	ate of first detection of s	site(s) of first distan	t recurrence(s).
		First Diagnosed		First Diagnosed
	Site	Day	Month	Year
	Liver			
	Lung			
	Bone			
	Ascites	-1		
	Non-mesenteric lymph nodes (excell supraclavicular) Please specify:			
	Supraclavicular nodes			
	Brain			
	Skin, except incision			
	Please specify:			
	Adrenal gland			
	Other			
	Please specify:			
11	Surgery for distant requiremes:			
	Surgery for distant recurrence: Vac Please specify:			
	Yes Please specify:			

45. 1	reatment for	or distant red	currence	 2:				
	Yes							
	No							
	Unknown							
	1							
	Oncologist(s	s): 🗆	Not asse	ssed				
1.					3.			
2.					4.			
47. (Chemothera	pv given (If v	ves. pls. o	complete 1	Freatme	ent table belo	w & attach all flo	ow sheets):
Yes	Туре	No	, ee, p.e	Unknow	_			
	☐ Adjuvant							
	☐ Palliative							
	☐ Pseudo-							
	Adjuvant							
Heig	ht	Weight		S.A.				
	cm		kg	m2				
☐ Un	known	□ Unknown		Unknown				
CHE	MOTHERAP'	Y TREATMEN	T (For cv	clic chemo	o., pls.	report each c	vcle <i>separately</i> e	e.a. 1, 2, 3, 4)
		Y TREATMEN					ycle <i>separately</i> (ttached Y/N: _	e.g. 1, 2, 3, 4)
	FIRST DIST			irst Cour				Palliative
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy Response
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy Response Progression
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy Response Progression Stable
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy Response Progression Stable Minor Partial Complete
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy Response Progression Stable Minor Partial
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy Response Progression Stable Minor Partial Complete Unknown Progression
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy Response Progression Stable Minor Partial Complete Unknown Progression Stable
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy Response Progression Stable Minor Partial Complete Unknown Progression Stable Minor
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy Response Progression Stable Minor Partial Complete Unknown Progression Stable Minor Progression Stable Minor Partial
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy Response Progression Stable Minor Partial Complete Unknown Stable Minor Progression Stable Minor Complete Complete Complete
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy Response Progression Stable Minor Partial Complete Unknown Progression Stable Minor Progression Complete Unknown Unknown Unknown Unknown Unknown
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy Response Progression Stable Minor Partial Complete Unknown Progression Stable Minor Partial Complete Unknown Progression Stable Minor Partial Complete Unknown
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy Response Progression Stable Minor Partial Complete Unknown Progression Stable Minor Partial Complete Unknown Progression Stable Minor Partial Complete Unknown Stable Stable
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy Response Progression Stable Minor Partial Complete Unknown Minor Progression Stable Minor Partial Complete Unknown Progression Stable Minor Partial Complete Unknown Minor
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy Response Progression Stable Minor Partial Complete Unknown Stable Minor Partial Complete Unknown Stable Minor Partial Complete Unknown Partial Complete Unknown Partial Progression Stable Minor Partial
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy Response Progression Stable Minor Partial Complete Unknown Progression Stable Minor Partial Complete Unknown Partial Complete Unknown Partial Complete Unknown Complete Unknown Complete Complete Complete Complete Complete Complete
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy Response Progression Stable Minor Partial Complete Unknown Progression Stable Minor Partial Complete Unknown Progression Stable Minor Partial Complete Unknown Partial Progression Stable Minor Partial
FOR	FIRST DIST		RENCE F	irst Cour	se. F	low sheet a	ttached Y/N:	Palliative Therapy Response Progression Stable Minor Partial Complete Unknown Stable Minor Partial Complete Minor Partial Complete Minor Partial Complete Unknown Progression Stable Minor Partial Complete Unknown Unknown

□ Minor
□ Partial
□ Complete
□ Unknown

□ Progression
□ Stable
□ Minor

□ Partial
□ Complete
□ Unknown

		- - 		□ Progression □ Stable
		_		□ Stable
				□ Complete
				□ Unknown
		_		Progression
		_		Stable
		_		□ Partial □ Complete
				□ Unknown
				□ Progression
		_		□ Stable
		_		
		_		□ Partial
				□ Complete
				□ Unknown
40 Dadistics since	(places attach all fla:	u choote where a =:-:!-	,6/a)ı	
48. Radiation given			bie):	
		<u>Jnknown</u>		
☐ ☐ Adjuvant ☐ Palliative				
□ Faillative				
49. Other treatment	t given (<i>please attacl</i>	h all documents):		
□ Yes	9 (prodoc dicaer			
□ No				
□ Unknown				
50. Other Distant re	currence sites after			
Site		Diagnosed	Diagnosed Month	Diagnosed Year
_ 1		Day	MOHUH	Teal
_ 1				
☐ Lung☐ Bone				
□ Ascites				
	lymph nodes (except			
	Please specify:			
	F / -			
☐ Supraclavicular r	nodes			
□ Brain				
☐ Skin, except incis	sion			
Please specify: _				
☐ Adrenal gland				
□ Other				
Please specify: _				
OTHER MON COL	ODECTAL DOTA	ADV(C)		
OTHER NON-COL	LORECTAL PRIM	<u>AKI(5)</u>		
	"== >			
None (go to	#55)			
51. Hospital of Diag	maaia.			
DI. MOSDITAL OT LIISO	nosis:			

Cancer	Site					4-1	Digit ICD-	·9 Code	
							<u> </u>		
·.									
·),									
						l .			
3. Dat	te(s) of dia	gnosis of ne	ew Non-Color	ectal Primar	y Cancer(s) (pl	ease use	histolog	ical date	e):
Cancer	Day	Month	Year						
3.									
ł. <u> </u>									
5.									
			orectal Prima			T			
Cancer	Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	Unkno	wn		
<u>. </u>									
·									
١.									
5.		TAL PRIN							
NEW (COLOREC None (go	TAL PRIN							
5. NEW (COLOREC None (go	to #80)							
NEW (COLOREC None (go	to #80)			4-Digit	Diag.	Diag.	Diag.	Unkno
S. NEW (COLOREC None (go	to #80)					Diag. Month	Diag. Year	
S. Site	COLOREC None (go	to #80)			4-Digit	Diag.			Unkno
S. Site	COLOREC None (go	to #80)			4-Digit	Diag.			
55. Site Cancer	COLOREC None (go	to #80)			4-Digit	Diag.			
55. Site Cancer	COLOREC None (go	to #80)			4-Digit	Diag.			
NEW (COLOREC None (go	to #80)			4-Digit	Diag.			
55. Site Cancer	None (go	to #80)	MARY(S)		4-Digit	Diag.			
55. Site Cancer	None (go e of Cancer Site Name	to #80)	MARY(S)	Il that apply):	4-Digit	Diag.			
55. Site Cancer	None (go e of Cancer Site Name coperative:	to #80)	MARY(S)	Il that apply):	4-Digit	Diag.			
55. Site	COLOREC None (go e of Cancer Site Name soperative : None, asymp Bleeding	to #80) (s): symptoms (otomatic (determination)	MARY(S)	Il that apply):	4-Digit	Diag.			
55. Site Cancer 66. Pre	COLOREC None (go e of Cancer Site Name Site Name coperative: None, asymp Bleeding Constipation	to #80) (s): symptoms (otomatic (determination)	MARY(S)	Il that apply):	4-Digit	Diag.			
55. Site Cancer 66. Pre	COLOREC None (go e of Cancer Site Name Site Name Coperative : None, asymp Bleeding Constipation Diarrhea	to #80) (s): symptoms (otomatic (determination)	MARY(S)	Il that apply):	4-Digit	Diag.			
55. Site	COLOREC None (go e of Cancer Site Name Site Name Coperative : None, asymp Bleeding Constipation Diarrhea Pain	to #80) (s): symptoms (otomatic (determination)	MARY(S)	Il that apply):	4-Digit	Diag.			
55. Site Cancer 66. Pre	COLOREC None (go e of Cancer Site Name Site Name None, asymp Bleeding Constipation Diarrhea Pain Weight Loss	to #80) (s): symptoms (otomatic (determine)	MARY(S)	Il that apply):	4-Digit	Diag.			
55. Site Cancer 66. Pre	COLOREC None (go e of Cancer Site Name Site Name Coperative : None, asymp Bleeding Constipation Diarrhea Pain	to #80) (s): symptoms (otomatic (determine)	MARY(S)	Il that apply):	4-Digit	Diag.			

57. M	lethod 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
	Type of definitive surgery for colorectal cancer (SEER coding used) (please attach all pathology perative 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 Ot	ther 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	f no surgery	was perfor	med, reas	on:					
	Patient Refu		•						
	Antecedent	Death							
	Medical Cor	traindication							
	Other Plea	se Specify: _							
	Unknown								
60 (a) Did tha D	robond roca	ivo trontu	nont nuis		oir first	aura om ri		
DU. (a) Did the P	roband rece	ive treati	nent pric	or to ti	ieir tirst	surgery:		
	Yes		1						
_		otherapy	1						
	□ Radiat		1						
	Unknown								
			-						
	b) Summary		from path		port o	nly:			
рT		pN		pМ			□ Unknow	'n	
61 N	lodal Summa	arv [.]							
	er of Nodes F	-	ecked)		Nur	nber of No	odes Positive (If pN	l >=1)	
-		, , , , , , , , , , , , , , , , , , , ,					<u>, </u>	,	1
62. P	athological	Stage of dis	sease (fro	m all info	ormati	on avail	able):		
T		N		M			□ Unknow	'n	
	tage of dise D METHOD	TE1	l diagnos GROUPIN				ailable)		
	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,		M0			Stage 3A		
		T3,		M0			Stage 3B		
		Any		M0			Stage 3C		
	Stage 4	Any		M1			Stage 4		
	Unknown	UNA	ABLE TO ST	TAGE			Unknown		
64 0	ther Pathol	ogy Idontifi	iod:						
Yes	Type:	ogy Identini	cu.					No	Unknown
	☐ Crohn's I	Disease							
	□ Ulcerativ	e colitis							
	□ Diverticu	losis/it is							
	□ Perforati								
	□ Other	Please Specif	y:						
6E D	reoperativo	CEA (carcing	nembryonia	antigon):					
□ Yes	reoperative	ug/l			: Jnknow	'n			
⊔ ies		ug/l	∟ ⊔ l	10 U	אטוואווע	11			
66. D	ate of Blood	l Test for Pr	reoperativ	e CEA:					
DD	MMM	YYYY	□ Unkn						

67. Da	ite of su	ırgery:	_					
DD	MMM	YYYY	□ Unknown					
	68. Primary surgery hospital:							
Name				City or Town	MOH Co	ode		
60.0								
69. Op	perating	Surgeon:						
1								
70. Operative findings, local (residual tumour) (please obtain information from the operative report and/or the discharge summary)								
			rted					
	Tumour <u>not entirely</u> resected Tumour <u>entirely</u> resected							
	Unknow							
71. Op	erative	findings, Dista	nt (pls. obtain info.	from the operative rep. &/c	r the discharg	je summ.):		
No Metastatic Metastatic		Type of Metastatic	Disease Found:		Unknown			
Disease F		Disease Found						
			□ Ascites					
				s, other than in mesentery of	of planned			
			resection					
			□ Liver□ Lung					
			☐ Omentum					
			□ Abdominal wall					
			□ Ovaries					
			□ Bone					
			□ Peritoneum					
			☐ Mesentery					
			☐ Other Please S	pecify:				
	_							
	argins:			Ι				
Negativ		sitive			nknown			
		Proximal						
	□ Distal							
	☐ Radial ☐ Other Please Specify:							
Unici Ficase Specify.								

ell Moderately fferentiated Differentiated		Poorly	Undifferentiated	Unknown
		Differentiated		
4. Cell Type:				
Adenoca.				
NOS				
Mucinous				
Signet ring	cell			
Other Plea	se specify:			
Unknown				
76. Lymphatic : Yes No Unknown	Invasion:			
77. Perineural :	Invasion:			
∃ Yes				
Yes No				
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 Unknown No □ Adjuvant □ Palliative Height Weight B.S.A. cm _.___ m2 kg Unknown □ Unknown □ 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: Drug Dosage IV/PO **Palliative** Cycle # Name **Days Given Date Given** Therapy Response □ Progression □ Stable ☐ Minor □ Partial □ Complete ☐ Unknown □ Progression □ Stable ☐ Minor □ Partial □ Complete □ Unknown □ Progression □ Stable ☐ Minor □ Partial □ Complete □ Unknown □ Progression

								☐ Progression
								□ Stable
	_							☐ Minor
								□ Partial
								☐ Complete
								□ Unknown
								□ Progression□ Stable
								□ Stable □ Minor
-	_		-					
								☐ Complete
								□ Unknown
	Radiation giv		ttach all	1		re available):		
Yes	Туре	No		+	nown			
	□ Adjuvant							
	☐ Palliative							
DEA	ти							
<u>DEA</u>	<u>ин</u>							
80 L	Date of Death	••						
DD	MMM	YYYY	□ IInk	nown	$\overline{}$			
	I I I I I I I I I I I I I I I I I I I	1111		CIIOWI	<u>'</u>			
			_					
81. C	Cause of Dea	th (please at	tach cop	v of de	eath certific	ate if available) <i>:</i>	
	Colorectal			,				
	Other, No	colorectal pre	sent P	lease s	pecify:			
	Other, colorectal present Please specify:							
□ Unknown								
82. A	utopsy perfo	ormed <i>(plea</i>	se attach	copy	of report if	available):		
	Yes							
	No	_						
	Unknown							
83 1	ocation of D	oath:						
			fv:					
	Home	. icase specii	,·					
	+	Please specif	y: _					
	Unknown		•					
. . =		NET 1 TO THE T- T	-					
<u>DATI</u>	E OF FINAL C	HART NOT	E:					
PATI	ENT HAS BEI	EN REFERR	ЕД ТО Т	HE CA	ARE OF: D	R.		
		· · · · · · · · · · · · · · · · · · ·		01	<u> </u>			
ADDITIONAL FOLLOW-UP REQUIRED (Y/N):								
	Date form Co	mnleted			(44	mmm/aaaa)		
Date form Completed: (dd/mmm/yyyy)								
Abstractor's Initials:								

ADDITIONAL NOTES:	