# AFCCR 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<br>☐ 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<br>☐ Ulcerative colitis<br>☐ Diverticulosis/it is<br>☐ Perforation<br>☐ 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<br>☐ Mesenteric nodes, other than in mesentery of planned resection<br>☐ Liver<br>☐ Lung<br>☐ Omentum<br>☐ Abdominal wall<br>☐ Ovaries<br>☐ Bone<br>☐ Peritoneum<br>☐ Mesentery<br>☐ Other Please Specify:<br>____________________ | ☐ Not Entirely resected<br>☐ Entirely resected<br>☐ Unknown<br><br>Date(d/m/y): __ ___ __<br><br>Notes:<br>____________________<br>____________________<br>____________________<br>____________________<br>____________________<br>____________________ | ☐ |

**20. Margins:**

| Negative | Positive | Unknown |
|---|---|---|
| ☐ | ☐ Proximal<br>☐ Distal<br>☐ Radial<br>☐ 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<br>☐ Palliative<br>☐ Pseudo-Adjuvant | ☐ | ☐ |

| **Height** | **Weight** | **B.S.A.** |
|---|---|---|
| ___.__ cm<br>☐ Unknown | ___.__ kg<br>☐ Unknown | __.__ m2<br>☐ 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 |
|---|---|---|---|---|---|---|
| ___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| ___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| ___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| ___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| ___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ___<br>___<br>___<br>___ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial |

| | | | | | | ☐ Complete<br>☐ Unknown |
|---|---|---|---|---|---|---|
| ____ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ____<br>____<br>____<br>____ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| ____ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ____<br>____<br>____<br>____ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| ____ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ____<br>____<br>____<br>____ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |

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

| Yes | Type | No | Unknown |
|---|---|---|---|
| ☐ | ☐ Adjuvant<br>☐ 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<br>☐ Distant Recurrence<br>☐ Other Non-Colorectal Primary<br>☐ Colorectal Primary<br>☐ 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<br>☐ Palliative<br>☐ Pseudo-Adjuvant | ☐ | ☐ |

| **Height** | **Weight** | **B.S.A.** |
|---|---|---|
| _______.____ cm<br>☐ Unknown | _______.____ kg<br>☐ Unknown | ____.____ m2<br>☐ 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 |
|---|---|---|---|---|---|---|
| _____ | ____________<br>____________<br>____________<br>____________ | ________<br>________<br>________<br>________ | _____<br>_____<br>_____<br>_____ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| _____ | ____________<br>____________<br>____________<br>____________ | ________<br>________<br>________<br>________ | _____<br>_____<br>_____<br>_____ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| _____ | ____________<br>____________<br>____________<br>____________ | ________<br>________<br>________<br>________ | _____<br>_____<br>_____<br>_____ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| _____ | ____________<br>____________<br>____________<br>____________ | ________<br>________<br>________<br>________ | _____<br>_____<br>_____<br>_____ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| _____ | ____________<br>____________<br>____________<br>____________ | ________<br>________<br>________<br>________ | _____<br>_____<br>_____<br>_____ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| _____ | ____________<br>____________<br>____________<br>____________ | ________<br>________<br>________<br>________ | _____<br>_____<br>_____<br>_____ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| _____ | ____________<br>____________<br>____________<br>____________ | ________<br>________<br>________<br>________ | _____<br>_____<br>_____<br>_____ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| _____ | ____________<br>____________<br>____________<br>____________ | ________<br>________<br>________<br>________ | _____<br>_____<br>_____<br>_____ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |

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

| Yes | Type | No | Unknown |
|---|---|---|---|
| ☐ | ☐ Adjuvant<br>☐ 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: ________________<br>________________________________ | | | |
| ☐ | 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: _________<br>________________________________ | | | |
| ☐ | Supraclavicular nodes | | | |
| ☐ | Brain | | | |
| ☐ | Skin, except incision<br>Please specify: _______________________ | | | |
| ☐ | Adrenal gland | | | |
| ☐ | Other<br>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<br>☐ Palliative<br>☐ Pseudo-Adjuvant | ☐ | ☐ |

| **Height** | **Weight** | **B.S.A.** |
|---|---|---|
| _______.____ cm<br>☐ Unknown | _______.____ kg<br>☐ Unknown | ____.____ m2<br>☐ Unknown |

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

| Cycle # | Name | Drug Dosage | IV/PO | Days Given | Date Given | Palliative Therapy Response |
|---|---|---|---|---|---|---|
| ______ | ____________<br>____________<br>____________<br>____________ | ________<br>________<br>________<br>________ | _____<br>_____<br>_____<br>_____ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| ______ | ____________<br>____________<br>____________<br>____________ | ________<br>________<br>________<br>________ | _____<br>_____<br>_____<br>_____ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| ______ | ____________<br>____________<br>____________<br>____________ | ________<br>________<br>________<br>________ | _____<br>_____<br>_____<br>_____ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| ______ | ____________<br>____________<br>____________<br>____________ | ________<br>________<br>________<br>________ | _____<br>_____<br>_____<br>_____ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| ______ | ____________<br>____________<br>____________<br>____________ | ________<br>________<br>________<br>________ | _____<br>_____<br>_____<br>_____ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |

| | | | | | | |
|---|---|---|---|---|---|---|
| _____ | ____________________<br>____________________<br>____________________<br>____________________ | ___________<br>___________<br>___________<br>___________ | ______<br>______<br>______<br>______ | ___________<br>___________<br>___________<br>___________ | ____________<br>____________<br>____________<br>____________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| _____ | ____________________<br>____________________<br>____________________<br>____________________ | ___________<br>___________<br>___________<br>___________ | ______<br>______<br>______<br>______ | ___________<br>___________<br>___________<br>___________ | ____________<br>____________<br>____________<br>____________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| _____ | ____________________<br>____________________<br>____________________<br>____________________ | ___________<br>___________<br>___________<br>___________ | ______<br>______<br>______<br>______ | ___________<br>___________<br>___________<br>___________ | ____________<br>____________<br>____________<br>____________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |

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

| Yes | Type | No | Unknown |
|---|---|---|---|
| ☐ | ☐ Adjuvant<br>☐ 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: _________<br>___________________________________ | | | |
| ☐ | Supraclavicular nodes | | | |
| ☐ | Brain | | | |
| ☐ | Skin, except incision<br>Please specify: ______________________ | | | |
| ☐ | Adrenal gland | | | |
| ☐ | Other<br>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<br>☐ 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<br>☐ Ulcerative colitis<br>☐ Diverticulosis/it is<br>☐ Perforation<br>☐ 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<br>☐ Mesenteric nodes, other than in mesentery of planned resection<br>☐ Liver<br>☐ Lung<br>☐ Omentum<br>☐ Abdominal wall<br>☐ Ovaries<br>☐ Bone<br>☐ Peritoneum<br>☐ Mesentery<br>☐ Other Please Specify: ______________________ | ☐ |

**72. Margins:**

| Negative | Positive | Unknown |
|---|---|---|
| ☐ | ☐ Proximal<br>☐ Distal<br>☐ Radial<br>☐ 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<br>☐ Palliative | ☐ | ☐ |

| **Height** | **Weight** | **B.S.A.** |
|---|---|---|
| _______.____ cm<br>☐ Unknown | _______.____ kg<br>☐ Unknown | ____.____ m2<br>☐ 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 |
|---|---|---|---|---|---|---|
| ______ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ______<br>______<br>______<br>______ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| ______ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ______<br>______<br>______<br>______ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| ______ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ______<br>______<br>______<br>______ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| ______ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ______<br>______<br>______<br>______ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| ______ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ______<br>______<br>______<br>______ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| ______ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ______<br>______<br>______<br>______ | ________<br>________<br>________<br>________ | ________<br>________<br>________<br>________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |

| | | | | | | |
|---|---|---|---|---|---|---|
| ______ | ____________________<br>____________________<br>____________________<br>____________________ | ____________<br>____________<br>____________<br>____________ | _______<br>_______<br>_______<br>_______ | ____________<br>____________<br>____________<br>____________ | _____________<br>_____________<br>_____________<br>_____________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |
| ______ | ____________________<br>____________________<br>____________________<br>____________________ | ____________<br>____________<br>____________<br>____________ | _______<br>_______<br>_______<br>_______ | ____________<br>____________<br>____________<br>____________ | _____________<br>_____________<br>_____________<br>_____________ | ☐ Progression<br>☐ Stable<br>☐ Minor<br>☐ Partial<br>☐ Complete<br>☐ Unknown |

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

| Yes | Type | No | Unknown |
|---|---|---|---|
| ☐ | ☐ Adjuvant<br>☐ 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: