

## New Hampshire State Cancer Registry Cancer Report Form

Reporting Agency		
Name	Address	Telephone

Patient Information		
Name <i>(last name, first name, middle initial)</i>	Social Security Number	Date of Birth
Address <i>(street address, city, state, zip)</i>		
Race <i>(check one)</i>	Hispanic <i>(check one)</i>	Sex <i>(check one)</i>
<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Cancer Information	
Date of Diagnosis <i>(mm/dd/yyyy)</i>	Where Diagnosed? <i>(name of hospital, physician, etc.)</i>
Primary Site <i>(eg. UOQ breast, transverse colon)</i>	Paired Organ <i>(check one)</i> <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/> Unknown <input type="checkbox"/> None
Histology <i>(eg. adenocarcinoma, melanoma, lymphoma)</i>	Diagnostic Confirmation <i>(check one)</i> <input type="checkbox"/> Histology <input type="checkbox"/> Cytology <input type="checkbox"/> X-Ray <input type="checkbox"/> Clinical <input type="checkbox"/> Unknown
Grade <i>(check one)</i> <input type="checkbox"/> Well differentiated <input type="checkbox"/> Moderately differentiated <input type="checkbox"/> Poorly differentiated <input type="checkbox"/> Undifferentiated <input type="checkbox"/> Undetermined; unknown	
Stage <i>(check one)</i> <input type="checkbox"/> In situ <input type="checkbox"/> Localized <input type="checkbox"/> Regional, direct extension <input type="checkbox"/> Regional, lymph nodes <input type="checkbox"/> Distant <input type="checkbox"/> Undetermined; unknown	

Treatment Information (1 <sup>st</sup> course only)			
Surgery	<i>Type</i>	<i>Date</i>	<i>Where Performed</i>
Radiation			
Chemotherapy			
Hormone			
BRM			

Patient Status	Referral Information
Date last seen _____ Vital status <i>(check one)</i> <input type="checkbox"/> Alive <input type="checkbox"/> Dead Cancer status <i>(check one)</i> <input type="checkbox"/> Evidence of cancer <input type="checkbox"/> No evidence of cancer <i>If patient expired, please give date and place of death</i>	If patient referred to/from another physician or hospital, please provide name, address, and telephone

Form completed by: \_\_\_\_\_ (name) \_\_\_\_\_ (date)

**RETURN COMPLETED FORM WITH PATHOLOGY REPORT TO: NHSCR, PO BOX 186, HANOVER, NH 03755  
Or FAX: 603-653-6699 / Questions? Call 1-603-653-6630**

## REPORT FORM INSTRUCTIONS

*The report form must be typed or clearly printed in black ink.*

### Facility Information

#### *Reporting Facility*

Record the complete name, address, and telephone number of your facility or physician's office.

### Patient Information

#### *Patient Name*

Record the patient's full name.

#### *Patient's Address*

Record the patient's permanent home address at the time of diagnosis, not a temporary relocation for treatment. Street address takes priority over post office box number.

#### *Social Security Number*

Record the patient's social security number. Do not record a spouse's number.

#### *Date of Birth*

Record patient's birth date in MM/DD/YYYY format.

#### *Race*

Check off the patient's race.

#### *Hispanic*

Check off whether the patient considers himself or herself to be of Hispanic origin.

#### *Sex*

Check off the patient's sex/gender.

### Cancer Information

#### *Date of Diagnosis*

Record the date the patient was first diagnosed with cancer by a recognized medical practitioner. Record in MM/DD/YYYY format. If unknown, record "unk".

#### *Where Diagnosed?*

If the patient was diagnosed elsewhere, record the facility name and location. If unknown, record "unk".

#### *Primary Site*

Record the site of origin of the tumor. Record the subsite if known (ie. UOQ breast, LL lung).

If unknown, record "unk". It is important to identify the primary site and not a metastatic site.

#### *Paired Organ*

If the site of origin is a paired organ, check the laterality.

#### *Histology*

Record the histologic cell type of the tumor (ie. mucinous adenocarcinoma; infiltrating ductal carcinoma). If unknown, record "unk".

#### *Grade*

Check off the behavior/grade of the tumor.

#### *Diagnostic Confirmation*

Check off the most reliable method used in diagnosing this cancer. **Please attach copy of pathology report.**

Use the following guidelines to determine the method:

- Histology-Microscopic diagnosis based on tissue specimens (ie. biopsy, frozen section, and surgery).
- Cytology-Microscopic diagnosis based on cells rather than tissue (ie. smears from sputum, bronchial washings, brushings, fine needle aspirations, etc.)
- Clinical-Diagnosis not supplemented with positive microscopy (ie. made at surgical exploration or by use of an endoscope)
- X-ray-Radiological diagnosis (x-rays, scans) not microscopically confirmed.
- Unknown-Diagnosis method unknown.

#### *Stage*

Check the stage of tumor at diagnosis (extent of disease within two months of diagnosis).

Use the following categories to determine the extent at diagnosis:

- In Situ-Tumor has not progressed through the basement membrane of the organ involved.
- Local-Limited to site of origin; progressed through the basement membrane but not beyond the walls of the organ involved.
- Regional, Direct Extension-Direct extension to adjacent organs or tissues.
- Regional, Lymph Nodes-Involvement of regional lymph nodes.
- Distant-Direct extension beyond adjacent organs or tissues, or metastases to distant sites or distant lymph nodes.
- Unknown-No information is available to determine extent of disease.

### Treatment Information

#### *Treatment*

Record all first course treatment that the patient received. Do not record second course treatment.

First course treatment includes all cancer-directed treatment modalities given by clinicians at the time of diagnosis. When recording treatment, write the type of treatment, the date the treatment was received or began and where performed.

### Patient Status

#### *Date Last Seen*

Record the date the patient was last seen or date of death in MM/DD/YYYY format.

#### *Vital Status*

Check the vital status of the patient as of the date last seen.

#### *Cancer Status*

Check the patient's cancer status as of the date the patient was last known to be alive or dead..

#### *If Expired, Place of Death*

If patient expired, record the place of death. If unknown, record "unk".

#### *Cause of Death*

If patient expired, record the cause of death. If unknown, record "unk".

### Referral Information

#### *Referral*

List the names of physician(s) or hospital the patient was referred to for further workup or treatment of this cancer.

### Form Completion

#### *Form Completed By*

Record the full name of the person completing the form.

#### *Date Completed*

Record the date completed.

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