

Complete this form for all newly-diagnosed cancers excluding non-melanoma skin cancers.

OMB #0925-0414 Exp: 4/06

<p><b>COMMENTS</b></p>	<p align="center"><b>- Affix label here-</b></p> <p>Clinical Center/ID: ____ - ____ - ____ - ____</p> <p>First Name _____ M.I. _____</p> <p>Last Name _____</p>
<p><i>To be completed by Physician Adjudicator:</i></p> <p>Date Completed:    ____-____-____ (M/D/Y)</p> <p>Adjudicator Code:    ____</p>	<p><i>To be completed by Outcomes Specialist:</i></p> <p>Staff person:            ____</p> <p>Adjudication Case No.:    ____</p>

Use a separate form for each diagnosis.

1. Primary cancer site: **(Mark the one that applies best.)** (The number to the right of the checkbox is the ICD-O-2 Code. Any number that includes an \* has been assigned the 2-digit code for WHI only.)

Main WHI Cancer Outcomes

- 50 Breast
- 56 Ovary
- 54 Corpus uteri, endometrium
- 55 Uterus, not otherwise specified
- 18 Colon (excludes appendix, see below)
- 20 Rectum
- 19 Rectosigmoid junction
- Other Cancer Outcomes
- 31 Accessory sinuses
- 74 Adrenal gland
- 21 Anus
- 86\* Appendix
- 24 Biliary tract, parts of [other/unspecified]
- 67 Bladder
- 40 Bones, joints & articular cartilage of limbs
- 41 Bones, joints & articular cartilage [other/unspecified]
- 71 Brain
- 72 Central Nervous System (excludes brain)
- 53 Cervix
- 49 Connective, subcutaneous & other soft tissues
- 75 Endocrine glands & related structures [other/unspecified]
- 15 Esophagus
- 69 Eye and adnexa
- 57 Genital organs, female [other/unspecified]
- 64 Kidney

Other Cancer Outcomes (con't)

- 32 Larynx
- 42 Leukemia [hematopoietic & reticuloendothelial systems (includes blood; excludes multiple myeloma)]
- 22 Liver
- 34 Lung (bronchus)
- 77 Lymph nodes
- 83\* Lymphoma, Hodgkin's disease
- 82\* Lymphoma, non-Hodgkin's disease
- 44 Melanoma of the skin
- 85\* Multiple myeloma
- 06 Oral (mouth) [other/unspecified]
- 05 Palate
- 25 Pancreas
- 07 Parotid gland (Stensen's duct)
- 47 Peripheral nerves & autonomic nervous system
- 12 Pyramidal sinus
- 39 Respiratory system and intrathoracic organs [other/unspecified]
- 08 Salivary glands, major [other/unspecified]
- 16 Stomach
- 73 Thyroid
- 02 Tongue, part of [other/unspecified]
- 68 Urinary organs [other/unspecified]
- 00 Other (**Specify:**) \_\_\_\_\_

\_\_\_\_ ICD-0-2 Code

RV \_\_\_\_\_ KE \_\_\_\_\_

2. Date of diagnosis: -- (M/D/Y)

3. Tumor Behavior:

- <sub>1</sub> Invasive; malignant; infiltrating; micro-invasive
- <sub>2</sub> In situ; intraepithelial; non-infiltrating; non-invasive; intraductal
- <sub>3</sub> Borderline malignancy; low malignant potential; uncertain whether benign or malignant; indeterminate malignancy
- <sub>9</sub> Unknown

4. Diagnostic Confirmation Status: **(Mark one. If more than one category applies, mark the first applicable category.)**

**Microscopically Confirmed:**

- <sub>1</sub> Positive histology (pathology)
- <sub>2</sub> Positive exfoliative cytology, no positive histology
- <sub>3</sub> Positive histology (pathology), distant metastatic site only
- <sub>4</sub> Positive microscopic confirmation, method not specified

**Not Microscopically Confirmed:**

- <sub>5</sub> Positive laboratory test/marker study
- <sub>6</sub> Direct visualization without microscopic confirmation
- <sub>7</sub> Radiography and other imaging techniques without microscopic confirmation
- <sub>8</sub> Clinical diagnosis only (other than 5, 6 or 7 above)

**Confirmation Unknown:**

- <sub>9</sub> Unknown if microscopically confirmed

5. Reporting Source: **(Mark one. If more than one category applies, mark the first applicable category.)**

- <sub>1</sub> Hospital inpatient
- <sub>2</sub> Hospital outpatient/radiation or chemotherapy facility, surgical center, or clinic
- <sub>3</sub> Laboratory only (hospital or private) including pathology office
- <sub>4</sub> Physician's office/private medical practitioner
- <sub>5</sub> Nursing/convalescent home/hospice
- <sub>6</sub> Autopsy only
- <sub>7</sub> Death certificate only

**Complete the following questions for Breast Cancer only.** (Additional documents necessary for central adjudication.)

6. Were hormone (estrogen, progesterone) receptor studies performed?

- <sub>0</sub> No      <sub>1</sub> Yes. If test completed, please include results.      <sub>9</sub> Unknown

7. Was an axillary lymph node and/or sentinel lymph node dissection performed?

- <sub>0</sub> No      <sub>1</sub> Yes. If yes, please include operative and pathology reports in adjudication case packet.      <sub>9</sub> Unknown

\_\_\_\_\_  
Responsible Adjudicator Signature

*NOTE: If this is a hospitalized event, Form 125 – Summary of Hospitalization Diagnosis must be completed and any other WHI outcomes adjudicated.*