

<p><b>COMMENTS</b></p>  <p style="text-align: center;">_____ <i>Coder Signature</i></p>	<p style="text-align: center;">-Affix label here-</p> <p>Clinical Center/ID: ____ - ____ - ____ - ____</p> <p>First Name _____ M.I. _____</p> <p>Last Name _____</p>
<p>Date Completed:     <u>    </u>-<u>    </u>-<u>    </u> (M/D/Y)</p> <p>CSS Staff Code:     <u>    </u></p>	<p>Adjudication Case No.     <u>    </u></p> <p>Copy No.                     <u>    </u></p>

1. Date of Diagnosis:         -    -     (M/D/Y)

2. Main WHI Cancer Outcomes: **(Mark one.)**

- <sub>50</sub> Breast
- <sub>56</sub> Ovary
- <sub>54</sub> Corpus uteri, endometrium
- <sub>55</sub> Uterus, not otherwise specified
- <sub>18</sub> Colon
- <sub>20</sub> Rectum
- <sub>19</sub> Rectosigmoid junction
- <sub>00</sub> Other **(Specify):** \_\_\_\_\_

2.1. ICD-0-2: C          .     

3. 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)

**Confirmation Unknown:**

- <sub>9</sub> Unknown if microscopically confirmed
- RV \_\_\_\_\_ KE \_\_\_\_\_

4. Morphology:

A grid for morphology with three columns. The first column is labeled '4.1' and has four vertical lines. The second column is labeled '4.2' and has one vertical line. The third column is labeled '4.3' and has one vertical line.

5. Subclassification for Breast Histology 8522: **(Mark One.)**

- <sub>0</sub> Not Applicable
- <sub>1</sub> Ductal in situ plus lobular in situ
- <sub>2</sub> Ductal invasive plus lobular in situ
- <sub>3</sub> Ductal invasive plus lobular invasive
- <sub>4</sub> Lobular invasive plus ductal in situ
- <sub>5</sub> Invasive cancer, ductal and lobular nos

6. Laterality: **(Mark One.)**

- <sub>0</sub> Not a paired site
- <sub>1</sub> Right: origin of primary
- <sub>2</sub> Left: origin of primary
- <sub>3</sub> Only one side involved, right or left origin unspecified
- <sub>4</sub> Bilateral involvement, lateral origin unknown: stated to be single primary
- <sub>5</sub> Paired site, but no information concerning laterality; midline tumor

7. 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

8. EOD (SEER):

A grid for EOD (SEER) with five columns. The first column is labeled '8.1' and has a vertical line at the bottom. The second column is labeled '8.2' and has a vertical line at the bottom. The third column is labeled '8.3' and has a vertical line at the bottom. The fourth column is labeled '8.4' and has a vertical line at the bottom. The fifth column is labeled '8.5' and has a vertical line at the bottom.

9. Summary Stage (SEER): **(Mark one.)**

- <sub>1</sub> In situ
- <sub>2</sub> Localized
- <sub>3</sub> Regional
- <sub>4</sub> Distant
- <sub>9</sub> Unknown

10. Estrogen Receptor Assay:  
**(Mark one.)**

- <sub>1</sub> Positive
- <sub>2</sub> Negative
- <sub>3</sub> Borderline
- <sub>8</sub> Ordered/Results not available
- <sub>9</sub> Unknown/Not done

10.1. Date:

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 (M/D/Y)

10.2. Type of assay:

- <sub>1</sub> fmol/mg protein
- <sub>2</sub> ICC/IHC
- <sub>8</sub> Other: \_\_\_\_\_
- <sub>9</sub> Unknown

11. Progesterone Receptor Assay:  
**(Mark one.)**

- <sub>1</sub> Positive
- <sub>2</sub> Negative
- <sub>3</sub> Borderline
- <sub>8</sub> Ordered/Results not available
- <sub>9</sub> Unknown/Not done

11.1. Date:

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 (M/D/Y)

11.2. Type of assay:

- <sub>1</sub> fmol/mg protein
- <sub>2</sub> ICC/IHC
- <sub>8</sub> Other: \_\_\_\_\_
- <sub>9</sub> Unknown

12. Her 2/Neu:  
**(Mark one.)**

- <sub>1</sub> Positive
- <sub>2</sub> Negative
- <sub>3</sub> Borderline
- <sub>8</sub> Ordered/Results not available
- <sub>9</sub> Unknown/Not done

12.1. Date:

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 (M/D/Y)

13. CSS Editor Code: