Instructions for the Puerto Rico Central Cancer Registry
Physician's Reporting Form

For PDF accessibility options go to http://get.adobe.com/reader/?promoid=JZEFU. The newest version of Acrobat Reader (XI) has the ability to read the Reporting Form.

Use the **Tab key** to follow the sequence of the form.

Red boxes indicate that the field must be filled.

All dates format is yyyy/mm/dd

If only year and month are known, the format is yyyy/mm.
If only year is known, the format is yyyy.
If the date is unknown, the format is 9999.

Save As… Format

The last step is to **Save** the Reporting Form. To do this, click ***File***>***Save As…*** and in the ***File name*** field specify the **Record Number**, followed by a dash line and 001. If the patient has more than one Reporting Form (or tumor), you should save each Reporting Form with the same format, but different last three digit number.

For example:
HG-1234983-001
12345678-**001**
12345678-**002**

PHYSICIAN

- [1]**Paternal Last Name:** Provide physician's paternal last name.
- [2]**Maternal Last Name:** Provide physician's maternal last name.
- [3]**First Name:** Provide physician's first name.
- [4]**PR License #:** Provide the number of license.
- [5]**NPI:** Provide the National Provider Identifier number.

PATIENT

- [6]**Paternal Last Name:** Provide patient's paternal last name.
- [7]**Maternal Last Name:** Provide patient's maternal last name.
- [8]**First Name:** Provide patient's first name.
- [9]**Middle Name:** Provide patient's middle name.
- [10]**SSN:** Record the patient's Social Security Number. Format: ###-##-####. If only partial SSN is available (last 4 digits), enter 899-99-####. If the SSN is unknown, enter 999-99-9999.
- **Address:** Patient's residence when the malignancy was diagnosed.
  - [11]Number and Street: specify
  - [12]Supplementary: specify

- [13]Municipality: select
- [14]State: specify
- [15]Zip Code: specify

- [16]**Date of Birth:** Specify the patient's date of birth. Format: yyyy/mm/dd or yyyy/mm or yyyy or 9999.
- [17]**Sex:** Select the patient's sex.
- [18]**Record Number:** Enter the patient's medical record number.
- [19]**Date of 1st Visit:** Specify the date of the 1st visit. Format: yyyy/mm/dd or yyyy/mm or yyyy or 9999.
- [20]**Marital Status at Dx:** Select the code associated with patient's marital status at the time of diagnosis.
- [21]**Father's Name:** Provide father's name
- [22]**Mother's Name:** Provide mother's name
- **History of Cancer:**
  - [23]Patient with previous history of cancer?: Select *yes* or *no*
  - [24]If yes, specify primaries: Specify type of cancer
- [25]**Health Insurance**: Specify the patient's health insurance. If the patient has more than one health insurance, provide all that apply.

CANCER IDENTIFICATION

- [26]**Date of Initial Dx:** Specify the date when this primary cancer was first diagnosed by a recognized medical practitioner. Estimate the date of diagnosis if you do not know the exact date. Approximation is preferable to recording the date as unknown.
  Format: yyyy/mm/dd or yyyy/mm or yyyy or 9999.
- [27]**Age at Dx:** Provide the patient's age at his or her last birthday before diagnosis.
- [28]**Cancer Primary Site:** Record the site of origin of the primary tumor. Be as specific as possible with the available information.
- [29]**Laterality:** Select one. It applies to the primary site only.
  - 0 – Not a paired site
  - 1 – Right: origin of primary
  - 2 – Left: origin of primary
  - 3 – Only one side involved, right or left not specified
  - 4 – Bilateral, single primary
  - 5 – paired site, midline tumor
  - 9 – Paired site, no info on laterality
- [30]**Histology:** Record the histology of the primary tumor. Review all pathology reports at your disposition and report the final pathologic diagnosis.
- [31]**Behavior:** Select the behavior of the primary neoplasm.
  - 0 – Benign
  - 1 – Uncertain whether benign or malignant
  - 2 – Carcinoma in situ
  - 3 – Malignant, primary site
- [32]**Grade:** The grade or differentiation of the tumor describes the tumor's resemblance to normal tissue. Select the grade as stated in the final pathologic diagnosis.
  - 1 – Grade I; well differentiated
  - 2 – Grade II; moderately differentiated
  - 3 – Grade III; poorly differentiated

- 4 – Grade IV; undifferentiated; anaplastic
- 5 – T-cell (for lymphomas and leukemias)
- 6 – B-cell (for lymphomas and leukemias)
- 7 – Null cell; Non T-non B (leukemias)
- 8 – Natural killer cell (lymphomas and leukemias)
- 9 – Grade not determined, not stated, or not applicable

- [33]**Diagnostic Confirmation:** This shows whether a malignancy was confirmed microscopically at any time during the disease course. This is a priority coding scheme with code 1 taking precedence. A low number takes priority over all higher numbers. Please, select one option.
  - 1 – Positive histology
  - 2 – Positive cytology
  - 3 – Pos. histo. plus immuno. and/or genetic tests (2010+, M 9590-9992, ONLY)
  - 4 – Positive microscopic confirmation, method not specified
  - 5 – Positive laboratory test/marker study
  - 6 – Direct visualization without microscopic confirmation
  - 7 – Radiography and/or other imaging without microscopic confirmation
  - 8 – Clinical diagnosis only (other than 5, 6, or 7)
  - 9 – Unknown whether or not microscopically confirmed; death certificate only
- [34]**Summary Stage:** "General summary stage" is based on pathologic, operative, and clinical assessments. The priority for using these reports is as follows: pathologic, operative, clinical. Apply the same rules when autopsy reports are used to stage the disease. Select the following primary sites as distant (7): Leukemia, Multiple Myeloma, Reticuloendotheliosis, and Letterer-Siwe's disease. Unknown primaries are staged unknown (9).
  - 0 – In situ
  - 1 – Localized
  - 2 – Regional, direct extension only
  - 3 – Regional, regional lymph nodes only
  - 4 – Regional, direct extension and regional lymph nodes
  - 5 – Regional, NOS
  - 7 – Distant metastases/systemic disease
  - 8 – Not applicable
  - 9 – Unstaged/Unknown
- [35]**Stage Group:** Code the stage of the tumor as per AJCC cancer staging (TNM and Stage Group).
- [36]**Tumor Markers/Labs.:** Specify tumor markers or laboratories results such as: CA 19.9, CEA, CGA, HPV, LDH, ER, PR, HER2, KRAS, AFP, hCG, PSA, etc.
- [37]**Physical Examination Tests:** Specify physical examination tests results such as: DRE, CT Scan, X-Rays, Bone Scan, etc.

TREATMENT

Record information on any known treatment:

- [38]**Surgery**
  - Date: Specify date. Format: yyyy/mm/dd or yyyy/mm or yyyy or 9999.
  - Procedure: Specify type of surgery performed.
- [39]**Radiation**
  - Date: Specify date started. Format: yyyy/mm/dd or yyyy/mm or yyyy or 9999.
  - Procedure: Specify radiation administered to the primary site or any metastatic site.
- [40]**Chemotherapy**
  - Date: Specify date started. Format: yyyy/mm/dd or yyyy/mm or yyyy or 9999.

- Procedure: Specify type
- [41]**Hormone**
  - Date: Specify date started. Format: yyyy/mm/dd or yyyy/mm or yyyy or 9999.
  - Procedure: Specify type
- [42]**Biological Response Modifier (BRM)**
  - Date: Specify date started. Format: yyyy/mm/dd or yyyy/mm or yyyy or 9999.
  - Procedure: Specify type
- [43]**Active Surveillance/Other treatments**
  - Date: Specify date started. Format: yyyy/mm/dd or yyyy/mm or yyyy or 9999.
  - Procedure: Specify active surveillance and/or include other cancer-directed therapy.

[44]LAST CONTACT

- **Date of Last Contact:** Specify the date of the reporting facility's last contact with the patient or, if you know that the patient is deceased, specify the date of death. Format: yyyy/mm/dd or yyyy/mm or yyyy or 9999.
- **Status of Patient:** Select the patient's vital status as of the date recorded in the "Date of Last Contact" field.
  - 0 – Dead
  - 1 – Alive

REFERRED

- [45]**Hospital/Physician Referred to:** If the patient was referred from the reporting facility to another hospital or medical facility because of this primary, specify the name of the facility to which he/she was referred.

[46]COMMENTS

- Here you can type any additional comment, for example:
  - Treatment Plan/Recommendations
    - Watchful waiting
    - Treatment(Surgery/Chemo/RT/HT or BRM) not recommended due to…
  - Patient is not a surgical candidate
  - Patient came for consult only
  - Patient refused treatment

[47]COMPLETION

- **Person Completing Form:** Specify the name of the person that filled the Physician's Reporting Form.
- **Date:** Specify the date of completion of the Physician's Reporting Form. Format: yyyy/mm/dd.