Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

MEDICAL RECORD ABSTRACT FORM
DIAGNOSTIC EVALUATION – COLORECTUM (DEC3/DCQ3)

1. Date Abstracted: ________________________________
   Month    Day    Year

2. Abstractor ID#: ___ ___ ___ ___

3. Nosologist ID: ___ ___ ___ ___

4. CTR ID: ___ ___ ___ ___

5. Study Year T0-T13: ___ ___

6. Purpose of Abstract:
   ○ Initial abstract
   ○ Re-abstract for QA

7. Multiple Primary Cancer #: (Select 2 through 9)
   (GO TO A.7)

FOR OFFICE USE ONLY

8. Form Processing (MARK RESPONSES AS STEPS ARE COMPLETED)
   ○ Form Receipted into SMS
   ○ Manual Review Completed

   Data Entry of Non-Scannable Items:
   ○ Completed
   ○ None Required

   Data Retrieval:
   ○ Attempted
   ○ None Required

   Disposition:
   ○ Interim Complete (ICM)
   ○ Final Complete (FCM)
   ○ Final Incomplete (FIC)
1. **Diagnostic Procedures Performed:**
   - ☐ Yes
   - ☐ No, Physician report (GO TO A.7)
   - ☐ No, Participant self-report (GO TO A.7)

2. **Reason for Initial Visit for Clinical Assessment:** (MARK ALL THAT APPLY)
   - ☐ Symptomatic
   - ☐ Follow-up of positive PLCO screen
   - ☐ Other (SPECIFY) ___________________________

3. **Sigmoidoscopy or Colonoscopy:** (DO NOT RECORD RESULTS OF PLCO SCREENING EXAMINATIONS)
   - ☐ No
   - ☐ Yes (COMPLETE TABLE BELOW)
   - ☐ Unknown

<table>
<thead>
<tr>
<th>PROCEDURE #</th>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td><strong>PROCEDURE TYPE</strong></td>
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<td></td>
</tr>
<tr>
<td>1 = Sigmoidoscopy</td>
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<td></td>
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<tr>
<td>3 = Colonoscopy</td>
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<tr>
<td>4 = Endoscopy (NOS)</td>
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<tr>
<td><strong>DATE OF SURGERY</strong></td>
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<tr>
<td>(MO.-DAY-YEAR)</td>
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<tr>
<td><strong>CECUM VISUALIZATION</strong></td>
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</tr>
<tr>
<td>(SKIP FOR SIGMOIDOSCOPY)</td>
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</tr>
<tr>
<td>0 = No</td>
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<tr>
<td>1 = Yes</td>
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<tr>
<td>9 = Not available</td>
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<tr>
<td><strong>BOWEL PREPARATION</strong></td>
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<td>0 = Inadequate</td>
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<tr>
<td>1 = Adequate</td>
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<td>9 = Not available</td>
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<tr>
<td><strong>HYPERPLASTIC POLYPS</strong></td>
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<td>0 = None</td>
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<tr>
<td>1 = One</td>
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<tr>
<td>2 = Multiple</td>
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</table>
4. **Adenomas on Sigmoidoscopy or Colonoscopy:** (DO NOT RECORD RESULTS OF PLCO SCREENING EXAMINATIONS)

- ○ No
- ○ Yes (COMPLETE TABLE BELOW)
- ○ Unknown

<table>
<thead>
<tr>
<th>PATHOLOGY OR SPECIMEN JAR #</th>
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<th>2</th>
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<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td><strong>MULTIPLE POLYPS IN SPECIMEN JAR?</strong></td>
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<td>0 = No</td>
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<td>1 = Yes</td>
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<tr>
<th>PROCEDURE</th>
<th>1 = Sigmoidoscopy</th>
<th>3 = Colonoscopy</th>
<th>4 = Endoscopy (NOS)</th>
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<tr>
<th>LOCATION</th>
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<tbody>
<tr>
<td>a. Anatomic (MARK ALL THAT APPLY FOR MULTIPLE ADENOMAS)</td>
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<tr>
<td>01 = Cecum</td>
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<td>02 = Ascending colon</td>
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<tr>
<td>03 = Hepatic flexure</td>
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<tr>
<td>04 = Transverse colon</td>
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<tr>
<td>05 = Splenic flexure</td>
</tr>
<tr>
<td>06 = Descending colon</td>
</tr>
<tr>
<td>07 = Sigmoid colon</td>
</tr>
<tr>
<td>08 = Rectum</td>
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<tr>
<td>09 = Appendix</td>
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<tr>
<td>99 = Not available</td>
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<tr>
<th>b. Distance in cm</th>
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<td>99 = Not available</td>
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<table>
<thead>
<tr>
<th>SIZE</th>
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<tr>
<td>a. Longest dimension in cm</td>
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<td>99.9 = Not available</td>
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<tr>
<th>OR</th>
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<tr>
<td>1 = Diminutive</td>
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<td>2 = Small</td>
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<td>3 = Large</td>
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<td>9 = Not available</td>
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<tr>
<th>HISTOLOGY</th>
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<tbody>
<tr>
<td>2 = Tubular adenoma</td>
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<td>3 = Tubular villous adenoma</td>
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<td>4 = Villous adenoma</td>
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<td>5 = Adenoma (NOS)</td>
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<tr>
<th>DYSPLASIA</th>
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<td>0 = None</td>
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<tr>
<td>1 = Mild (low grade)</td>
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<td>2 = Moderate (low grade)</td>
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<td>3 = Severe (high grade)</td>
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<td>9 = Not available</td>
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4a. NUMBER OF NON-ADVANCED AND/OR ADVANCED ADENOMAS

ADVANCED ADENOMA CRITERIA:
(must fulfill at least one to be classified as advanced)
- greater than or equal to 1 cm
- villous elements in histology
- severe or high-grade dysplasia

Total # of confirmed non-advanced adenomas ___ ___
Total # of confirmed advanced adenomas ___ ___

4b. CAN EXACT # OF ADENOMAS BE DETERMINED?

0 = No
1 = Yes

5. Other Diagnostic/Staging Procedures: (DO NOT RECORD RESULTS OF PLCO SCREENING EXAMINATIONS)

○ No
○ Yes (COMPLETE TABLE BELOW)
○ Unknown

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<td>DATE OF PROCEDURE (MO.-DAY-YEAR)</td>
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<td>PROCEDURE #</td>
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<tr>
<th>PROCEDURE #</th>
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<th>11</th>
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<tr>
<td>TYPE OF PROCEDURE</td>
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**PROCEDURE CODES**

01 = Abdominal flat plate (plain film)
02 = Barium enema radiograph
03 = Biopsy (SPECIFY)
04 = Chest radiograph
05 = Clinical evaluation
06 = CT scan – abdominal
07 = CT scan – other (SPECIFY)
08 = CT scan – pelvic
09 = Cystoscopy
10 = DRE
11 = Intravenous pyelography (IVP)/excretory urography
12 = MRI scan – abdominal
13 = MRI scan – other (SPECIFY)
14 = MRI scan – pelvic
15 = Preoperative carcinoembryonic antigen (CEA) (RECORD VALUE)
16 = Stool occult blood
17 = Record review
18 = Resection (SPECIFY)
19 = Abdominal ultrasound
20 = CT scan – abdomen and pelvis combined
21 = Hemicolectomy
22 = Laparoscopy
23 = Laparotomy
24 = Lymphadenectomy/Lymph node sampling
25 = Other radiograph (SPECIFY)
26 = Ultrasound (SPECIFY)
27 = Upper GI evaluation – endoscopic/radiographic
88 = Other (SPECIFY)
5b. DIAGNOSTIC/STAGING PROCEDURES SUPPLEMENT FORM COMPLETED ○

6. Medical Complications of Diagnostic Evaluation and Staging:
   ○ No
   ○ Yes (COMPLETE TABLE BELOW)
   ○ Unknown

<table>
<thead>
<tr>
<th>COMPLICATION #</th>
<th>1</th>
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<tbody>
<tr>
<td><strong>TYPE OF COMPLICATION</strong></td>
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<tr>
<th>COMPLICATION #</th>
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<tbody>
<tr>
<td><strong>TYPE OF COMPLICATION</strong></td>
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<tr>
<td>(SEE COMPLICATION CODES BELOW.)</td>
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**MEDICAL COMPLICATION CODES**
1 = Infection (SPECIFY)
2 = Fever requiring antibiotics
3 = Perforation
4 = Hemorrhage
6 = Respiratory arrest
20 = Cardiac arrest
22 = Hospitalization
23 = Pulmonary embolus/emboli
24 = Myocardial infarction
25 = Cardiac arrhythmia
26 = Cerebral vascular accident (CVA)/Stroke
27 = Blood loss requiring transfusion
28 = Deep venous thrombosis (DVT)
29 = Acute/chronic respiratory failure
30 = Hypotension
31 = Congestive heart failure (CHF)
32 = Wound dehiscence
33 = Hypokalemia
300 = Diarrhea
301 = Small bowel obstruction/partial or complete
302 = Ileus
306 = Rectal damage
307 = Blood in stool
7. Result of Diagnostic Evaluation for Colorectal Cancer:
   ○ No malignancy (GO TO PART D)
   ○ No malignancy and no diagnostic/staging procedures performed (GO TO PART D)
   ○ Colorectal malignancy confirmed histologically (exclude carcinoma in situ) (GO TO PART C)
   ○ Colorectal malignancy confirmed cytologically (GO TO PART C)
   ○ Colorectal malignancy diagnosed by clinical examination only (GO TO PART C)
   ○ Other malignancy confirmed histologically or cytologically (GO TO PART B)
   ○ No information available (GO TO PART D)

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**PART B: DIAGNOSIS INFORMATION FOR CANCERS OTHER THAN COLORECTAL CANCER**

8. Other Cancer Diagnosis:
   ○ No
   ○ Yes (COMPLETE TABLE BELOW)

<table>
<thead>
<tr>
<th>OTHER CANCER DIAGNOSIS 1</th>
<th>OTHER CANCER DIAGNOSIS 2</th>
</tr>
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<tbody>
<tr>
<td>ICD-9-CM CLASSIFICATION</td>
<td>DATE OF CANCER DIAGNOSIS (MO.-DAY-YEAR)</td>
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</table>

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**PART C: PRIMARY COLORECTAL CANCER DIAGNOSIS INFORMATION**

9. Description of Colorectal Carcinoma:
   ○ No
   ○ Yes (COMPLETE TABLE BELOW)
   ○ Unknown

<table>
<thead>
<tr>
<th>PROCEDURE (MARK ALL THAT APPLY)</th>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td>1 = Sigmoidoscopy</td>
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<tr>
<td>2 = Colonoscopy</td>
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<tr>
<td>3 = Polypectomy</td>
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<tr>
<td>4 = Surgical resection</td>
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<tr>
<td>5 = Local transanal or other resection</td>
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<tr>
<td>8 = Endoscopy (NOS)</td>
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</tbody>
</table>
### LOCATION

**a. Anatomic (MARK ALL THAT APPLY FOR MULTIPLE ADENOMAS)**
- 01 = Cecum
- 02 = Ascending colon
- 03 = Hepatic flexure
- 04 = Transverse colon
- 05 = Splenic flexure
- 06 = Descending colon
- 07 = Sigmoid colon
- 08 = Rectum
- 09 = Appendix
- 99 = Not available

**b. Distance in cm**
- 99 = Not available

### GROSS MORPHOLOGY

- 1 = Exophytic
- 2 = Endophytic
- 3 = Annular
- 4 = Diffusely infiltrative
- 9 = Not available

### 10. Date of Primary Colorectal Cancer Diagnosis:
(MO.-DAY-YEAR)

### 11. Verbatim Description of Primary Colorectal Cancer Diagnosis:

_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________

### 12. ICD-O-2 Cancer Classification:

_____ - _____ - _____ - _____
(Topography) (Morphology) (Behavior) (Grade)

### 13. Photocopy of Report Confirming Primary Colorectal Cancer: (MARK ONE)
- ○ Pathology/Histopathology (ATTACH COPY)
- ○ Cytology/Cytopathology (ATTACH COPY)
- ○ Not available
14. Histopathologic Type for Primary Colorectal Cancer:
   ○ Adenocarcinoma
   ○ Mucinous (colloid) adenocarcinoma
   ○ Signet ring cell carcinoma
   ○ Squamous cell (epidermoid) carcinoma
   ○ Adenosquamous carcinoma
   ○ Undifferentiated carcinoma
   ○ Carcinoma
   ○ Other (SPECIFY) ______________________________
   ○ Unknown

15. Histopathologic Grade for Primary Colorectal Cancer:
   ○ Grade cannot be assessed (GX)
   ○ Well differentiated (G1)
   ○ Moderately differentiated (G2)
   ○ Poorly differentiated (G3)
   ○ Undifferentiated (G4)
   ○ Unknown

16. TNM Staging for Primary Colorectal Cancer:
   a. TNM Clinical Staging:
      ○ Yes (COMPLETE 16.a.1, 16.a.2, 16.a.3)
      ○ No (GO TO C.16.b)

1. PRIMARY TUMOR (T)
   ○ Tx  ○ T2
   ○ T0  ○ T3
   ○ T1  ○ T4
   ○ Not available

2. NODAL INVOLVEMENT (N)
   ○ Nx  ○ N2
   ○ N0  ○ N3
   ○ N1  ○ Not available

3. DISTANT METASTASES (M)
   ○ Mx  ○ M1
   ○ M0  ○ Not available
b. TNM Pathologic Staging:
  ○ Yes (COMPLETE 16.b.1, 16.b.2, 16.b.3)
  ○ No (GO TO C.17)

1. PRIMARY TUMOR (T)
   ○ Tx
   ○ T2
   ○ T0
   ○ T1
   ○ T4
   ○ Not available

2. NODAL INVOLVEMENT (N)
   ○ Nx
   ○ N2
   ○ N0
   ○ N3
   ○ N1
   ○ Not available

3. DISTANT METASTASES (M)
   ○ Mx
   ○ M1
   ○ M0
   ○ Not available

17. Record Stage: (COMPLETE IF 16.b.1, 16.b.2, OR 16.b.3 IS NOT AVAILABLE, OTHERWISE SKIP)
  ○ Yes (COMPLETE 17.1, 17.2, 17.3, 17.4)
  ○ No (GO TO PART E)

1. STAGE ONLY
   ○ I
   ○ III
   ○ II
   ○ IV
   ○ Not available

2. DUKES
   ○ A
   ○ C
   ○ B
   ○ Not available

3. MODIFIED DUKES (ASTLER-COLLER)
   ○ A
   ○ C
   ○ B1
   ○ C2
   ○ B2
   ○ D
   ○ Not available

4. SUMMARY STAGING
   ○ Localized
   ○ Distant
   ○ Regional
   ○ Not available

GO TO PART E
PART D: DATE OF DIAGNOSTIC EVALUATION DETERMINATION

18. Complete this item if:
   Item A.7 = No malignancy OR
   Item A.7 = No malignancy and no diagnostic procedures performed OR
   Item A.7 = No information available

   (MO.-DAY-YEAR)

PART E: PHYSICIAN/HOSPITAL LOCATION INFORMATION

19. PHYSICIAN FOR DIAGNOSTIC EVALUATION:
   a. Name: _________________________________________________________________________________
      Address: _______________________________________________________________________________
      City       State   ZIP Code
      Telephone: (____) _________________________   Medical Record/Chart # ______________________

   b. Name: _________________________________________________________________________________
      Address: _______________________________________________________________________________
      City       State   ZIP Code
      Telephone: (____) _________________________   Medical Record/Chart # ______________________

20. HOSPITAL OR CLINIC FOR DIAGNOSTIC EVALUATION:
   a. Name: _________________________________________________________________________________
      Address: _______________________________________________________________________________
      City       State   ZIP Code
      Telephone: (____) _________________________   Medical Record/Chart # ______________________

   b. Name: _________________________________________________________________________________
      Address: _______________________________________________________________________________
      City       State   ZIP Code
      Telephone: (____) _________________________   Medical Record/Chart # ______________________
21. COMMENTS:
   ○ No
   ○ Yes (SPECIFY)

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<tr>
<th>Item #</th>
<th>Comments</th>
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○ (CONTINUED)