**Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial**

**OTHER CANCER FORM (OCF/OCQ)**

**CONFIRMATION OF CANCERS OTHER THAN PLCO**

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<tr>
<th>1. Date Abstracted:</th>
<th>2. Satellite Center:</th>
<th>3. Abstractor ID#:</th>
<th>4. Study Year:</th>
<th>5. Purpose of Abstract:</th>
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<td>MO. DAY YEAR</td>
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<td>Initial abstract</td>
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**PART A: CONFIRMATION OF CANCER**

6. **Result of Confirmation of Reported Non-PLCO Cancer (MARK ONLY ONE):**
   - Primary Non-PLCO Cancer
   - Metastatic Site - Unknown Primary
   - Metastatic Site - PLCO Primary
   (GO TO ITEM A.7)
   (GO TO ITEM A.6a)

6a. **Type of PLCO Cancer (MARK ONLY ONE):**
   - Prostate
   - Lung
   - Colorectum
   - Ovary
   (GO TO ITEM A.12)

7. **Date of Cancer Diagnosis:**
   - MO. DAY YEAR

8. **ICD-O-2 Cancer Classification of Primary Cancer:**
   - CTR ID#
   - Topography
   - Morphology
   - Behavior
   - Grade

9. **Verbatim Description of Cancer Diagnosis:**

10. **Basis of Diagnosis:** (MARK ONLY ONE)
    - Histology
    - Cytology
    - Radiology
    - Other (SPECIFY):

11. **Photocopy of Report Confirming Cancer Attached?**
    - No
    - Yes

12. **Reported Metastatic Sites:**
    - None Reported (GO TO PART B)
    - Record Up to Three Sites:
      - Site:
      - Site:
      - Site:

**PLEASE DO NOT WRITE IN THIS AREA**

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PART B: PHYSICIAN/HOSPITAL LOCATION INFORMATION

13. Physician for Primary or Metastatic Cancer Diagnosis Information:
   a. Name: ____________________________________________   b. Name: ____________________________________________
   Address: ____________________________________________ Street: ____________________________________________
   Address: ____________________________________________ Street: ____________________________________________
   City: ________ State: ________ ZIP Code: ________
   City: ________ State: ________ ZIP Code: ________
   Tel: ( ) ________ Chart #: ________ Tel: ( ) ________ Chart #: ________

14. Hospital or Clinic for Primary or Metastatic Cancer Diagnosis Information:
   a. Name: ____________________________________________   b. Name: ____________________________________________
   Address: ____________________________________________ Street: ____________________________________________
   Address: ____________________________________________ Street: ____________________________________________
   City: ________ State: ________ ZIP Code: ________
   City: ________ State: ________ ZIP Code: ________
   Tel: ( ) ________ Chart #: ________ Tel: ( ) ________ Chart #: ________

15. Comments:  
   □ No  □ Yes (SPECIFY)

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<th>Item #</th>
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