Sister Study Other Cancers Medical Report Form

SIS ID# |_|_|_|_|_|_|_|

Date of Birth: |_|_| / |_|_| / |_|_|_|_|
mm *dd* *yyyy*

Cancer Type _____
(ICD-10 Code)

Date of Diagnosis: |_|_| / |_|_| / |_|_|_|_|
mm *dd* *yyyy*

Report Changes

- ☐ New Report
- ☐ Attached with additions
- ☐ Attached with changes
- ☐ No additions or changes

Report Status

- ☐ Interim
- ☐ Final
- ☐ Refused

Origin *(1=HCP, 2-Woman)*: |_|

Record Type *(1=Medical Records, 2=Pathology Report, 3=Both)*: |_|

Point of Contact *(1=Oncologist, 2=Surgeon, 3=Radiologist, 4=Pathologist, 5=Other)*: |_|

Date of Abstraction: |_|_| / |_|_| / |_|_|_|_|
mm *dd* *yyyy*

QC Performed:

- ☐ Yes
- ☐ No

1. Name of Pathology Facility: _____

Phone: ( ) _____

Address: _____

City/Town: _____ **State:** _____ **Zip:** _____

Name of Pathology Facility: _____

Phone: ( ) _____

Address: _____

City/Town: _____ **State:** _____ **Zip:** _____

1a. Histologic Type: _____ **1b. Behavior Code:** _____

2. Cancer Subtype:

_____

_____

_____

3. Cancer stage: _____

4. Positive lymph nodes? ☐ Yes ☐ No ☐ Not Documented

| | | # of Tumors

Tumor Characteristic	Tumor 1	Tumor 2	Tumor 3
5. Pathology accession number(s)	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
6. Cancer tumor size (single longest dimension in cm)	___ ___ . ___ ___ cm	___ ___ . ___ ___ cm	___ ___ . ___ ___ cm
7. Cancer grade	Grade _____	Grade _____	Grade _____

8. Did cancer metastasize/progress? ☐ Yes ☐ No ☐ Not documented

| | | # of Metastatic Cancer Sites

9. Cancer metastatic sites:

Metastatic Cancer Site 1

_____ Date of diagnosis: | | / | | | | |
(ICD-10 code) *mm* *yyyy*

Metastatic Cancer Site 2

_____ Date of diagnosis: | | / | | | | |
(ICD-10 code) *mm* *yyyy*

Metastatic Cancer Site 3

_____ Date of diagnosis: | | / | | | | |
(ICD-10 code) *mm* *yyyy*

Metastatic Cancer Site 4

_____ Date of diagnosis: | | / | | | | |
(ICD-10 code) *mm* *yyyy*

Metastatic Cancer Site 5

_____ Date of diagnosis: | | / | | | | |
(ICD-10 code) *mm* *yyyy*

Metastatic Cancer Site 6

_____ Date of diagnosis: | | / | | | | |
(ICD-10 code) *mm* *yyyy*

Metastatic Cancer Site 7

_____ Date of diagnosis: | | / | | | | |
(ICD-10 code) *mm* *yyyy*

Metastatic Cancer Site 8

_____ Date of diagnosis: | | / | | | | |
(ICD-10 code) *mm* *yyyy*

Metastatic Cancer Site 9

_____ Date of diagnosis: | | / | | | | |
(ICD-10 code) *mm* *yyyy*

Metastatic Cancer Site 10

_____ Date of diagnosis: | | / | | | | |
(ICD-10 code) *mm* *yyyy*