MAINE CANCER REGISTRY, Maine Center for Disease Control, DHHS
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PHYSICIAN REPORTING FORM INSTRUCTION SHEET

GENERAL INSTRUCTIONS

The Physician Reporting Form is to be used to document cases of cancer that are diagnosed and treated in the physician's office or other non-hospital setting. It is not meant for cases in which the patient was also admitted to a Maine hospital for either diagnostic procedures or treatment of the cancer. The following cases are reportable to the Maine Cancer Registry:

All neoplasms classified as in-situ or malignant (behavior codes 2 or 3), **except**
- carcinoma in-situ of the cervix;
- basal and squamous cell carcinomas of all skin sites other than genital sites

All benign or uncertain neoplasms (behavior codes 0 or 1) of the meninges, brain, and central nervous system.

Report only newly diagnosed cases. Cases of recurrent cancer are not reportable. Report cancer only for its site of origin (primary site). Metastatic cancer is reportable in lieu of a primary cancer only if the primary site is unknown. If the patient was diagnosed in your practice prior to 1995, this particular cancer is not reportable, and the Physician Reporting Form is not required. If you are uncertain whether or not you should report a case of cancer, please contact the Maine Cancer Registry (MCR) for advice.

The MCR appreciates that not all data items will apply to every case and that information will be lacking in some cases. Each required data item is explained below. Information is ordered as it appears on the form.

1. PHYSICIAN INFORMATION

Physician's Name: Enter the name of the patient's physician in this practice.
License Number: Enter the Maine license number of the patient's physician in this practice.
Physician Address: Enter the address of the office location where correspondence should be sent.

2. PATIENT INFORMATION

Last Name, First Name, Middle Name, Maiden Name, and Suffix: Enter the patient's last name, first name, middle name, maiden name if known, and suffix.
Date of Birth: Enter the patient's date of birth. Use this format: mm/dd/yyyy.
Social Security Number: Enter the patient's social security number.
Sex: Identify the physical sex of the patient.
Race: Identify the patient's race.
Hispanic: Identify the patient's Hispanic ethnicity if known.
Occupation/Industry: Enter the occupation and industry of the patient during most of his/her working life prior to the diagnosis of this cancer, even if the patient is currently retired (e.g., teacher, retired/high school).
Address at Diagnosis (Street Address, City, State, Zip): Enter the patient's permanent address at diagnosis. Use street address rather than PO Box or rural delivery numbers where possible. Town of residence is preferred over town of postal address.
Current Address (Street Address, City, State, Zip): Enter the patient's current address if different from the address at diagnosis.

3. CANCER INFORMATION

Date of Diagnosis: Enter the date this cancer was first diagnosed. The first positive statement by a physician of *cancer or malignancy* is acceptable, including radiology reports, clinical diagnosis, direct visualization (endoscopy), or cytology and pathology reports. Use this format: mm/dd/yyyy.
Date 1st seen for this cancer: Enter the date that the patient was first seen at this practice for this cancer. Use mm/dd/yyyy.
Primary Site: Enter the primary site (origin) of this cancer. If the origin of the cancer is not known (e.g. "metastatic adenocarcinoma in T4 vertebra"), enter "unknown primary" or, in the case of melanoma, enter "skin, NOS."
Histology or Morphology: Enter the histologic type of this cancer (e.g., adenocarcinoma).
Laterality: Circle which side of the organ the cancer was diagnosed at (if known) for paired organs.
Grade Code: If known, indicate the histologic grade (e.g., moderately differentiated).
Behavior Code: If known, indicate whether the tumor is benign, uncertain, in-situ, or malignant.
What number cancer is this?: Indicate if the current cancer is the first, second, third, etc. cancer this patient has been diagnosed with.

STAGING INFORMATION: If this cancer has been staged by the physician, please record the information in the following fields. The MCR recognizes that cancer is not always staged in the office setting. The MCR will attempt to stage the cancer based on the diagnostic and treatment information provided on this form.

- **Stage Description:** Provide a text description regarding the stage/extent of disease at diagnosis.
  Tumor Size: Indicate the largest dimension or diameter of the primary tumor in centimeters.
  Tumor Extension/Depth of Invasion: Indicate the farthest documented extension of the primary tumor either clinically or pathologically. Do not include discontinuous metastasis to distant site(s). (eg., for melanoma include Clark's Level and Breslow's depth of invasion. For prostate cancer include information regarding direct extension beyond the prostate gland.)
  Number of Regional Lymph Nodes (LN) Examined: Indicate the total number of regional lymph nodes removed and examined by a pathologist.
  Number of Regional Lymph Nodes (LN) Positive: Indicate the exact number of regional lymph nodes examined by a pathologist and found to contain tumor.
  Identify Regional Lymph Nodes (LN) Involved: Identify the specific regional lymph node chain farthest from the primary site that is involved by tumor either clinically or pathologically.
  Site(s) of Distant Metastases: List sites of distant metastases.
- **General Summary Stage Code:** Select stage code according to the SEER Summary Staging Manual 2000. If staging manual is not available, please provide text to substantiate the stage at diagnosis.
- **Pathologic/Clinical TNM, AJCC Stage:** Assign the appropriate T, N, M, and Stage Group Code according to the AJCC TNM Staging Manual. If staging manual is not available, please provide text to substantiate the stage of disease at diagnosis.

4. DIAGNOSTIC INFORMATION (Methods of Diagnosis -- Type of Test, Date and Result)

Histology (Tissue Sample)
Cytology (FNA, Spun Cells)
Radiology/Scans/Ultrasound
Visualization (e.g., Endoscopy)
Clinical (inc. Phys. Exam)

Select "YES" or "NO" under each category of test. If the patient had any of these tests, give the date of the test and a very brief summary of the result (e.g., "10/12/98 CT brain-metastatic carcinoma in lt. frontal lobe." Or "12/30/98 skin lt. forearm-malignant melanoma, Clark's Level II, Breslow's depth 0.60 mm., margins negative.")

5. FIRST COURSE OF TREATMENT INFORMATION (Date and Description)

Cancer Directed Surgery
Radiation Therapy
Chemotherapy
Hormone Therapy
Biological Response Modifier or Other

Select "YES" or "NO" under each category of treatment. If the patient had any of these treatments, give the date of treatment and a very brief summary of the procedure (e.g., "12/30/98 Excisional bx of suspicious skin lesion, left forearm." Or "05/09/97 Tamoxifen started.")

6. FOLLOW UP INFORMATION

Vital Status: Circle the appropriate vital status.
Date of Death or Last Contact: If the patient is deceased, this will be the date of death. If the patient is still living, this date will be the last time the patient was seen by your practice. Use this format: mm/dd/yyyy.
Tumor Status: Select the appropriate disease status, regardless of whether the patient is living or deceased.
If Deceased, was there an Autopsy: Select Yes, No, or Unknown.
Following Physician's Name: Provide name of physician who is currently responsible for the patient's medical care.
Managing Physician's Name: Provide name of physician who is responsible for the overall management of the patient during diagnosis and/or treatment for this cancer.
Referring Physician's Name: Provide name of physician who referred this patient.
Patient referred from: For this cancer, if the patient was referred to this practice by another facility or physician, enter the information here.
Patient referred to: For this cancer, if the patient was referred elsewhere for further diagnostics or treatment, enter the information here.