



**DELAWARE HEALTH
AND SOCIAL SERVICES**
Division of Public Health

Delaware Cancer Registry (DCR)

Non-Hospital Reporting of Cancer

Data Collection, Management and Analysis

General Procedures

October 2007

Delaware Cancer Registry
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INTRODUCTION

The Delaware Cancer Registry was established in 1972 to collect and provide accurate and up-to-date information about cancer in the State of Delaware. Since this time hospitals have reported each case of cancer diagnosed and/or treated at their facility to the registry. **Effective for cases diagnosed on or after January 1, 1996, the law was amended to require reporting by all health care facilities that diagnose or treat cancer patients.** The Delaware Cancer Control Act can be found at the following site: <http://delcode.delaware.gov/title16/c032/index.shtml> and is included in the appendix of this manual.

The Delaware Cancer Registry is an essential part of our fight against cancer. Data collected is used for the following activities:

- Monitor trends in cancer incidence and mortality by site, geographic area and demographic characteristics of the population
- Guide cancer control program planning and evaluation
- Assist in prioritizing health resource allocations
- Advance clinical, epidemiological, and health services research
- Evaluate cancer cluster reports

In recent years, because an increasing number of cancer patients are receiving diagnostic and treatment services outside of the hospital, the reporting of cancer case information by physician's offices and other non-hospital facilities has become more crucial for assuring the completeness of information in our state's central cancer database. Together with the hospitals, laboratories, and ambulatory surgery centers, the physicians of Delaware play a key role in the collection of information. Without your help we could not answer many of the questions about cancer in Delaware.

WHO IS RESPONSIBLE TO REPORT?

Effective for cases diagnosed on or after January 1, 1996, **all health care facilities that diagnose or treat cancer** are required to report cancer case information. Chapter 32 of the Cancer Control Act, states:

“Those required to report to the Department occurrences of cancer and benign tumors will include:

- (A) **Any physician, surgeon, dentist, podiatrist, or other health care practitioners** who diagnose or provide treatment for cancer or benign tumors;
- (B) **The designated representative of any hospital, dispensary, asylum, or other similar public or private institution** that diagnose or provide treatment for cancer or benign tumors; and
- (C) **The designated representative of any laboratory that examines tissue specimens** which disclose the existence of cancer or benign tumor”.

The most common types of cancer diagnosed or treated outside a hospital setting include melanoma, noninvasive bladder tumors, small eye tumors, oral or genital tumors, some prostate and breast tumors, tumors in colorectal polyps, lymphoma, leukemia, multiple myeloma, and other bone marrow primaries.

Please contact the Delaware Cancer Registry at (302) 995-8605 if you have any questions

WHAT IS TO BE REPORTED?*

1. **Report** neoplasms described with the following terms:
 - a. in situ; noninvasive; intraepithelial; noninfiltrating; stage 0
 - b. malignant; cancer; malignant neoplasm, carcinoma
2. **Report** benign tumors of the brain and CNS (for diagnoses after January 1, 2004), in any of the following sites:
 - The brain, meninges, spinal cord, cranial nerves, and other parts of the central nervous system, pituitary gland, craniopharyngeal duct, and pineal gland.
3. **Report** cases when the diagnosis is described with terms such as “apparently”, “compatible with”, “consistent with”, “favors”, “most likely”, “probable”, “suspect”, “suspicious”.
4. **Do not report** cases described as “possible”, “questionable”, “suggests”, “rule out”, “equivocal”.
5. **Report** each primary site cancer separately. Any subsequent diagnosis of or treatment for cancer in another primary site should be reported as a separate case.
6. **Do not report** when a patient has *only a history* of cancer with no currently active disease.
7. **Do not report:**
 - Basal cell and squamous cell carcinoma of skin, except of genitalia. (effective 1/1/2003)
 - In situ carcinoma of the cervix uteri
 - Cervical intraepithelial neoplasia grade III (CIN III) and
 - Prostatic intraepithelial neoplasia grade III (PIN III).

**Consult Table A in the appendix for additional description of reportable and non-reportable neoplasms and corresponding ICD-0-3 codes. See Table B for specific reportable neoplasms and corresponding ICD-9-CM diagnosis codes.*

*When in doubt about whether to report a case, please feel free to contact the
Delaware Cancer Registry at (302) 995-8605*

HOW TO REPORT?

Please complete the Cancer Reporting Form (CRF) in the appendix for *each* primary site diagnosed. If more than one cancer is diagnosed simultaneously, please complete a form for each case. Two (2) versions of the CRF are in the appendix. **Reporting facilities should submit cancer cases using the standard CRF (Doc. #35-05-02/07/10/08), except surgery centers which are to report using the version subtitled “Ambulatory Surgery Centers (Doc. #35-05-02/07/10/09)”**. Send completed form(s) and supporting documentation to:

Delaware Cancer Registry
2055 Limestone Road, Suite 213
Wilmington, DE 19808
Fax: (302) 995-8250
Phone (302) 995-8605

PATHOLOGY REPORTS OR OTHER SUPPORTING DOCUMENTATION MUST BE ATTACHED TO THE REPORTING FORM

If information is incomplete, a representative from the Delaware Cancer Registry will contact your office to gather the information required to complete case entry into the state system.

TIME PERIOD FOR REPORTING

All cancer cases being reported to the Delaware Cancer Registry must be submitted within **180 days following initial diagnosis and/or first course of treatment**. If a case requires longer than 180 days time to yield sufficient information to complete the Cancer Reporting Form, an extension may be granted by phoning the Delaware Cancer Registry at (302) 995-8605.

\$100 FINE

As specified in the Delaware Cancer Control Act, any person or entity who violates any provision of this chapter shall be fined \$100 for each violation.

INFORMATION REQUIRED TO COMPLETE CASE REPORT

PATIENT IDENTIFICATION

- ❖ Patient Name
- ❖ Social Security Number
- ❖ Address at Diagnosis
- ❖ Marital Status
- ❖ Sex
- ❖ Race
- ❖ Spanish/Hispanic origin
- ❖ Date of Birth
- ❖ Birthplace
- ❖ Usual occupation/industry

FIRST COURSE OF TREATMENT

- ❖ Watchful waiting
- ❖ Patient refused treatment
- ❖ Surgery
- ❖ Radiation
- ❖ Chemotherapy
- ❖ Other therapy

FOLLOW-UP

- ❖ Vital status/tumor status
- ❖ Date of last contact or date of death

DIAGNOSIS

- ❖ Date/place of initial diagnosis
- ❖ PE/scans/scopes/lab
- ❖ Operative/pathology findings
- ❖ Residual tumor
- ❖ Diagnostic confirmation
- ❖ Hospital referred from/to

CANCER INFORMATION

- ❖ Primary site/Histology/Grade (differentiation)
- ❖ Tumor Size
- ❖ Extent of Disease/lymph node involvement
- ❖ Staging information

APPENDIX



TITLE 16
Health and Safety
PART III
Vital Statistics
CHAPTER 32. CANCER CONTROL ACT

§ 3201. Short title.

This chapter may be cited as the Delaware Cancer Control Act. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1.)

§ 3202. Purpose.

The intent of the General Assembly is to require the establishment and maintenance of a cancer registry for the State. This responsibility is delegated to the Department of Health and Social Services, along with the authority to exercise certain powers to implement this requirement. To ensure an accurate and continuing source of data concerning cancer and certain specified tumors of a benign nature, the General Assembly by this chapter requires certain health care practitioners and all hospitals, clinical laboratories and cancer treatment centers within the State to make available to the Department of Health and Social Services information contained in the medical records of patients who have cancer or tumors of a benign nature. It is intended that the product of these efforts will be a central data bank of accurate, precise and current information regarding the subject diseases. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1.)

§ 3203. Definitions.

The following words, terms and phrases, when used in this chapter, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning.

(1) "Benign tumor" means any nonmalignant neoplasm, regardless of the tissue of origin, that appears on the American College of Surgeons most recently published annual list of reportable cancers and benign tumors.

(2) "Cancer" means any malignant neoplasm, regardless of the tissue of origin, that appears on the American College of Surgeons most recently published annual list of reportable cancers and benign tumors.

(3) "Department" means the State of Delaware Department of Health and Social Services. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1.)

§ 3204. Cancer registry.

The Department shall adopt, promulgate, amend and repeal any rules and regulations that are consistent with law relative to this chapter and necessary to achieve the purpose and requirements of this chapter. These rules and regulations shall include provisions for:

(1) The establishment and maintenance of an up-to-date registry that shall document every occurrence of cancer and of benign tumor in this State;

(2) The establishment of a procedure for reporting to the Department, within 180 days of initial diagnosis or treatment, every occurrence of cancer and of benign tumor in this State. Such procedure shall include the reporting of specified information that the Department deems necessary and appropriate for the recognition, prevention, control or cure of cancer and benign tumors, and shall minimally include the reporting requirements of the National Cancer Data Base established by the American College of Surgeons, along with information regarding the patient's length of residency in Delaware, primary residential address in Delaware and the location and nature of the patient's primary past employment. Those required to report to the Department occurrences of cancer and benign tumors shall include:

a. Any physician, surgeon, dentist, podiatrist or other health care practitioner who diagnoses or provides treatment for cancer or benign tumors;

b. The designated representative of any hospital, dispensary, asylum or other similar public or private institution that diagnoses or provides treatment for cancer or benign tumors; and

c. The designated representative of any laboratory that examines tissue specimens which disclose the existence of cancer or benign tumor;

(3) The establishment of a procedure for the publication and distribution of forms, instructions and notices required by this chapter or necessary to accomplish the purpose of this chapter; and

(4) The establishment of a procedure to obtain follow-up information from those required to report occurrences of cancer and benign tumors pursuant to this chapter. Any follow-up information deemed necessary by the Department shall be submitted to the Department at least 1 time each year by those required to report occurrences of cancer and benign tumors.

This chapter and any rules or regulations issued pursuant to this chapter shall not apply to any person or private institution that, as an exercise of religious freedom, treats the sick or suffering by spiritual means through prayer alone. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1; 73 Del. Laws, c. 431, §§ 1, 2.)

§ 3205. Confidentiality of reports.

(a) Any report of an occurrence of cancer or benign tumor made pursuant to this chapter shall not be divulged nor made public in any way that might tend to disclose the identity of the person to whom it relates. However, patient-identifying information may be exchanged among cancer control agencies as authorized by the Department and upon receipt by the Department of satisfactory assurances by those agencies of the preservation of the confidentiality of such information.

(b) No individual or organization providing information to the Department in accordance with this chapter shall be deemed to be, or held liable for, divulging

confidential information. (62 Del. Laws, c. 334, § 1; 63 Del. Laws, c. 288, § 1; 70 Del. Laws, c. 149, § 148; 70 Del. Laws, c. 391, § 1.)

§ 3206. Compulsion prohibited.

Nothing in this chapter shall be construed to compel any individual to submit to any medical or public health examination, treatment or supervision. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1.)

§ 3207. Violations.

Any person or entity who violates any provision of this chapter shall be fined \$100 for each violation. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1; 73 Del. Laws, c. 431, § 3.)

§ 3208. Audit and Abstraction of records by department.

(a) Upon request of a person or organization required to report by § 3204 of this title, the Department may audit records and abstract information that is required to be reported.

(b) Any person or organization failing to report as required by this chapter shall permit the Department to audit records and abstract information that is required to be reported.

(c) The Department may charge a fee to be established by regulation to persons and organizations subjected to an audit pursuant to subsection (a) or (b) of this section. Said person or organization shall reimburse the Department. (73 Del. Laws, c. 431, § 3.)

§ 3209. Reserved. |.

NOTICE: The Delaware Code appearing on this site was prepared by the Division of Research of Legislative Council of the General Assembly with the assistance of the Government Information Center, under the supervision of the Delaware Code Revisors and the editorial staff of LexisNexis, and includes all acts up to and including those from the 142nd General Assembly Regular Session.

DISCLAIMER: Please Note: With respect to the Delaware Code documents available from this site or server, neither the State of Delaware nor any of its employees, makes any warranty, express or implied, including the warranties of merchantability and fitness for a particular purpose, or assumes any legal liability or responsibility for the accuracy, completeness, or usefulness of any information, apparatus, product, or process disclosed, or represents that its use would not infringe privately-owned rights. This information is provided for informational purposes only. Please seek legal counsel for help on interpretation

TABLE A. REPORTABLE NEOPLASMS / ICD-0-3 CODES¹

	Cancer Site/Type Terms	ICD-0 3rd Edition Codes
NEOPLASMS THAT ARE REPORTABLE TO THE DELAWARE CANCER REGISTRY	Malignancy (<i>see exclusions in non-reportable section below</i>) Malignant neoplasm Cancer	Behavior Code “3”
	“Carcinoma In Situ” (<i>see exclusions in non-reportable section below</i>) “Stage 0” “Noninvasive” “Intraepithelial” “Noninfiltrating” <i>Includes:</i> Vaginal Intraepithelial Neoplasia, grade III (VAIN III) Vulvar Intraepithelial Neoplasia, grade III (VIN III) Anal Intraepithelial Neoplasia, grade III (AIN III)	Behavior Code “2” C52.__ ; M-8077/2 C51.__ ; M-8077/2 C21.1 ; M-8077/2
	<i>Non-malignant (benign or borderline) primary brain and central nervous system tumors* (diagnosed on or after 1/1/2004), in any of the following sites:</i> Brain..... Meninges..... Spinal cord, cranial nerves, and other parts of the central nervous system..... Pituitary gland..... Craniopharyngeal duct..... Pineal gland.....	Behavior Codes: “0” (Benign) or “1” (Borderline) Site Codes: C71.0 - 71.9 C70.0 - 70.0 C72.0 - 72.9 C75.1 C75.2 C75.3
NON- REPORTABLE NEOPLASMS	The following skin cancers are NOT reportable**: Basal cell carcinomas of the skin Epithelial carcinomas of the skin Papillary carcinomas of the skin Squamous cell carcinomas of the skin	Site code C44.__ with histology codes 8000-8110
	The following in situ neoplasms are NOT reportable: Carcinoma in situ of the cervix (CIS)..... Cervical Intraepithelial Neoplasia grade III (CIN III)..... Cervical Intraepithelial Neoplasia with severe dysplasia (CIN III). Prostatic Intraepithelial Neoplasia grade III (PIN III).....	Site Code; Morphology Code C53.__; M-8077/2 C53.__; M-8077/2 C53.__; M-8077/2 C61.9; M-8148/2

*including juvenile astrocytoma, pilocytic astrocytoma and piloid astrocytoma

Note: skin cancers in the genital sites (vagina, clitoris, labium, vulva, prepuce, penis and scrotum) **are reportable.

¹ References: International Classification of Diseases for Oncology, 3rd Edition; NAACCR Standards for Cancer Registries, Vol. II; 2004 Facility Oncology Registry Data Standards (FORDS) Manual

TABLE B**ICD-9-CM Casefinding List for Reportable Tumors (Effective date: 10/1/2006)**

Currently reportable cases with diagnosis date 2004 or later include **all invasive and in situ malignant neoplasms** and **specified benign neoplasms of the brain and CNS**, as listed below:

ICD-9-CM	Terminology
140.0 – 208.9	Malignant neoplasms*
225.0	Benign neoplasm of brain, NOS
225.1	Benign neoplasm of cranial nerves
225.2	Benign neoplasm of cerebral meninges; cerebral meningioma
225.3	Benign neoplasm of spinal cord, cauda equine
225.4	Benign neoplasm of spinal meninges, spinal meningioma
225.8	Benign neoplasm of other specified sites of nervous system
225.9	Benign neoplasm of nervous system, part unspecified
227.3	Benign neoplasm of pituitary, craniopharyngeal duct, craniobuccal pouch, hypophysis, Rathke's pouch, sella turcica
227.4	Benign neoplasm of pineal gland, pineal body
230.0-234.9	Carcinoma in situ*
237.0	Neoplasm of uncertain behavior of pituitary gland and craniopharyngeal duct
237.1	Neoplasm of uncertain behavior of pineal gland
237.5	Neoplasm of uncertain behavior of brain and spinal cord
237.6	Neoplasm of uncertain behavior of meninges, NOS; cerebral, spinal
237.70	Neurofibromatosis, Unspecified von Recklinghausen's Disease
237.71	Neurofibromatosis, Type One von Recklinhausen's Disease
237.72	Neurofibromatosis, Type Two von Recklinhausen's Disease
237.9	Neoplasm of uncertain behavior of other/unspecified parts of nervous system; cranial nerves
238.4	Polycythemia vera
238.6	Solitary plasmacytoma, extramedullary plasmacytoma
238.71**	Essential thrombocythemia
238.72**	Low grade myelodysplastic syndrome lesions
238.73**	High grade myelodysplastic syndrome lesions
238.74**	Myelodysplastic syndrome with 5q deletion
238.75**	Myelodysplastic syndrome, unspecified
238.76**	Myelofibrosis with myeloid metaplasia
238.79**	Other lymphatic and hematopoietic tissues
273.2	Gamma heavy chain disease; Franklin disease
273.3	Waldenstrom's macroglobulinemia
288.3	Hypereosinophilic Syndrome
289.83**	Myelofibrosis
795.06**	Papanicolaou smear of cervix with cytologic evidence of malignancy (without histologic confirmation) (positive Pap smear)

PLEASE CONTACT THE DELAWARE CANCER REGISTRY AT (302) 995-8605 IF YOU HAVE QUESTIONS

Note: Reportable diagnoses include juvenile astrocytoma, pilocytic astrocytoma and piloid astrocytoma.

* Exclusions: Basal and squamous cell carcinoma of skin, except of genitalia are not reportable. In situ carcinoma of the cervix uteri and PIN III are not reportable.

** New code effective 10/1/2006

INSTRUCTIONS FOR COMPLETING THE CANCER REPORTING FORM (CRF)

The Delaware Cancer Registry (DCR) appreciates your cooperation in complying with data submission requirements for reportable diseases. Every attempt is made to streamline the reporting process and to minimize follow-up contacts with reporting facilities. The following instructions are included to clarify those data items that are commonly left blank or incorrectly coded. **Please observe the following instructions to avoid additional data request calls from the DCR.**

GENERAL INSTRUCTIONS

- a) Complete a CRF for *each* patient **your facility** diagnosed with or treated for a reportable disease. Do NOT assume that a hospital or other clinician your facility referred a patient to will submit the data.
- b) Include pathology/cytology reports with the completed CRF. If these reports are not in your patient records then be sure to note that under COMMENTS.

PRACTITIONER IDENTIFICATION

1. **Practitioner/Facility Name** – Indicate the name of the attending clinician/facility that is reporting a cancer diagnosis/treatment.
2. **Person completing form** – Indicate the name of the person completing the CRF.

CASE IDENTIFICATION

1. **Sex** – Indicate patient's sex at birth.
2. **Race 1, 2** – Indicate the appropriate race group(s) the patient belongs to.
3. **Ethnicity** – Indicate whether the patient is of Spanish/Latin descent.
4. **Patient's Usual Occupation** - Indicate what job the patient worked for the majority of his/her career, regardless of whether patient is currently retired. For example, if the patient delivered the US mail for 30 years but is now retired then enter "postal carrier" as the occupation, not "retired".
5. **Company or Industry** – Indicate the patient's employer or the kind of business the patient worked in.

INSTRUCTIONS FOR COMPLETING THE CANCER REPORTING FORM (CRF)

CANCER IDENTIFICATION

1. **Date of Initial Diagnosis** – For a specimen sent to pathology, indicate the date the specimen was COLLECTED, not the date that pathology returned a positive diagnosis.
2. **Primary Cancer Site** – Indicate where the cancer originated (e.g. breast, prostate, bone marrow, skin)
3. **Histology** – Indicate the type of tissue involved (e.g. adenocarcinoma, acute lymphocytic leukemia, melanoma)
4. **Diagnostic Confirmation** – Indicate what process/procedure(s) was used to substantiate the cancer diagnosis.
5. **Summary Stage** – Indicate the stage of the cancer.

CANCER DIRECTED 1ST COURSE OF TREATMENT

1. Indicate what treatment(s) the patient has undergone. Be sure to include the date the treatment began.
2. **Type** – Indicate the *name* of the surgical procedure, drug, or therapy the patient underwent and the amount received. Also, no treatment is a form of treatment. Be sure to indicate when the treatment plan is either watchful waiting or when the patient refuses treatment.
3. **Date of Last Contact (or Death)** – Indicate when your facility last saw the patient. **If the patient has expired** then provide the date of death and circle the word “Death”.
4. **Evidence of Cancer at Last Visit?** – Indicate whether the patient was cancer free at last visit.
5. **Patient Referred From** – Indicate the name and specialty of the physician that sent the patient to your facility.
6. **Patient Referred To** – Indicate the name and specialty of the physician. Also provide the name of the facility if applicable.



DELAWARE CANCER REGISTRY REPORTING FORM

Revised Oct 2007

Instructions:

1. Please type or print clearly.
2. Complete this form for *each* cancer diagnosed.
3. Mail/fax completed form along with pathology report and any supporting documentation to:

DELAWARE CANCER REGISTRY

Phone: (302) 995-8605

Fax: (302) 995-8250

2055 LIMESTONE ROAD, SUITE 213
WILMINGTON, DE 19808

PRACTITIONER IDENTIFICATION

Practitioner/Facility Name: _____ Practitioner/facility # _____

Phone: _____ Address: _____

Person completing form: _____ Date Form Completed: _____

CASE IDENTIFICATION

Patient's Last Name: _____ First Name: _____ MI: _____

Sex: Male Female Soc. Sec. #: _____ - _____ - _____ Date of Birth (MM-DD-YYYY): _____ - _____ - _____

Marital Status: Single Married Divorced Widowed Unknown

Race 1	Race 2
<input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/ Alaskan native <input type="checkbox"/> Asian (specify) _____ <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/ Alaskan native <input type="checkbox"/> Asian (specify) _____ <input type="checkbox"/> Other (specify) _____

ETHNICITY - Hispanic/Latin Origin: No Yes Specify if yes: _____

Patient's usual occupation: _____ Company or Industry: _____

Patient's address at time of diagnosis: Street: _____ City: _____

State: _____ Zip Code: _____ Place of Birth: _____

CANCER DIAGNOSTIC DATA

Date of Initial Diagnosis: _____ Place of Diagnosis: _____

Primary Cancer Site: _____ Histology: _____ Grade: _____

If Melanoma: Ulceration present? Yes No Tumor Depth: _____ mm

Diagnostic Confirmation (Check all that apply)

Histology/pathology Cytology Radiology Lab Test/Marker Study Endoscopy

Clinical diagnosis Others (specify) _____

Findings: _____

Summary Stage

In situ Localized Regional, direct extension Regional lymph nodes Distant Unknown

AJCC Stage: T _____ N _____ M _____ Stage _____ Residual Tumor: _____

CANCER DIRECTED FIRST COURSE OF TREATMENT

_____ Watchful Waiting: Date _____ Patient Refused TX: Date _____

Surgery	Chemotherapy	Radiation Therapy	Hormone Therapy	Other Therapy
Date:	Date:	Date:	Date:	Date:
Type:	Type:	Type:	Type:	Type:

Patient status: Alive Dead Unknown Date of last contact (or death): _____

Evidence of cancer at last visit? Yes No Patient Referred From: _____

Patient Referred To: _____ Comments: _____



DELAWARE CANCER REGISTRY REPORTING FORM for Ambulatory Surgery Centers

Instructions:

- 1. Print clearly or type.
2. Complete this form for each cancer diagnosed.
3. Mail/fax completed form along with pathology report and any supporting documentation to:

DELAWARE CANCER REGISTRY
2055 LIMESTONE ROAD, SUITE 213
WILMINGTON, DE 19808

Phone: (302) 995-8605
Fax: (302) 995-8250

PRACTITIONER IDENTIFICATION

Practitioner Name: Phone:
Practitioner Address:
Person completing form: Date Form Completed:

CASE IDENTIFICATION

Patient's Last Name: First Name: Middle Initial:
Sex: Male Female Social Security #: Date of Birth:
Marital Status: Single Married Divorced Widowed Unknown

Table with 2 columns: Race 1, Race 2. Includes checkboxes for African American, White, American Indian/Alaskan native, and Asian/Other (specify).

ETHNICITY - Hispanic/Latino Origin: No Yes Specify if yes:

Patient's address at time of diagnosis: Street:
City: State: Zip Code:
Patient's usual occupation: Company or industry:

CANCER DIAGNOSTIC DATA (please attach pathology report): Date of Initial Diagnosis:

Place of Diagnosis:
Primary Site of Cancer: Histology:
Grade:

Patient Referred From:

Patient Referred To:

If available, please note any additional information on stage of cancer and first course treatment:

Four horizontal lines for additional information.