

Chart Review Completed by: \_\_\_\_\_

Chart Review Date: \_\_\_\_\_

CBCS3 MEDICAL RECORDS ABSTRACT FORM

ID: \_\_\_\_\_

DX DATE \_\_\_\_\_ PRIMARY SITE \_\_\_\_\_

PATH TEXT \_\_\_\_\_

COMORBIDITIES: \_\_\_\_\_

SITE CODE \_\_\_\_\_ SEQ \_\_\_\_\_ TOPO CODE \_\_\_\_\_ LATERALITY \_\_\_\_ 1 right; 2 left; 4 bilateral; 9 unknown

HIST CODE \_\_\_\_\_ GRADE \_\_\_\_\_ SIZE code to mm (2.5cm=025) \_\_\_\_\_ # NODES POS \_\_\_\_\_

# NODES EXAM \_\_\_\_ LARGEST LN MET(code to cm) \_\_\_\_\_ EXTRANOD/EXTRACAPS EXT \_\_\_\_ 1 present; 2 absent;

3 indeterminate; 4 not stated EXTN \_\_\_\_\_ # INV FOCI \_\_\_\_\_ INFLAMM CA CLINICAL FINDINGS \_\_\_\_\_

DISTANT SITES AT DX \_\_\_\_ 0 none; 1 peritoneum; 2 lung; 3 pleura; 4 liver; 5 bone; 6 CNS; 7 skin; 8 distant lymph nodes; 9 other site

GEN STAGE \_\_\_\_\_ 0 in situ; 1 local; 2 reg, dir extension; 3 reg. LN's; 4 reg, both 2 & 3; 5 reg, NOS; 7 distant mets/ systemic disease; 9 unstaged, unknown

AJCC BASIS \_\_\_\_\_ C = clinical; P = pathologic

pT \_\_\_\_\_ pN \_\_\_\_\_ pM \_\_\_\_\_ pSTAGE \_\_\_\_\_ cT \_\_\_\_\_ cN \_\_\_\_\_ cM \_\_\_\_\_ cSTAGE \_\_\_\_\_

**INITIAL COURSE OF TREATMENT**

**1 SURG** DATE \_\_\_\_\_ SURG TEXT \_\_\_\_\_

SURG \_\_\_\_ SLNS \_\_\_\_ LNR \_\_\_\_ SORS \_\_\_\_ F/S \_\_\_\_ (First/Subsequent course) RX HOSP \_\_\_\_\_

**2 SURG** DATE \_\_\_\_\_ SURG TEXT \_\_\_\_\_

SURG \_\_\_\_ SLNS \_\_\_\_ LNR \_\_\_\_ SORS \_\_\_\_ F/S \_\_\_\_ (First/Subsequent course) RX HOSP \_\_\_\_\_

**3 SURG** DATE \_\_\_\_\_ SURG TEXT \_\_\_\_\_

SURG \_\_\_\_ SLNS \_\_\_\_ LNR \_\_\_\_ SORS \_\_\_\_ F/S \_\_\_\_ (First/Subsequent course) RX HOSP \_\_\_\_\_

**4 SURG** DATE \_\_\_\_\_ SURG TEXT \_\_\_\_\_

SURG \_\_\_\_ SLNS \_\_\_\_ LNR \_\_\_\_ SORS \_\_\_\_ F/S \_\_\_\_ (First/Subsequent course) RX HOSP \_\_\_\_\_

**5 SURG** DATE \_\_\_\_\_ SURG TEXT \_\_\_\_\_

SURG \_\_\_\_ SLNS \_\_\_\_ LNR \_\_\_\_ SORS \_\_\_\_ F/S \_\_\_\_ (First/Subsequent course) RX HOSP \_\_\_\_\_

**6 SURG** DATE \_\_\_\_\_ SURG TEXT \_\_\_\_\_

SURG \_\_\_\_ SLNS \_\_\_\_ LNR \_\_\_\_ SORS \_\_\_\_ F/S \_\_\_\_ (First/Subsequent course) RX HOSP \_\_\_\_\_

FINAL SURGICAL MARGIN \_\_\_\_\_ 0 No resid tumor; 1 Resid tumor, NOS; 2 Microscopic resid tumor; 3 Macroscopic resid tumor; 7 Margins not evaluable; 8 No primary site surgery; 9 Unknown

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ID:

RECONSTRUCTION AFTER MASTECTOMY - Yes No Unk

DATE RECONSTRUCTION \_\_\_\_\_ RECONSTRUCTION PROC \_\_\_\_\_

WHY NO RECONSTRUCTION AFTER MASTECTOMY? \_\_\_\_ 0 Not rec; 1 pt choice; 2 contraindicated; 3 pt expired; 9 unk

SYSTEMIC SURGERY SEQUENCE \_\_\_\_\_ 0 No systemic therapy and/or surgery; 2 Systemic therapy before surgery; 3 Systemic therapy after surgery; 4 Systemic therapy both before and after surgery; 9 Sequence unknown

1 NEOADJ CHEMO DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

CHEMO AGENT \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

2 NEOADJ CHEMO DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

CHEMO AGENT \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

3 NEOADJ CHEMO DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

CHEMO AGENT \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

4 NEOADJ CHEMO DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

CHEMO AGENT \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

1 ADJ CHEMO DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

CHEMO AGENT \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

2 ADJ CHEMO DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

CHEMO AGENT \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

3 ADJ CHEMO DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

CHEMO AGENT \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

4 ADJ CHEMO DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

CHEMO AGENT \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

5 ADJ CHEMO DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

CHEMO AGENT \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

6 ADJ CHEMO DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

CHEMO AGENT \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

SUMMARY CHEMO \_\_\_\_\_ 00 none, not part 1st course rx; 01 chemo as 1st course rx, type and nbr agents not documented; 02 chemo, single agent as 1st course rx; 03 chemo, multi agents as 1st course rx; 82 Chemo not recommended, contraindicated due to risk factors; 85 chemo not done, patient expired; 86 chemo not done, was recommended, not stated; 87 chemo not done, was recommended, pt/family member refused; 88 chemo recomm, unk if given; 99 unknown/death certificate only

CBCS3 MEDICAL RECORDS ABSTRACT FORM

ID:

1 HORMONE DATE \_\_\_\_\_ END DATE \_\_\_\_\_ HORM AGENT \_\_\_\_\_

2 HORMONE DATE \_\_\_\_\_ END DATE \_\_\_\_\_ HORM AGENT \_\_\_\_\_

HORMONES \_\_\_\_\_ 00 none, not part 1st course rx; 01 Hormone Therapy administered as 1st course rx; 82 Hormone Therapy not recommended, contraindicated due to risk factors; 85 Hormone Therapy not done, pt expired; 87 Hormone Therapy Not done, was recommended, pt/family member refused; 88 Hormone Therapy Recommended, unknown if done; 99 unknown/death certificate only

1 IMMUNOTHERAPY DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

IMMUNO AGENT \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

2 IMMUNOTHERAPY DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

IMMUNO AGENT \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

IMMUNOTHERAPY \_\_\_\_\_ 00 None, not part of 1st course rx; 01 Immunotherapy as 1st course rx; 82 Immunotherapy not recommended, contraindicated due to risk factors; 85 Immunotherapy not done, patient expired; 86 Immunotherapy not done, was recommended, not stated; 87 Immunotherapy not done, was recommended, pt/family refused; 88 Immunotherapy recommended, unknown if done; 99 Unknown/Death Certificate Only

1 OTHER RX DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

OTH RX TYPE \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

2 OTHER RX DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

OTH RX TYPE \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

OTHER \_\_\_\_\_ 0 No other cancer-directed therapy; 1 oth CA dir treatment; 2 oth experimental rx; 3 double-blind study, code not broken; 6 unproven rx; 7 pt refused; 8 recomb, Unknown if given; 9 unk

RAD START DATE \_\_\_\_\_ RAD END DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

REG MOD \_\_\_\_\_ BOOST MOD \_\_\_\_\_ REG DOSE CGY \_\_\_\_\_ BOOST DOSE CGY \_\_\_\_\_

# RX VOL \_\_\_\_\_ RAD RX VOL \_\_\_\_\_

MAMMOSITE/PARTIAL BREAST RAD - YES NO UNK

NEO CHEMO RX CMPL ST \_\_\_\_\_ 0 No chemo; 1 chemo completed; 2 chemo not compl, pt health; 3 chemo not compl,pt expired; 4 chemo not compl, pt choice; 5 chemo not compl, family choice; 6 chemo not compl, complications; 7 chemo not compl, cytopenia; 8 chemo not compl, oth reasons; 9 chemo not compl, unk reason

CHEMO RX CMPL ST \_\_\_\_\_ 0 No chemo; 1 chemo completed; 2 chemo not compl, pt health; 3 chemo not compl,pt expired; 4 chemo not compl, pt choice; 5 chemo not compl, family choice; 6 chemo not compl, complications; 7 chemo not compl, cytopenia; 8 chemo not compl, oth reasons; 9 chemo not compl, unk reason

HORM RX CMPL ST \_\_\_\_\_ 0 No horm; 1 horm completed; 2 horm not compl, pt health; 3 horm not compl,pt expired; 4 horm not compl, pt choice; 5 horm not compl, family choice; 6 horm not compl, complications; 7 horm not compl, cytopenia; 8 horm not compl, oth reasons; 9 horm not compl, unk reason; 10 Horm rx in progress

ID:

IMMUNO RX CMPL ST \_\_\_\_\_ 0 No imm; 1 Imm completed; 2 Imm not compl, pt health; 3 Imm not compl,pt expired; 4 Imm not compl, pt choice; 5 Imm not compl, family choice; 6 Imm not compl, complications; 7 Imm not compl, cytopenia; 8 Imm not compl, oth reasons; 9 Imm not compl, unk reason

OTHER RX CMPL ST \_\_\_\_\_ 0 No other; 1 Oth completed; 2 Oth not compl, pt health; 3 Oth not compl,pt expired; 4 Oth not compl, pt choice; 5 Oth not compl, family choice; 6 Oth not compl, complications; 7 Oth not compl, cytopenia; 8 Oth not compl, oth reasons; 9 Oth not compl, unk reason

RAD RX CMPL ST \_\_\_\_\_ 0 No rad; 1 Rx completed; 2 Rad not compl, pt health; 3 Rad not compl,pt expired; 4 Rad NOT compl, pt choice; 5 Rad not compl, family choice; 6 Rad not compl, complications; 7 Rad not compl, cytopenia; 8 Rad not compl, oth reasons; 9 Rad not compl, unk reason

REASON NO SURGERY \_\_\_\_\_ 0 CA dir surg performed; 1 CA dir surg not performed, not planned part of rx; 2 Cancer directed surgery not recomm; 5 Cancer directed surgery not performed, patient expired before surgery; 6 Cancer directed surgery not performed, but was recommended; 7 pt or guardian refused surgery; 8 Surgery recommended unk if done; 9 unknown

RSN NO RAD \_\_\_\_\_ 0 Rad done; 1 Rad not recomm; not planned as 1st course; 2 Contraindicated due to oth causes; 5 Pt died prior to planned RT; 6 Recommended-Reason unk no rad; 7 Pt/guardian refused; 8 Rad recomm, unk if done; 9 Unk, death cert and autopsy only

RSN NO CHEMO \_\_\_\_\_ 0 Chemo done; 1 Chemo not recomm; 2 Contraindicated due to oth causes; autop only cases; 6 Reason unk; 7 Pt/guardian refused; 8 Recomm, unk if done; 9 unk, death cert only cases

RSN NO HORMONE \_\_\_\_\_ 0 Horm done; 1 Horm not recomm; 2 Contraindicated due to oth causes; autop only cases; 6 Reason unk; 7 Pt/guardian refused; 8 Recomm, unk if done; 9 unk, death cert only cases

RSN NO IMMUNO \_\_\_\_\_ 0 Immuno done; 1 Immuno not recomm; 2 Contraindicated due to oth causes; autop only cases; 6 Reason unk; 7 Pt/guardian refused; 8 Recomm, unk if done; 9 unk, death cert only cases

RSN NO OTHER RX \_\_\_\_\_ 0 Other done; 1 Other not recomm; 2 Contraindicated due to oth causes; autop only cases; 6 Reason unk; 7 Pt/guardian refused; 8 Recomm, unk if done; 9 unk, death cert only cases

**SUBSEQUENT TREATMENT**

**1 SUBS CHEMO** DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

CHEMO AGENT \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

**2 SUBS CHEMO** DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

CHEMO AGENT \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

**3 SUBS CHEMO** DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

CHEMO AGENT \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

**4 SUBS CHEMO** DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

CHEMO AGENT \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

SUBS CHEMO RX CMPL ST \_\_\_\_\_ 0 No chemo; 1 chemo completed; 2 chemo not compl, pt health; 3 chemo not compl,pt expired; 4 chemo not compl, pt choice; 5 chemo not compl, family choice; 6 chemo not compl, complications; 7 chemo not compl, cytopenia; 8 chemo not compl, oth reasons; 9 chemo not compl, unk reason

CBCS3 MEDICAL RECORDS ABSTRACT FORM

ID: \_\_\_\_\_

SUBS. RAD START DATE \_\_\_\_\_ RAD END DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

REG MOD \_\_\_\_\_ BOOST MOD \_\_\_\_\_ REG DOSE CGY \_\_\_\_\_ BOOST DOSE CGY \_\_\_\_\_

# RX VOL \_\_\_\_\_ RAD ELAPSED DAYS \_\_\_\_\_ RAD RX VOL \_\_\_\_\_

RAD RX CMPL ST \_\_\_\_\_ 0 No rad; 1 Rx completed; 2 Rad NOT compl, pt health; 3 Rad NOT compl,pt expired; 4 Rad NOT compl, pt choice; 5 Rad NOT compl, family choice; 6 Rad NOT compl, complications; 7 Rad NOT compl, cytopenia; 8 Rad NOT compl, oth reasons; 9 Rad NOT compl, unk reason

SUBS HORM DATE \_\_\_\_\_ END DATE \_\_\_\_\_ HORM AGENT \_\_\_\_\_

HORM RX CMPL ST \_\_\_\_\_ 0 No horm; 1 horm completed; 2 horm not compl, pt health; 3 horm not compl,pt expired; 4 horm not compl, pt choice; 5 horm not compl, family choice; 6 horm not compl, complications; 7 horm not compl, cytopenia; 8 horm not compl, oth reasons; 9 horm not compl, unk reason

SUBS IMMUNO DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

IMMUNO AGENT \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

IMMUNO RX CMPL ST \_\_\_\_\_ 0 No imm; 1 imm completed; 2 imm not compl, pt health; 3 imm not compl, pt expired; 4 imm not compl, pt choice; 5 imm not compl, family choice; 6 imm not compl, complications; 7 imm not compl, cytopenia; 8 imm not compl, oth reasons; 9 imm not compl, unk reason

SUBS OTHER RX DATE \_\_\_\_\_ FACILITY \_\_\_\_\_

OTH RX TYPE \_\_\_\_\_ # CYCLES \_\_\_\_\_ END DATE \_\_\_\_\_

OTHER RX CMPL ST \_\_\_\_\_ 0 No other; 1 Oth completed; 2 Oth not compl, pt health; 3 Oth not compl,pt expired; 4 Oth not compl, pt choice; 5 Oth not compl, family choice; 6 Oth not compl, complications; 7 Oth not compl, cytopenia; 8 Oth not compl, oth reasons; 9 Oth not compl, unk reason

OVARIAN ABLATION AFTER DIAGNOSIS \_\_\_\_\_ 0 NONE; 1 WITH RADIOTHERAPY; 2 WITH SURGERY; 3 WITH DRUG TREATMENT; 9 UNK

DATE OVARIAN ABLATION \_\_\_\_\_

**SIDE EFFECTS**

**SURGERY SIDE EFFECTS**

**TREATMENT?**

Select ("X")	Side Effect noted:	DATE SE RECORDED	Yes	No/ Unk
	None			
	Lymphedema			
	Fibrosis			
	Breast Asymmetry			
	Deformity			
	Infection			
	Hematoma			
	Skin Necrosis			
	Seroma			
	Other:			
	Other:			

ID:

<b>RADIATION SIDE EFFECTS</b>		<b>TREATMENT?</b>	
<b>Select ("X")</b>	<b>Side effect noted:</b>	<b>Yes</b>	<b>No/Unk</b>
	None		
	Lymphedema		
	Erythema		
	Infection		
	Lung problems		
	Skin ulceration		
	Tissue fibrosis		
	Desquamation		
	Skin changes, NOS		
	Other: (specify)		
	Other: (specify)		

<b>NEO ADJUVANT CHEMO SIDE EFFECTS</b>		<b>TREATMENT?</b>	
<b>Select ("X")</b>	<b>Side effect noted:</b>	<b>Yes</b>	<b>No/Unk</b>
	None		
	Hair loss (alopecia)		
	Nausea		
	Vomiting		
	Sensory neuropathy		
	Severe constipation/cramps		
	Stomatitis		
	Diarrhea		
	Neutropenia		
	Muscle aches		
	Rash/ Nail changes		
	Cardiomyopathy		
	Decreased ejection fraction		
	Heart disease, NOS		
	Anemia		
	Other:		
	Other:		

<b>ADJUVANT CHEMO SIDE EFFECTS</b>		<b>TREATMENT?</b>	
<b>Select ("X")</b>	<b>Side effect noted:</b>	<b>Yes</b>	<b>No/Unk</b>
	None		
	Hair loss (alopecia)		
	Nausea		
	Vomiting		
	Sensory neuropathy		
	Severe constipation/cramps		
	Stomatitis		
	Diarrhea		
	Neutropenia		
	Muscle aches		
	Rash/ Nail changes		
	Cardiomyopathy		
	Decreased ejection fraction		
	Heart disease, NOS		
	Anemia		

ID:

	Other:		
	Other:		

HORMONE SIDE EFFECTS		TREATMENT?	
Select ("X")	Side effect noted:	Yes	No/Unk
	None		
	Deep vein thrombosis		
	Pulmonary embolus		
	Hot flashes		
	Night sweats		
	Vaginal dryness		
	Cataracts		
	Leg Cramps		
	Joint ache/ stiffness		
	Other:		
	Other:		

OTHER DRUG SIDE EFFECTS		TREATMENT?	
Select ("X")	Side effect noted:	Yes	No/Unk
	None		
	Hair loss (alopecia)		
	Nausea		
	Vomiting		
	Sensory neuropathy		
	Severe constipation/cramps		
	Stomatitis		
	Diarrhea		
	Neutropenia		
	Muscle aches		
	Rash/ Nail changes		
	Cardiomyopathy		
	Decreased ejection fraction		
	Heart disease, NOS		
	Anemia		
	Other:		
	Other:		

**Clinical Trial Enrollment**

Name of Trial \_\_\_\_\_

Date on Trial \_\_\_\_\_

**FOLLOW-UP**

DATE OF LAST CONTACT (mm/dd/yy) \_\_\_\_\_ PT STATUS \_\_\_\_\_ 0 dead; 1 alive; 9 unknown

CA STATUS \_\_\_\_\_ 1 without; 2 with; 9 unk RECUR DATE \_\_\_\_\_ RECUR TYPE \_\_\_\_\_

RECUR MET 1 \_\_\_\_\_ RECUR MET 2 \_\_\_\_\_ RECUR MET 3 \_\_\_\_\_

DATE FU#1 WEIGHT \_\_\_\_\_ FU#1 WEIGHT \_\_\_\_\_ (lbs.)

Date abstracted \_\_\_\_\_

Abstracted by \_\_\_\_\_