

**INDIANA STATE CANCER REGISTRY  
HOSPITAL ABSTRACT**

CTR # \_\_\_\_\_ - \_\_\_\_\_  
(For State use only)

Please PRINT legibly.

**PATIENT AND HOSPITAL IDENTIFICATION**

1. Reporting Hospital

2. Abstracted by

3. Reporting Source

4. Patient Last Name

5. First Name

6. Middle Name

7. Maiden Name

8. Alias

9. Name Prefix <input type="text"/>	10. Name Suffix <input type="text"/>
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11. Acqn Yr This CA

12. Hospital Acqn #

13. Sequence #

14. Date 1st Contact  /  /

15. IP/OP Disch Date  /  /

16. Medical Record #

17. Class of Case

18. Referred From

19. Referred To

20. If Dx'd Elsewhere, Record Where

21. Social Security #  -  -

22. Street Address at Diagnosis

23. City/Town at Diagnosis

24. State at Dx <input type="text"/>	25. ZIP at Dx <input type="text"/>	26. County at Dx <input type="text"/>
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27. Race/Spanish Origin  -

28. Sex

29. Date of Birth  /  /

30. Usual Occupation

31. Usual Industry

32. Tobacco History

**CANCER IDENTIFICATION**

33. Date of Initial Diagnosis  /  /

34. Primary Site  -

35. Laterality

36. Other Primary Tumor(s)

37. Diagnostic Confirmation

38. Histology/Behavior/Grade  /

39. Description of Diagnosis (Site and Histology)

40. General Summary Stage

41. Substantiate Stage

42. Size of Tumor in mm

Shaded items are optional for reporting to the State Registry.

- 43. Regional Nodes Positive
- 44. Regional Nodes Exam'd
- 45. Site(s) of Distant Mets
- 46. Clinical T
- 47. Clinical N
- 48. Clinical M
- 49. Clinical Stage Group
- 50. Staged By (Clinical)
- 51. Pathologic T
- 52. Pathologic N
- 53. Pathologic M
- 54. Pathologic Stage Group
- 55. Staged By (Pathologic)

**TREATMENT DATA**

- 56. Date of 1st Positive Biopsy  /  /
- 57. Date 1st Course Tx  /  /

58. Cancer-Directed Surgery/Attribute/Course/Date  
 -  -  -  /  /

- 59. Surgical Margins
- 60. Reason for No Surgery

61. Radiation/Attribute/Course/Date  
 -  -  -  /  /

62. Chemotherapy/Attribute/Course/Date  
 -  -  -  /  /

**More Treatment: Type/Tx Code/Attribute/Course/Date**

- 63.  -  -  -  -  /  /
- 64.  -  -  -  -  /  /
- 65.  -  -  -  -  /  /
- 66.  -  -  -  -  /  /
- 67.  -  -  -  -  /  /
- 68.  -  -  -  -  /  /

**69. Description of Treatment**

**FOLLOW-UP AND ADDITIONAL DATA**

- 70. Date Last Contact/Death  /  /
- 71. Vital Status
- 72. Cancer Status
- 73. Date Case Completed  /  /

74. Remarks (Clinical findings, work-up, overflow from other text)