

Nevada Central Cancer Registry  
Cancer Incidence Reporting Form – Instructions

**To achieve completeness of cancer incidence reporting, complete all required fields of the form and attach any supporting documents.**

**Facility Information**

**Name** of reporting facility and **10 digit National Provider Identifier** number. **(Required field)**

**Reporting Physician Information**

**Name and address** of physician, **phone number**, and **10 digit National Provider Identifier** number. **(Required field)**

**Date** form was completed and **name of person who completed the form**. **(Required field)**

List the **name of physician the patient was referred from**. (if applicable)

List the **name of physician the patient was referred to**. (if applicable)

**Patient Information at Diagnosis**

**Last Name**. Spaces, hyphens, apostrophes, and uppercases are allowed. **(Required field)**

**First Name**. Spaces, hyphens, apostrophes, and uppercases are allowed. **(Required field)**

**Middle Name**. Middle name initial may be used if full middle name is not available. Leave blank if no middle name/initial is given. Spaces, hyphens, apostrophes, and uppercases are allowed.

**Maiden Name**. Of married female patients. If the patient has no maiden name or the information is not available, leave blank. Spaces, hyphens, apostrophes, and uppercases are allowed.

**Alias Name**. Many patients use a name different from their given name. If the patient used an alias for the first name, record only the first name alias. If the patient used an alias for the last name, record the last name alias. If the patient uses an alias for the first and last name, record both the last name and the first name alias. Do not use commas to separate the names.

**Social Security Number (SSN)**. Record the SSN if available. Use 999-99-9999 if the patient does not have a SSN. **Please double-check the SSN for accuracy**. Do not leave blank. **(Required field)**

**Date of Birth**. Record the patient's data of birth as indicated in the medical record. Use YYYY-MM-DD format. **Please double-check date of birth for accuracy**. Do not leave blank. **(Required field)**

**Sex**. Record the patient's sex. Do not leave blank. **(Required field)**

**Race**. Record the primary race of the patient. Do not leave blank. **(Required field)**

**Ethnicity**. Record the Hispanic origin of the patient. (Do not leave blank. **Required field**)

**Physical Address**. Record the patient's street number and address at the time of cancer diagnosis. If no address is available, record unknown. Do not leave blank. **(Required field)**

**City**. Record the city or town of the patient's address at the time of cancer diagnosis. If city is unknown, record unknown. Do not leave blank. **(Required field)**

**State**. Record the U.S. postal service two-letter state abbreviation for the state of the patient's residence at cancer diagnosis. If state is unknown, record unknown. Do not leave blank. **(Required field)**

**Zip**. Record the 5-digit zip code and the 4-digit extension (if known) of the patient's address at the time of cancer diagnosis. If zip is unknown record 99999-9999. Do not leave blank. **(Required field)**

**Place of Birth-State**. Record the U.S. postal service two-letter state abbreviation for the state of the patient's state of birth. If state is unknown, record unknown. If patient was born in a foreign country leave blank.

**Place of Birth-Country**. Record USA is the patient was born in the United States. If the patient was born in a foreign country, state the country name. If country is unknown, record unknown. Do not leave blank.

**Marital Status**. Record the patient's marital status at the time of cancer diagnosis.

**Primary Payer**. Record the primary payer/insurance carrier at the time of cancer diagnosis and/or treatment. If primary payer is unknown, record unknown. Do not leave blank. **(Required field)**

**Usual Occupation**. Record the patient's usual (longest held) occupation at cancer diagnosis. If patient is retired, record the lifetime occupation. If the occupation is unknown, record unknown. Do not leave blank. **(Required field if available)**

**Usual Industry**. Record the patient's primary type of business at cancer diagnosis. Distinguish whether the industry is involved in manufacturing, wholesale, retail, etc. If the industry is unknown, record unknown. Do not leave blank. **(Required field if available)**

**Family History of Cancer**. Record if the any family members of the patient have been diagnosed with cancer.

**Tobacco History**. Record if the patient has any history of tobacco use.

**Alcohol History**. Record if the patient has any history of alcohol use.

**Cancer Information**

**Please submit supporting text/documentation (e.g. pathology reports, laboratory reports, radiology findings, pre-operative H&P, etc.), to verify diagnosis staging, histology, bio-markers, grade, treatment, etc.**

**Date of Initial Diagnosis**. Record the date this cancer was originally diagnosed clinically or microscopically. Use YYYY-MM-DD format. Do not leave blank. **(Required field)**

**Primary Site**. Record the organ or site in which the cancer originated or began. Record the ICD-O-3 Code Topography Section of ICD-O-3 Manual- if it is available. If unavailable, provide the ICD-9/ICD-10 Classification. Do not leave blank. **(Required field)**

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**Laterality.** Laterality identifies the side of the paired organ or the site of the body on which the tumor originated. This applies to the primary site only. Do not leave blank. **(Required field)**

**Other Primary Tumors.**

**Diagnostic Confirmation.** Record the best method of diagnostic confirmation of the cancer being reported at any time in the patient's history. Do not leave blank. **(Required field)**

**Physical Findings.** Record any physical exam findings, date and results of x-rays, scans, scopes, etc. used to diagnose or stage the primary tumor. Do not leave blank. **(Required field)**

**Pathology.** Record any pathology findings from all procedures that serve to confirm the diagnosis date. Indicate type of cancer, e.g. adenocarcinoma.

**For Melanoma, Prostate, and Breast. (Required field if applicable)**

**Collaborative Staging.** These items describe how far the cancer has spread from its primary site at the time of diagnosis and how the extent of disease was evaluated. Record the largest tumor size dimension or diameter of the primary tumor in millimeters. The extension identifies contiguous growth (extension) of the primary tumor within the organ of origin or its direct extension into neighboring organs. Regional lymph nodes identifies the regional lymph nodes involved with the cancer at the time of diagnosis. Record the exact number of regional lymph nodes examined and how many lymph nodes were found to contain metastases. Sites of distant metastases identifies the distant site(s) of metastatic involvement at the time of diagnosis. Bone, brain, liver, lung, etc.

**(Required field)**

**SEER Summary Stage.** Summary stage should include all information available through completion of surgery (ies) in the first course of treatment or within 4 months of diagnosis. **(Required field)**

**AJCC Staging.** The TNM classification system was developed as a tool for physicians to stage different types of cancer based on certain, standardized criteria. This system is based on the extent of the tumor (T), the extent of spread to the lymph nodes (N), and the presence of metastasis (M). Because each cancer type has its own classification system, letters and numbers do not always mean the same thing for every kind of cancer. Once the T, N, and M are determined, they are combined, and an overall stage group of 0, I, II, III, IV is assigned. Sometimes these stages are subdivided as well, using letters such as IIIA and IIIB. **(Required field)**

**Treatment Information**

**Surgery.** Record any surgical procedure(s) performed to the primary site. If surgery was not performed, list the reason why surgery was not performed. Do not leave blank. **(Required field)**

**Radiation.** Record the type of radiation therapy performed as part of the first course of treatment. **(Required when available)**

**Hormone.** Record whether systemic hormonal agents were administered as first-course treatment at any facility. Hormone therapy consists of a group of drugs that may affect the long-term control of a cancer's growth.

**Chemo.** Record chemotherapy given as part of the first course of treatment. Includes treatment given at all facilities as part of the first course. **(Required when available)**

**Immuno.** Record whether immunotherapeutic (biologic response modifiers) agents were administered as first-course treatment at all facilities. Immunotherapy consists of biological or chemical agents that alter the immune system or change the host's response to tumor cells. **(Required when available)**

**Hematologic.** Treatment for reportable hematopoietic diseases can be supportive care, observation, or any treatment that does not meet the usual definition in which treatment modifies, controls, removes, or destroys proliferating cancer tissue. Such treatments include phlebotomy, transfusions, and aspirin. **(Required when available)**

**Endocrine.** Record systemic therapeutic procedures administered as part of the first course of treatment at this and all other facilities. These include bone marrow transplants, stem cell harvests, surgical and/or radiation endocrine therapy. **(Required when available)**

**Other.** Record other treatments given at all facilities that cannot be defined as surgery, radiation, or systemic therapy such as palliative care. **(Required when available)**

**Outcomes**

**Status.** Record the date of last contact with the patient or the date of death. Use YYYY-MM-DD format. Record the patient's vital status at the date of last contact. Record the presence or absence of the reported primary tumor at the date the patient was last known to be alive, or at the date of death. **(Required fields)** Record the underlying cause of death as found on the death certificate or in the medical record. Record the state/or country of death and if an autopsy was performed.

**Recurrence.** Record the date and type of first recurrence of this tumor. **(Required field if applicable)**

**Comorbidities and Complication.** Record the patient's pre-existing medical conditions, factors influencing health status, and/or complications during the patient's treatment of this cancer using ICD-9-CM codes. All are considered secondary diagnoses.