

PRESENTATION - PRS			
Demographics			
1. Patient Name First: <input type="text"/> Father: <input type="text"/> G. Father: <input type="text"/> Family: <input type="text"/>		2. Qatar ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		3. HC Number/ Medical Record Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		4. Visa/Passport Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
5. Nationality <input type="text"/>	6. Phone Number <input type="text"/>	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (hermaphrodite) <input type="checkbox"/> Not stated/Unknown	8. Date of Birth <input type="text"/>
Risk Factors			
9. Family history of Cancer-Member <input type="checkbox"/> 1st Degree Relatives (Parents, Sibling, & Offspring) <input type="checkbox"/> 2nd Degree Relatives (Grandparents, Aunts & Uncles) <input type="checkbox"/> Free <input type="checkbox"/> Unknown		10. Family History of Cancer-Cancer type <input type="text"/>	
		11. Smoking Status <input type="checkbox"/> Never Used <input type="checkbox"/> Cigarette smoker, Current <input type="checkbox"/> Cigar/Pipe smoker, Current <input type="checkbox"/> Sheesha smoker, Current <input type="checkbox"/> Snuff/Chew/Smokeless, Current <input type="checkbox"/> Combination use, Current <input type="checkbox"/> Previous use <input type="checkbox"/> Unknown	
12. Alcohol Status <input type="checkbox"/> Never used <input type="checkbox"/> Drinking alcohol <input type="checkbox"/> Previous use <input type="checkbox"/> Unknown		13. Physical Activity-Type <input type="checkbox"/> Physical activity at Work <input type="checkbox"/> Physical activity during transport <input type="checkbox"/> Physical activity during leisure time <input type="checkbox"/> Sedentarily-time <input type="checkbox"/> Not Documented	
		14. Physical Activity-Durations [hours] <input type="text"/>	
Socioeconomics			
15. Longest Occupation in life <input type="text"/>		16. Level of education 1 <input type="checkbox"/> Illiterate 2 <input type="checkbox"/> Read/Write 3 <input type="checkbox"/> Primary 4 <input type="checkbox"/> Intermediate / Secondary 5 <input type="checkbox"/> Professional Diploma 6 <input type="checkbox"/> University 7 <input type="checkbox"/> High Education 9 <input type="checkbox"/> Unknown	

DIAGNOSIS - DGS

Diagnosis information

17. Date of Diagnosis <input type="text"/>	18. Country at Diagnosis <input type="text"/>	19. Region At Diagnosis (if diagnosed in Qatar) <input type="checkbox"/> Al Shamal <input type="checkbox"/> Al Khor & Dhekra <input type="checkbox"/> Al Sheehaniya <input type="checkbox"/> Umm Slal <input type="checkbox"/> Al Daayen <input type="checkbox"/> Al Rayyan <input type="checkbox"/> Doha <input type="checkbox"/> Al Wakrah <input type="checkbox"/> Unknown	20. Marital Status at Diagnosis <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown
21. Date of First Contact <input type="text"/>	22. Place of First Presentation <input type="checkbox"/> Primary Care <input type="checkbox"/> Secondary Care - Specialist <input type="checkbox"/> Emergency <input type="checkbox"/> Screening Program <input type="checkbox"/> Unknown <input type="checkbox"/> Abroad-Unknown Facility <input type="checkbox"/> Other	23. Height at Diagnosis <input type="text"/>	24. Weight at Diagnosis <input type="text"/>

Comorbidities

25. Co-morbidities			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Bipolar mood disease	<input type="checkbox"/> Bronchiectasis
<input type="checkbox"/> Cardiac Failure	<input type="checkbox"/> Cardiomyopathy	<input type="checkbox"/> Cerebrovascular Disease	<input type="checkbox"/> Chronic Obstructive Pulmonary Disease
<input type="checkbox"/> Chronic Kidney Disease	<input type="checkbox"/> Coronary Artery Disease	<input type="checkbox"/> Chron's Disease	<input type="checkbox"/> Diabetes Insipidus
<input type="checkbox"/> Diabetes Mellitus (Type 1 & Type 2)	<input type="checkbox"/> Dysrhythmia (Irregular Heartbeat)	<input type="checkbox"/> Dyslipidemia	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Gastric Ulcers	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Haemophilia	<input type="checkbox"/> HIV
<input type="checkbox"/> Hyperlipidemia (High Cholesterol)	<input type="checkbox"/> Hypertension (Blood Pressure)	<input type="checkbox"/> Hypothyroidism (Inactive thyroid Gland)	<input type="checkbox"/> Liver disease
<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Previous Malignancies	<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Peripheral Vascular Disease
<input type="checkbox"/> Psychiatric Disorder	<input type="checkbox"/> Renal Disease/Disorders	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Systemic Lupus Erythematosus	<input type="checkbox"/> Ulcerative Colitis	<input type="checkbox"/> Dyslipidemia	<input type="checkbox"/> Hematuria
<input type="checkbox"/> Arthrosis	<input type="checkbox"/> Obesity	<input type="checkbox"/> HCV	<input type="checkbox"/> Chronic Cervicitis
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Others	<input type="checkbox"/> Not Documented	<input type="checkbox"/>

Cancer Identification

26. Tumor Marker -Type			
<input type="checkbox"/> Acid Phosphatase	<input type="checkbox"/> ACTH (Adrenocorticotrophic Hormone)	<input type="checkbox"/> Alkaline Phosphatase	<input type="checkbox"/> Alpha-fetoprotein
<input type="checkbox"/> bcl-2	<input type="checkbox"/> β-2 Microglobulin	<input type="checkbox"/> CA 15-3	<input type="checkbox"/> CA 19-9
<input type="checkbox"/> CA-125	<input type="checkbox"/> CA 195	<input type="checkbox"/> C219	<input type="checkbox"/> CA 549
<input type="checkbox"/> Calcitonin	<input type="checkbox"/> Catecholamines	<input type="checkbox"/> Cathepsin D	<input type="checkbox"/> CEA
<input type="checkbox"/> HER-2	<input type="checkbox"/> Chromogranin-A	<input type="checkbox"/> C-myc DNA	<input type="checkbox"/> EFGR
<input type="checkbox"/> Estrogen Receptor Assay (ERA)	<input type="checkbox"/> Ferritin	<input type="checkbox"/> Gastrin	<input type="checkbox"/> Glucagon
<input type="checkbox"/> 5-HIAA	<input type="checkbox"/> Alpha Subunit HCG	<input type="checkbox"/> Beta Subunit HCG	<input type="checkbox"/> HVA
<input type="checkbox"/> LDH1	<input type="checkbox"/> LDH2	<input type="checkbox"/> LDH3	<input type="checkbox"/> LDH4
<input type="checkbox"/> LDH5	<input type="checkbox"/> LFT	<input type="checkbox"/> NSE	<input type="checkbox"/> Pancreatic Polypeptide
<input type="checkbox"/> Philadelphia Chromosome (Ph1)	<input type="checkbox"/> PLP (Parathyroid hormone-like Protein)	<input type="checkbox"/> Progesterone Receptor Assay (PRA)	<input type="checkbox"/> Proinsulin C-peptide
<input type="checkbox"/> PSA	<input type="checkbox"/> Ploidy Analysis [DNA Studies]	<input type="checkbox"/> Proliferation Index [DNA Studies]	<input type="checkbox"/> S-Phase [DNA Studies]
<input type="checkbox"/> SMA	<input type="checkbox"/> SCC	<input type="checkbox"/> Thyroglobulin	<input type="checkbox"/> TDT
<input type="checkbox"/> TPA	<input type="checkbox"/> a-TSH	<input type="checkbox"/>	<input type="checkbox"/>

27. Tumor Marker-Value <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	28. Tumor Marker-Date <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	29. Diagnostic Confirmation <input type="checkbox"/> Positive histology <input type="checkbox"/> Positive cytology <input type="checkbox"/> Positive microscopic confirmation, method not specified <input type="checkbox"/> Positive laboratory test/marker study <input type="checkbox"/> Direct visualization without microscopic confirmation <input type="checkbox"/> Radiology and other imaging techniques without microscopic confirmation <input type="checkbox"/> Clinical diagnosis only <input type="checkbox"/> Unknown whether or not microscopically confirmed; death certificate only												
30. Diagnostic Confirmation-Type <input type="checkbox"/> Microscopically Confirmed <input type="checkbox"/> Not Microscopically Confirmed <input type="checkbox"/> Confirmation Unknown														
31. Topography – Code <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Text: <div style="border: 1px solid black; width: 100%; height: 30px;"></div>	32. Morphology - Code <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Text: <div style="border: 1px solid black; width: 100%; height: 30px;"></div>													
33. Behavior <input type="checkbox"/> Benign (Reportable for intracranial and CNS sites only) <input type="checkbox"/> Uncertain (Reportable for intracranial and CNS sites only) <input type="checkbox"/> Carcinoma in situ <input type="checkbox"/> Malignant, primary site (invasive) <input type="checkbox"/> Malignant, metastatic site <input type="checkbox"/> Malignant, uncertain whether primary or metastatic site	34. Grade <input type="checkbox"/> Grade I, well differentiated <input type="checkbox"/> Grade II, moderately differentiated <input type="checkbox"/> Grade III, poorly differentiated <input type="checkbox"/> Grade IV, undifferentiated <input type="checkbox"/> T-Cell; T-precursor <input type="checkbox"/> B-Cell; Pre-B; B-precursor <input type="checkbox"/> Null cell; Non-T; Non-B <input type="checkbox"/> NK Cell <input type="checkbox"/> Grade unknown, not stated, or not applicable	35. Laterality <input type="checkbox"/> Not a paired site <input type="checkbox"/> Right: origin of primary <input type="checkbox"/> Left: origin of primary <input type="checkbox"/> Only one side involved, right or left origin unspecified <input type="checkbox"/> Bilateral, lateral origin unknown <input type="checkbox"/> Regional, NOS												
Staging														
37. SEER Summary Stage 2000 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> In situ</td> <td><input type="checkbox"/> Localized only</td> <td><input type="checkbox"/> Regional by direct extension only</td> <td><input type="checkbox"/> Regional lymph nodes only</td> </tr> <tr> <td><input type="checkbox"/> Regional by BOTH direct extension AND regional lymph nodes</td> <td><input type="checkbox"/> Regional, NOS</td> <td><input type="checkbox"/> Distant site(s)/node(s) involved</td> <td><input type="checkbox"/> Benign, borderline</td> </tr> <tr> <td><input type="checkbox"/> Unknown if extension or metastasis (unstaged, unknown, or unspecified)</td> <td><input type="checkbox"/> Death certificate only case</td> <td colspan="2"></td> </tr> </table>			<input type="checkbox"/> In situ	<input type="checkbox"/> Localized only	<input type="checkbox"/> Regional by direct extension only	<input type="checkbox"/> Regional lymph nodes only	<input type="checkbox"/> Regional by BOTH direct extension AND regional lymph nodes	<input type="checkbox"/> Regional, NOS	<input type="checkbox"/> Distant site(s)/node(s) involved	<input type="checkbox"/> Benign, borderline	<input type="checkbox"/> Unknown if extension or metastasis (unstaged, unknown, or unspecified)	<input type="checkbox"/> Death certificate only case		
<input type="checkbox"/> In situ	<input type="checkbox"/> Localized only	<input type="checkbox"/> Regional by direct extension only	<input type="checkbox"/> Regional lymph nodes only											
<input type="checkbox"/> Regional by BOTH direct extension AND regional lymph nodes	<input type="checkbox"/> Regional, NOS	<input type="checkbox"/> Distant site(s)/node(s) involved	<input type="checkbox"/> Benign, borderline											
<input type="checkbox"/> Unknown if extension or metastasis (unstaged, unknown, or unspecified)	<input type="checkbox"/> Death certificate only case													
38. cTNM (PRETREATMENT) T: <input type="checkbox"/> N: <input type="checkbox"/> M: <input type="checkbox"/> Group: <input type="text"/> Date: <input type="text"/> Edition: <input type="text"/>	39. pTNM T: <input type="checkbox"/> N: <input type="checkbox"/> M: <input type="checkbox"/> Group: <input type="text"/> Date: <input type="text"/> Edition: <input type="text"/>													
40. yTNM (SUBSEQUENT NEOADJUVANT THERAPY) T: <input type="checkbox"/> N: <input type="checkbox"/> M: <input type="checkbox"/> Group: <input type="text"/> Date: <input type="text"/> Edition: <input type="text"/>	41. rTNM (RETREATMENT FOR RECURRENCE) T: <input type="checkbox"/> N: <input type="checkbox"/> M: <input type="checkbox"/> Group: <input type="text"/> Date: <input type="text"/> Edition: <input type="text"/>													
42. Pediatric stage <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	43. Other stage <div style="border: 1px solid black; height: 60px; width: 100%;"></div>													
44. Specific Staging System <input type="checkbox"/> Pediatric <input type="checkbox"/> FIGO <input type="checkbox"/> Rai <input type="checkbox"/> Binet <input type="checkbox"/> Ann Arbor <input type="checkbox"/> Dukes <input type="checkbox"/> WHO <input type="checkbox"/> FNCLCC														

45. Specific Staging System Value	46. Specific Staging System Edition/Version	47. Specific Staging System Date	48. Other Stage Value	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Molecular-Somatic				
49. Somatic Test Done	50. Somatic Tet Outcome	51. Somatic Test Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Molecular-Germline				
52. Germline Test Done	53. Germline Test Outcome	54. Germline Test Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
TREATMENT - TRT				
General Rx Info				
55. Date Therapy Initiated	56. Treatment Status	57. Country-Initial Treatment	58. Attending Physician	
<input type="text"/>	<input type="checkbox"/> Watchful Waiting <input type="checkbox"/> Active Surveillance <input type="checkbox"/> Treated fully abroad <input type="checkbox"/> Treated Partially abroad <input type="checkbox"/> Follow Up-Post Treatment <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Unknown if treatment given	<input type="text"/>	<input type="text"/>	
Cytotoxic Chemotherapy				
59. Encounter Type	60. Encounter Type-Class	61. Administration Start Date/Time	62. Order Catalog Short Description	63. Clinical Display Line
<input type="checkbox"/> Emergency <input type="checkbox"/> Inpatient Acute Care <input type="checkbox"/> Radioactive implants <input type="checkbox"/> Inpatient Same Day Admission <input type="checkbox"/> Outpatient	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hormonal therapy				
64. Encounter Type	65. Encounter Type-Class	66. Administration Start Date/Time	67. Order Catalog Short Description	68. Clinical Display Line
<input type="checkbox"/> Emergency <input type="checkbox"/> Inpatient Acute Care <input type="checkbox"/> Radioactive implants <input type="checkbox"/> Inpatient Same Day Admission <input type="checkbox"/> Outpatient	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	<input type="text"/>	<input type="text"/>	<input type="text"/>
Immunotherapy				
69. Encounter Type	70. Encounter Type-Class	71. Administration Start Date/Time	72. Order Catalog Short Description	73. Clinical Display Line
<input type="checkbox"/> Emergency <input type="checkbox"/> Inpatient Acute Care <input type="checkbox"/> Radioactive implants <input type="checkbox"/> Inpatient Same Day Admission <input type="checkbox"/> Outpatient	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	<input type="text"/>	<input type="text"/>	<input type="text"/>
Targeted Therapy				

74. Encounter Type <input type="checkbox"/> Emergency <input type="checkbox"/> Inpatient Acute Care <input type="checkbox"/> Radioactive implants <input type="checkbox"/> Inpatient Same Day Admission <input type="checkbox"/> Outpatient	75. Encounter Type-Class <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	76. Administration Start Date/Time <input type="text"/>	77. Order Catalog Short Description <input type="text"/>	78. Clinical Display Line <input type="text"/>
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Radiation Therapy

79. PHYSICIAN NAME <input type="text"/>	80. PHASE <input type="text"/>	81. RADIATION TREATMENT VOLUME <input type="text"/>	82. LATERALITY <input type="text"/>
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83. TREATMENT MODALITY					
<input type="checkbox"/> No radiation treatment	<input type="checkbox"/> External beam, NOS	<input type="checkbox"/> External beam, photons	<input type="checkbox"/> External beam, protons	<input type="checkbox"/> External beam, electrons	<input type="checkbox"/> External beam, neutrons
<input type="checkbox"/> External beam, carbon ions	<input type="checkbox"/> Brachytherapy, NOS	<input type="checkbox"/> Brachytherapy, intracavitary, LDR	<input type="checkbox"/> Brachytherapy, intracavitary, HDR	<input type="checkbox"/> Brachytherapy, Interstitial, LDR	<input type="checkbox"/> Brachytherapy, Interstitial, HDR
<input type="checkbox"/> Brachytherapy, electronic	<input type="checkbox"/> Radioisotopes, NOS	<input type="checkbox"/> Radioisotopes, Radium-232	<input type="checkbox"/> Radioisotopes, Strontium-89	<input type="checkbox"/> Radioisotopes, Strontium-90	<input type="checkbox"/> Treatment radiation modality unknown; Unknown if radiation treatment administered

84. COURSE NUMBER <input type="text"/>
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85. TREATMENT TECHNIQUE						
<input type="checkbox"/> No radiation treatment	<input type="checkbox"/> External beam, NOS	<input type="checkbox"/> Low energy x-ray/photon therapy	<input type="checkbox"/> 2-D therapy	<input type="checkbox"/> Conformal or 3-D conformal therapy	<input type="checkbox"/> Intensity modulated therapy	<input type="checkbox"/> Stereotactic radiotherapy or radiosurgery, NOS
<input type="checkbox"/> Stereotactic radiotherapy or radiosurgery, robotic	<input type="checkbox"/> Stereotactic radiotherapy or radiosurgery, Gamma Knife	<input type="checkbox"/> CT-guided online adaptive therapy	<input type="checkbox"/> MR-guided online adaptive therapy	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Other, NOS	<input type="checkbox"/> Unknown

86. TOTAL DOSE (cGy) <input type="text"/>	87. DOSE PER FRACTION (cGy) <input type="text"/>	88. NUMBER OF FRACTIONS <input type="text"/>	89. DATE RADIATION STARTED <input type="text"/>
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90. DATE RADIATION ENDED <input type="text"/>	91. EXPECTED ELAPSE DAYS <input type="text"/>	92. ACTUAL ELAPSED DAYS <input type="text"/>	93. COURSE STATUS <input type="text"/>	94. INTENT OF TREATMENT <input type="text"/>
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BMT

95. HSCT Type <input type="checkbox"/> Allo <input type="checkbox"/> Auto	96. Date of HSCT <input type="text"/>	97. First transplant for this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	98. Date of last HSCT before this one <input type="text"/>
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99. Type of last HSCT before this one <input type="checkbox"/> Allo <input type="checkbox"/> Auto	100. HSCT part of a planned multiple (sequential) graft protocol? <input type="checkbox"/> Yes <input type="checkbox"/> No	101. Source of the Stem cells <input type="text"/>	102. Performance system <input type="checkbox"/> Karnofsky <input type="checkbox"/> Lansky
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103. Performance score
 Karnofsky Score (recipient age ≥ 16 years)

Score	Value
0	<input type="checkbox"/> Dead
10	<input type="checkbox"/> Moribund; fatal processes progressing rapidly
20	<input type="checkbox"/> Very sick; hospital admission necessary; active supportive treatment necessary.
30	<input type="checkbox"/> Severely disabled; hospital admission is indicated although death not imminent.
40	<input type="checkbox"/> Disabled; requires special care and assistance
50	<input type="checkbox"/> Requires considerable assistance and frequent medical care.
60	<input type="checkbox"/> Requires occasional assistance, but is able to care for most of his personal needs
70	<input type="checkbox"/> Cares for self; unable to carry on normal activity or to do active work.
80	<input type="checkbox"/> Normal activity with effort; some signs or symptoms of disease.
90	<input type="checkbox"/> Able to carry on normal activity; minor signs or symptoms of disease.
100	<input type="checkbox"/> Normal no complaints; no evidence of disease.

Surgery

104. Date of First Surgical Procedure <input type="text"/>	105. Date of Most Definitive Surgical Resection of the Primary Site <input type="text"/>	106. Surgery of Primary Site <input type="text"/>	107. Date of First Surgery <input type="text"/>
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108. Surgeon Name <input type="text"/>	109. Surgical Procedure-Primary Site <ul style="list-style-type: none"> <input type="checkbox"/> 0 None; no surgery of primary site; autopsy ONLY <input type="checkbox"/> 10 Local tumor destruction, NOS <input type="checkbox"/> 11 Photodynamic therapy (PDT) <input type="checkbox"/> 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction) <input type="checkbox"/> 13 Cryosurgery <input type="checkbox"/> 14 Laser <input type="checkbox"/> 20 Local tumor excision, NOS <input type="checkbox"/> 26 Polypectomy <input type="checkbox"/> 27 Excisional biopsy <input type="checkbox"/> 21 Combination of 20 or 26-27 WITH photodynamic therapy (PDT) <input type="checkbox"/> 22 Combination of 20 or 26-27 WITH electrocautery <input type="checkbox"/> 23 Combination of 20 or 26-27 WITH cryosurgery <input type="checkbox"/> 24 Combination of 20 or 26-27 WITH laser ablation <input type="checkbox"/> 25 Combination of 20 or 26-27 WITH laser excision <input type="checkbox"/> 60 Abdominal perineal resections, NOS (APR; Miles procedure) <input type="checkbox"/> 61 APR and sentinel node excision <input type="checkbox"/> 62 APR and unilateral inguinal lymph node dissection <input type="checkbox"/> 63 APR and bilateral inguinal lymph node dissection <input type="checkbox"/> 99 Unknown if surgery performed; death certificate ONLY 	110. Surgical Procedure-Non-Primary Site <ul style="list-style-type: none"> <input type="checkbox"/> None; diagnosed at autopsy <input type="checkbox"/> Non-primary surgical procedure performed <input type="checkbox"/> Non-primary surgical procedure to other regional sites <input type="checkbox"/> Non-primary surgical procedure to distant lymph node(s) <input type="checkbox"/> Non-primary surgical procedure to distant site <input type="checkbox"/> Combination <input type="checkbox"/> Unknown
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111. Surgical Margins of the Primary Site <ul style="list-style-type: none"> <input type="checkbox"/> No residual tumor <input type="checkbox"/> Residual tumor, NOS <input type="checkbox"/> Microscopic residual tumor <input type="checkbox"/> Macroscopic residual tumor <input type="checkbox"/> Margins not evaluable <input type="checkbox"/> No primary site surgery <input type="checkbox"/> Unknown or not applicable 	112. Scope of Regional Lymph Node Surgery <ul style="list-style-type: none"> <input type="checkbox"/> No regional lymph nodes removed or aspirated; diagnosed at autopsy. <input type="checkbox"/> Biopsy or aspiration of regional lymph node, NOS <input type="checkbox"/> Sentinel lymph node biopsy [only] 	113. Date of Sentinel Lymph Node Biopsy <input type="text"/>
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	<input type="checkbox"/> Number of regional lymph nodes removed unknown, not stated; regional lymph nodes removed, NOS <input type="checkbox"/> 1 to 3 regional lymph nodes removed <input type="checkbox"/> 4 or more regional lymph nodes removed <input type="checkbox"/> Sentinel node biopsy and code 3, 4, or 5 at same time or timing not noted <input type="checkbox"/> Sentinel node biopsy and code 3, 4, or 5 at different times <input type="checkbox"/> Unknown or not applicable	
114. Sentinel Lymph Nodes Examined <input type="checkbox"/> No sentinel nodes were examined <input type="checkbox"/> Sentinel nodes were examined (code the exact number of sentinel lymph nodes examined) <input type="checkbox"/> No sentinel nodes were removed, but aspiration of sentinel node(s) was performed <input type="checkbox"/> Sentinel lymph nodes were biopsied, but the number is unknown <input type="checkbox"/> It is unknown whether sentinel nodes were examined; not stated in patient record	115. Sentinel Lymph Nodes Positive <input type="checkbox"/> All sentinel nodes examined are negative <input type="checkbox"/> Sentinel nodes are positive (code exact number of nodes positive) <input type="checkbox"/> Positive aspiration of sentinel lymph node(s) was performed <input type="checkbox"/> Positive sentinel nodes are documented, but the number is unspecified. For breast ONLY: SLN and RLND occurred during the same procedure <input type="checkbox"/> No sentinel nodes were biopsied <input type="checkbox"/> It is unknown whether sentinel nodes are positive; not applicable; not stated in patient record	116. Date of Regional Lymph Node Dissection <div style="border: 1px solid black; border-radius: 15px; height: 150px; width: 100%;"></div>
117. Regional Nodes Examined <input type="checkbox"/> No nodes were examined <input type="checkbox"/> 1-89 nodes are examined (code exact number of nodes examined) <input type="checkbox"/> 90 or more nodes were examined <input type="checkbox"/> No regional nodes were removed, but aspiration OR core biopsy regional nodes was performed <input type="checkbox"/> Regional lymph node removal was documented as a sampling, and the number of nodes is unknown/not stated <input type="checkbox"/> Regional lymph node removal was documented as a dissection, and the number of nodes is unknown/not stated <input type="checkbox"/> Regional lymph nodes were surgically removed, but the number of lymph nodes is unknown/not stated and not documented as a sampling or dissection; nodes were examined, but the number is unknown <input type="checkbox"/> It is unknown whether nodes are examined; not stated in patient record	118. Regional Nodes Positive <input type="checkbox"/> All nodes examined are negative <input type="checkbox"/> 1-89 nodes are positive (code exact number of nodes positive) <input type="checkbox"/> 90 or more nodes are positive <input type="checkbox"/> Positive aspiration OR core biopsy of lymph node(s) was performed <input type="checkbox"/> Positive nodes are documented, but the number is unspecified <input type="checkbox"/> No nodes were examined <input type="checkbox"/> It is unknown whether nodes are positive; not applicable; not stated in patient record	119. Surgical Procedure of Other Site <input type="checkbox"/> None; diagnosed at autopsy <input type="checkbox"/> Non-primary surgical procedure performed <input type="checkbox"/> Non-primary surgical procedure to other regional sites <input type="checkbox"/> Non-primary surgical procedure to distant lymph node(s) <input type="checkbox"/> Non-primary surgical procedure to distant site <input type="checkbox"/> Combination of codes 2, 3, or 4 <input type="checkbox"/> Unknown
120. Reason for No Surgery of Primary Site <input type="checkbox"/> Surgery of the primary site was performed <input type="checkbox"/> Surgery of the primary site was not performed because it was not part of the planned first-course treatment <input type="checkbox"/> Surgery of the primary site was not recommended/performed because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc.) <input type="checkbox"/> Surgery of the primary site was not performed because the patient died prior to planned or recommended surgery <input type="checkbox"/> Surgery of the primary site was not performed; it was recommended by the patient's physician but was not performed as part of the first course of therapy. No reason was noted in the patient's record. <input type="checkbox"/> Surgery of the primary site was not performed; it was recommended by the patient's physician, but was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record.		

<input type="checkbox"/> Surgery of the primary site was recommended, but it is unknown if it was performed. Further follow up is recommended. <input type="checkbox"/> It is unknown if surgery of the primary site was recommended or performed; DCO and autopsy only cases		
121. Readmission 30 days after discharge- Date <input type="text"/>	122. Readmission 60 days after discharge- Date <input type="text"/>	123. Readmission 90 days after discharge- Date <input type="text"/>
FOLLOW UP - FUP		
Recurrence		
124. Recurrence site <input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Distant	125. Distant Site <input type="checkbox"/> None <input type="checkbox"/> Peritoneum <input type="checkbox"/> Lung <input type="checkbox"/> Pleura <input type="checkbox"/> Liver <input type="checkbox"/> Bone <input type="checkbox"/> CNS <input type="checkbox"/> Skin <input type="checkbox"/> L. Nodes <input type="checkbox"/> Other	126. Recurrence Date <input type="text"/>
Vital Signs		
127. Date of Last Contact <input type="text"/>	128. Vital Status <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown	129. Date of Death <input type="text"/>
130. Underlying cause of death <input type="text"/>	131. Place of death <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Abroad <input type="checkbox"/> Unknown	
PALLIATIVE - PLC		
Palliative		
132. No. of Admission <input type="text"/>	133. Date of Admission to NCCCR <input type="text"/>	134. Date of Referral for Consultation to PC <input type="text"/>
135. Date of Acceptance to Palliative Care <input type="text"/>	136. Status <input type="text"/>	137. Date Discharged <input type="text"/>
138. Location <input type="text"/>	139. Date Expired <input type="text"/>	140. Location <input type="text"/>
141. length of Stay <input type="text"/>	142. No. of ER visit in the last 30 days before death <input type="text"/>	143. LOS of hospitalization in the last 30 days before death <input type="text"/>
144. No. of ICU admission <input type="text"/>	145. No. of chemotherapy in the last 30 days of life <input type="text"/>	