



# Virgin Islands Central Cancer Registry – Physician’s Cancer Report Form\*

Charles Harwood Complex, 3500 Estate Richmond

Christiansted, VI 00820-4370

Tel. (340) 718-1311 x 3774, 3700 / Fax (340) 718-9505 / Email: viccr@doh.vi.gov

## Physician’s Office Information

Physician Name	Facility Name	Address / Phone Number
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## Patient’s Information

Full Name (First, Middle and Last)	Social Security	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
Physical Address (please include Estate, City, State, Zip)		Phone Number
Medical Record #	Date and Place of Birth	Marital Status
Insurance		
Race: <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown ***For Hispanic patients, please select a race.		Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other

## Cancer Information

Date of Diagnosis	Primary Site (where tumor arose):	Laterality: <input type="checkbox"/> Right <input type="checkbox"/> N/A <input type="checkbox"/> Left	Histology:
Behavior: <input type="checkbox"/> Benign <input type="checkbox"/> Borderline <input type="checkbox"/> In Situ <input type="checkbox"/> Malignant		Diagnostic confirmation (check one): <input type="checkbox"/> Histology <input type="checkbox"/> Cytology <input type="checkbox"/> X-ray <input type="checkbox"/> Clinical <input type="checkbox"/> Unknown	
Stage (check one): <input type="checkbox"/> In Situ <input type="checkbox"/> Localized <input type="checkbox"/> Regional by direct extension <input type="checkbox"/> Regional to LN <input type="checkbox"/> Regional direct & LN <input type="checkbox"/> Distant			
TNM: T ___ N ___ M ___ Stage ___ <input type="checkbox"/> Clinical <input type="checkbox"/> Pathological			
Tumor Markers Results (example: CA 19-9, CA 125, CEA, CGA, HPV, LDH, ER, PR, Her2/neu, KRAS, AFP, PSA, hCG, etc.)			

## Diagnostic Work Up At Diagnosis

Physical examination (includes high risk factors)
X-Ray / Scans / Scopes

## Treatment Information

	Type / Description	Date	Where performed
Surgery			
Radiation			
Chemotherapy			
Hormone			
BRM			
Other (includes alternative medicine)			

## Follow Up / Patient Status

## Completed by:

Referred to: Date of last contact: Vital Status: <input type="checkbox"/> Alive <input type="checkbox"/> Dead Cancer Status: <input type="checkbox"/> evidence of CA <input type="checkbox"/> no evidence of CA If expired; please provide date and place of death:	Name:  Date:
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\*This form is intended for physician office setting ONLY. Not for hospitals or healthcare clinics.

\*\*Please, send the completed form to the USVI-CCR via e-mail to: viccr@doh.vi.gov

To protect our patient’s privacy and to comply with HIPAA regulations the attached forms must be encrypted and password protected using encryption software. Microsoft encryption is not recommended.

Please, attach a copy of the pathology report.

## PHYSICIAN'S CANCER REPORT FORM INSTRUCTIONS

### Facility Information

<i>Physician Office Information Section</i>	Record the complete name, address, and telephone number of your facility or physician's office.
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### Patient Information

<i>Patient Name</i>	Record the patient's full name (last name, first name and middle name)
<i>Social Security Number</i>	Record the patient's social security number. Do not record a spouse's number.
<i>Sex</i>	Check off the patient's sex/gender.
<i>Patient's Address</i>	Record patient's permanent home address at time of diagnosis, not a temporary relocation for treatment. Street address takes priority over post office box number.
<i>Phone Number</i>	Record the patient's phone number
<i>Medical Record Number</i>	Record the patient's medical record number
<i>Date of Birth</i>	Record patient's birth date in MM/DD/YYYY format.
<i>Marital status</i>	Specify patient's marital status at time of diagnosis
<i>Health Insurance</i>	Record the patient's health insurance
<i>Race</i>	Check off the patient's race.
<i>Hispanic</i>	Check off whether the patient considers himself or herself to be of Hispanic origin.

### Cancer Information

<i>Date of Diagnosis</i>	<ul style="list-style-type: none"> <li>Record the date the patient was first diagnosed with cancer by a recognized medical practitioner.</li> <li>Record in MM/DD/YYYY format. If unknown, record "unk".</li> </ul>
<i>Primary Site</i>	Record the site of origin of the tumor. Record the subsite if known (i.e. UOQ breast, LL lung). If unknown, record "unk". It is important to identify the primary site and not a metastatic site.
<i>Laterality (paired organ)</i>	If the site of origin is a paired organ, check the laterality.
<i>Histology</i>	Record the histologic cell type of the tumor (i.e. mucinous adenocarcinoma; infiltrating ductal CA)
<i>Behavior / Grade</i>	Check off the behavior/grade of the tumor.
<i>Diagnostic Confirmation</i>	<p>Check off the most reliable method used in diagnosing this cancer. <b>Attach copy of pathology report.</b></p> <p>Use the following guidelines to determine the method:</p> <ul style="list-style-type: none"> <li>Histology: Microscopic diagnosis based on tissue specimens (i.e. biopsy, frozen section, and surgery).</li> <li>Cytology: Microscopic diagnosis based on cells rather than tissue (i.e. smears from sputum, bronchial washings, brushings, fine needle aspirations, etc.)</li> <li>Clinical: Diagnosis not supplemented with positive microscopy (i.e. made at surgical exploration, by use of an endoscope or physician's statement that patient have cancer).</li> <li>X-ray-Radiological diagnosis (x-rays, scans) not microscopically confirmed.</li> <li>Unknown: diagnosis method is unknown.</li> </ul>
<i>Stage</i>	<p>Check the stage of tumor at diagnosis (extent of disease within four months of diagnosis). Use the following categories to determine the extent at diagnosis:</p> <ul style="list-style-type: none"> <li>In Situ: tumor has not progressed through the basement membrane of the organ involved.</li> <li>Local: limited to site of origin; progressed through the basement membrane but not beyond the walls of the organ involved.</li> <li>Regional - Direct Extension: direct extension to adjacent organs or tissues.</li> <li>Regional - Lymph Nodes: involvement of regional lymph nodes.</li> <li>Distant: direct extension beyond adjacent organs or tissues, or metastases to distant sites or distant lymph nodes.</li> <li>Unknown: no information is available to determine extent of disease.</li> </ul>
<i>TNM</i>	Record the stage according to the AJCC. Specify if it is a clinical or pathological staging.
<i>Tumor Markers</i>	Record date any result from tumor markers tests done to the patient during work up.

### Treatment Information

<i>Treatment</i>	Record all first course treatment that the patient received. Do not record second course treatment. First course treatment includes all cancer-directed treatment modalities given by clinicians at the time of diagnosis. When recording treatment, write the type of treatment, the date the treatment was received or began and where performed.
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### Follow Up / Patient Status

<i>Date Last Seen</i>	Record the date the patient was last seen or date of death in MM/DD/YYYY format.
<i>Vital Status</i>	Check the vital status of the patient as of the date last seen.
<i>Cancer Status</i>	Check the patient's cancer status as of the date the patient was last known to be alive or dead.
<i>If Expired, Place of Death</i>	If patient expired, record the place of death. If unknown, record "unk".
<i>Cause of Death</i>	If patient expired, record the cause of death. If unknown, record "unk".

### Completed by

<i>Form Completed By</i>	Record the full name of the person completing the form.
<i>Date Completed</i>	Record the date completed.