

COLON CFR CLINICAL DIAGNOSIS AND TREATMENT ABSTRACTION FORM

CENTER_ID	PERSON_ID	LOCAL ID
ABTRACTOR LAST NAME	ABTRACTOR FIRST NAME	DATE OF ABSTRACTION

Sex:

- <sub>1</sub> Male
- <sub>2</sub> Female
- <sub>9</sub> Unknown

Date of Birth: **NOTE: REPORT ALL DATES AS:**

____-____-____ YYYY or 8888 or 9999	____-____ MM (1-12 or 88 or 99)	____-____ DD (1-31 or 88 or 99)	88, 88, 8888 – Missing 99, 99, 9999 – Unknown
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**BASELINE DIAGNOSIS & TREATMENT**

1. Place of Diagnosis:

Facility Name	City or Town	State or Province
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2. ICD-O code for SITE of primary cancer: **C** \_\_\_\_ . \_\_\_\_

C18.0: Cecum, ileocecal valve	C18.6: Descending colon	C18.9: Colon, unspecified
C18.2: Ascending colon	C18.5: Splenic flexure	C19.9: Rectosigmoid junction
C18.3: Hepatic flexure	C18.6: Descending colon	C20.9: Rectum
C18.4: Transverse colon	C18.7: Sigmoid colon	C26.0: Intestinal tract
C18.5: Splenic flexure	C18.8: Overlapping lesion of colon	C80.9 Unknown/other

3. Date of initial diagnosis of colorectal cancer (use histological date i.e., date of path report):

____-____-____ YYYY	____-____ MM	____-____ DD	88, 88, 8888 – Missing 99, 99, 9999 – Unknown
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4. Preoperative symptoms (Check all that apply):

<input type="checkbox"/> <sub>1</sub> None, asymptomatic (detected by screening)	<input type="checkbox"/> <sub>6</sub> Weight Loss
<input type="checkbox"/> <sub>2</sub> Bleeding	<input type="checkbox"/> <sub>7</sub> Other
<input type="checkbox"/> <sub>3</sub> Constipation	Specify: _____
<input type="checkbox"/> <sub>4</sub> Diarrhea	<input type="checkbox"/> <sub>8</sub> Missing
<input type="checkbox"/> <sub>5</sub> Pain	<input type="checkbox"/> <sub>9</sub> Unknown

6. CRC1\_SURG: Did participant have definitive surgery for CRC?

- <sub>1</sub> Yes → Q7
- <sub>2</sub> No ↓ Go to 48. CRC1\_CHEMO
- <sub>9</sub> Unknown ↓ Go to 48. CRC1\_CHEMO

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7. CRC1\_SURG\_TYPE: If yes, what type? SEER coding used. Attach all pathology & operative reports for this CRC.

<input type="checkbox"/> <sub>2</sub> Local tumor destruction, i.e., laser, electrocautery	<input type="checkbox"/> <sub>9</sub> Total Proctectomy
<input type="checkbox"/> <sub>3</sub> Local surgical excision with specimen i.e., trans anal excision, polypectomy, snare	<input type="checkbox"/> <sub>10</sub> Total Proctocolectomy
<input type="checkbox"/> <sub>4</sub> Right Hemi colectomy	<input type="checkbox"/> <sub>11</sub> Abdominoperineal resection
<input type="checkbox"/> <sub>5</sub> Left Hemi colectomy	<input type="checkbox"/> <sub>12</sub> Segmental/Wedge/Partial Resection NOS
<input type="checkbox"/> <sub>6</sub> Hemi colectomy side not specified: not total	<input type="checkbox"/> <sub>13</sub> Sigmoidectomy / Sigmoid Colectomy
<input type="checkbox"/> <sub>7</sub> Low anterior resection	<input type="checkbox"/> <sub>77</sub> Other surgery → Q8
<input type="checkbox"/> <sub>8</sub> Total Colectomy	<input type="checkbox"/> <sub>88</sub> Missing
	<input type="checkbox"/> <sub>99</sub> Unknown

8. CRC1\_SURG\_TYPE\_TXT. Describe other surgery: \_\_\_\_\_

9. CRC1\_SURG\_DATE

____	____	____	88, 88, 8888 – Missing
YYYY	MM	DD	99, 99, 9999 – Unknown

10. CRC1\_SURG\_LOCAL: Operative findings indicating completeness of excision.  
(Source: Operative report and/or the discharge summary NOT pathology report)

- <sub>1</sub>. Tumor **not entirely** resected
- <sub>2</sub>. Tumor **entirely** resected
- <sub>9</sub>. Unknown

11. CRC1\_SURG\_OTHORG: Were other organs (partial or total) removed at definitive surgery?

- <sub>1</sub>. Yes and site/organ specified
- <sub>2</sub>. Yes and site/organ not specified
- <sub>3</sub>. No ↓ Go to Q39
- <sub>8</sub>. Missing ↓ Go to Q39
- <sub>9</sub>. Unknown ↓ Go to Q39

Were these organs (partial or total) removed at definitive surgery?

N/R – not reported

12. CRC1_SURG_OTHORG_SM_INTEST: Small intestine	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
13. CRC1_SURG_OTHORG_LIVER: Liver	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
14. CRC1_SURG_OTHORG_APPENDIX: Appendix	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
15. CRC1_SURG_OTHORG_OVARY, NOS: Ovary, side unknown	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
16. CRC1_SURG_OTHORG_OVARY_R: Right ovary	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
17. CRC1_SURG_OTHORG_OVARY_L: Left ovary	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
18. CRC1_SURG_OTHORG_OVARY_B: Both ovaries	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
19. CRC1_SURG_OTHORG_SPLEEN: Spleen	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
20. CRC1_SURG_OTHORG_BLADDER: Bladder	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
21. CRC1_SURG_OTHORG_OTH: Other organ(s) → If yes, go to Q22	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
22. CRC1_SURG_OTHORG_OTH_TXT: Describe	

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23. CRC1\_SURG\_MARGIN: Did the tumor reach surgical resection margins?

(Source: Pathology report)

- <sub>1</sub> Positive, proximal (Tumor is seen at proximal surgical resection margin)
- <sub>2</sub> Positive, distal (Tumor is seen at distal surgical resection margin)
- <sub>3</sub> Positive, radial (Tumor is seen at radial surgical resection margin)
- <sub>4</sub> Positive, more than one margins defined.
- <sub>5</sub> Positive, NOS (Tumor is seen at surgical resection margin, margin not defined)
- <sub>6</sub> Negative (all surgical resection margins are free of tumor)
- <sub>8</sub> Missing
- <sub>9</sub> Unknown

**METASTATIC DISEASE FOUND**

24. CRC1\_MET: Was metastatic disease found at the time of surgery?

(Source: Operative report)

- <sub>1</sub>. Yes and site/organ specified → Metastatic site
- <sub>2</sub>. Yes and site/organ not specified ↓ Go to 48. CRC1\_CHEMO
- <sub>3</sub>. No ↓ Go to Q39, CRC1\_T
- <sub>8</sub>. Missing ↓ Go to Q39, CRC1\_T
- <sub>9</sub>. Unknown ↓ Go to Q39, CRC1\_T

Does metastatic site equal:

N/R – not reported

25. CRC1_MET_ASCITES: Ascites	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
26. CRC1_MET_MESEN_LN: Mesenteric LNs, other than in mesentery of planned resection	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
27. CRC1_MET_LIVER: Liver	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
28. CRC1_MET_LUNG: Lung	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
29. CRC1_MET_OMENTUM: Omentum	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
30. CRC1_MET_ABD_WALL: Abdominal wall	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
31. CRC1_MET_OVARY: Ovary	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
32. CRC1_MET_BONE: Bone	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
33. CRC1_MET_PERITO: Peritoneum	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
34. CRC1_MET_MESEN: Mesentery	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
35. CRC1_MET_OTH: Other	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
36. CRC1_MET_OTH_TXT: If yes, specify other organs:	

37. CRC1\_MET\_RESECT: Was this metastasis resected immediately (within 3 months) after baseline surgery?

- <sub>1</sub>. All metastases entirely resected
- <sub>2</sub>. At least one metastasis not entirely resected
- <sub>3</sub>. Not resected (no surgery)
- <sub>8</sub>. Missing
- <sub>9</sub>. Unknown

38. CRC1\_MET\_RESECT\_DATE: Date metastasis was resected (only if completely or incompletely resected)

____	____	____	88, 88, 8888 – Missing
YYYY	MM	DD	99, 99, 9999 – Unknown

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**BASELINE CLINICOPATHOLOGIC SUMMARY STAGE OF DISEASE**

T and N should be derived from pathology report. To derive M, use information available from all sources and all investigations (i.e., resection or biopsy pathology report, pre-operative imaging (ultrasound, MRI, CT, nuclear scan), operative notes within 6 months of pathology proven diagnosis date)

39. CRC1\_T: Tumor Stage at Baseline (0-4)

- \_0 Carcinoma in situ/TIS
- \_1 T1: Tumor invades submucosa
- \_2 T2: Tumor invades muscularis propria
- \_3 T3: Tumor invades through muscularis propria into submucosa or into non peritonealized pericolic or perirectal tissues
- \_4 T4: Tumor directly invades other organs/structures/perforates visceral peritonium
- \_8 Missing
- \_9 Unknown

42. CRC1\_T\_SRC: Source of information for tumor stage

- \_1 Pathology Report
- \_2 Clinic Note/Discharge Summary
- \_3 Other (Specify): 43. CRC1\_T\_SRC\_TXT: \_\_\_\_\_
- \_8 Missing
- \_9 Unknown

40. CRC1\_N: Nodal stage at Baseline (0-2)

- \_0 N0: No regional lymph node metastasis
- \_1 N1: Metastasis in 1 to 3 regional lymph nodes
- \_2 N2: Metastasis in 4 or more regional lymph nodes
- \_8 Missing
- \_9 Unknown

44. CRC1\_N\_SRC: Source of information for nodal stage:

- \_1 Pathology Report
- \_2 Clinic Note/Discharge Summary
- \_3 Other (Specify): 45. CRC1\_N\_SRC\_TXT: \_\_\_\_\_
- \_8 Missing
- \_9 Unknown

41. CRC1\_M (0-1)

- \_0 M0: No distant metastasis
- \_1 M1: Distant metastasis is present
- \_8 Missing
- \_9 Unknown

46. CRC1\_M\_SRC: Source of information for metastasis stage

- \_1 Pathology Report
- \_2 Clinic Note/Discharge Summary
- \_3 Operative note
- \_4 Radiology report (US, CT, MRI, etc.)
- \_5 Other (Specify): 47. CRC1\_M\_SRC\_TXT: \_\_\_\_\_
- \_8 Missing
- \_9 Unknown

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48. CRC1\_CHEMO: Was chemotherapy given for the primary colorectal cancer(s)?

- <sub>1</sub>. Yes
- <sub>2</sub>. No ↓ Go to Q63, CRC1\_RAD
- <sub>8</sub>. Missing ↓ Go to Q63, CRC1\_RAD
- <sub>9</sub>. Unknown ↓ Go to Q63, CRC1\_RAD

49. CRC1\_CHEMO\_METHOD: What method of chemotherapy was applied for treatment of primary CRC?

Note: Multiple methods and agents are possible. If so, they should be recorded in order given i.e., Neo Adjuvant first > Adjuvant > Palliative last.

<input type="checkbox"/> <sub>1</sub> Adjuvant	<input type="checkbox"/> <sub>4</sub> Neo adjuvant (pre-operative)
<input type="checkbox"/> <sub>2</sub> Palliative	<input type="checkbox"/> <sub>8</sub> Missing
<input type="checkbox"/> <sub>3</sub> Pseudo adjuvant	<input type="checkbox"/> <sub>9</sub> Unknown

50. CRC1\_CHEMO1\_DATE: Date of 1<sup>st</sup> chemotherapy treatment of the CRC primary(ies) in the eligibility period.

_____	_____	_____	88, 88, 8888 – Missing
YYYY	MM	DD	99, 99, 9999 – Unknown

51. CRC1\_CHEMO1\_AGT: Pseudo gateway question to capture overall “missing/unknown agent”

- <sub>1</sub> Specified
- <sub>8</sub> Missing
- <sub>9</sub> Unknown

**CHEMOTHERAPEUTIC AGENT FOR BASELINE DIAGNOSIS (first course only)**

52. CRC1_CHEMO1_AGT_5FU: 5 FU / Fluorouracil/ Adrucil	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
53. CRC1_CHEMO1_AGT_FA: Folinic Acid (FA) / Leucovorin / Wellcovorin	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
54. CRC1_CHEMO1_AGT_CPT11: CPT11/ Irinotecan / Camptosar	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
55. CRC1_CHEMO1_AGT_OXAL: Oxaliplatin / Eloxatin	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
56. CRC1_CHEMO1_AGT_LEVA: Levamisole	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
57. CRC1_CHEMO1_AGT_XELO: Xeloda / Capecitabine	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
58. CRC1_CHEMO1_AGT_AVAS: Avastin / Bevacizumab	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
59. CRC1_CHEMO1_AGT_ERBI: Erbitux/ Cetuximab	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
60. CRC1_CHEMO1_AGT_GEMZ: Gemzar	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
61. CRC1_CHEMO1_AGT_OTH: Other agent	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R

63. CRC1\_RAD: Was radiation given for the primary colorectal cancer(s)?

- <sub>1</sub>. Yes
- <sub>2</sub>. No ↓ Go to Q66, CRC1\_TREAT\_OTH
- <sub>8</sub>. Missing ↓ Go to Q66, CRC1\_TREAT\_OTH
- <sub>9</sub>. Unknown ↓ Go to Q66, CRC1\_TREAT\_OTH

64. CRC1\_RAD\_METHOD: Method of radiotherapy applied for treatment of primary CRC? If more than one method/agent was applied, record in order given i.e., Neo Adjuvant first > Adjuvant > Palliative last.

<input type="checkbox"/> <sub>1</sub> Adjuvant	<input type="checkbox"/> <sub>4</sub> Neo adjuvant (pre-operative)
<input type="checkbox"/> <sub>2</sub> Palliative	<input type="checkbox"/> <sub>8</sub> Missing
<input type="checkbox"/> <sub>3</sub> Pseudo adjuvant	<input type="checkbox"/> <sub>9</sub> Unknown

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65. CRC1\_RAD1\_DATE: Date of 1<sup>st</sup> radiotherapy treatment of the CRC primary(ies) in the eligibility period.

____	____	____	88, 88, 8888 – Missing
YYYY	MM	DD	99, 99, 9999 – Unknown

66. CRC1\_TREAT\_OTH: Were other treatment methods applied for primary CRC?

- <sub>1</sub> Yes, only one other treatment
- <sub>2</sub> Yes, only two other treatments
- <sub>3</sub> No
- <sub>8</sub> Missing
- <sub>9</sub> Unknown

67. CRC1\_TREAT\_OTH\_TXT: Describe 1st OTHER treatment. If more than one separate with commas.

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**SYNCHRONOUS PRIMARY(S)**

68. CRC1\_SYNC: Were synchronous CRC primaries diagnosed at baseline?

- <sub>1</sub> Yes
- <sub>2</sub> No ↓ Go to Q84. LR\_RECUR
- <sub>8</sub> Missing ↓ Go to Q84. LR\_RECUR
- <sub>9</sub> Unknown ↓ Go to Q84. LR\_RECUR

69. CRC1\_SYNC\_NUM: Number of synchronous primary(s):

\_\_\_\_ 1-8 or 88 (Missing) or 99 (unknown)

70. CRC1\_SYNC2\_TUMOR\_NO: Tumor number.

\_\_\_\_ Tumor no. of CRC1\_SYNC2. Should correspond with information from the CANCER file.

71. CRC1\_SYNC2\_ICD: ICD code of the 2<sup>nd</sup> largest synchronous CRC primary.

C \_\_\_\_ . \_\_\_\_ ICD code of PRIMARY\_2

72. CRC1\_SYNC2\_DXDATE: Diagnosis date of 2<sup>nd</sup> synchronous CRC primary in the eligibility period:

____	____	____	88, 88, 8888 – Missing
YYYY	MM	DD	99, 99, 9999 – Unknown

73. CRC1\_SYNC2\_SURG\_TYPE: Surgical treatment for 2<sup>nd</sup> synchronous primary CRC:

<input type="checkbox"/> <sub>1</sub> No surgery → Go to Q80	<input type="checkbox"/> <sub>9</sub> Total Proctectomy
<input type="checkbox"/> <sub>2</sub> Local tumor destruction, i.e., laser, electrocautery	<input type="checkbox"/> <sub>10</sub> Total Proctocolectomy
<input type="checkbox"/> <sub>3</sub> Local surgical excision with specimen i.e., trans anal excision, polypectomy, snare	<input type="checkbox"/> <sub>11</sub> Abdominoperineal resection
<input type="checkbox"/> <sub>4</sub> Right Hemi colectomy	<input type="checkbox"/> <sub>12</sub> Segmental/Wedge/Partial Resection NOS
<input type="checkbox"/> <sub>5</sub> Left Hemi colectomy	<input type="checkbox"/> <sub>13</sub> Sigmoidectomy / Sigmoid Colectomy
<input type="checkbox"/> <sub>6</sub> Hemi colectomy side not specified: not total	<input type="checkbox"/> <sub>77</sub> Other surgery
<input type="checkbox"/> <sub>7</sub> Low anterior resection	<input type="checkbox"/> <sub>88</sub> Missing → Go to Q80
<input type="checkbox"/> <sub>8</sub> Total Colectomy	<input type="checkbox"/> <sub>99</sub> Unknown → Go to Q80

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75. CRC1\_SYNC2\_SURG\_LOCAL: Operative findings, local (residual tumor) for 2<sup>nd</sup> synchronous primary CRC (Source: Operative report and/or discharge summary **NOT pathology report**).

- 1. Tumor not entirely resection
- 2. Tumor entirely resected
- 8. Missing
- 9. Unknown

76. CRC1\_SYNC2\_SURG\_MARGIN: Did the 2nd synchronous primary CRC reach surgical resection margins? (Source: Pathology report)

- 1 Positive, proximal (Tumor is seen at proximal surgical resection margin)
- 2 Positive, distal (Tumor is seen at distal surgical resection margin)
- 3 Positive, radial (Tumor is seen at radial surgical resection margin)
- 4 Positive, more than one margins defined.
- 5 Positive, NOS (Tumor is seen at surgical resection margin, margin not defined)
- 6 negative (all surgical resection margins are free of tumor)
- 8 Missing
- 9 Unknown

77. CRC1\_SYNC3\_TUMOR\_NO: Tumor number, should correspond with information from the CANCER file.  
 \_\_\_\_ Tumor no of CRC1\_SYNC3. Should correspond with information from the CANCER file.

78. CRC1\_SYNC3\_ICD: ICD code of the 3rd largest synchronous CRC primary  
 C \_\_\_\_ . \_\_\_\_ ICD code of PRIMARY\_3

79. CRC1\_SYNC3\_DXDATE: Diagnosis date of 3rd synchronous CRC primary in the eligibility period:

____	____	____	88, 88, 8888 – Missing
YYYY	MM	DD	99, 99, 9999 – Unknown

80. CRC1\_SYNC3\_SURG\_TYPE: Surgical treatment for 3<sup>rd</sup> synchronous primary CRC:

<input type="checkbox"/> 1 No surgery → ↓ Go to Q84. LR_RECUR	<input type="checkbox"/> 9 Total Proctectomy
<input type="checkbox"/> 2 Local tumor destruction, i.e., laser, electrocautery	<input type="checkbox"/> 10 Total Proctocolectomy
<input type="checkbox"/> 3 Local surgical excision with specimen i.e., trans anal excision, polypectomy, snare	<input type="checkbox"/> 11 Abdominoperineal resection
<input type="checkbox"/> 4 Right Hemi colectomy	<input type="checkbox"/> 12 Segmental/Wedge/Partial Resection NOS
<input type="checkbox"/> 5 Left Hemi colectomy	<input type="checkbox"/> 13 Sigmoidectomy / Sigmoid Colectomy
<input type="checkbox"/> 6 Hemi colectomy side not specified: not total	<input type="checkbox"/> 77 Other surgery
<input type="checkbox"/> 7 Low anterior resection	<input type="checkbox"/> 88 Missing ↓ Go to Q84. LR_RECUR
<input type="checkbox"/> 8 Total Colectomy	<input type="checkbox"/> 99 Unknown ↓ Go to Q84. LR_RECUR

81. CRC1\_SYNC3\_SURG\_TYPE\_TXT: \_\_\_\_\_

82. CRC1\_SYNC3\_SURG\_LOCAL: Operative findings, local (residual tumor) for 3<sup>rd</sup> synchronous primary CRC (Source: Operative report and/or discharge summary NOT pathology report).

- 1. Tumor not entirely resection
- 2. Tumor entirely resected
- 8. Missing
- 9. Unknown

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83. CRC1\_SYNC3\_SURG\_MARGIN: Did the 3<sup>rd</sup> synchronous primary CRC reach surgical resection margins?  
(Source: Pathology report)

- <sub>1</sub> Positive, proximal (Tumor is seen at proximal surgical resection margin)
- <sub>2</sub> Positive, distal (Tumor is seen at distal surgical resection margin)
- <sub>3</sub> Positive, radial (Tumor is seen at radial surgical resection margin)
- <sub>4</sub> Positive, more than one margins defined.
- <sub>5</sub> Positive, NOS (Tumor is seen at surgical resection margin, margin not defined)
- <sub>6</sub> Negative (all surgical resection margins are free of tumor)
- <sub>8</sub> Missing
- <sub>9</sub> Unknown

**CLINICAL FOLLOW-UP SINCE BASELINE DIAGNOSIS (should be at least 4 years after incident CRC diagnosis)**  
**FIRST LOCOREGIONAL RECURRENCE**

84. LR\_RECUR: Did patient have at least one locoregional recurrence after CRC diagnosis? (Ideally interval between diagnosis date and final chart review date should be at least 4 years)

- <sub>1</sub>. Yes and site/organ specified
- <sub>2</sub>. Yes and site/organ not specified
- <sub>3</sub>. No ↓ Go to Q131, DST\_R
- <sub>8</sub>. Missing ↓ Go to Q131, DST\_R
- <sub>9</sub>. Unknown ↓ Go to Q131, DST\_R

85. LR1\_DATE: Date of 1<sup>st</sup> locoregional recurrence

____-____-____ YYYY	____ MM	____ DD	88, 88, 8888 – Missing 99, 99, 9999 – Unknown
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LR1_SITE(S)	N/R – not reported
86: LR1_ANAST: Anastomosis	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
87: LR1_MESEN: Mesentery	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
88: LR1_ABD_WALL	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
89: R1_INCS: Incisional	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
90: LR1_PELVIS: Pelvis	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
91: LR1_OTH: Other	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
92: LR1_OTH_TXT, specify:	

93. LR1\_TREAT: Did patient receive treatment for locoregional recurrence?

- <sub>1</sub>. Yes
- <sub>2</sub>. No ↓ Go to Q131, DST\_R
- <sub>8</sub>. Missing ↓ Go to Q131, DST\_R
- <sub>9</sub>. Unknown ↓ Go to Q131, DST\_R

94. LR1\_SURG: Was Surgical treatment given for locoregional recurrence?

- <sub>1</sub>. Yes
- <sub>2</sub>. No ↓ Go to Q97, LR1\_CHEMO
- <sub>8</sub>. Missing ↓ Go to Q97, LR1\_CHEMO
- <sub>9</sub>. Unknown ↓ Go to Q97, LR1\_CHEMO



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95. LR1\_SURG\_LOCAL: Surgery for locoregional recurrence?

- <sub>1</sub>. Recurrent tumor entirely resected
- <sub>2</sub>. Recurrent tumor not entirely resected
- <sub>8</sub>.Missing
- <sub>9</sub>. Unknown

96. LR1\_SURG\_TXT: If LR1\_SURG\_LOCAL = 1 or 2, describe

Describe procedure: \_\_\_\_\_

97. LR1\_CHEMO: Was chemotherapy given for locoregional recurrence?

- <sub>1</sub>. Yes
- <sub>2</sub>. No ↓ Go to Q112, LR1\_RAD
- <sub>8</sub>.Missing ↓ Go to Q112, LR1\_RAD
- <sub>9</sub>. Unknown ↓ Go to Q112, LR1\_RAD

98. LR1\_CHEMO\_METHOD: Method of chemotherapy applied for treatment of the locoregional recurrence(s)

If more than one method/agent, record in order given i.e., Neo Adjuvant first > Adjuvant > Palliative last.

<input type="checkbox"/> <sub>1</sub> Adjuvant	<input type="checkbox"/> <sub>4</sub> Neo adjuvant (pre-operative)
<input type="checkbox"/> <sub>2</sub> Palliative	<input type="checkbox"/> <sub>8</sub> Missing
<input type="checkbox"/> <sub>3</sub> Pseudo adjuvant	<input type="checkbox"/> <sub>9</sub> Unknown

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99. LR1\_CHEMO1\_DATE: Date of 1st chemotherapy treatment of the locoregional recurrence.

_____ YYYY	_____ MM	_____ DD	88, 88, 8888 – Missing 99, 99, 9999 – Unknown
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100. LR1\_CHEMO1\_AGT: Pseudo gateway question to capture overall missing/unknown agent

- <sub>1</sub>. Specified
- <sub>8</sub>. Missing
- <sub>9</sub>. Unknown

Chemotherapeutic agent(s) for 1<sup>st</sup> locoregional recurrence dx. If more than 1, separate with commas.

101. CRC1_CHEMO1_AGT_5FU: 5 FU / Fluorouracil/ Adrucil	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
102. CRC1_CHEMO1_AGT_FA: Folinic Acid (FA) / Leucovorin / Wellcovorin	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
103. CRC1_CHEMO1_AGT_CPT11: CPT11/ Irinotecan / Camptosar	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
104. CRC1_CHEMO1_AGT_OXAL: Oxaliplatin / Eloxatin	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
105. CRC1_CHEMO1_AGT_LEVA: Levamisole	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
106. CRC1_CHEMO1_AGT_XELO: Xeloda / Capecitabine	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
107. CRC1_CHEMO1_AGT_AVAS: Avastin / Bevacizumab	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
108. CRC1_CHEMO1_AGT_ERBI: Erbitux/ Cetuximab	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
109. CRC1_CHEMO1_AGT_GEMZ: Gemzar	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
110. CRC1_CHEMO1_AGT_OTH: Other agent	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
111. CRC1_CHEMO1_AGT_OTH_TXT: Name of other agent: _____	

112. LR1\_RAD: Was radiotherapy given for locoregional recurrence?

- <sub>1</sub>. Yes
- <sub>2</sub>. No ↓ Go to Q131, DST\_R
- <sub>8</sub>. Missing ↓ Go to Q131, DST\_R
- <sub>9</sub>. Unknown ↓ Go to Q131, DST\_R

113. LR1\_RAD\_METHOD: What method of radiotherapy was applied for the locoregional recurrence treatment?

- |   |  |
|---|--|
| <input type="checkbox"/> <sub>1</sub> Adjuvant        | <input type="checkbox"/> <sub>4</sub> Neo adjuvant (pre-operative) |
| <input type="checkbox"/> <sub>2</sub> Palliative      | <input type="checkbox"/> <sub>8</sub> Missing                      |
| <input type="checkbox"/> <sub>3</sub> Pseudo adjuvant | <input type="checkbox"/> <sub>9</sub> Unknown                      |

114. LR1\_RAD1\_DATE: Date of 1st radiotherapy treatment of the locoregional recurrence.

_____ YYYY	_____ MM	_____ DD	88, 88, 8888 – Missing 99, 99, 9999 – Unknown
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115. LR1\_TREAT\_OTH: Were other treatment methods applied for first locoregional recurrence?

- <sub>1</sub>. Yes, 1 other treatment
- <sub>2</sub>. Yes, 2 other treatments
- <sub>3</sub>. No
- <sub>8</sub>. Missing
- <sub>9</sub>. Unknown

116. LR1\_TREAT\_OTH\_TXT: Describe the 1<sup>st</sup> other treatment methods applied for 1st locoregional recurrence. If more than one, separate with commas. \_\_\_\_\_

**COLON CFR CLINICAL DIAGNOSIS AND TREATMENT ABSTRACTION FORM**

117. LR\_ADD: Pseudo entry question to section on additional LR sites--should be yes if any LR\_ADD below are yes

- <sub>1</sub>. Yes and site/organ specified
- <sub>2</sub>. Yes and site/organ not specified
- <sub>3</sub>. No ↓ Go to Q131, DIST\_R
- <sub>8</sub>. Missing ↓ Go to Q131, DIST\_R
- <sub>9</sub>. Unknown ↓ Go to Q131, DIST\_R

Locoregional recurrence sites, date diagnosed:

SITE:		If yes, Date diagnosed (YYYYMMDD)
118. LR_ADD_ANAST: Anastomosis	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	119. _____
120. LR_ADD_MESEN: Mesentery	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	121. _____
122. LR_ADD_WALL: Abdominal wall	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	123. _____
124. LR_ADD_INCS: Incisional	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	125. _____
126. LR_ADD_PELVIS: Pelvis	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	127. _____
128. LR_ADD_OTH: Other	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	130. _____
129. LR_ADD_OTH_TXT: Specify:		_____

**DISTANT RECURRENCE**

131. DIST\_R: Did case have a distant recurrence after CRC dx (after start date to final chart date available)?

- <sub>1</sub>. Yes and site/organ specified
- <sub>2</sub>. Yes and site/organ not specified
- <sub>3</sub>. No ↓ Go to Q192, NEW\_CRC\_PRIM
- <sub>8</sub>. Missing ↓ Go to Q192, NEW\_CRC\_PRIM
- <sub>9</sub>. Unknown ↓ Go to Q192, NEW\_CRC\_PRIM

132. DST\_R1\_DATE: Date of 1st distant recurrence.

_____ YYYY	_____ MM	_____ DD	88, 88, 8888 – Missing 99, 99, 9999 – Unknown
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DST\_R1\_SITE/ORGAN

133. DST_R1_LIVER: Liver	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
134. DST_R1_LUNG: Lung	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
135. DST_R1_BONE: Bone	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
136. DST_R1_ASCITES: Ascites	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
137. DST_R1_NONMES_LN: Non mesenteric lymph nodes (except supraclavicular)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
138. DST_R1_NONMES_LN_TXT: Describe specific non-mesenteric LN _____	
139. DST_R1_SUPRA_LN: Supraclavicular nodes	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
140. DST_R1_BRAIN: Brain	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
141. DST_R1_SKIN: Skin, except incision	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
142. DST_R1_SKIN_TXT: Specific skin site of first distant recurrence, specify: _____	
143. DST_R1_ADRENAL: Adrenal gland	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
144. DST_R1_OTH	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
145. DST_R1_OTH_TXT: Describe OTHER site of first distant recurrence, describe _____	

COLON CFR CLINICAL DIAGNOSIS AND TREATMENT ABSTRACTION FORM

146. DST\_R1\_TREAT: Did the patient undergo treatment for distant recurrence?

- <sub>1</sub>. Yes
- <sub>2</sub>. No ↓ Go to Q192, NEW\_CRC\_PRIM
- <sub>8</sub>. Missing ↓ Go to Q192, NEW\_CRC\_PRIM
- <sub>9</sub>. Unknown ↓ Go to Q192, NEW\_CRC\_PRIM

147. DST\_R1\_SURG: Did patient undergo surgical treatment for distant recurrence?

- <sub>1</sub>. Yes
- <sub>2</sub>. No ↓ Go to Q150. DST\_R1\_CHEMO
- <sub>8</sub>. Missing ↓ Go to Q150. DST\_R1\_CHEMO
- <sub>9</sub>. Unknown ↓ Go to Q150. DST\_R1\_CHEMO

148. DST\_R1\_SURG\_LOCAL: If yes, did patient undergo surgery for distant recurrence?

- <sub>1</sub>. Recurrent tumor entirely resected
- <sub>2</sub>. Recurrent tumor not entirely resected
- <sub>8</sub>. Missing
- <sub>9</sub>. Unknown

149. DST\_R1\_SURG\_TEXT: Describe OTHER surgery for distant recurrence 1 or 2.

---

150. DST\_R1\_CHEMO: Did patient undergo chemotherapy for distant recurrence?

- <sub>1</sub>. Yes
- <sub>2</sub>. No ↓ Go to Q165, DST\_R1\_RAD
- <sub>8</sub>. Missing ↓ Go to Q165, DST\_R1\_RAD
- <sub>9</sub>. Unknown ↓ Go to Q165, DST\_R1\_RAD

151. DST\_R1\_CHEMO\_METHOD: If yes, what method of chemotherapy was applied for treatment of the distant recurrence? If more than one method/agent was used, record in order given i.e., Neo Adjuvant first > Adjuvant > Palliative last.

<input type="checkbox"/> <sub>1</sub> Adjuvant	<input type="checkbox"/> <sub>4</sub> Neo adjuvant (pre-operative)
<input type="checkbox"/> <sub>2</sub> Palliative	<input type="checkbox"/> <sub>8</sub> Missing
<input type="checkbox"/> <sub>3</sub> Pseudo adjuvant	<input type="checkbox"/> <sub>9</sub> Unknown

152. DST\_R1\_CHEMO1\_DATE: Date of 1st chemotherapy treatment of the distant recurrence.

_____	_____	_____	88, 88, 8888 – Missing
YYYY	MM	DD	99, 99, 9999 – Unknown

153. DST\_R1\_CHEMO1\_AGT: Pseudo gateway question to capture overall “missing/unknown agent”

- <sub>1</sub>. Specified
- <sub>8</sub>. Missing ↓ Go to Q165, DST\_R1\_RAD
- <sub>9</sub>. Unknown ↓ Go to Q165, DST\_R1\_RAD

DST\_R1\_AGENT\_TYPE: Chemotherapeutic agent for distant recurrence diagnosis, first course only

154: DST_R1_CHEMO1_AGT_5FU: 5 FU / Fluorouracil/ Aduvicol	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
155: DST_R1_CHEMO1_AGT_FA: Folinic Acid (FA) / Leucovorin / Wellcovorin	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
156: DST_R1_CHEMO1_AGT_CPT11: CPT11/ Irinotecan / Camptosar	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R

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157. DST_R1_CHEMO1_AGT_OXAL: Oxaliplatin / Eloxatin	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
158. DST_R1_CHEMO1_AGT_LEVA: Levamisole	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
159. DST_R1_CHEMO1_AGT_XELO: Xeloda / Capecitabine	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
160. DST_R1_CHEMO1_AGT_AVAS: Avastin / Bevacizumab	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
161. DST_R1_CHEMO1_AGT_ERBI: Erbitux/ Cetuximab	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
162. DST_R1_CHEMO1_AGT_GEMZ: Gemzar	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
163. DST_R1_CHEMO1_AGT_OTH: Other agent	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R
164. DST_R1__AGT_OTH_TXT: Name of other agent:	

165. DST\_R1\_RAD: Was radiotherapy given for locoregional recurrence?

- <sub>1</sub>. Yes
- <sub>2</sub>. No ↓ Go to Q168. DST\_R\_ADD
- <sub>8</sub>. Missing ↓ Go to Q168. DST\_R\_ADD
- <sub>9</sub>. Unknown ↓ Go to Q168. DST\_R\_ADD

166. DST\_R1\_RAD\_METHOD: Method of radiotherapy applied for treatment of the locoregional recurrence.

<input type="checkbox"/> <sub>1</sub> Adjuvant	<input type="checkbox"/> <sub>4</sub> Neo adjuvant (pre-operative)
<input type="checkbox"/> <sub>2</sub> Palliative	<input type="checkbox"/> <sub>8</sub> Missing
<input type="checkbox"/> <sub>3</sub> Pseudo adjuvant	<input type="checkbox"/> <sub>9</sub> Unknown

167. DST\_R1\_RAD\_DATE: Date of 1st radiotherapy treatment of the distant recurrence.

____	____	____	88, 88, 8888 – Missing
YYYY	MM	DD	99, 99, 9999 – Unknown

168. DST\_R\_ADD: Pseudo gateway for additional distant recurrence site(s):

- <sub>1</sub>. Yes and site/organ specified
- <sub>2</sub>. Yes and site/organ not specified
- <sub>3</sub>. No ↓ Go to Q192, NEW\_CRC\_PRIM
- <sub>8</sub>. Missing ↓ Go to Q192, NEW\_CRC\_PRIM
- <sub>9</sub>. Unknown ↓ Go to Q192, NEW\_CRC\_PRIM

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Site(s) of involvement at time of additional distant recurrence

SITE:		If yes, date diagnosed (YYYYMMDD)
169: DST_R_ADD_LIVER: Liver	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	170. _____
171: DST_R_ADD_LUNG: Lung	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	172. _____
173: DST_R_ADD_BONE: Bone	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	174. _____
175: DST_R_ADD_ASCITES: Ascites	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	176. _____
177: DST_R_ADD_NONMES_LN: Non-mesenteric LNs	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	178. _____
179. DST_R_ADD_NONMES_LN_TXT:	Describe:	
180: DST_R_ADD_SUPRA_LN: Supraclavicular nodes	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	181. _____
182: DST_R_ADD_BRAIN: Brain	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	183. _____
184. DST_R_ADD_SKIN_DATE: Skin	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	185. _____
186. DST_R_ADD_SKIN_TXT	Describe:	
187. DST_R_ADD_BRAIN: Brain	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	188. _____
189. DST_R_ADD_OTH: Other	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	190. _____
191. 189. DST_R_ADD_OTH_TXT	Describe:	

**NEW PRIMARY COLORECTAL CANCER**

192. NEW\_CRC\_PRIM: Did the proband have a new primary CRC diagnosis after the original CRC diagnosis (after start date to final chart date)? NOTE: Additional cancer information may exist in the individual CANCER table.

- <sub>1</sub>. Yes
- <sub>2</sub>. No ↓ Go to Q284, NEW\_NONCRC\_PRIM
- <sub>8</sub>. Missing ↓ Go to Q284, NEW\_NONCRC\_PRIM
- <sub>9</sub>. Unknown ↓ Go to Q284, NEW\_NONCRC\_PRIM

193. NEW\_CRC1\_TUMOR\_NO: Tumor number.

\_\_\_\_\_ Tumor no. of NEW\_CRC1. Should correspond with information from the CANCER file.

194. NEW\_CRC1\_ICD: ICD code of 1st new CRC primary if synchronous primaries. Record the LARGEST.

C \_\_\_\_ . \_\_\_\_ ICD code of NEW\_PRIMARY\_1

195. NEW\_CRC1\_DXDATE

_____	_____	_____	88, 88, 8888 – Missing
YYYY	MM	DD	99, 99, 9999 – Unknown

196. NEW\_CRC1\_SURG: Was surgical treatment performed for 1<sup>st</sup> new CRC primary?

- <sub>1</sub>. Yes
- <sub>2</sub>. No
- <sub>8</sub>. Missing ↓ Go to Q201, NEW\_CRC1\_SURG\_OTHORG
- <sub>9</sub>. Unknown ↓ Go to Q201, NEW\_CRC1\_SURG\_OTHORG

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197. NEW\_CRC1\_SURG\_TYPE: Type of surgical treatment for new CRC primary (can use SEER coding).

<input type="checkbox"/> <sub>2</sub> Local tumor destruction, i.e., laser, electrocautery	<input type="checkbox"/> <sub>9</sub> Total Proctectomy
<input type="checkbox"/> <sub>3</sub> Local surgical excision with specimen i.e., trans anal excision, polypectomy, snare	<input type="checkbox"/> <sub>10</sub> Total Proctocolectomy
<input type="checkbox"/> <sub>4</sub> Right Hemi colectomy	<input type="checkbox"/> <sub>11</sub> Abdominoperineal resection
<input type="checkbox"/> <sub>5</sub> Left Hemi colectomy	<input type="checkbox"/> <sub>12</sub> Segmental/Wedge/Partial Resection NOS
<input type="checkbox"/> <sub>6</sub> Hemi colectomy side not specified: not total	<input type="checkbox"/> <sub>13</sub> Sigmoidectomy / Sigmoid Colectomy
<input type="checkbox"/> <sub>7</sub> Low anterior resection	<input type="checkbox"/> <sub>77</sub> Other surgery → Q198
<input type="checkbox"/> <sub>8</sub> Total Colectomy	<input type="checkbox"/> <sub>88</sub> Missing
	<input type="checkbox"/> <sub>99</sub> Unknown

198. NEW\_CRC1\_SURG\_TYPE\_TXT: Describe other type of surgery for 1<sup>st</sup> new CRC primary.

---

199. NEW\_CRC1\_SURG\_DATE: Date of 1<sup>st</sup> resection for 1<sup>st</sup> new CRC primary.

____	____	____	88, 88, 8888 – Missing
YYYY	MM	DD	99, 99, 9999 – Unknown

200. NEW\_CRC1\_SURG\_LOCAL: Operative findings, local (residual tumor) for 1st new CRC primary.  
(Source: Operative report and/or the discharge summary **NOT** pathology report)

- <sub>1</sub>. Tumor not entirely resected
- <sub>2</sub>. Tumor entirely resected
- <sub>8</sub>. Missing ↓ Go to Q229. NEW\_CRC1\_T
- <sub>9</sub>. Unknown ↓ Go to Q229. NEW\_CRC1\_T

201. NEW\_CRC1\_SURG\_OTHORG: Were other organs (partial or total) removed at definitive surgery for 1st new CRC primary?

- <sub>1</sub>. Yes and site/organ specified
- <sub>2</sub>. Yes and site/organ not specified
- <sub>3</sub>. No ↓ Go to Q229. NEW\_CRC1\_T
- <sub>8</sub>. Missing ↓ Go to Q229. NEW\_CRC1\_T
- <sub>9</sub>. Unknown ↓ Go to Q229. NEW\_CRC1\_T

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Were the following organs (partial or total) removed for 1<sup>st</sup> new CRC primary?

- |   |   |
|---|---|
| 202. NEW_CRC1_SURG_OTHORG_SM_INTEST: Small intestine, partial or whole    | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 203. NEW_CRC1_SURG_OTHORG_LIVER: Liver, partial or whole                  | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 204. NEW_CRC1_SURG_OTHORG_APPENDIX: Appendix, partial or whole            | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 205. NEW_CRC1_SURG_OTHORG_OVARY_NOS: Ovary, side NOS, partial or whole    | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 206. NEW_CRC1_SURG_OTHORG_OVARY_R: Right ovary, partial or whole          | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 207. NEW_CRC1_SURG_OTHORG_OVARY_L: Left ovary, partial or whole           | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 208. NEW_CRC1_SURG_OTHORG_OVARY_B: Left and right ovary, partial or whole | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 209. NEW_CRC1_SURG_OTHORG_SPLEEN: Spleen, partial or whole                | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 210. NEW_CRC1_SURG_OTHORG_BLADDER: Bladder, partial or whole              | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 211. NEW_CRC1_SURG_OTHORG_OTH: Other, specify                             | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 212. NEW_CRC1_SURG_OTHORG_OTH_TXT:  |   |

213. NEW\_CRC1\_SURG\_MARGIN: Did the 1st new CRC primary reach surgical resection margins?

(Source: Pathology report)

- <sub>1</sub> Positive, proximal (Tumor is seen at proximal surgical resection margin)
- <sub>2</sub> Positive, distal (Tumor is seen at distal surgical resection margin)
- <sub>3</sub> Positive, radial (Tumor is seen at radial surgical resection margin)
- <sub>4</sub> Positive, more than one margins defined.
- <sub>5</sub> Positive, NOS (Tumor is seen at surgical resection margin, margin not defined)
- <sub>6</sub> Negative (all surgical resection margins are free of tumor)
- <sub>8</sub> Missing
- <sub>9</sub> Unknown

214. NEW\_CRC1\_MET: Was distant metastatic disease found at surgery for 1st new CRC primary?

- <sub>1</sub>. Yes and site/organ specified
- <sub>2</sub>. Yes and site/organ not specified
- <sub>3</sub>. No ↓ Go to Q229. NEW\_CRC1\_T
- <sub>8</sub>. Missing ↓ Go to Q229. NEW\_CRC1\_T
- <sub>9</sub>. Unknown ↓ Go to Q229. NEW\_CRC1\_T

Was the site of metastatic disease...

- |   |   |
|---|---|
| 215. NEW_CRC1_MET__ASCITES: Ascites   | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 216. NEW_CRC1_MET_MESEN_LN: Mesenteric LNs (not mesentery of planned resection) | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 217. NEW_CRC1_MET_LIVER: Liver  | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 218. NEW_CRC1_MET_LUNG: Lung  | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 219. NEW_CRC1_MET_OMENTUM: Omentum  | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 220. NEW_CRC1_MET_ABD_WALL: Abdominal wall                                      | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 221. NEW_CRC1_MET_OVARY: Ovary  | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 222. NEW_CRC1_MET_BONE: Bone  | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 223. NEW_CRC1_MET_PERITO. Peritoneum  | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 224. NEW_CRC1_MET_MESEN: Mesentery  | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 225. NEW_CRC1_MET_OTH: Other  | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 226. NEW_CRC1_MET_OTH_TXT:  |   |



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227. NEW\_CRC1\_MET\_RESECT: Was this metastasis resected immediately (within 3 months) after baseline surgery (if applicable)?

- 1. All metastases entirely resected
- 2. At least one metastasis not entirely resected
- 3. Not resected (no surgery)
- 8. Missing
- 9. Unknown

228. NEW\_CRC1\_MET\_RESECT\_DATE: Date metastasis was resected if resected completely or incompletely.

_____ YYYY	_____ MM	_____ DD	88, 88, 8888 – Missing 99, 99, 9999 – Unknown
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229. NEW\_CRC1\_T: Clinicopathologic summary stage of disease. Tumor Stage of 1st new CRC primary (0-4)

- 0 Carcinoma in situ/TIS
- 1 Tumor invades submucosa
- 2 Tumor invades muscularis propria
- 3 Tumor invades through muscularis propria into submucosa or into non peritonealized pericolic or perirectal tissues
- 4 Tumor directly invades other organs/structures/perforates visceral peritonium
- 8 Missing
- 9 Unknown

232. NEW\_CRC1\_T\_SRC: Source of information for tumor stage

- 1 Pathology Report
- 2 Clinical note / Discharge summary
- 3 Other, specify
- 8 Missing
- 9 Unknown

233. NEW\_CRC1\_T\_SRC\_TXT: Source of information for tumor stage: Other

---

230. NEW\_CRC1\_N: Nodal stage of 1st new CRC primary (0-2)

- 0 No regional lymph node metastasis
- 1 Metastasis in 1 to 3 regional lymph nodes
- 2 Metastasis in 4 or more regional lymph nodes
- 8 Missing
- 9 Unknown

234. NEW\_CRC1\_N\_SRC: Source of information for nodal stage

- 1 Pathology Report
- 2 Clinical note / Discharge summary
- 3 Other, specify
- 8 Missing
- 9 Unknown

235. NEW\_CRC1\_N\_SRC\_TXT: Source of information for nodal stage: Other

---

COLON CFR CLINICAL DIAGNOSIS AND TREATMENT ABSTRACTION FORM

231. NEW\_CRC1\_M: Metastasis stage of 1st new CRC primary (0-1)

- <sub>0</sub> No distant metastasis
- <sub>1</sub> Distant metastasis is present
- <sub>8</sub> Missing
- <sub>9</sub> Unknown

236. NEW\_CRC1\_M\_SRC: Source of information for metastasis stage

- <sub>1</sub> Pathology Report
- <sub>2</sub> Clinical note / Discharge summary
- <sub>3</sub> Operative note
- <sub>4</sub> Radiology report (ultrasound, cat scan, MRI)
- <sub>3</sub> Other, specify
- <sub>8</sub> Missing
- <sub>9</sub> Unknown

237. NEW\_CRC1\_M\_SRC\_TXT: Source of information for metastasis stage: Other

---

238. NEW\_CRC1\_CHEMO: Was chemotherapy given for treatment of the new primary colorectal cancer(s)?

- <sub>1</sub>. Yes
- <sub>2</sub>. No ↓ Go to Q253, NEW\_CRC1\_RAD
- <sub>8</sub>. Missing ↓ Go to Q253, NEW\_CRC1\_RAD
- <sub>9</sub>. Unknown ↓ Go to Q253, NEW\_CRC1\_RAD

239. NEW\_CRC1\_CHEMO\_METHOD: Method of chemotherapy applied for treatment of the new primary CRC(s).

Note: If multiple methods/agents, record in order given i.e., Neo Adjuvant first > Adjuvant > Palliative last

<input type="checkbox"/> <sub>1</sub> Adjuvant	<input type="checkbox"/> <sub>4</sub> Neo adjuvant (pre-operative)
<input type="checkbox"/> <sub>2</sub> Palliative	<input type="checkbox"/> <sub>8</sub> Missing
<input type="checkbox"/> <sub>3</sub> Pseudo adjuvant	<input type="checkbox"/> <sub>9</sub> Unknown

240. NEW\_CRC1\_CHEMO1\_DATE

_____	_____	_____	88, 88, 8888 – Missing
YYYY	MM	DD	99, 99, 9999 – Unknown

241. NEW\_CRC1\_CHEMO1\_AGT

- <sub>1</sub>. Specified
- <sub>8</sub>. Missing ↓ Go to Q253, NEW\_CRC1\_RAD
- <sub>9</sub>. Unknown ↓ Go to Q253, NEW\_CRC1\_RAD

COLON CFR CLINICAL DIAGNOSIS AND TREATMENT ABSTRACTION FORM

Chemotherapeutic agent for distant recurrence diagnosis, first course only.

- |   |   |
|---|---|
| 242. NEW_CRC1_CHEMO1_AGT_5FU: 5 FU / Fluorouracil/ Adrucil                | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 243. NEW_CRC1_CHEMO1_AGT_FA: Folinic Acid (FA) / Leucovorin / Wellcovorin | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 244. NEW_CRC1_CHEMO1_AGT_CPT11: CPT11/ Irinotecan / Camptosar             | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 245. NEW_CRC1_CHEMO1_AGT_OXAL: Oxaliplatin / Eloxatin                     | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 246. NEW_CRC1_CHEMO1_AGT_LEVA: Levamisole                                 | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 247. NEW_CRC1_CHEMO1_AGT_XELO: Xeloda / Capecitabine                      | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 248. NEW_CRC1_CHEMO1_AGT_AVAS: Avastin / Bevacizumab                      | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 249. NEW_CRC1_CHEMO1_AGT_ERBI: Erbitux/ Cetuximab                         | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 250. NEW_CRC1_CHEMO1_AGT_GEMZ: Gemzar                                     | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 251. NEW_CRC1_CHEMO1_AGT_OTH: Other agent                                 | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R |
| 252. DST_R1__AGT_OTH_TXT: Name of other agent: _____                      |   |

253. NEW\_CRC1\_RAD: Was radiation given for treatment of the new primary colorectal cancer(s)?

- <sub>1</sub>. Yes
- <sub>2</sub>. No ↓ Go to Q256, NEW\_CRC1\_TREAT\_OTH
- <sub>8</sub>. Missing ↓ Go to Q256, NEW\_CRC1\_TREAT\_OTH
- <sub>9</sub>. Unknown ↓ Go to Q256, NEW\_CRC1\_TREAT\_OTH

254. NEW\_CRC1\_RAD\_METHOD: Method of radiotherapy applied for treatment of the new primary CRC(s).

<input type="checkbox"/> <sub>1</sub>	Adjuvant	<input type="checkbox"/> <sub>4</sub>	Neo adjuvant (pre-operative)
<input type="checkbox"/> <sub>2</sub>	Palliative	<input type="checkbox"/> <sub>8</sub>	Missing
<input type="checkbox"/> <sub>3</sub>	Pseudo adjuvant	<input type="checkbox"/> <sub>9</sub>	Unknown

255. NEW\_CRC1\_RAD\_DATE

____	____	____	88, 88, 8888 – Missing
YYYY	MM	DD	99, 99, 9999 – Unknown

256. NEW\_CRC1\_TREAT\_OTH: Were OTHER treatment methods applied for new primary colorectal cancer(s)?

- <sub>1</sub>. Yes
- <sub>2</sub>. No ↓ Go to Q258, NEW\_CRC1\_SYNC
- <sub>8</sub>. Missing ↓ Go to Q258, NEW\_CRC1\_SYNC
- <sub>9</sub>. Unknown ↓ Go to Q258, NEW\_CRC1\_SYNC

257. NEW\_CRC1\_TREAT\_OTH: Describe 1st OTHER treatment methods applied for new CRC primary (NEW\_CRC1\_TREAT\_OTH=1,2). Separate list of other agents(s) with a comma.

\_\_\_\_\_

258. NEW\_CRC1\_SYNC: Were synchronous new CRC primaries diagnosed?

- <sub>1</sub>. Yes
- <sub>2</sub>. No
- <sub>8</sub>. Missing
- <sub>9</sub>. Unknown

259. NEW\_CRC1\_SYNC\_NUM: Number of new CRC1 synchronous primary(s)

\_\_\_\_ 1-8 or 88 (Missing) or 99 (unknown)

COLON CFR CLINICAL DIAGNOSIS AND TREATMENT ABSTRACTION FORM

260. NEW\_CRC1\_SYNC2\_TUMOR\_NO: Tumor number.

\_\_\_\_ Tumor no. of NEW\_CRC1\_SYNC2. Should correspond with information from the CANCER file.

261. NEW\_CRC1\_SYNC2\_ICD: ICD code of 2nd synchronous new CRC primary. Record the 2nd largest.

C \_\_\_\_ . \_\_\_\_ ICD code of NEW\_PRIMARY\_2

262. NEW\_CRC1\_SYNC2\_DXDATE: Diagnosis date of 2nd synchronous new CRC primary

____	____	____	88, 88, 8888 – Missing
YYYY	MM	DD	99, 99, 9999 – Unknown

263. NEW\_CRC1\_SYNC2\_TYPE: Surgical treatment for 2nd synchronous new CRC (Can use SEER coding to derive)

<input type="checkbox"/> <sub>1</sub> No surgery → Go to Q267	<input type="checkbox"/> <sub>9</sub> Total Proctectomy
<input type="checkbox"/> <sub>2</sub> Local tumor destruction, i.e., laser, electrocautery	<input type="checkbox"/> <sub>10</sub> Total Proctocolectomy
<input type="checkbox"/> <sub>3</sub> Local surgical excision with specimen i.e., trans anal excision, polypectomy, snare	<input type="checkbox"/> <sub>11</sub> Abdominoperineal resection
<input type="checkbox"/> <sub>4</sub> Right Hemi colectomy	<input type="checkbox"/> <sub>12</sub> Segmental/Wedge/Partial Resection NOS
<input type="checkbox"/> <sub>5</sub> Left Hemi colectomy	<input type="checkbox"/> <sub>13</sub> Sigmoidectomy / Sigmoid Colectomy
<input type="checkbox"/> <sub>6</sub> Hemi colectomy side not specified: not total	<input type="checkbox"/> <sub>77</sub> Other surgery
<input type="checkbox"/> <sub>7</sub> Low anterior resection	<input type="checkbox"/> <sub>88</sub> Missing → Go to Q267
<input type="checkbox"/> <sub>8</sub> Total Colectomy	<input type="checkbox"/> <sub>99</sub> Unknown → Go to Q267

264. NEW\_CRC1\_SYNC2\_SURG\_TYPE\_TXT: Describe other surgery for 2<sup>nd</sup> synchronous new CRC.

\_\_\_\_\_

265. NEW\_CRC1\_SYNC2\_SURG\_LOCAL: Operative findings, local (residual tumor)

(Source: Operative report and/or the discharge summary NOT pathology report)

- <sub>1</sub>. Tumor not entirely resected
- <sub>2</sub>. Tumor entirely resected
- <sub>8</sub>. Missing
- <sub>9</sub>. Unknown

266. NEW\_CRC1\_SYNC2\_SURG\_MARGIN: Did the tumor reach surgical resection margins?

(Source: Pathology)

- <sub>1</sub> Positive, proximal (Tumor is seen at proximal surgical resection margin)
- <sub>2</sub> Positive, distal (Tumor is seen at distal surgical resection margin)
- <sub>3</sub> Positive, radial (Tumor is seen at radial surgical resection margin)
- <sub>4</sub> Positive, more than one margins defined.
- <sub>5</sub> Positive, NOS (Tumor is seen at surgical resection margin, margin not defined)
- <sub>6</sub> Negative (all surgical resection margins are free of tumor)
- <sub>8</sub> Missing
- <sub>9</sub> Unknown

267. NEW\_CRC1\_SYNC3\_TUMOR\_NO: Tumor number.

\_\_\_\_ Tumor no. of NEW\_CRC1\_SYNC3. Should correspond with information from the CANCER file.

268. NEW\_CRC1\_SYNC3\_ICD: ICD code of 3rd SYNCHRONOUS new CRC primary dx type. Record the 3rd largest.

C \_\_\_\_ . \_\_\_\_ ICD code of NEW\_PRIMARY\_3

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269. NEW\_CRC1\_SYNC3\_DXDATE: Diagnosis date of 3rd synchronous new CRC primary in the eligibility period

____	____	____	88, 88, 8888 – Missing
YYYY	MM	DD	99, 99, 9999 – Unknown

270. NEW\_CRC1\_SYNC3\_SURG\_TYPE: Surgical treatment for 3rd synchronous new CRC primary (Can use SEER coding to derive)

<input type="checkbox"/> <sub>1</sub> No surgery → Go to Q274. NEW_CRC2_PRIM	<input type="checkbox"/> <sub>9</sub> Total Proctectomy
<input type="checkbox"/> <sub>2</sub> Local tumor destruction, i.e., laser, electrocautery	<input type="checkbox"/> <sub>10</sub> Total Proctocolectomy
<input type="checkbox"/> <sub>3</sub> Local surgical excision with specimen i.e., trans anal excision, polypectomy, snare	<input type="checkbox"/> <sub>11</sub> Abdominoperineal resection
<input type="checkbox"/> <sub>4</sub> Right Hemi colectomy	<input type="checkbox"/> <sub>12</sub> Segmental/Wedge/Partial Resection NOS
<input type="checkbox"/> <sub>5</sub> Left Hemi colectomy	<input type="checkbox"/> <sub>13</sub> Sigmoidectomy / Sigmoid Colectomy
<input type="checkbox"/> <sub>6</sub> Hemi colectomy side not specified: not total	<input type="checkbox"/> <sub>77</sub> Other surgery
<input type="checkbox"/> <sub>7</sub> Low anterior resection	<input type="checkbox"/> <sub>88</sub> Missing → Go to Q274
<input type="checkbox"/> <sub>8</sub> Total Colectomy	<input type="checkbox"/> <sub>99</sub> Unknown → Go to Q274

271. NEW\_CRC1\_SYNC3\_SURG\_TYPE\_TXT: Describe OTHER surgery for 3rd synchronous new CRC

---

272. NEW\_CRC1\_SYNC3\_SURG\_LOCAL: Operative findings, local (residual tumor) or 3rd synchronous new CRC (Source: Operative report and/or the discharge summary NOT pathology report)

- <sub>1</sub>. Tumor not entirely resected
- <sub>2</sub>. Tumor entirely resected
- <sub>8</sub>. Missing
- <sub>9</sub>. Unknown

273. NEW\_CRC1\_SYNC3\_SURG\_MARGIN: Did the 3rd synchronous new CRC reach surgical resection margins? (Source: Pathology report)

- <sub>1</sub> Positive, proximal (Tumor is seen at proximal surgical resection margin)
- <sub>2</sub> Positive, distal (Tumor is seen at distal surgical resection margin)
- <sub>3</sub> Positive, radial (Tumor is seen at radial surgical resection margin)
- <sub>4</sub> Positive, more than one margins defined.
- <sub>5</sub> Positive, NOS (Tumor is seen at surgical resection margin, margin not defined)
- <sub>6</sub> Negative (all surgical resection margins are free of tumor)
- <sub>8</sub> Missing
- <sub>9</sub> Unknown

274. NEW\_CRC2\_PRIM: Was a second “non Synchronous” CRC diagnosed within the follow-up period after the diagnosis of first new CRC? NOTE: Additional cancer information may exist in the individual.CANCER table

- <sub>1</sub>. Yes
- <sub>2</sub>. No
- <sub>8</sub>. Missing
- <sub>9</sub>. Unknown

275. NEW\_CRC2\_TUMOR\_NO: Tumor number.

\_\_\_\_ Tumor no. of NEW\_CRC2. Should correspond with information from the CANCER file.

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276. NEW\_CRC2\_ICD: 2nd “non synchronous” CRC diagnosed within the follow-up period/4 yrs of incidence CRC.  
C \_\_\_\_ . \_\_\_\_ ICD code of 2nd non-synchronous CRC

277. NEW\_CRC2\_DXDATE: Diagnosis Date 2nd new “non-synchronous” CRC primary(s) in the follow-up period

____	____	____	88, 88, 8888 – Missing
YYYY	MM	DD	99, 99, 9999 – Unknown

278. NEW\_CRC2\_SURG\_TYPE: Surgical treatment for 2nd non-synchronous CRC (Can use SEER coding to derive)

<input type="checkbox"/> <sub>1</sub> No surgery → Go to Q282, NEW_CRC2_SYNC	<input type="checkbox"/> <sub>9</sub> Total Proctectomy
<input type="checkbox"/> <sub>2</sub> Local tumor destruction, i.e., laser, electrocautery	<input type="checkbox"/> <sub>10</sub> Total Proctocolectomy
<input type="checkbox"/> <sub>3</sub> Local surgical excision with specimen i.e., trans anal excision, polypectomy, snare	<input type="checkbox"/> <sub>11</sub> Abdominoperineal resection
<input type="checkbox"/> <sub>4</sub> Right Hemi colectomy	<input type="checkbox"/> <sub>12</sub> Segmental/Wedge/Partial Resection NOS
<input type="checkbox"/> <sub>5</sub> Left Hemi colectomy	<input type="checkbox"/> <sub>13</sub> Sigmoidectomy / Sigmoid Colectomy
<input type="checkbox"/> <sub>6</sub> Hemi colectomy side not specified: not total	<input type="checkbox"/> <sub>77</sub> Other surgery
<input type="checkbox"/> <sub>7</sub> Low anterior resection	<input type="checkbox"/> <sub>88</sub> Missing → Go to Q282
<input type="checkbox"/> <sub>8</sub> Total Colectomy	<input type="checkbox"/> <sub>99</sub> Unknown → Go to Q282

279. NEW\_CRC2\_SURG\_TYPE\_TXT: Describe other surgical treatment for 2nd non-synchronous CRC.

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280. NEW\_CRC2\_SURG\_TYPE\_TXT: Operative findings, local (residual tumor) 2nd non-synchronous CRC  
(Source: operative report and/or the discharge summary NOT pathology report)

- <sub>1</sub>. Tumor not entirely resected
- <sub>2</sub>. Tumor entirely resected
- <sub>8</sub>. Missing
- <sub>9</sub>. Unknown

281. NEW\_CRC2\_SURG\_TYPE\_MARGIN: Did the 2nd non-synchronous CRC reach surgical resection margins?  
(Source: Pathology report)

- <sub>1</sub> Positive, proximal (Tumor is seen at proximal surgical resection margin)
- <sub>2</sub> Positive, distal (Tumor is seen at distal surgical resection margin)
- <sub>3</sub> Positive, radial (Tumor is seen at radial surgical resection margin)
- <sub>4</sub> Positive, more than one margins defined.
- <sub>5</sub> Positive, NOS (Tumor is seen at surgical resection margin, margin not defined)
- <sub>6</sub> Negative (all surgical resection margins are free of tumor)
- <sub>8</sub> Missing
- <sub>9</sub> Unknown

282. NEW\_CRC2\_SYNC: Were 2nd synchronous new CRC primaries diagnosed?

- <sub>1</sub>. Yes
- <sub>2</sub>. No
- <sub>8</sub>. Missing
- <sub>9</sub>. Unknown

283. NEW\_CRC2\_SYNC\_NUM: Number of 2nd synchronous primary(s)

\_\_\_\_ 1-8 or 88 (Missing) or 99 (unknown)

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**NEW NON-COLORECTAL CANCER PRIMARY(S)**

284. NEW\_NONCRC\_PRIM: Did case have a new non-CRC primary diagnosis after the original CRC diagnosis (after incident CRC date of final chart note). Additional cancer information may exist in the individual.CANCER table

- <sub>1</sub>. Yes
- <sub>2</sub>. No
- <sub>8</sub>. Missing
- <sub>9</sub>. Unknown

285. NEW\_NONCRC1\_ICD: ICD code for 1st new non-CRC primary:

C \_\_\_\_ . \_\_\_\_ ICD code of 1<sup>st</sup> new non-CRC primary

286. NEW\_NONCRC2\_ICD: ICD code for 2nd new non-CRC primary:

C \_\_\_\_ . \_\_\_\_ ICD code of 2<sup>nd</sup> new non-CRC primary

287. NEW\_NONCRC3\_ICD: ICD code for 3rd new non-CRC primary:

C \_\_\_\_ . \_\_\_\_ ICD code of 3rd new non-CRC primary

**STATUS**

288. LAST\_STATUS: Final vital status with cause of death (COD)

- <sub>1</sub> Alive and cancer free
- <sub>2</sub> Alive with cancer
- <sub>3</sub> Alive cancer status unknown
- <sub>4</sub> Deceased due to cancer
- <sub>5</sub> Deceased not due to cancer
- <sub>6</sub> Deceased cancer status unknown
- <sub>7</sub> Deceased cause unknown
- <sub>8</sub> Missing
- <sub>9</sub> Unknown

289. DEATH\_DATE: Date of death

____	____	____	88, 88, 8888 – Missing
YYYY	MM	DD	99, 99, 9999 – Unknown

290. DEATH\_CAUSE: What was the case's cause of death? Cause of Death: (if known use ICD code)

C \_\_\_\_ . \_\_\_\_ ICD code for cause of death or describe.

291. LAST\_CHART\_DATE: Date of last (most recent) physician chart note found by the abstractor (operative notes, discharge summary, clinic notes, chemotherapy and/or radiotherapy notes)

____	____	____	88, 88, 8888 – Missing
YYYY	MM	DD	99, 99, 9999 – Unknown

292. COMPLETE\_DATE: Date Form Completed (date review/abstraction completed)

____	____	____	88, 88, 8888 – Missing
YYYY	MM	DD	99, 99, 9999 – Unknown

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**UNIVERSITY OF MELBOURNE ONLY. These replaces separate locoregional and distant recurrence variables.**

293. LR\_DST\_RECUR: Did the patient have at least one locoregional or distal recurrence after CRC diagnosis?  
(Ideally interval between diagnosis date and final chart review date should be at least 4 years)

- <sub>1</sub>. Yes and site/organ specified
- <sub>2</sub>. Yes and site/organ not specified
- <sub>3</sub>. No
- <sub>8</sub>. Missing
- <sub>9</sub>. Unknown

Site(s) of involvement at time of first locoregional or distal recurrence

SITE:		If yes, Date diagnosed (YYYYMMDD)
294. LR_DST1_ANAST: Anastomosis	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	295. _____
296. LR_DST1_MESEN: Mesentery	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	297. _____
298. LR_DST1_ABD_WALL: Abdominal wall	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	299. _____
300. LR_DST1_INCS: Incisional	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	301. _____
302. LR_DST1_PELVIS: Pelvis	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	303. _____
304. LR_DST1_LIVER: Liver	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	305. _____
306. LR_DST1_LUNG: Lung	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	307. _____
308. LR_DST1_BONE: Bone	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	309. _____
310. LR_DST1_ASCITES: Ascites	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	311. _____
312. LR_DST1_NONMES_LN: Non-mesenteric LN	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	313. _____
314. LR_DST1_NONMES_LN_TXT: describe specific non-mesenteric lymph nodes		
315. LR_DST1_SUPRA_LN: Supraclavicular nodes	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	316. _____
317. LR_DST1_BRAIN: Brain	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	318. _____
319. LR_DST1_SKIN: Skin	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	320. _____
321. LR_DST1_SKIN_TXT: describe first distant or locoregional recurrence in skin, except incision		
322. LR_DST1_ADRENAL: Adrenal gland	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	323. _____
324. LR_DST1_OTH: Other	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> N/R	326. _____
325. LR_DST1_OTH_TXT: describe other site of first distant or locoregional recurrence		