

**WOMEN'S INTERAGENCY HIV STUDY
QUESTION BY QUESTION SPECIFICATIONS
CANCER REGISTRY CASE REPORT**

This form is to be completed for each WIHS participant who is located as a cancer case in a cancer registry.

Enter the participant ID number or affix the appropriate ID label in the space provided.

Enter the date on which the form is being completed (MM/DD/YY).

Record the initials of the person completing the form (first, middle, last).

1. Write in the reporting state.
2. Select the primary site (SITE) code type, either ICD-O-2 or ICD-O-3, and record the primary site code in 'a.'
3. Select the histology type (HIST-TYPE) code type, either ICD-O-2 or ICD-O-3, and record the histology type code in 'a.'
4. Circle the histology behavior code (HIST-BEHAVIOR).
5. Circle the histology grade/differentiation code (HIST-GRADE).
6. Date of diagnosis (DATE-DX; CC/YY/MM/DD). Please record on form in the following format: MM/DD/YYYY.
7. Circle the summary stage code (SUM-STAGE).

FOR CALIFORNIA REGISTRY ONLY:

8. Circle the diagnostic confirmation code (DX-CONF).

FOR ALL REGISTRIES:

9. Circle the vital status code (VITAL-STATUS).
10. Circle the tumor status code (TUM-STATUS).
11. Enter the two-digit surgery summary code (SURG-PRIM-SUM)
12. Enter the one-digit radiation summary code (RAD-SUM)
13. Enter the two-digit chemotherapy summary code (CHEMO-SUM)
14. Enter the two-digit hormone summary code (HORM-SUM)
15. Enter the two-digit immunotherapy summary code (IMMUNO-SUM)

End the form here.