

**If your facility chooses to request that TCR code the CER Non NAACCR Standard Data Items,** the information needed to code must be fully documented in the CER spreadsheet.

**Note:** The CER spreadsheet should be completed and submitted via TCR's secure method along with the regular data submission. If you have questions or need assistance with the CER spreadsheet please contact your regional office or the central office at 1-800-252-8059.

### Facility ID

Enter the facility's ID number

### Last Name and First Name

Enter the same last and first name entered in the abstract for the patient.

### Registry Number

Record the Registry Number assigned to the patient for your facility.

### Social Security Number

Record the social security number.

### Date of Birth (DOB)

Enter the patient's date of birth.

### Primary Site

Record the primary site of the tumor being reported.

### Treating Physician

Enter the name and specialty of the physician(s) treating this patient for the tumor being reported. This will probably be the oncologist, radiation oncologist, or possibly a treatment center.

### Chemotherapy (Chemo 1 – Chemo 6)

Include the following information: Chemo Drug Name, Dose (Units), Treatment Plan (Schedule and Number of Cycles), Received Cycles (Document missed doses), Start and End Dates. If no chemotherapy was given record "None".

### Example:

**Chemo 1:** 5-FU, 500mg/m<sup>2</sup> iv bolus weekly x 6 planned cycles. Started on 2/15/11-4/30/11. Patient missed the last 2 doses.

Chemo Drug Name	Dose (Units)	Rx Plan (Schedule and Number of Cycles)	Received Cycles (Document if any doses missed)	Start Date - End Date
5-FU	500mg/mg <sup>2</sup>	Once weekly x 6 weeks, 3 cycles	3 cycles received but missed 2 doses	2/15/11-4/30/11

**Chemo 2:** Planned Oxaliplatin, 85 mg/m<sup>2</sup> iv administered on weeks 1, 3, and 5 of each 8 week cycle x 3. Started 2/15/11-4/15/11. Patient missed the last dose of Oxaliplatin.

<b>Chemo Drug Name</b>	<b>Dose (Units)</b>	<b>Rx Plan (Schedule and Number of Cycles)</b>	<b>Received Cycles (Document if any doses missed)</b>	<b>Start Date - End Date</b>
<b>Oxaliplatin</b>	<b>85mg/mg<sup>2</sup></b>	<b>On weeks 1, 3, 5 and 8 of each cycle, 3 cycles</b>	<b>3 cycles received, missed one dose</b>	<b>2/15/11-4/15/11</b>

### **Hormone**

Enter the names of the hormone drugs planned or given as part of first course of treatment for the tumor being reported. If no hormone therapy was given record "None".

### **Immunotherapy/BRM**

Enter the names of immunotherapy or biologic response modifiers planned or given as part of first course of treatment for the tumor being reported. If no immunotherapy was given record "None".

### **Granulocyte CSF Status**

Indicate if the patient was treated with Granulocyte-Growth Factors/Cytokines agents during the 12 months after diagnosis by recording yes or no. If yes include the name of the agent. If none was given record "None".

### **Erythro Growth Factor Status**

Indicate if the patient was given Erythrocyte-Growth Factors/Cytokines agents during the 12 months after diagnosis by recording yes or no. If yes include the name of the agent.

### **Thrombocyte-Growth Factors Status**

Indicate if the patient was given Thrombocyte-Growth Factors/Cytokines agents during the first 12 months after diagnosis by recording yes or no. If yes include the name of the agent.

### **Reason Subsq RX**

If patient received subsequent treatment record the reason. Indicate "None" if not given.

**Example:** Three months after patient completed chemotherapy, liver mets diagnosed on 9/20/11.

### **Subsq 2<sup>nd</sup> Crs Date**

If subsequent treatment was given record the date it was initiated. Indicate "None" if not given.

### **Subsq 2<sup>nd</sup> Crs Cancer Directed Surg**

Record surgery given as subsequent treatment to local, regional or distant sites. Include the surgical site and the date. Indicate "None" if not done.

### **Subsq 2<sup>nd</sup> Crs Rad**

Record radiation therapy given as subsequent treatment. Include the date and the site radiated. Indicate "None" if not given.

**Subsq 2<sup>nd</sup> Course Chemo**

Record the name(s) of all chemotherapy agents given as subsequent treatment. Include the dates given. Indicate “None” if not given.

**Subsq 2<sup>nd</sup> Course Hormone**

Record the name(s) of all hormone therapy given as subsequent treatment. Include the dates given. Indicate “None” if not given.

**Subsq 2<sup>nd</sup> Course Immunotherapy**

Record the name(s) of all immunotherapy given as subsequent treatment. Include the dates given. Indicate “None” if not given.

**Subsq 2<sup>nd</sup> Course Transplant/Endocrine**

Record the type of subsequent transplant/endocrine therapy given. Include the dates given. Indicate “None” if not given.

**Subsq 2<sup>nd</sup> Course Other**

Record any other type of subsequent treatment given. This includes treatment that cannot be assigned to specified treatment data items. Include the dates given. Indicate “None” if not given.

**For CML Primaries Only****BCR ABL Cytogenetic Results and Date of Test**

Record the date and results of the cytogenetic analysis for BCR-ABL t(9;22)(q34;q11) at the time of initial diagnosis, positive or negative. Indicate “None” if not done.

**BCR ABL FISH Results and Date of Test**

Record the date and results of the Fluorescence in Situ Hybridization (FISH) for BCR-ABL t(9;22)(q34;q11) at the time of diagnosis, positive or negative. Indicate “None” if not done.

**BCR ABL RTPCR Qual Results and Date of Test**

Record the date and results of the qualitative Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) for BCR-ABL t(9;22)(q34;q11) at the time of diagnosis, positive or negative. Indicate “None” if not done.

**BCR-ABL RT-PCR Quant Results and Date of Test**

Record the date and results of the quantitative Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) for BCR-ABL t(9;22)(q34;q11) at the time of diagnosis, positive or negative. Indicate “None” if not done.