

VISUALLY EDITED DATA ITEMS-2001

County of Residence at Diagnosis

Sex

Race

Spanish/Hispanic Origin

Date of Diagnosis

Diagnostic Confirmation

Site/Subsite*

Laterality (Only paired sites listed in Volume I)

Histology – Type

Tumor Size

EOD-Extension (For Prostate only, count as one discrepancy)

EOD-Lymph Node Involvement

Number of Regional Nodes Positive/Examined*

TREATMENT – one discrepancy will be counted for each modality grouping

1) SURGERY

Date of Surgery

Surgery of the Primary Site

Scope of Regional Lymph Node Surgery

Number of Regional Lymph Nodes Examined (Surgery Field)

Surgery of Other Regional Site(s), Distant Site(s) and Distant LN(s)

Reason No Surgery

2) RADIATION THERAPY

Date of Radiation Therapy

Radiation Therapy

Reason No Radiation Therapy

3) CHEMOTHERAPY

Date of Chemotherapy

Chemotherapy

Reason No Chemotherapy

4) HORMONE THERAPY

Date of Hormone Therapy

Hormone Therapy

Reason No Hormone Therapy

5) IMMUNOTHERAPY

Date of Immunotherapy

Immunotherapy

6) OTHER THERAPY

Date of Other Therapy

Other Therapy

*Count as one discrepancy

Visual editing on italicized items should commence on July 1, 2001.