

Full Abstract Report

Filter(s): None

Accession Number: 201200000/00

Facility ID Number (FIN): (0006330100) HOWARD
UNIVERSITY HOSPITAL

PATIENT DEMOGRAPHICS

* Patient Name:

Maiden Name:

Name Prefix:

Name Suffix:

Alias Name:

Alias First Name:

Spouse/Parent Name:

* Social Security Number:

* Medical Record Number:

Military Record No Suffix:

Alternate Med Rec No:

Central Reg Patient ID:

Alternate 2 Med Rec No:

Consortium Patient ID:

* Date of Birth:

* Age at DX: 999

Ped Age at DX:

* Birthplace: (999) Place of birth/death unknown

* Marital Status at DX: (9) Unknown

* Race 1: (99) Unknown

* Sex:

Race 2:

Race 4:

Race 3:

Race 5:

* Spanish/Hispanic Origin: (9) Unknown whether Spanish or not;
not stated in pt record

Religion:

Text Other Race:

* Primary Payer at Dx: (99) Insurance status unknown

Native American Tribe:

* Secondary Payer at Dx:

* Text Payment Source:

Occupation Code-Census:

Industry Code-Census:

Occupation Source:

Industry Source:

Text Usual Occupation:

Text Usual Industry:

Current Occupation:

Current Industry:

Longest Occupation:

Longest Industry:

Patient Comment:

TUMOR INFO / CANCER ID

* Primary Site: (C***) Not Abstracted

* Sequence Number: (00) One malignant or insitu primary
only in pt's lifetime

* Laterality: (0) Not a paired site

Yr First Seen This Prim: 2012

* Text Primary Site:

Class of Case:

Primary Site ICD-10:

* Histology/Behavior ICD-O-3:

* Date of Initial Diagnosis:

Histology/Behavior ICD-O-2:

* Date of 1st Contact:

* Text Histology/Behavior:

Date of Discharge:

Morphology ICD-10:

Inpatient/Outpatient Status:

* Grade/Differentiation: (9) Cell type not determined, not
stated, N/A, unk primaries, high grade
dysplasia

Inpatient Status: () Not collected

Grade Path System: (0) Not a two, three or four grade
system, unknown

Type of Admission:

Grade Path Value: () No two, three or four grade system
is available, unknown

Type of Reporting Source:

Diagnostic Confirmation: (9) Unknown whether or not
microscopically confirmed; death
certificate only

Casefinding Source:

* Surg Path Report #1:

* Surg Path Report #2:

Facility Referred From: 0000000000

Date Inpatient Admission:

Facility Referred To: 0000000000

Date Inpatient Discharge:

Place of Diagnosis:

State Facility Code:

County Where Diagnosed: 001

Satellite Code: (00) Single facility (no satellite
facilities)

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Text Location:

Consortium Case ID:
Subsequent Facility: 0

Address at Diagnosis:

County at Diagnosis:
Census Tract 2000:
Census Tract 1970/80/90:
Census Coding Sys 1970/80/90:

Ambiguous Terminology:
Date of Conclusive Term:

Multiplicity Counter:
Date of Multiple Tumors:
Type Mult Tum Rpt One Prim:
Education:

BMI (Body Mass Index):

DIAGNOSTIC INFORMATION

* Text Physical Examination:
* Text Lab Tests:
* Text Scopes:
* Text X-ray/Scans:
Comments:

* Text Operative Procedure:
* Text Pathology/Autopsy:
* Text Remarks:
Text Final Diagnosis:

COLLABORATIVE STAGING

Schema:
CS Tumor Size:
CS Extension:
CS Tumor Size/Ext Eval:
CS Lymph Nodes:
CS Lymph Node Eval:
Regional Nodes Positive: (99) Unknown if nodes positive; not applicable
Regional Nodes Examined: (99) Unknown if nodes examined; not applicable or negative

CS Mets at DX:
CS Mets at DX - Bone:
CS Mets at DX - Brain:
CS Mets at DX - Liver:
CS Mets at DX - Lung:
CS Mets Eval:
Lymph-vascular Invasion:

CS Site-Specific Factor 1:
CS Site-Specific Factor 2:
CS Site-Specific Factor 3:
CS Site-Specific Factor 4:
CS Site-Specific Factor 5:
CS Site-Specific Factor 6:
CS Site-Specific Factor 7:
CS Site-Specific Factor 8:
CS Site-Specific Factor 9:
CS Site-Specific Factor 10:
CS Site-Specific Factor 11:
CS Site-Specific Factor 12:
CS Site-Specific Factor 13:

CS Site-Specific Factor 14:
CS Site-Specific Factor 15:
CS Site-Specific Factor 16:
CS Site-Specific Factor 17:
CS Site-Specific Factor 18:
CS Site-Specific Factor 19:
CS Site-Specific Factor 20:
CS Site-Specific Factor 21:
CS Site-Specific Factor 22:
CS Site-Specific Factor 23:
CS Site-Specific Factor 24:
CS Site-Specific Factor 25:

CS Version Input Original:
CS Version Input Current:

CS Version Derived:

Derived AJCC Stage Group 6:
Derived AJCC Stage Group 7:
Derived SS1977:
Derived SS2000:

SEER SS1 IHC Test:
SEER SS2 FISH Test:
SEER SS3 HER2 Test Other:

SEER SS4 HER2 Test Perform:
SEER SS5 HER2 Test Result:

AJCC/OTHER STAGING

Size of Tumor: (999) Size not recorded or not available

CAP Protocol Met: NO

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Size Source:

Text CAP Protocol:

Best CS/Summary Stage:
SEER Summary Stage 2000:
Site of Distant Metastasis 1:
Site of Distant Metastasis 2:
Site of Distant Metastasis 3:
Distant Mets Extension:
Extension (SEER EOD):
LN Involv (SEER EOD):

Best Summary Stage:
SEER Summary Stage 1977:
Addit'l Site Mets 1:
Addit'l Site Mets 2:
Addit'l Site Mets 3:
Addit'l Site Mets Ext:
Path Prostate (SEER EOD):

TNM Edition Number:

* Best Stage CS/AJCC:

* Best AJCC Stage:

Best Staged By:

* Clinical TNM Stage Group: T() N() M() Stage

Staged By (Clinical):

* Pathologic TNM Stage Group: T() N() M() Stage

Staged By (Pathologic):

Other TNM Stage Group: T() N() M() Stage

Staged By (Other):

Clinical Descriptor:

Other Descriptor:

Pathologic Descriptor:

Other Staging Basis:

Stage at First Contact 2000:

Site-Specific Staging System:

Stage at First Contact 1977:

Other Staging System:

Pediatric Staging System:

Pediatric Prognostic Factor:

Pediatric Stage:

Staged By (Pediatric):

Text Staging:

PHYSICIAN INFO / REGIONAL DATA

Primary Surgeon:
Managing Physician:
Referring Physician:
Following Physician:
Medical Oncology Physician:
Rad Oncology Physician:

Other Physician 1:
Other Physician 2:
Other Physician 3:
Other Physician 4:
Other Physician 5:

Regional Data 1:

Regional Data 6:

Regional Data 2:

Regional Data 7:

Regional Data 3:

Regional Data 8:

Regional Data 4:

Regional Data 9:

Regional Data 5:

Regional Data 10:

CASE STATUS / CODING LEVELS

Abstracted By: AW

Type of Case: (00) Completed case

Date Abstracted: 10/11/2012

Case Status: (I) Incomplete

Date First Entered: 10/11/2012

Edit Check Status: (9) Suspended

Date First Completed:

Transmit Status: (1) Transmit when complete

Date Completed:

Upload Status: (1) Not ready to upload

NPCR-CER Transmit Status:

Date First Transmitted:

Date Last Transmitted:

Time First Transmitted:

Time Last Transmitted:

Date Case Initiated: 10/11/2012

Reportable to CoC: YES

Date Case Completed - CoC: 00/00/0000

Reportable to State: YES

Date Last Changed:

Reportable by Agreement: NO

Date Follow-Up Changed:

Reportable to Other Agency: NO

User Initials (Last): AW

Text Other Agency:

Race Coding Sys - Curr: (7) 2010+ SEER & COC

Race Coding Sys - Orig: (7) 2010+ SEER & COC

Site Coding Sys - Curr: (5) ICD-O, 3rd edition

Site Coding Sys - Orig: (5) ICD-O, 3rd edition

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Morph Coding Sys - Curr: (8) ICD-O, Third Edition, plus 2008 WHO hematopoietic/lymphoid new terms effective 1/1/2010

SEER Coding Sys - Curr: (A) January 2010 SEER Coding Manual

CoC Coding Sys - Curr: (08) Facility Oncology Registry Data Standards (cases dx'd 2003 and forward)

General Coding Procedure: 29

Coding System for EOD: Cases diagnosed 2004+; or the item is not collected

RX Coding Sys - Curr: (06) Treatment data coded according to FORDS

FORDS Conversion Flag:

Facility ID Number (FIN): (0006330100) HOWARD UNIVERSITY HOSPITAL

Morph Coding Sys - Orig: (8) ICD-O, Third Edition, plus 2008 WHO hematopoietic/lymphoid new terms effective 1/1/2010

SEER Coding Sys - Orig: (A) January 2010 SEER Coding Manual

CoC Coding Sys - Orig: (08) Facility Oncology Registry Data Standards (cases dx'd 2003 and forward)

ICD-O-3 Conversion Flag: (0) Morphology (ICD-O-3) originally coded in ICD-O-3

ICD-O-2 Conversion Flag:

First Course Calc Method: (1) COC definitions

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Date 1st Positive Biopsy:
Date First Course RX - CoC:
Date Initial RX - SEER:
First Course BX/RX Text:

Reason No Surg Prim Site:
Reason for No RT:
Reason for No Chemo:
Reason for No Hormone:

Rx Hosp - Surg App 2010:
RT/Surgery Sequence:
Chemo/Surgery Sequence:

ICD Revision Comorbid: (0) No comorbidities or complications recorded in patient's record

* Comorbid/Compl #1: 00000
* Comorbid/Compl #2:
* Comorbid/Compl #3:
* Comorbid/Compl #4:
* Comorbid/Compl #5:

* Text - Surgery:
* Text - Radiation Therapy:
* Text - Other Radiation:
* Text - Chemotherapy:
* Text - Hormone Therapy:
* Text - Immunotherapy:
* Text - Other Treatment:

Pain Assessment:
Date of Surgical Discharge:
Readm w/in 30 Days:

Reason for No Immuno:
Reason for No HTE:
Reason for No Other:
Rx Summ - Treatment Status:

Systemic/Surg Sequence:
Radiation Therapy to CNS:

* Comorbid/Compl #6:
* Comorbid/Compl #7:
* Comorbid/Compl #8:
* Comorbid/Compl #9:
* Comorbid/Compl #10:

Others

Pre-FORDS:

Surgical Approach:
Surgical Margins 98-02:
Scope Reg LN Surgery 98-02:
Reg LN Removed:
Surg Other Reg/Distant 98-02:
Recon/Restor - 1st Course:
Recon/Restor - Delayed:

RX Facility ID (FIN):
Treatment This Facility: NO
Rx I/O:

Surgical Margins:
Scope Reg LN Surgery:
Surg Other Reg/Distant:

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Rx Physician 1:
Rx Physician 2:

Consult Date:
Text Consult:

Date Participation in Protocol:
Protocol Participation:
Protocol Type:

Protocol Eligibility Status:
Title Prot or Clin Trial/Study:

Ancillary Therapy:
Ancillary Therapy Start Date:
Text Ancillary Therapy:

RX Facility ID (FIN):

Complication #1:
Complication #2:
Complication #3:

Complication #4:
Complication #5:

(CER) Subsq Rx:
Intent of Treatment:
Type of Biopsy:
ICD-10 Procedure:

RADIATION EXTENDED

RT Site:
* RT Treatment Volume:
* Location of RT:
* Intent of Treatment:
RT Completion Status:

RT Text Description:
* Date RT Started:
* Date RT Ended:
* RT Elapsed Time (Days):
RT Local Control Status:

BEAM RT

* Beam Total Dose (cGy):
* Beam Regional Dose (cGy):
* Boost Dose: cGy:
Beam Daily Dose:
Beam Measurement:

* No. Treatments to Volume:
* Beam # Fractions:
* Beam Method:
Beam Special Technique:
Regional Treatment Modality:
Boost Treatment Modality:

Boost #1 Dosage:
Boost #1 Fractions:

Boost #1 Measurement:
Boost #1 Daily Dosage:

Boost #2 Dosage:
Boost #2 Fractions:

Boost #2 Measurement:
Boost #2 Daily Dosage:

* Implant #1 Days:
* Implant #1 Dosage:
* Implant #1 Type:
* Implant #1 Isotope:

Implant #1 Hours:
Implant #1 Measurement:

Implant #2 Days:
Implant #2 Dosage:
Implant #2 Type:
Implant #2 Isotope:

Implant #2 Hours:
Implant #2 Measurement:

Sequela #1 Type:
Sequela #2 Type:
Sequela #3 Type:

Sequela #1 Severity:
Sequela #2 Severity:
Sequela #3 Severity:

Reason No RT Here:
Consult Location:
Boost Location:
Adjuvant Tx Chemo:
Adjuvant Tx Surgery:
Adjuvant Tx Hormone:

Electron Beam Energy:
Boost Electron Beam Energy:
Treatment Schedule:
Interstitial Imp Count:
Interstitial Imp Dose:
Intracavitary Imp Count:

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UNIVERSITY HOSPITALRad Tx Circumstances:
Pt Disposition in Rad Onc:
Treatment Volume Laterality:
Quality Survival This Volume:Intracavitary Dose:
Intraoperative Rad Dose:**SCREENING / REFERRALS**Screening Date:
Site Screened:
Screening Result:
Screening Result Other:
Screening Remarks:Notification Date:
Patient Notified:
Notification Method:Response Date:
Response Type:
Disposition:Referral to Support Services:
Enterostom/Stomal Therapy:
Home Care:
Hospice:
Infusion/Parenteral Therapy:
Nutritionist:
Occupational Therapy:
PT Services (ACS):
PT Services (Other):PT Support Group (ACS):
PT Support Group (Hosp Op):
PT Support Group (Other):
Physical Therapy:
Psychosocial Therapy:
Rehabilitation Facility:
Respiratory Therapy:
Speech Therapy:
Referral, Service Unspecified:
Visiting Nurse Assistance:
Other:**QUALITY CONTROL**Quality Control Date:
Quality Control Reviewer:
Presentation CA Conf:
Presentation CA Conf 2:
Presentation CA Conf 3:Quality Control Method:
QC Reviewer Initials:
Date CA Conference:
Date CA Conference 2:
Date CA Conference 3:**FOLLOW-UP STATUS / DEMOGRAPHICS**

* Date of 1st Recurrence: 99/99/9999

* Distant Site 1 of 1st Recur:

* Months from Dx to 1st Recur:

* Distant Site 2 of 1st Recur:

* Type of 1st Recurrence: (99) It is unknown whether the disease
has recurred or if the patient was ever
disease-free

* Distant Site 3 of 1st Recur:

Distant Site Ext of 1st Recur:

* Date of Last Contact:

Death Match:

* Vital Status: (1) Alive

* Cancer Status: (9) Unknown whether this tumor is pres

Current Address:

Length to First Treatment:

Patient Foreign Province:

Quality Survival: (9) Unknown or unspecified

County - Current: (001) District Of Columbia, DC

Survival:

Telephone:

Disease-Free Survival:

Fax Number:

Survival since 1st Recur:

E-Mail Address:

Cause of Death: (1) Not applicable

Death Certif State File #:

Place of Death: (997) Not applicable, patient alive

ICD Cause of Death: 0000

Date of Death-Canada: 00/00/0000

ICD Revision Number: (0) Patient alive at last follow-up

Autopsy: (0) Patient alive

Date Last Tumor Status:

Next Follow-up Source: (5) Other, NOS

Last Contact Physician:

Last Follow-up Hospital:

Last Contact Hospital:

Next Follow-up Hospital:

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Following Registry: (0006330100) HOWARD UNIVERSITY HOSPITAL

Last Contact Name:

Follow-up Source:

Do Not Follow: Yes

Last Type Pt Follow-up:

Last Type Tumor Follow-up:

Unusual Follow-up Method:

Length of Stay:

Days from 1st Cont to Compl:

PERSONAL CONTACTS

No personal contacts for this patient.

FINANCIAL (DRG) DATA

No financial (DRG) records for this patient.

USER-DEFINED

*HER2NEU:

Years Ceased Smoking:

* Menopausal Status:

Parity:

Hormones:

User Defined Field 10:

User Defined Field 12:

User Defined Field 14:

User Defined Field 16:

User Defined Field 18:

User Defined Field 20:

User Defined Field 22:

User Defined Field 24:

User Defined Field 26:

User Defined Field 28:

User Defined Field 30:

User Defined Field 32:

User Defined Field 34:

User Defined Field 36:

User Defined Field 38:

User Defined Field 40:

User Defined Field 42:

User Defined Field 44:

User Defined Field 46:

User Defined Field 48:

User Defined Field 50:

User Defined Field 52:

User Defined Field 54:

User Defined Field 56:

User Defined Field 58:

User Defined Field 60:

User Defined Field 62:

User Defined Field 64:

User Defined Field 66:

User Defined Field 68:

User Defined Field 70:

User Defined Field 72:

User Defined Field 74:

User Defined Field 76:

User Defined Field 78:

User Defined Field 80:

User Defined Field 82:

User Defined Field 84:

* Illicit Drug Use:

* Hazardous Materials:

Menarche:

Birth Control:

User Defined Field 9:

User Defined Field 11:

User Defined Field 13:

User Defined Field 15:

User Defined Field 17:

User Defined Field 19:

User Defined Field 21:

User Defined Field 23:

User Defined Field 25:

User Defined Field 27:

User Defined Field 29:

User Defined Field 31:

User Defined Field 33:

User Defined Field 35:

User Defined Field 37:

User Defined Field 39:

User Defined Field 41:

User Defined Field 43:

User Defined Field 45:

User Defined Field 47:

User Defined Field 49:

User Defined Field 51:

User Defined Field 53:

User Defined Field 55:

User Defined Field 57:

User Defined Field 59:

User Defined Field 61:

User Defined Field 63:

User Defined Field 65:

User Defined Field 67:

User Defined Field 69:

User Defined Field 71:

User Defined Field 73:

User Defined Field 75:

User Defined Field 77:

User Defined Field 79:

User Defined Field 81:

User Defined Field 83:

User Defined Field 85:

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* Tobacco Use Cigarette:
 * Tobacco Use Oth Smoke:
 * Tobacco Use Smokeless:
 Tobacco Use NOS:
 Source Comorbidity:
 Granulocyte CSF Stat:
 Erythrocyte Growth Factor:
 Thrombocyte Growth Factor:
 Chemo Completion Status:

BCR-ABL Cytogen Anal:
 BCR-ABL Cytogen Dt:
 BCR-ABL: FISH:
 BCR-ABL: FISH Dt:
 BCR-ABL: RT-PCR Qual:
 BCR-ABL: RT-PCR Qual Date:
 BCR-ABL: RT-PCR Quant:
 BCR-ABL: RT-PCR Quant Dt:
 Reason for Subsq Tx:

FOLLOW-UP RECORDS

No follow-up records for this patient.

CLINICAL

Tumor Markers

* Tumor Marker #1:
 * Tumor Marker #2:
 * Tumor Marker #3:

Dx/Staging Procedures

Breast

Biopsy Procedure: (0) Not done, not a separate procedure
 Guidance: (0) Not guided; no biopsy of primary site
 Palpability of Primary: (0) Not palpable
 First Detected By: (0) Not a breast or prostate primary

Prostate

Biopsy Procedure: (0) Not done; not a separate procedure
 Guidance: (0) Not guided; no biopsy of primary
 Approach: (0) No biopsy
 Biopsy Other Than Prim Site: (0) No biopsy of other than primary

* Pt Hx CA/Pre-Malignancy:
 * Family Hx CA:
 * Relationship Hx CA:
 * Alcohol History:

* Tobacco History:
 * Type Tobacco Used:
 * Amount Tobacco Used:
 * Years Tobacco Usage:

Clinical Guidelines

Histology Type:
 Invasion/Extension:
 Lymph Nodes:
 Pathologic T Stage:
 Tumor Size:

Margins:
 Physician Staging:
 ERA Charted:
 Lung Resection:
 Pre-Op Exam:

Diagnostic Workup

CBC with Platelets:
 Chemistry Screen Panel:
 Multichannel Chemistry:
 Tumor Marker:
 Other Biochemical Profile:
 Chest X-Ray:

Imaging, Primary Site:
 Imaging Chest/Lung:
 Imaging, Abdomen/Pelvis:
 Imaging, Liver/Spleen:
 Imaging, Bone:
 Imaging, Brain/Head:
 Biopsy:
 Endoscopy:

Consults

Medical Oncology:
 RT Oncology:
 General Surgical:
 Other Multidisciplinary:
 Tumor Board Presentation:

First Course Treatment

Chemo/Regimen 1:

Total No Rads to Prim Site:

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User Defined Field 86:

User Defined Field 87:

User Defined Field 88:

User Defined Field 89:

User Defined Field 90:

User Defined Field 91:

User Defined Field 92:

User Defined Field 93:

FUTURE 2:

FUTURE 3:

FUTURE 4:

FUTURE 5:

FUTURE 6:

STATE 1:

STATE 2:

STATE 3:

STATE 4:

User Defined Field 104:

User Defined Field 105:

User Defined Field 106:

User Defined Field 107:

User Defined Field 108:

User Defined Field 109:

User Defined Field 110:

User Defined Field 111:

User Defined Field 112:

User Defined Field 113:

User Defined Field 114:

User Defined Field 115://2001

User Defined Field 116://2001

User Defined Field 117://2001

User Defined Field 118://2001

User Defined Field 119://2001

User Defined Field 120://2001

User Defined Field 121://2001

User Defined Field 122://2001

User Defined Field 123://2001

User Defined Field 124://2001

Dgx_XDCOMP:

Dgx_XDINT:

Dgx_XDPRITYP:

Dgx_XDCONF:

Dgx_XDBRATYP:

Dgx_XD1:

Dgx_XD2:

Dgx_XD3:

Dgx_XD4:

Dgx_XD5:

Dgx_XD6:

Dgx_XD7:

Dgx_XD8:

Dgx_XD9:

Dgx_XD10:

Dgx_XDREL:

Dgx_XD11:

Dgx_XDPSFRA:

Dgx_XDPSDYS:

Dgx_XDRNSFRA:

Dgx_XDRNSDYS:

Dgx_XDENERG:

Dgx_XDPSDOS:

Dgx_XDRNSDOS:

Dgx_XDEDT:

PATH REPORT

Path Report Facility 1:

Path Report Facility 4:

Path Report Number 1:

Path Report Number 4:

Path Report Date 1:

Path Report Date 4:

Path Report Type 1:

Path Report Type 4:

Path Order Phys License 1:

Path Order Phys License 4:

Path Order Facility 1:

Path Order Facility 4:

Path Report Facility 2:

Path Report Facility 5:

Path Report Number 2:

Path Report Number 5:

Path Report Date 2:

Path Report Date 5:

Path Report Type 2:

Path Report Type 5:

Path Order Phys License 2:

Path Order Phys License 5:

Path Order Facility 2:

Path Order Facility 5:

Path Report Facility 3:

Path Report Number 3:

Path Report Date 3:

Path Report Type 3:

Path Order Phys License 3:

Path Order Facility 3:

NPCR-CER

Height at Admission (ins):

Weight at Admission (lbs):

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Chemo/Regimen 2:

Chemo/Regimen 3:

Chemo/Regimen 4:

Chemo/Regimen 5:

Method Chemorx Administrd:

Registered Protocol:

State Clinical

Smoking History:

Marker CA-1:

Pt No Research Contact:

Asbestos Exposure:

Dioxin Exposure:

HIV/AIDS:

Vietnam Veteran:

Breast Cathepsin-D:

Breast DNA Ploidy:

Breast Mammogram:

Breast S-Phase:

Breslow's:

Prostate ALK Phosphatase:

Thyroid RT Exposure: