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## **PRACTITIONER REPORTING TO THE STATE**

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The Cancer Notification Form is located on the OSCaR website:  
**<http://oregon.gov/DHS/ph/oscar/reporting.shtml>**. You may download the form and save it to your harddrive.

Please return completed forms to the Oregon State Cancer Registry via mail or to the following confidential FAX. Reporting forms should be submitted no later than ***180 days from the time the case is diagnosed***.

**Mail :** Oregon State Cancer Registry  
800 NE Oregon Street, Suite 730  
Portland, OR 97232

**Fax:** (971) 673-0996

***If you have any questions, please contact us***

**Telephone:** (971) 673-0986

**E-mail:** [oscar.ohd@state.or.us](mailto:oscar.ohd@state.or.us)

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## **NON-REPORTABLE CASES**

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- √ Cancer cases diagnosed or treated prior to January 1, 1996.
- √ Basal cell and squamous cell carcinoma of the skin (except of the genitalia).

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## DATA ITEMS FOR THE CANCER NOTIFICATION FORM

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**Please attach a pathology report, if possible.** To have a complete and accurate case, it is very important to fill out **All** fields, if available, and include any other information that would be helpful to abstract the case. Thank you.

### PATIENT INFORMATION

**Patient's Name:** Record the patient's last name, first name, and middle initial.

**Birth Date:** Record patient's birth date.

**Social Security Number:** Record the patient's SSN. This field is very important for patient identification.

**Physical Street Address:** Record the physical street address at time the patient was diagnosed with cancer.

**Sex:** Record patient's sex.

**Occupation (Retired is not acceptable):** Record the usual occupation/industry of the patient.

**Race:** Record the patient's primary race.

**Ethnicity/Hispanic Origin:** Record whether or not patient is of Hispanic origin.

### CANCER DATA (DIAGNOSTIC INFORMATION)

**Date of Diagnosis:** Record the date the cancer was ***first*** diagnosed by a recognized medical practitioner, whether clinically or microscopically confirmed. A pathology report can be used to find date of diagnosis.

**Primary Site:** Record the anatomical site of origin of the cancer, which includes laterality (if a paired organ)

and the subsite (if applicable), e.g. right upper arm.

**Histology:** Histological type of cancer should be documented and recorded using standard tumor nomenclature, e.g. malignant melanoma.

**Stage of Disease:** Record the stage of disease at the time of initial diagnosis, e.g. in situ, localized.

### CANCER DIRECTED TREATMENT

Please provide **All** information about the type of the patient's cancer directed treatment: Date(s) of treatment, types such as biopsies and surgeries, and where treatment(s) were administered. Pathology and/or operative reports can be very helpful when providing this information; include if available.

### PATIENT STATUS

Record the date the patient was last seen at your facility and the cancer status at that time. If the patient is deceased, please provide the date of

### PRACTITIONER IDENTIFICATION

**Practitioner:** Record the name of the practitioner diagnosing/treating the patient.

**Referred To/From:** Record the name of the practitioner who referred the patient and/or to whom the patient is being referred.