

## Instructions for Missouri Cancer Registry LTCF Reporting Form

### Facility Information

-Facility Name: Record full name of the facility reporting the cancer information including care type such as Long-term Care Facility, Nursing Home or Skilled Nursing Facility.

### Patient Information

- Full last name, middle initial and first name. Note any aliases or nicknames.
- Residence address *prior* to admission to long term care facility
- Social security number: Do *not* use a spouse's social security number.
- Primary payer at diagnosis: Check insurance type

### Patient Demographics

- Check the box that best describes the patient's race. Hispanic/Spanish ethnicity: Check if patient is of Hispanic/Spanish origin. See manual for additional instructions.
- Indicate patient's history of tobacco and alcohol use.
- Record the patient's marital status.
- Vital status: Check one
- Occupation- Report the patient's *longest* held occupation and industry/company.
- Record the date the patient was admitted to your facility.
- Record the **last** date of contact or date of death. If patient is still residing at your facility, record current date. If patient transferred elsewhere, record date of transfer and record name of facility in "facility transferred to/from"
- Patient transferred from/to: If patient transferred from another facility (hospital, other nursing home, etc.) please record. If patient admitted from home, record N/A. If patient transferred to another facility for cancer care, please record.
- Physician: The physician who oversaw the patient's cancer care. This should be the physician with the most information about the patient's diagnosis and treatment.

**\*\*\*Please provide *dates* where indicated. If actual date is unknown please provide an estimated date based on your admission records. \*\*\* This might be clinical, radiological or based on a Pathological report.**

### Cancer #1 and Cancer #2

- Indicate if this is a new diagnosis; a recurrence of a previously diagnosed cancer; a history of cancer with *no* evidence of that cancer; or a history of cancer *with* evidence of that cancer.
- Date of diagnosis: Record date patient was first diagnosed with this cancer. This may be the date the cancer was clinically or histologically diagnosed. If you do not know the exact date, please provide as much information available to you, i.e. year of diagnosis. If you are reporting a recurrence, please indicate the date the cancer was **originally** diagnosed.
- Facility/State of Diagnosis: Record facility or state where cancer was originally diagnosed.
- Site of Diagnosis: Record type of cancer, based on the location in which the cancer originated (i.e. breast, colon, etc.) Laterality describes left or right (as in lung, breast, etc.)
- Histology: This information may be found on the pathology report or occasionally in the physician's notes. Ex. Adenocarcinoma, leukemia, melanoma, etc.
- Treatment information: This could be surgery, radiation or chemotherapy. In some cases palliative care is the treatment. Record in as much detail as possible (i.e. provide chemotherapy drug names, etc.).

### Other Relevant Information/Comments

In this section please provide details of any other relevant patient information such as previous history of other cancers or treatments and/or the names of other hospitals and physicians who treated this patient.

### Follow-Back Information

Provide the **date** the LTCF form was completed, person completing the form and contact information.