

CANCER ABSTRACT FORM

M.O.H. HOSPITAL BASED CANCER ABSTRACT FORM

MOH NO.

Health facility Name _____	Sub county _____	County _____
Year: _____	Month _____	Year _____
REGISTRATION NUMBER		

A. PATIENT:

1. NAME

SURNAME	MIDDLE NAME	LAST NAME

2. Identification No. _____ 3. Marital Status ☐ 1=Single 2=Married 3=Widowed 4=Separated

4. Tel No: [Patient] _____ 5. Tel. No: [NoK] _____

6. Age 7. Date of Birth / / 8. Sex ☐ [1=Male 2=Female 9=Unk]

9. Place of Residence

A. COUNTY	B. CONSITUENCY	C. WARD / ESTATE

10. Place of Birth _____ 11. Tribe _____

12. Religion ☐ 1 – Christian 13. Education level _____

2 – Muslim

3 – Hindu

4 – Other

14. Occupation _____

15. Smoking Status ☐ [1.Never 2.Smoker 3.Ex-Smoker 9.Unknown]

16. Drinking status ☐ [1.Never 2.Alcoholic 3.Ex-alcoholic 9.Unknown]

B. TUMOUR:

17. Incidence date

18. Basis of Diagnosis ☐

19. Primary Site _____ Code No. _____

20. Laterality 1.Unilat. ☐ 2. Bil. ☐ 3. Rt ☐ 4.Lt ☐ 5.Unk. ☐

- 0 – Death cert only
- 1 – Clinical only
- 2 – Clinic. Invest/ radio-imaging
- 4 – Biochem. Immuno test
- 5 – Cytology/Haematology
- 6 – Histology of metastasis
- 7 – Histology of primary
- 9 – Unknown

Morphology code

22. Behaviour ☐

- 0 – Benign
- 1 – Uncertain
- 2 – In situ
- 3 – Malignant
- 6 Malignant metastatic
- 9 Malignant unknown

23. Grade ☐

- 1 – Well diff
- 2 – Moderately diff
- 3 – Poorly diff.
- 4 – Undifferentiated/Anaplastic
- 5 – T-cell
- 6 – B-Cell
- 7 – Null Cell
- 8 – Killer cell
- 9 – Unknown

24. Stage ☐

- 0 – In Situ
- 1 – Stage I
- 2 – Stage II
- 3 – Stage III
- 4 – Stage IV
- 9- Unknown

T _____
N _____
M _____

C.TREATMENT

25.FIRST COURSE OF TREATMENT: [1=NO; 2=YES; 9=UNKNOWN]

Surgery <input type="checkbox"/>	Date / / Date / /	Radiotherapy <input type="checkbox"/>	Date / / Date / /
Chemotherapy <input type="checkbox"/>	Date / / Date / /	Hormone therapy <input type="checkbox"/>	Date / / Date / /
Immunotherapy <input type="checkbox"/>	Date / / Date / /	Other _____	Date / / Date / /

D. CONCURRENT ILLNESS:

26. DOCUMENTATION OF HIV STATUS.

Lab Report Available in Pt. file. Yes ☐ Lab No. ☐ _____

CD4 Count _____

Status Indicated in the Clinical Notes ☐ Yes ☐ No27. Specifically (-ve) ☐28. Specifically (+ve) ☐29. Other Concurrent illness _____

E. SOURCES:

30. Source 1. Hosp. _____ Hosp. No. _____ SRC date 1 _____

31. Source 2. Lab. _____ Lab. No. _____ SRC date 2 _____

32. Referred from _____ IP NO. _____

33. Referred to _____ IP NO. _____

F. FOLLOW UP:34. Present Status ☐ 1-Alive
2-Dead

37. Date of Last Contact/Date of death: ____/____/____

35. Hospice No. _____

39.If dead, cause of death _____

Remarks if any _____

Form filled by _____ Date _____

Checked

By _____