

SITY OF UTAH	C Tumor Registry Subject	QA Review			
Research Last Name:	First Name:	Middle Name:	Birth Date: A	ge: Sex: MRN:	HCI Person ID
IBOND	UAMES	, IE	Sep 30, 196 4	4 IM LACIS-007	1124200
Overview	Administration	Labs	Medical Events	Additional Data	Death Data
First Vis.	Diag Da.		Stage:	Vital Status:	<u>2</u>
Progression Free	Day Survival Day	rs:		Last Event:	Apr 28, 2014
Days to Regional	Pro. Days to Dist	ant Prog.:		Last Alive/Death:	Oct 27, 2003
Providers	(#) =	TX Protocol(s)	Death Info		1.25532.0 - 20. 12. I
Provider	Role First Seen	Treatment Protocol	I is Decea	ised? Patient data of	tained from autopsy
✓ Go	Referring		Date (mm/	dd/yy / /	Lookup
			Death Sour	ce 🔪	Tumor Related Death?
ame:		1		122 	
Diagnosis		Show D	Diagnoses And Stages Fo	r All Cancer Groups	+ - Enter Stage
Group Date	Group Morph ICD-O Topo	ICD-O Morph ICD-9	ICD-10 Stage	Basis Source	Age Prim. Dx
The second second					
Date Sta	OP T N M	Grade System Type	Prior Tx? Prognosis	Grp Diag Date Source	Auto?
arch Patients					
			k:	ł ł	
Tumor					
Identify Date .	umor Type Body Site		Body S	Ite Laterality Body Site Po	sition
ard					
c Reporting					
Study Admin				1	125
				Save Save	& Close Cancel

Launch CCR and conduct a patient search by entering information on the left side. In this example a search by patient MRN was conducted. The 'Patient' window will open.

		First	Name:	Middle Name:	Birth Date:	A	ge: Sex: MRN	: HC	I Person ID
OND		JAME	3	E	Sep 30, 196	5 4	44 M ACIS	-007 [11	.24268
Overvi	ew	Adı	ministration	Labs	Medical Even	ts	Additional D	sta De	ath Data
fedical Even	ts List								
Start Date	 Classifi 	cations	Event Type	De	tailed Proced Report #	Path	Group		
Apr 28, 201	4	_	Biopsy				Breast		

Navigate to the 'Medical Events' tab in the patient window to add a new medical event. This will display view a list of any medical events associated to this patient. Add a new medical event by clicking on the 'I' icon. A new window will open.

dd/Link Medical Event Step 1 - Enter Event Info Event Type		Start Date	
Initial Evaluation	-	Apr 29, 2014	
Step 2 - Link to UUHSC Encounter Search For UUHSC Encounters	s (Optional)	JHSC Encounters	
JUHSC Encounter Search Results: (S	elect to link)		Clear Selection
Encounter ID Encounter Type	Admit Date	Discharge Date Provider	
			4.11 ml
		Ad	a / Link Cancel

In the 'Add/Link Medical Event' window there are two steps. Step 1 enters initial information of the medical event. Step 2 is optional and allows you to search and link any UUHSC encounters associated to the medical event. If there are no UUHSC encounters, enter the correct information from the two dropdowns in Step 1 and click 'Add/Link'. A new window will open.

	t Detail	- Breast	_	_				-		20020100000	L.
vent Type				3	Start Date	End D	ate		Age	Duratio	on (day
nitial Evaluatio	n			2	Apr 29, 2014	Apr 2	9,2014		44		
erforming Prov	/ider			F	Facility				Report N	umber	
				-	HCI (UT)				123456		
etailed Proced	ure								EDW Enc	ounterID	-
								•			(
Overview	Details	Diagno	stic	Status	s Comorbid Pt	Init Evel	BRC A His	tory O	ther Histo	ry Como	rbid Ch
Path Reports											
Date	Tissue Ty	pe Sa	m ple Proce	dure	Type Report Num.	Facility					-
Apr 29, 2014	Breast	CI	nest Wall B	iopsy		1					
		1									
Associated Mer Event Type	dical Event St	s tart Date	Report N	um.	Detailed Procedure						出_
Imaging	A	pr 28, 2014	12345		Bone Scan						
Accession											
/ital Status				Perf	formance Score						
Alive - No evid	lence of dis	sease		(EC	OG/WHO/Zubrod)	1 - Able to v	walk, light wo	rk. No	strenuou	s activity.	
Vital Status E	vidence of	Disease —		Trea	atment Response E	valuation					
✓ Clinical (C	ED)	Radiolo	gic (RED)	CR	- Complete Respor	nse					-
F Biochemic	al (BED)	1 Patriolo	Big free 1								

The 'Medical Event Detail' has a number of tabs. Within any tab, link the event to an EDW encounter by clicking on the 'I' icon. A new window will open up. In the 'Overview' tab add associated medical events. Link or create a new path report for the medical event by clicking on the 'I' icon. A new window will open.

admit Date R	ange to Apr 29, 2014	Find ED	W Encounters	1	
DW Encount	er Search Results: (Select t	o link)		w	Ciea
Encounter ID	Encounter Type	Admit Date	Discharge Date	Provider	
777777	ORTHOPEDIC SURG /IP	Oct 26, 2003	Oct 27, 2003	MUR. MOND. 1410	

After clicking the '*i*' icon the 'Link Event to EDW Encounter' window will open. In this window search for an encounter by entering a date range. If CCR finds a corresponding encounter for the medical event, select it from the list and click 'Link'.

	Linkto	HCI Pathology Repo	ort			DEXT	- Extract Si	R from ITS		
Step 1: So Step 2: C * If the Pat Path Repo	elect the Path lick the "Link" I h Report you v rt" button to er	Report you wish to li outton to complete th wish to link does not oter a new Path Repo	ink. ne proces: appear, tr rt	s. y pressing "Ri	efresh" or clic	k the "Create	New			
Report Date	Tissue Type	Sample Procedure	Report #	Last Name	First Name	Birth Date	MRN	Created By	App	Created Da
Sep 5, 200	Kidney			BOND	JAMES	Sep 30, 19.	ACIS-007	Ross, Car	CC	Sep 20, 2.
Aug 22, 2	Prostate	Radical Prostatec		BOND	JAMES	Sep 30, 19.	ACIS-007	Ross, Car	CC	Aug 22, 2.
Apr 28, 2	Breast	Chest Wall Biopsy		BOND	JAMES	Sep 30, 19.	ACIS-007	Courdy, N	CC	Apr 28, 2.
Create New	Path Report	Link Path Report		#		Sho	w Search Cr	iteria Ref	resh	Close

After clicking the 'I' icon the 'Link to Path Report' will open. This will show any associated path reports in the list. If there is a corresponding path report to the Medical Event select it from the list and click 'Link Path Report'. If there is not an existing path report create a new one by clicking 'Create New Path Report'. A new window will open.

Overviev		Path Diagnosis	Additio	nal Findings	Path Diagnosis (old fields)
Patient					
BOND	JAMES		Sep 30, 1969	ACIS-007	1124268
Procedure					
Procedure Date:	Sample Pro	redure Type:		Age At F	Procedure
Apr 29, 2014	Chest Wall	Biopsy		-	Calc Age
Performing Provider:		Reading Provider 1		Reading Provide	er 2:
	•		<u>×</u>		<u>×</u>
System Info					
System Info	Application:	Date Created:			
System Info Created By: Courdy, Nicholas	Application:	Date Created: Apr 29, 2014]		
System Info Created By: Courdy, Nicholas	Application:	Date Created: Apr 29, 2014]		
System Info Created By: Courdy, Nicholas	Application:	Date Created: Apr 29, 2014]		
System Info Created By: Courdy, Nicholas	Application:	Date Created: Apr 29, 2014]		
System Info Created By: Courdy, Nicholas	Application:	Date Created: Apr 29, 2014]		

In the 'Path Report' window upload a Pathology PDF file at any time by clicking 'Update' and selecting the PDF file saved on the computer. In the 'Overview' tab view patient and edit procedure information about the path report.

Report Date: Histologic Tissue Type: Is Metastati Apr 29, 2014 Breast Tissue?	: Facility:	Report Number:	Report Item:	Pathology Rpt Fi Upload View 😒
Overview Path Diag	nosis Addit	tional Findings	Path Diago	osis (old fields)
Tumor Tissue Site: Laterality: Central portion of breast Not specified Primary Diagnosis (Histologic Type): Not specified Noninvasive carcinoma (NOS) Secondary Diagnosis (Histologic Type): Ductal carcinoma in situ Margin Distance (Invasive) Cannot be assess < 1mm Primary Histologic Crade: Gx: Grade cannot be assessed (Undetermined Gr ▼ Total Nottingham Score: Grade II: 6-7 points ▼ Tubule Formation: Marginty of tumor greater than 75 percent (sc ▼	Max Tumor Size (cm): Primary Di Secondary Margin Distance (DCIS) 1.0 - 1.9 mm Secondary Histologic Grade: G1: Well-differentiated (Low Nuclear Pleomorphism: Small regular nuclei (score of Mitotic Count: Less than 10 mitoses per 10	Secondary Size (cm) #	All Nodes # Nodes Examin 1 Sentinel Node # Nodes Examin 1 Axillary Node # Nodes Examin 1	ed.# Nodes Involved
pT: pT0: No evidence of primary tumor NI: pN0 - No regional lymph node metastasis histological MI: pMX: Cannot be assessed	/			2

In the 'Path Diagnosis' tab there are many dropdowns to specify information related to tumors and the pathologic stage related to the patient's report.

pr 29, 2014 Breast Tissue?	acility:	Report Number:	Report Item:	Upload View
Overview Path Diagnos	is C	Additional Findings	Path Dia	gnosis (old fields)
Additional Pathologic Findings:	ER:		ER%:	
Additional Pathologic Findings:	Negative/no	rmal; within normal limits	•	
None identified	PR:		PR%:	
Microcalcifications	Borderline, u	undetermined whether pos	itive o 💌	
Fibrocystic changes	HER2:		HER2	Score:
Atypical hyperplasia	Unknown or	no information	-	•
Comedocarcinoma, non-infiltrating	FISH HER2: Unknown or	no information	•	
Multicentric DCIS Yes	Block Numbe	r (molecular studies order	on):	
Multicentric/Multifocal Invasive (Dx after 01/01/07)	Sentinel IHC	Status		
ites 🔛	Inc not per	ormea	-	
	RT-PCR State	IS DCD		
	All negative	DY RI-PCR	<u> </u>	
	Tumor Predi	tion subtype (research):	Tumor Pre	diction subtype (cl
	LumA	•	LumB	•
	1040			
nn ni ci (cs.				

In the 'Additional Findings' tab miscellaneous questions related to pathologic findings will be displayed. Specify findings by choosing the correct options from the drop-downs.

portoate, mistologic Hiss	ue Type: Is Metastatic Facility:	Report	Number: Report Item:	- Pathology Rpt Fi.
pr 29, 2014 Breast	Tissue?	<u> </u>		Upload View S
Overview	Path Diagnosis	Additional Findi	ngs Path Di	agnosis (old fields)
ax Tumor Size (Range):				
o mass/tumor found				<u> </u>
ctent of Invasion (AJCC):				
0: No evidence of primary tumo				<u> </u>
egional Lymph Node Status (AJC)	C):			
X: Unknown; not stated				
10: No; none				

The 'Path Diagnosis (old fields)' tab has several additional drop-downs to help specify additonal diagnosis info. Once the information for the path report is correct, click 'Save & Close'. The window will close and return to the 'Medical Event Detail' window. The path report should now be visible from the 'Overview' tab.

Contraction of the second s	Course		E. J.D.				Duration (do
vent type	Starti				— ĉ	ge	Duration (day
nitial Evaluation	Apr 2	29, 2014	Apr 2	9,2014	4	4	1
erforming Provider	Facilit	у			R	eport Nu	mber
		UT)			_ 1	.23456	
etailed Procedure					E	DW Encou	unterID
					-		
Overview Details Diagnostic	Status	Comorbid Pt	Init Eval	BRCA Hist	ory Oth	er History	Comorbid Cl
Tests			+ -	Specimens		View	in BST +
Test Date Type	Value 1	Value 2	Low	CC Num ber	Specim	en Type	Collect Date
				14-02955	Tissue		Apr 28, 2014
CPT Codes	Review D)ate Rev 2014	iewing Pro	ovider			
CPT Codes Code 20200 : Biopsy, muscle; superficial.	Apr 29, Review O	Date Rev 2014 Comment	riewing Pro	ovider			
CPT Codes Code Code 20200 : Biopsy, muscle; superficial. Event Classification	Review D Apr 29, Review C	Date Rev 2014 Comment	iewing Pro	ovider			2
CPT Codes Code Code 20200 : Biopsy, muscle; superficial. Event Classification Classification	Review D Apr 29, Review C	Date Rev 2014 Comment	iewing Pro	ovider			1
CPT Codes Code Code 20200 : Biopsy, muscle; superficial. Went Classification Classification Planned	Review D Apr 29, Review C	Date Rev 2014 - Comment	iewing Pro	ovider			2

In the 'Details' tab of the 'Medical Event Detail' window you can add test results associated to the Medical Event. There is also an option to link specimens from itBioPath to the medical event. Click on the appropriate '*s*' icon to add test, specimen, CPT code or classification information.

vent Type		Start Date		End Date		Age	Duration (day
nitial Evaluation		Apr 29, 2014		Apr 29, 2014		44	_
erforming Provider		Facility			17.0	Report	Number
-		HCI (UT)			•	12345	6
etailed Procedure						EDW En	counterID
					•	1	
Overview Details Diagr	nostic	Status Comorbid Pt	hi	t Eval BRCA His	story C	other Hist	tory Comorbid Cl
Presented at Tumor Board? Tumor Board Recommendations	mor Board I or 29, 2014	Date					
nitial Diagnosis By	Тур)e		Triggering Eve	nt		
nitial Diagnosis By	Тур	rype		Triggering Eve Axillary mass	nt		2
nitial Diagnosis By Initial Diagnosis By FNA	Тур	e Type Ductal		Triggering Eve Axillary mass Date of First In	nt idicatio	n	
nitial Diagnosis By Initial Diagnosis By FNA Core Excisional (Mammo (nain)	Typ	e Type Ductal Lobular Papillary		Triggering Eve Axillary mass Date of First In Apr 1, 2014	nt Idicatio	n	
nitial Diagnosis By Initial Diagnosis By ✓ FNA Core Excisional (Mammo/palp)	Typ	e Type Ductal Lobular Papillary DCIS		Triggering Eve Axillary mass Date of First In Apr 1, 2014	nt Idicatio	n	,
Initial Diagnosis By Initial Diagnosis By FNA Core Excisional (Mammo/palp) Unknown Other	Typ	e Type Ductal Lobular Papillary DCIS LCIS		Triggering Eve Axillary mass Date of First In Apr 1, 2014	nt idicatio	n	,
Initial Diagnosis By Initial Diagnosis By ✓ FNA Core Excisional (Mammo/palp) Unknown Other Initial Diagnosis Other	Typ	Type Ductal Lobular Papillary DCIS LCIS LUnknown		Triggering Eve Axillary mass Date of First In Apr 1, 2014	idicatio	n	
Initial Diagnosis By Initial Diagnosis By FNA Core Excisional (Mammo/palp) Unknown Other Initial Diagnosis Other	Typ	Type Ductal Lobular Papillary DCIS LCIS Unknown Other		Triggering Eve Axillary mass Date of First In Apr 1, 2014	nt Idicatio	n	
Initial Diagnosis By Initial Diagnosis By FNA Core Excisional (Mammo/palp) Unknown Other Initial Diagnosis Other	Type Type Type Type	e Type Ductal Lobular Papillary DCIS LCIS Unknown Other e Other		Triggering Eve Axillary mass Date of First In Apr 1, 2014	int idicatio	n	
Initial Diagnosis By Initial Diagnosis By FNA Core Excisional (Mammo/palp) Unknown Other Initial Diagnosis Other	Typ	e Type Ductal Lobular Papillary DCIS LCIS Unknown Other DCher		Triggering Eve Axillary mass Date of First In Apr 1, 2014	int idicatio	n	

The 'Diagnostic' specifies information related to the diagnosis through a series of selections and drop-downs.

	ine lever and	Breast							
vent Type				Start Date	End	Date		Age	Duration (da
Initial Evaluation			Apr 29, 2014		Apr 29, 2014 🔤		44		
Performing Provider				Facility				Report Nu	mber
			•	HCI (UT)			•	123456	
etailed Proces	dure							EDW Enco	unterID
							•		
Ormion I	Detaile	Discostia	Chat	na homoshid Dt	bit Ev		internal of	the Histor	
Ouclace	Details	- Magnosuc	Oldi	us pomorbid Pr	ant co		is tory c	uica mistor	s boundaring c
Tate of 1st Pr	esentation								
Apr 29, 2014	•								
Current level	of physical ac	ctivity WITHIN PA	AST WEEK	Current Emplo	yment St	atus			
Restricted, b	ut can walk ar	nd do light hous	ework -	Other		-			
Patient Status	at 1st Presen	itation		Education State	us at 1st	Presentation	Disease	Status at 1	st Presentatio
the time and the				w Callena		-	1	a stand Day	
Unknown				College		<u>.</u>	LOCal/R	egional Rec	currence
Zip				Conege			Local/R	egional Rei	currence A
Zip	-			Conege		<u> </u>	Local/R	egional Re	currence _
Cip Cip	l.						Local/R	egionai Rei	currence _
Zip	į			→ Conege			Local/R	egionai Re	currence _
Cip	i			College			Local/R	egional Kei	currence <u>s</u>
Zip	l			College			Цосали	egional Kei	currence 2
Zip	1			Conege			Цосали	egional Re	currence _
Zip				Conege			Local/H	egional Re	
lip	ĺ.			Conege			Local/R	egional Re	urrence _
Cip	1			Conege			Local/H	egional Re	urrence 2
Zip	1						Local/H	egional Re	urrence 2
Zip							Local/H	egional Re	urrence 3
Zip	1			Conege			Local/H	egionai ke	urrence
Data Collectic	on Mechanism			Conege			Local/H	egionai ke	urrence 2
Data Collectio	on Mechanism			Conege			Local/H	egionai ke	urrence
Data Collectio	on Mechanism	1		Conege			LOCAI/H	egional ke	urrence

The 'Status' tab inlcudes information related to the patient's life. Choose the correct options from the drop-down to specify.

vent Type			Star	t Date		End Da	te		Ade	Duration	n (day
nitial Evaluation			Apr	29.2014	3777	Apr 29	. 2014	100	44	-	
erforming Provider		Facil	lity				Report Number				
			HCI					-	123456		_
etailed Procedure									EDW Enc	ounterID	
								-			-
1.	1	-		-			d construction	- 14	99 200 - 10 - 10 - 10	1	4 200000
Overview De	etails Diagr	nostic St	atus	Comorbid	Pt Q In	it Eval	BRCA His	tory O	other Histo	ory Comorb	id C
4 Stroke cerebrow											
4a. If yes, diffic 5. Asthma, emphys 5a. If yes, take r 6. Stomach ulcers 6a. If yes, cond 7. Diabetes or high	rascular accider ulty moving arn sema, chronic b medicine for co or peptic ulcer ition diagnosed h blood sugar?	nt, blood clot c n or leg as res ronchitis, or c ndition (on rej disease? I by endoscop	or bleed ult? chronic gular bi y or up	ting in the bi obstructive asis or flare- per GI or bar	rain [No lung [N -up]? [Yi rium swall	es es					
4a. If yes, diffic 5. Asthma, emphys 5a. If yes, take r 6. Stomach ulcers 6a. If yes, cond 7. Diabetes or high 7a. If yes, treate	rascular accider ulty moving arn sema, chronic b medicine for coi or peptic ulcer (ition diagnosed h blood sugar? ed by modifying	nt, blood clot o n or leg as res ronchitis, or c ndition (on rej disease? I by endoscop g diet?	or bleed oult? chronic gular bi gular b	ing in the br obstructive asis or flare- per GI or bar T	ain [No [lung [N lun]? [Yi rium swall	o x es x No					
4a. If yes, diffic 5. Asthma, emphys 5a. If yes, take r 6. Stomach ulcers 6a. If yes, cond 7. Diabetes or high 7a. If yes, treate 7b. If yes, treate	rascular accider ulty moving arn sema, chronic b medicine for coi or peptic ulcer (ition diagnosed h blood sugar? ed by modifying ed by medicatio	nt, blood clot o n or leg as res ronchitis, or c ndition (on rey disease? I by endoscopy g diet? nus taken by	or bleed ult? :hronic gular b: y or upp [No [ing in the br obstructive asis or flare- per Cl or bar T	iung N ung N up)? M ium swall	o × es × INC)) 				
4a. If yes, diffic 5. Asthma, emphys 5a. If yes, take r 6. Stomach ulcers 6a. If yes, cond 7. Diabetes or high 7a. If yes, treate 7b. If yes, treate 7c. If yes, treate	rascular accider ulty moving ann sema, chronic b medicine for co or peptic ulcer ition diagnosed h blood sugar? ed by modifying ed by medicatio ed by insulin inj	nt, blood clot o n or leg as res ronchitis, or c ndition (on rey disease? I by endoscopy g diet? g diet? ns taken by ections?	or bleed ult? gular bi gular b	ling in the br obstructive asis or flare- per GI or bar T T T T T	rain [No ung [N -up)? [Yi rium swall	es es] -				
 4a. If yes, diffic 5. Asthma, emphys 5a. If yes, take r 6. Stomach ulcers 6a. If yes, cond 7. Diabetes or high 7a. If yes, treate 7b. If yes, treate 7c. If yes, treate 7d. If yes, diabet 	rascular accider ulty moving arn sema, chronic b medicine for co or peptic ulcer ition diagnosed h blood sugar? ed by modifying ed by medicatio ed by insulin inj etes caused pro	nt, blood clot o n or leg as res ronchitis, or c ndition (on rey disease? I by endoscopy g diet? g diet? ns taken by ections? blems with kid	or bleed ult? gular bi INO I I I Ineys of	ling in the br obstructive asis or flare- per GI or bar T T T T T T T T T T T T T T T T T T T	rain [No [ung [N up]? [Yi rium swall	o z es z lovv)) 	I.			
 4a. If yes, diffic 5a. If yes, take r 5a. If yes, take r 6. Stomach ulcers 6a. If yes, cond 7. Diabetes or high 7a. If yes, treate 7b. If yes, treate 7c. If yes, treate 7d. If yes, diabe 8. Kidney problem: 	rascular accider ulty moving arn sema, chronic b medicine for co or peptic ulcer ition diagnosed h blood sugar? ed by modifying ed by medicatio ed by insulin inj etes caused pro s?	it, blood clot c n or leg as res ronchitis, or c ndition (on rej disease? I by endoscopi g diet? ins taken by jections? blems with kid	or bleed ult? gular b: INO I I I I I I I I I I I I I I I I I I	ling in the br obstructive asis or flare- per GI or bar T T T T r eyes and tr	rain No Iung N up)? M rium swall	o es No low ophthal)) 	×			
 4a. If yes, diffic 5a. If yes, take r 5a. If yes, take r 6. Stomach ulcers 6a. If yes, cond 7. Diabetes or high 7a. If yes, treate 7b. If yes, treate 7c. If yes, treate 7d. If yes, diabe 8. Kidney problem: 8a. If yes, poor 	rascular accider ulty moving ann sema, chronic b medicine for co- or peptic ulcer ition diagnosed h blood sugar? ed by modifying ed by medicatio ed by insulin inj etes caused pro s? kidney functior	nt, blood clot o n or leg as res ronchitis, or c ndition (on rej disease? I by endoscop g diet? I by endoscop g diet? I biens with kid blems with kid n with blood te	or bleed ult? chronic gular b: [No [No [uneys of est show	ting in the br obstructive asis or flare- per GI or bar T T T T T T T T T T T T T T T T T T T	rain No lung N up)? M rium swall reated by catinine	o × es × INc low F)))))))))))))))))))	I			
 4a. If yes, diffic 5. Asthma, emphys 5a. If yes, take r 6. Stomach ulcers 6a. If yes, cond 7. Diabetes or high 7a. If yes, treate 7b. If yes, treate 7c. If yes, treate 7d. If yes, treate 7d. If yes, diabe 8. Kidney problem: 8a. If yes, poor 8b. If yes, used 	rascular accider ulty moving ann sema, chronic b medicine for co- or peptic ulcer ition diagnosed h blood sugar? ed by modifying ed by medicatio ed by insulin inj etes caused pro s? kidney functior hemodialysis o	nt, blood clot o n or leg as res ronchitis, or c ndition (on rej disease? I by endoscop g diet? ons taken by ections? blems with kid n with blood te or peritoneal d	or bleed ult? chronic gular b: [No [[uneys of est show ialysis?	ting in the br obstructive asis or flare- per GI or bar T T T T T T T T T T T T T T T T T T T	rain No lung N up)? M rium swall reated by reatinine	ophthal No	mol ;	I			

The 'Comorbid Pt Q' contains a patient history questionnaire. Enter 'yes' or 'no' from the drop-downs to specify how the patient answered each question.

Initial Evaluation Apr 29, 2014 Apr 29, 2014 4 Apr 29, 2014 Apr 29, 2014 4 Apr 29, 2014 4 A	lumber
In the second s	lumber
Indianing Fronder Ideaning Indianing Fronder Ideaning	
Overview Details Diagnostic Status Comorbid Pt Init Eval SRC A History Other Mist Militerral Militerral Militerral Militerral Tamily History 183 75 Imit Eval SRC A History Family History of Cancer Imit Eval Militerral Imit Eval SRC A History Relative Cancer Type Other Cancer Type (30 chars) Age at Diag (yr) Imit Eval Imit Eval Militerral Imit Eval Miletarral Imit Eval Militerral Imit Eval Smoking/Alcohol History Smoking within 6 weeks of SurgeryAvg Packs/DaySmoke Years Numb Imit Eval Current Imit Eval Imit Eval Imit Eval Padiation Exposure Imit Eval Imit Eval Imit Eval	ounterID
Overview Details Diagnostic Status Comorbid Pt Init Eval IRCA History Other Hist Owerview Main and the state of the	ounterio
Overview Details Diagnostic Status Comorbid Pt Init Eval BRC A History Other Hist Demographics Height (cm) Weight (kg) BMI Init Eval Init Eval<	1
Demographics Height (cm) Weight (kg) BMI Itending Provider Height (cm) Weight (kg) BMI Image: Interview of Cancer Image: Interview of Cancer Image: Interview of Cancer Image: Interview of Cancer Relative Cancer Type Other Cancer Type (30 chars) Age at Diag (yr) Image: Interview of Cancer Image: Interview of Cancer Type (30 chars) Age at Diag (yr) Image: Interview of Cancer Image: Interview of Cancer Type (30 chars) Age at Diag (yr) Image: Interview of Cancer Image: Interview of Cancer Type (30 chars) Age at Diag (yr) Image: Interview of Cancer Image: Interview of Cancer Type (30 chars) Age at Diag (yr) Image: Interview of Cancer Image: Interview of Cancer Image: Interview of Cancer Image: Interview of Cancer Image: Interview of Cancer Image: Interview of Cancer Image: Interview of Cancer Image: Interview of Cancer Image: Interview of Cancer Image: Interview of Cancer Image: Interview of Cancer Image: Interview of Cancer Image: Interview of Cancer Image: Interview of Cancer Image: Interview of Cancer Image: Interview of Cancer Image: Interview of Cancer Image: Interview of Canc	ory Comorbid Cl
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The 'Init Eval' tab enters information related to demographics, family history of cancer, and any smoking/alcohol history.

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Within the 'BRCA History' include any breast cancer history information.

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The 'Other History' tab contains a series of questions and drop-downs to help specify reproductive and menstrual information.

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☐ Leukemia ☐ Metastatic solid cancer		☐ Depr	ession					
Context Search				Save		Save & C	Close	Close

The final tab allows you to view the 'Comorbid History Chart Review'.



Questions?

Email 'Informatics - Development' email group