NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH
NATIONAL CANCER REGISTRY PROGRAMME
Indian Council of Medical Research

POPULATION BASED CANCER REGISTRIES
Core Form - Incidence Data

I IDENTIFYING INFORMATION

1. NAME OF PARTICIPATING CENTRE ..... CENTRE CODE

2. INCIDENCE REGISTRATION NUMBER
(First 2 digits are for year of registration and the next 5 digits for actual registration number)
Year *Reg. No*

3.1 (a) NAME OF SOURCE OF REGISTRATION ..... CODE
(Reporting Institution (RI) / Hospital)

(b) NAME OF DEPARTMENT / UNIT etc. ..... CODE

(c) NAME OF PHYSICIAN. ..... MOBILE NO .....

3.2 HOSPITAL REGISTRATION NUMBER .....

3.3 DATE OF REGISTRATION AT SOURCE OF REGISTRATION / DATE OF REPORTING AT THIS HOSPITAL
dd *mm* *yy*

3.4 CASE REGISTERED AS
(1) Out-patient (OP) (2) In-patient (IP) (3) OP and IP
(4) Not Registered - Clinical Consultation / Opinion (5) Not Registered - Pathology Consultation / Opinion (8) Others *(specify)*.....

4. OTHER SOURCES OF REGISTRATION / REFERRAL *(Hospitals, Laboratories, Nursing Homes etc.)*:

4.1 NAME.....
Code *Hospital / LAB / N.H. No.* *dd* *mm* *yy*

4.2 NAME .....

5. DATE OF FIRST DIAGNOSIS
(Date of first attendance* to any hospital for this disease) (*generally the earliest of the dates in 3.3 or 4 above)
dd *mm* *yy*

6.1 FULL NAME OF PATIENT *(At least one name is compulsory)*

....
First *Second* *Last*

6.2 AADHAAR (UNIQUE IDENTIFICATION) NUMBER .....

7.1 NAME OF RELATIVE / NEXT OF KIN *(Including parent)* / ACCOMPANYING PERSON:

Father .... *Mobile No.* Mother .... *Mobile No.*

Spouse .... *Mobile No.* Son..... ..... *Mobile No.*

Daughter .... *Mobile No.*

Others *(Friend / accompanying person)* .... *Mobile No.*

7.2 CODE OF RELATIVE / NEXT OF KIN *(Including parent)* / ACCOMPANYING PERSON
(1) Father (2) Mother (3) Husband (4) Wife (5) Son (6) Daughter
(7) Other Relative/ Friend/ Neighbour (8) Others *(including accompanying person)*..... (9) Unknown

8. PLACE OF RESIDENCE:

Place of Usual Residence *(where the person has been residing for the past one year (at least))*

Urban Areas (Town / Cities)

House No. .....

Road / Street Name .....

Area / Locality .....

Ward / Corporation / Division | | |

Name of City / Town.....

Non-urban / Rural Areas

House No. and Ward .....

Name of Gram Panchayat / Village, etc:

.....

Name of Sub-Unit of District *(Taluk / Tehsil / Other)*:

.....

Name of PHC / Sub Centre .....

Name of District * *(In Capitals)* .....

* *Not applicable for solely urban PBCRs*

Postal Pin Code | | | | | | |

Telephone No(s).: Off. ..... Res. .....

Mobile ..... Email ID .....

9. DURATION OF STAY *(at the place of usual residence (in years))* | |

10. OTHER ADDRESSES:

10.1 LOCAL ADDRESS

.....

.....

Name of City/Town/District.....

Pin Code | | | | | | |

10.3 NATIVE PLACE ADDRESS

.....

.....

Name of City/Town/District.....

Pin Code | | | | | | |

10.2 SECOND *(Office / Caretaker / Family Doctor)* ADDRESS

.....

.....

Name of City/Town/District.....

Pin Code | | | | | | |

11. PLACE OF BIRTH

.....

.....

Name of City/Town/District.....

Pin Code | | | | | | |

12. AGE *(in years)* | |

DATE OF BIRTH | | | | | | | | | | | |
dd *mm* *yy*

13. AGE ESTIMATED BY |

(1) Patient (2) Person Accompanying Patient

(3) Social Investigator (8) Others *(specify)*..... (9) Unknown

14. SEX |

(1) Male (2) Female (8) Others

II BASIC DEMOGRAPHIC PARAMETERS

15. MARITAL STATUS

(1) Unmarried (2) Married (3) Widowed (4) Divorced
(5) Separated (8) Others *(specify)*..... (9) Unknown

16. MOTHER TONGUE

(01) Assamese (02) Bengali (03) Gujarathi (04) Hindi (05) Kannada (06) Kashmiri (07) Malayalam
(08) Marathi (09) Oriya (10) Punjabi (11) Sanskrit (12) Sindhi (13) Tamil (14) Telugu
(15) Urdu (16) English (17) Konkani (18) Bhutia (19) Manipuri (20) Mizo (21) Nepali
(22) Lepcha (23) Rajasthani (88) Others *(specify)*..... (99) Unknown

17. RELIGION

(1) Hindu (2) Muslim (3) Christian (4) Sikh (5) Jain (6) Neo-Budhist (7) Parsi
(8) Indigenous Faith / Others *(specify)*..... (9) Unknown

18. CULTURAL GROUP / BACKGROUND* *(Refer Procedure Manual for Codes)*

* Only for North East PBCRs.

19. EDUCATION

(0) Not applicable (for children below 5 years) (1) Illiterate (2) Literate (3) Primary
(4) Middle (5) Secondary (6) Technical-after matric (7) College and above
(8) Others *(specify)*..... (9) Unknown

III DIAGNOSTIC DETAILS

20. DIAGNOSTIC STATUS AT REGISTRATION AT SOURCE OF REGISTRATION / REPORTING INSTITUTION (RI)

(0) Not Registered at RI (1) Microscopically Confirmed
(2) Suspected (Microscopically/Radiologically) (3) Unequivocal Clinical Diagnosis
(4) Suspected Clinically/To rule out Malignancy (8) Others *(specify)*.....
(9) Unknown

21. METHOD OF DIAGNOSIS

(1) Clinical Only (2) Microscopic (3) X-Ray / Imaging Techniques (4) DCO (8) Others (9) Unknown

Microscopic *(if 2 above)*
(1) Histology of Primary
(2) Histology of Metastasis
(3) Autopsy with Histology
(4) Bone Marrow
(5) Blood Film
(6) Cytology of Primary
(7) Cytology of Metastasis

X-Ray / Imaging Techniques *(if 3 above)*
(1) X-Ray
(2) Isotopes
(3) Angiography
(4) Ultrasonogram
(8) All Others *(Specify)*.....

Others *(if 8 above)*
(1) Endoscopy
(2) Surgery or Autopsy without Histology
(3) Specific Biochemical and / or Immunological Tests
(8) Others *(Specify)*.....

22. ANATOMICAL SITE OF SPECIMEN / BIOPSY / SMEAR.....

23. COMPLETE PATHOLOGICAL DIAGNOSIS: *(With Complete Description of Primary Site of Tumour and Morphological Diagnosis)*

23.1 PRIMARY SITE OF TUMOUR - TOPOGRAPHY.....

23.2 MORPHOLOGY.....

23.3 PATHOLOGY SLIDE NO. DATE dd mm yy

24. CODING ACCORDING TO ICD-O-3:

24.1 PRIMARY SITE OF TUMOUR - TOPOGRAPHY ..... C •
(Include sub-site if any)

24.2 PRIMARY HISTOLOGY - MORPHOLOGY ..... M / /
If morphology is that of metastasis mention Primary Site above and

24.3 SECONDARY SITE OF TUMOUR ..... C •

24.4 MORPHOLOGY OF METASTASIS..... M / /
If the morphology diagnosis is only that of metastatic site, mention the Primary Site as decided by the treating clinician either through discussion or from case record

25. SITE OF TUMOUR (ICD-10) ..... C [ ][ ].[ ]

26. LATERALITY [ ]

(0) Not a paired site
(1) Right
(2) Left
(3) Only one site involved, right or left unknown
(4) Bilateral involvement, lateral origin unknown
(9) Paired site, but no information concerning laterality

27. SEQUENCE [ ]

(0) One primary only
(1) First of two or more primaries
(2) Second of two or more primaries
(3) Third of three or more primaries
(4) Fourth of four or more primaries
(5) Fifth of five or more primaries
(6) Sixth of six or more primaries
(7) Seventh of seven or more primaries
(8) Eighth or later primary
(9) Unspecified sequence number (Unknown)

IV DETAILS OF CLINICAL STAGE AND TREATMENT

28. CLINICAL EXTENT OF DISEASE BEFORE TREATMENT [ ][ ]

(01) In-situ
(02) Localised
(03) Direct Extension
(04) Regional Nodes
(05) Direct Extension with Regional Nodes
(06) Distant Metastasis
(07) Not Palpable
(08) Too Advanced
(09) Not Applicable / Unknown Primary
(10) Treated Elsewhere
(11) Recurrent
(88) Others (specify).....
(99) Unknown

29. 1 STAGING SYSTEM FOLLOWED [ ]

(1) TNM
(2) FIGO
(3) Ann Arbor
(4) Not Applicable
(8) Others *(specify)*.....
(9) Unknown

29.2 TNM (TUMOR, NODE, METASTASIS) T [ ] N [ ] M [ ]
(888 if not applicable)

29.3 COMPOSITE STAGE [ ][ ][ ]
(888 if not applicable)

30. INTENTION TO TREAT AT RI [ ]

(1) Curative / Radical
(2) Palliative
(3) Pain Relief Only
(4) Symptomatic
(5) No Treatment
(9) Unknown

31. CANCER DIRECTED TREATMENT RECEIVED [ ]

(1) Yes
(2) No
(3) Treatment Advised but not Accepted
(4) Incomplete Treatment
(9) Unknown

31.1 IF YES, DATE OF COMMENCEMENT OF CANCER DIRECTED TREATMENT [ ][ ][ ][ ][ ][ ]
dd mm yy

31.2 TYPE OF TREATMENT GIVEN [ ][ ]

(01) Surgery (S)
(02) Radiotherapy (R)
(03) Chemotherapy (C)
(04) S+R
(05) S+C
(06) R+C
(07) S+R+C
(08) Hormone Therapy (H)
(09) S+H
(10) R+H
(11) C+H
(12) S+R+H
(13) S+C+H
(14) R+C+H
(15) S+R+C+H
(88) Others *(specify)*.....
(99) Unknown

31.3 DATE OF COMPLETION OF INITIAL CANCER DIRECTED TREATMENT [ ][ ][ ][ ][ ][ ]
dd mm yy

32. DATE OF LAST CONTACT [ ][ ][ ][ ][ ][ ]
dd mm yy

33. DATE OF DEATH [ ][ ][ ][ ][ ][ ]
dd mm yy

Note: For all deaths, Core Form - Mortality Data has to be completed.

34. **FOR MATCHED DEATHS:**

MORTALITY REGISTRATION NUMBER [ ][ ][ ][ ][ ][ ][ ]

35. NAME OF PERSON COMPLETING FORM *(in capitals)* .....

Date of Abstraction / Completion of this Form [ ][ ][ ][ ][ ][ ] Signature.....
dd mm yy

SOURCE OF INFORMATION ON ABOVE ITEMS [ ]

(1) Personal Interview * and Abstraction of Records
(2) Abstraction of Records only
(3) Through Record Linkage
(8) Others *(specify)*.....

** Patient / Family Member / Relative / Friend / Neighbour*