**2019 QA Physician/CTR Peer Review (Please review areas below)**

**Standard 1.6-Commission on Cancer**

**Patient name & Date of birth:**

**Facility & MRN:**

**Primary site & laterality if applicable:**

**Histology:**

**Class of case:**

**Date of 1st contact:**

**Date of initial diagnosis:**

**Date of 1st course treatment: (CTR to list treatment):**

**Clinical grade:**

**Pathological grade:**

**Post treatment grade:**

**Clinical TNM and Stage group:**

**Pathological TNM and Stage group:**

**Evidence of this cancer/Cancer Status:**

**Date of 1st recurrence if applicable: NA (unless known recurrence):**

**Date of last tumor status:**

**Case finding source & Abstracted by:**

**Date reviewed: \_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_\_**

***Abstracting timeliness: All cases are abstracted within 3-6 months from date of diagnosis or date of first contact. All unknown fields or fields coded as 9 are reviewed on a monthly basis for all cases.***

***All cases are submitted when requested to the NCDB.***