



ACR Cancer Reporting Form – Cutaneous Malignant Melanoma

Please mail this form with supporting documentation (e.g., pathology reports, radiology findings, pre-op H&P, etc.) to: Alaska Cancer Registry, Dept of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, 3601 C St. Suite 722, Anchorage, AK 99503-5934.

Patient Information

Last Name: _____ First Name: _____ MI: _____

Home Phone: _____ SSN: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Occupation: _____

Race: African American Ethnicity: Hispanic Marital Status: Married
Mark all that apply American Indian/Alaskan Native Non-Hispanic Single
 Asian Divorced
 Native Hawaiian/ Pacific Islander Widowed
 White
 Other

Cancer Information

Date of Diagnosis: _____ Primary Site: _____

Laterality: RT LT

Histology: Amelanotic melanoma Mucosal-lentiginous melanoma
 Amelanotic, desmoplastic melanoma Neutropic melanoma
 Acral lentiginous melanoma Nodular melanoma
 Balloon cell melanoma Pre-cancerous melanosis
 Epitheloid cell melanoma Regressing melanoma
 Hutchinson melanotic freckle Spindle cell melanoma
 Lentigo maligna melanoma Superficial spreading melanoma
 Malignant blue nevus Melanoma, type not determined
 Minimal deviation (nevroid) melanoma Other: specify: _____

Depth of Invasion: _____ mm Clarks level: I II III IV

Stage of Disease: In-situ Surgery/Treatment
 Localized Excisional biopsy/excision
 Regional, direct extension Wide excision
 Regional, nodes Re-excision
 Distant Wide re-excision
 Unknown Other: _____

Other Treatment: Yes No

Type: _____ Date Last Seen: _____

Date: _____ Cancer Status: Evidence No evidence

Facility: _____

Practitioner Information

Practitioner name: _____ Patient referred from: _____

Patient referred to: _____ Date completed: _____