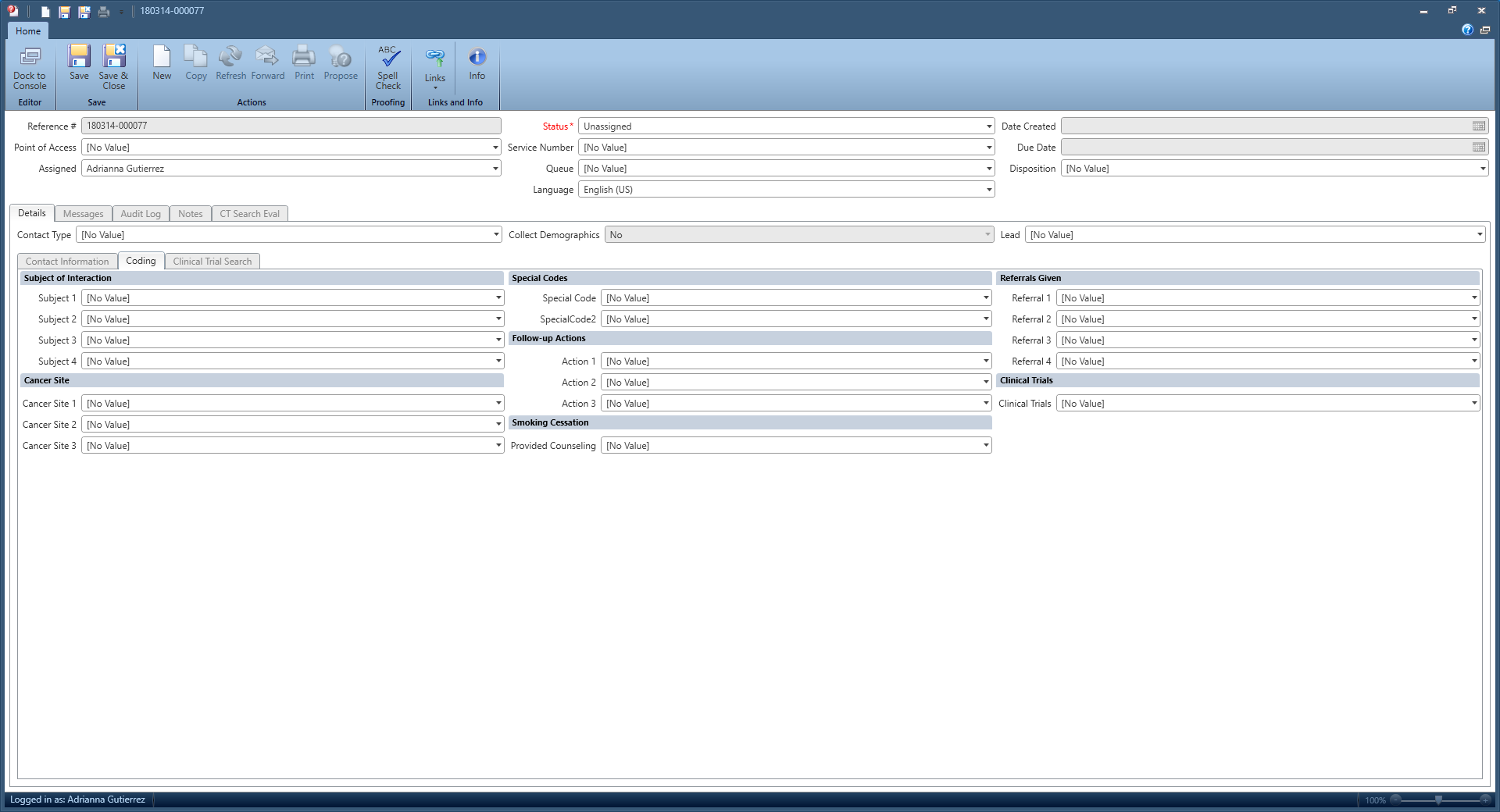
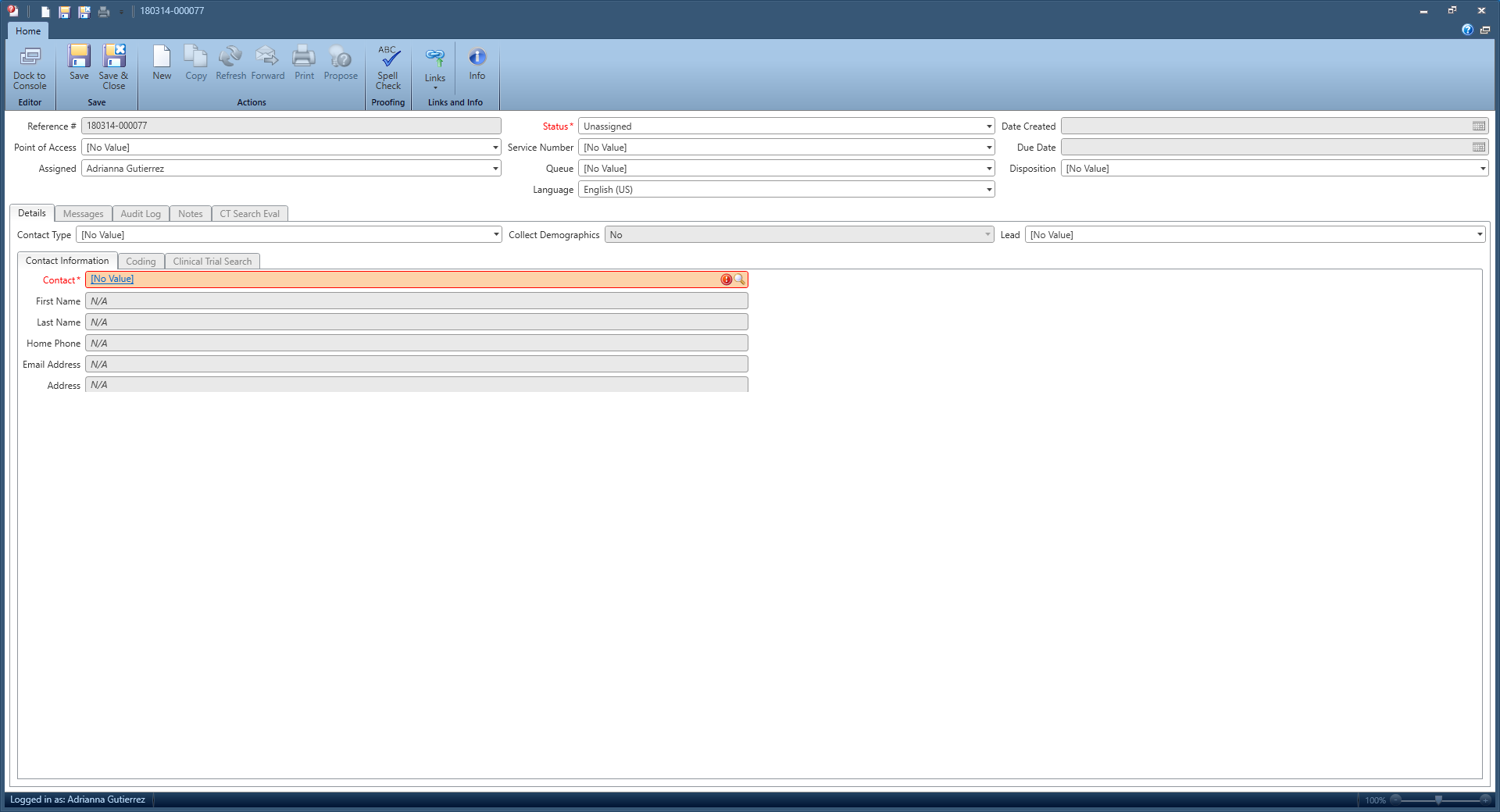
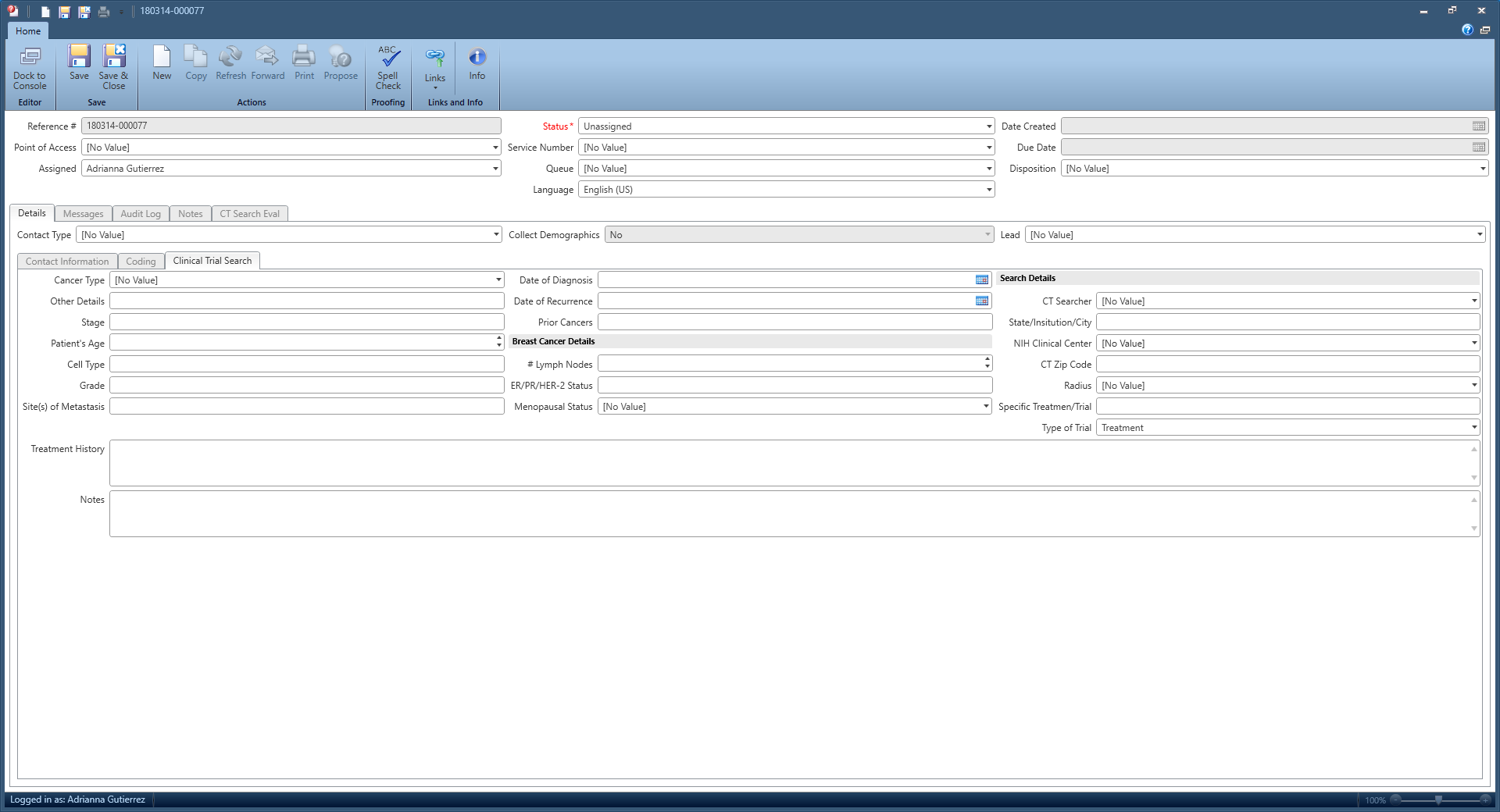
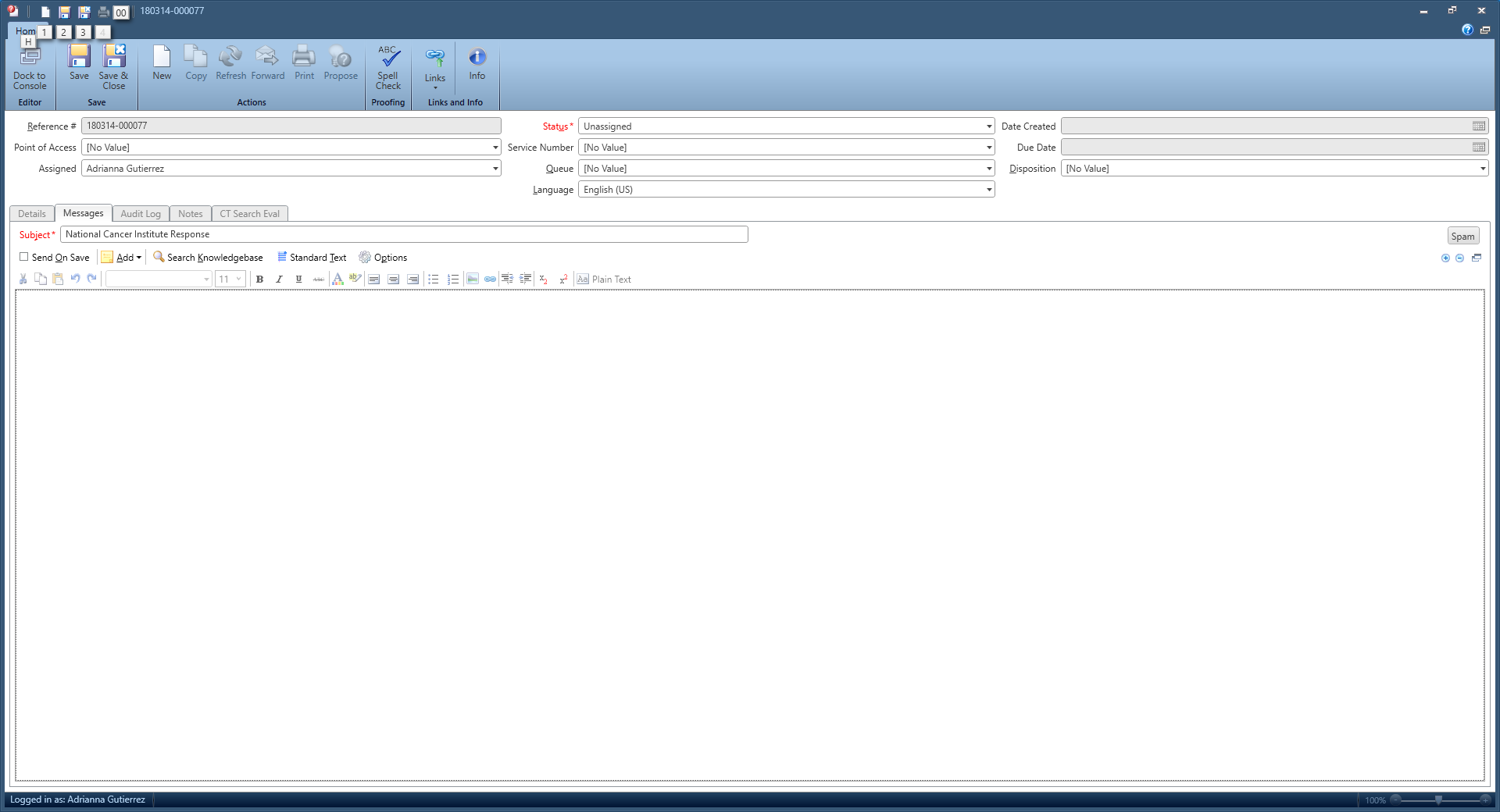
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| **NCI/Office of Communications and Public Liaison** |
| **APPENDIX 10** |
| **ELECTRONIC CONTACT RECORD FORM(ECRF) with SCREEN SHOTS** |

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| **Point of Access** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Point of Access |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LiveHelp |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Social Media |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Queue** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Queue |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| English Cancer Phone Call |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cancer Chat |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| English POS Phone Call |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| English Smoking Phone Call |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mobile English |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| English Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PIQ Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Smoking Chat |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Spanish Cancer Phone Call |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mobile Spanish |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Spanish Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| VA English Quit Smoking |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| English Facebook |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Science Writer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| POS Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| English PIQ Phone Call |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Spanish Facebook |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Spanish POS Phone Call |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Spanish Smoking Phone Call |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Custom Email/Letters |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Customer Responses |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| English Twitter |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| English Review |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| VA Spanish Quit Smoking |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Control Email/ Letters |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SPAM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Spanish Twitter |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Disposition** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Disposition |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SPAM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hang Up/Chat Terminated |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Disconnected |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Not Needed |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Will Call Back |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Interruption |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SRL Only Sent/Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Spanish Transfer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cancer Transfer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Response Sent Through Outlook |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Time Constraint |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Not Ready for Service |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Break Off-Pick One |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Upset/Irate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Profane/Obscene |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Rerouted |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Smoking Cessation Transfer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| No Service Provided-Pick One |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| POS Transfer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email No Response-Pick One |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Invalid Email Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Client Type** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Client Type |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Spouse, Friend, Relative |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General Public |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cancer patient - Treated |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Disconnnect/Break-Off |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Organization |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cigarette Smoker |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cancer patient - Untreated |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Health Professional |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other/Unable to Ascertain |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cancer patient - Treatment Unknown |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Student |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Scientist/Researcher |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relative/Friend of Tobacco User |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Tobacco User |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Government/Congressional |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Media |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Cancer Site 1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cancer Site 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Not applicable/No site mentioned |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Breast |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Disconnect/Break-Off |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lung and Bronchus |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prostate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Colorectal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Head and neck |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cervical |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pancreas |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Brain |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Melanoma |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ovarian |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Non-Hodgkin Lymphoma |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Liver |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bladder |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Renal (kidney) & renal pelvis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Skin cancer (nonmelanoma) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Endometrial/Uterine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stomach/Gastric |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Myeloma/Plasma cell neoplasm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Thyroid |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Esophageal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Leukemia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other cancers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Childhood cancers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Soft tissue |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Reproductive, female |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hodgkin Lymphoma |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Reproductive, male |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Hematologic system |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CLL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AML |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Digestive |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ALL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Lymphoma |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Endocrine system |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Musculoskeletal and connective |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CML |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gastrointestinal carcinoid tumor/GIST |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Carcinoma of unknown primary |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Anal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Biliary tract |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Respiratory |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Urinary organs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Small intestine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eye |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Central nervous system |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AIDS-related cancers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Cancer Site 2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cancer Site 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Childhood cancers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lung and Bronchus |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prostate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Breast |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Colorectal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Melanoma |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cervical |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Skin cancer (nonmelanoma) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ovarian |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Non-Hodgkin Lymphoma |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Renal (kidney) & renal pelvis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Liver |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Endometrial/Uterine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Head and neck |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stomach/Gastric |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Brain |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bladder |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pancreas |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Leukemia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Soft tissue |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Lymphoma |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hodgkin Lymphoma |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Thyroid |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other cancers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Reproductive, female |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Musculoskeletal and connective |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Myeloma/Plasma cell neoplasm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Esophageal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AML |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Not applicable/No site mentioned |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ALL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Reproductive, male |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Endocrine system |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Central nervous system |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Hematologic system |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Digestive |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CLL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Carcinoma of unknown primary |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Respiratory |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Urinary organs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Anal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CML |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Small intestine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Biliary tract |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gastrointestinal carcinoid tumor/GIST |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eye |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AIDS-related cancers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Cancer Site 3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cancer Site 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lung and Bronchus |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prostate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Colorectal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Head and neck |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Breast |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ovarian |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Endometrial/Uterine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pancreas |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Renal (kidney) & renal pelvis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stomach/Gastric |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bladder |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Melanoma |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Non-Hodgkin Lymphoma |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Skin cancer (nonmelanoma) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cervical |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Leukemia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Childhood cancers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Liver |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Brain |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Reproductive, female |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Esophageal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other cancers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Thyroid |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Reproductive, male |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Myeloma/Plasma cell neoplasm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Musculoskeletal and connective |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CLL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hodgkin Lymphoma |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AML |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Lymphoma |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Soft tissue |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Endocrine system |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Digestive |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Hematologic system |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Not applicable/No site mentioned |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ALL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Central nervous system |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Respiratory |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Biliary tract |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CML |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other - Urinary organs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Anal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Carcinoma of unknown primary |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Subject of Interaction 1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Subject of Interaction 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hospital/Clinic/Physician/Second Opinion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General Cancer Site Information |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Treatment/Side Effects |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Publication Request |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Inquiry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Disconnect/Break-Off |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Financial Assistance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cessation Counseling/Information |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CT-General Information & Search |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cigarettes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI-Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CT-General Information Only |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Diagnostic Test |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Screening Mammogram |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Report/Statistics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NRT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Monetary/Personal Property Donations |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hospice/Palliative Care/Home Care/Suppli |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Support Groups/Counseling Services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cancer.gov Comments or Questions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Heredity/Genetics/Family History |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HPV |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PSA Test |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Environmental Risk Factors |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diagnostic Mammogram |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pap Test |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI Programs & Initiatives |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Screening Test |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Biologically Based Products |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CT-CCR Clinical Trials |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Risk Factors |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-General Information |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Screening Colonoscopy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Medical Marijuana |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Artwork Request |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emotional Wellness |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diet and Nutrition for Prevention |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Scientific Materials for Researchers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chewing Tobacco, Snuff, or Dip |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CT-Results & Outcomes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employment at NCI |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI Funding Opportunities |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Body/Tissue/Hair Donations |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Psychosocial Issue |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| e-cigs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Genetic Services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Secondhand Smoke |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EMF- Cell Phones |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI Budget |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cigars, Cigarillos, or Little Cigars |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EMF- Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI Logo Request |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diagnostic MRI for Breast |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Screening Spiral CT for Lung |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hormone Use and Cancer Risk |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Tobacco |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Marijuana (recreational use) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Exercise/Obesity for Prevention/Risk |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Manual Therapies |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Whole Systems |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Problems with CT search |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Screening MRI for Breast |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Alcohol Use |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HIV/AIDS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ---------------------------------------- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pipes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Mind Body/Spirituality/Energy Med. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ---------------------------------------- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ---------------------------------------- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ---------------------------------------- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Suicidal Client |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Subject of Interaction 2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Subject 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Treatment/Side Effects |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General Cancer Site Information |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hospital/Clinic/Physician/Second Opinion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Financial Assistance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Inquiry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cessation Counseling/Information |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CT-General Information & Search |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Diagnostic Test |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CT-General Information Only |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hospice/Palliative Care/Home Care/Suppli |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Support Groups/Counseling Services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NRT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emotional Wellness |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cigarettes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Report/Statistics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-General Information |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Heredity/Genetics/Family History |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Publication Request |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Screening Mammogram |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diagnostic Mammogram |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pap Test |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CT-CCR Clinical Trials |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Psychosocial Issue |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Biologically Based Products |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Screening Test |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Risk Factors |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HPV |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PSA Test |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Environmental Risk Factors |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI-Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diet and Nutrition for Prevention |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CT-Results & Outcomes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| e-cigs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cancer.gov Comments or Questions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI Programs & Initiatives |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Medical Marijuana |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Screening Colonoscopy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chewing Tobacco, Snuff, or Dip |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Genetic Services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI Funding Opportunities |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Monetary/Personal Property Donations |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Manual Therapies |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Scientific Materials for Researchers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cigars, Cigarillos, or Little Cigars |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diagnostic MRI for Breast |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Whole Systems |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EMF- Cell Phones |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI Budget |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hormone Use and Cancer Risk |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Screening MRI for Breast |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Secondhand Smoke |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Exercise/Obesity for Prevention/Risk |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Screening Spiral CT for Lung |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employment at NCI |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EMF- Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Suicidal Client |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Artwork Request |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Tobacco |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Body/Tissue/Hair Donations |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Mind Body/Spirituality/Energy Med. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Marijuana (recreational use) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HIV/AIDS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pipes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Problems with CT search |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Proton Beam Radiation (txt/side effects) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ---------------------------------------- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Alcohol Use |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Subject of Interaction 3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Subject 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Treatment/Side Effects |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hospital/Clinic/Physician/Second Opinion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General Cancer Site Information |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CT-General Information Only |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CT-General Information & Search |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Financial Assistance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hospice/Palliative Care/Home Care/Suppli |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Support Groups/Counseling Services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Diagnostic Test |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NRT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emotional Wellness |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-General Information |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Inquiry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Psychosocial Issue |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cessation Counseling/Information |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Heredity/Genetics/Family History |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Report/Statistics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| e-cigs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Biologically Based Products |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Screening Test |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Publication Request |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CT-CCR Clinical Trials |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HPV |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diagnostic Mammogram |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PSA Test |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Screening Mammogram |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pap Test |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cigarettes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Risk Factors |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Environmental Risk Factors |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diet and Nutrition for Prevention |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CT-Results & Outcomes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Medical Marijuana |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Screening Colonoscopy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Genetic Services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chewing Tobacco, Snuff, or Dip |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Whole Systems |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI-Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Suicidal Client |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Manual Therapies |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI Programs & Initiatives |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cancer.gov Comments or Questions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hormone Use and Cancer Risk |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diagnostic MRI for Breast |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Proton Beam Radiation (txt/side effects) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Body/Tissue/Hair Donations |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Exercise/Obesity for Prevention/Risk |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EMF- Cell Phones |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pipes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Marijuana (recreational use) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Mind Body/Spirituality/Energy Med. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Secondhand Smoke |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cigars, Cigarillos, or Little Cigars |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI Funding Opportunities |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EMF- Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI Budget |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Scientific Materials for Researchers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Monetary/Personal Property Donations |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Alcohol Use |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Screening Spiral CT for Lung |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Screening MRI for Breast |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Problems with CT search |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HIV/AIDS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ---------------------------------------- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Subject of Interaction 4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Subject 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CT-General Information Only |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hospital/Clinic/Physician/Second Opinion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Support Groups/Counseling Services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Financial Assistance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hospice/Palliative Care/Home Care/Suppli |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CT-General Information & Search |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General Cancer Site Information |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Treatment/Side Effects |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Diagnostic Test |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-General Information |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emotional Wellness |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Psychosocial Issue |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CT-CCR Clinical Trials |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Inquiry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Biologically Based Products |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NRT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Heredity/Genetics/Family History |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| e-cigs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Risk Factors |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Report/Statistics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cessation Counseling/Information |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pap Test |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Environmental Risk Factors |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Publication Request |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Medical Marijuana |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diet and Nutrition for Prevention |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diagnostic Mammogram |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PSA Test |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HPV |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cigarettes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Screening Mammogram |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Screening Test |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CT-Results & Outcomes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Screening Colonoscopy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Manual Therapies |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chewing Tobacco, Snuff, or Dip |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Alcohol Use |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Genetic Services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Exercise/Obesity for Prevention/Risk |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Secondhand Smoke |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Whole Systems |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI-Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Tobacco |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Suicidal Client |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EMF- Cell Phones |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Proton Beam Radiation (txt/side effects) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Screening Spiral CT for Lung |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-Mind Body/Spirituality/Energy Med. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cancer.gov Comments or Questions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Marijuana (recreational use) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI Budget |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cigars, Cigarillos, or Little Cigars |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Screening MRI for Breast |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hormone Use and Cancer Risk |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Subject of Interaction 5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Subject 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CT-General Information Only |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM-General Information |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Diagnostic Test |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emotional Wellness |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Financial Assistance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PSA Test |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hospice/Palliative Care/Home Care/Suppli |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Support Groups/Counseling Services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General Cancer Site Information |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Type of CAM** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Type of CAM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nutrition |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| general |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| N/A |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| vitamin c |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| diet |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General Info |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| High-dose Vitamin C |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General information |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| no specific type |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Marijuana |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| laetrile |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diet and Nutrition |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Holistic |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mistletoe |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cannabis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Everything |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| For breast cancer treatment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Publication |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| not discussed |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| looking for doc that performs it |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| light therapy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ketogenic diet |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ukrain |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| herbs/"holistic" generally |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| marijunana and glutathione |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| non-speciic |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Herbs/Boswellia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| integrative/nutrition/supplements for adjuvant tx |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| vitamins, questionable practices in Mexico |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Practitioner, tx |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| no details provided |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| gerson therapy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Herbal medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| oil |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Looking for any homeopathic alternative to standard treatment of colon cancer (surgery + chemo) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| caller not specific |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| soy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hyperthermia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| homeopathic diagnostic procedures, general cam treatment info |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General discussion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| no CAM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| alovera |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| marijuana, ginger, and others |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Supplement |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ayurveda |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Macrobiotic Diet |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DIM (diindolylmethane |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| referral to practitioner |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CTCA CAM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Accupunture/ General info |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General - definition of CAM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| How to find CAM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Not mentioned. Wants questions to ask dr. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diet and Nutrition for Recurrence Prev |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| nutritional therapy, diet, herbs, vitamins |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| no type specified - just integrative care |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DCA (sodium dichloroacetate) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nutrition and immune system wellness. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| organic diet for prevention |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| "class a" for china natural products |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| diet changes for thyroid tumor |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| alternative to chemotherapy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Massage Aromatherapy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Graviola |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diet to cure cancer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Vit C and Protocel |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nutrition-complementary |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| homeopathic |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| laundry list: aspirin, oxygen therapy, cannabis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Referrals |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| naturopath/holistic |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General CAM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| nutrition, exercise |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Find a Naturopath dr |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| asking if cam is better than std tx |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Vit B-17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Specific diet (ie. detox, fasting, avoiding sugar) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PC-SPES |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| to prevent a recurrence of renal cell cancer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Essiac/Flor Essence |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Facilities/docs referral |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Financial Assistance for Naturopaths |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| talked generally about diet and supplements |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| maitake mushroom/turkey trail |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| patient's own idea for cure |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| stem cell injection |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nutrition for prevention of recurrence |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| cam used for prostate cancer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Laetrile, Turmeric |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Honokiol |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| locate a practitioner |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| supplements |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nutrition &vGeneral CAM info |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| wheatgrass |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| supplements/vitamins |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mistletoe regimen and side effects |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Modified citrus pectin |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| electromagnetic, diet, colonics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| milk thistle/silymarin |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Vit C and wanted to know any alt. methold that could help |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| no specific CAM mentioned; asked about naturopathy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| dr or facility that specializes in holistic medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| massage, acupuncture, vitamin |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| targeted therapies and vit c |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| cancer centers that have CAM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General Alt. Therapy Options |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Turmeric Vitamin D |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| cruciferous vegetables |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Soy for Prostate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Flaxseed oil |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Referral to naturopathic doc |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 31-day cancer cure |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CTCA call- Looking for general info on holistic care. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nutriion/Diet supplements |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| vitamins |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hyperbaric Oxygen |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General Find a CAM Dr. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bicarbonate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| seeking "holistic medicine", wasn't specific |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Essiac effectiveness |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| diet and supplements |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| dietary restriction - gluten, sugar, milk, alcohol |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Natural |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Naturopathy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| anything natural |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gonzalez regimen |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| maitake mushroom |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| diet, heat, ice |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Laetrial |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| White Button Mushroom |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| home remedies |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Turmeric |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| integrative |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Juicing, whole foods |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| general, wanting practitioner |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| paying for CAM and process of drug approval for insurance coverage |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| vitamins/supplements |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hytperthermia, general CAM practitioner |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Alternative to standard |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| citrus fruit, vitamins/herbs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Herbs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| benefits of yoga for cancer patients |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| integrative care |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| primrose oil |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BLA (supplement), oxygen therapy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| general wellness/nutrition |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Finding a naturopath. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| naturopathic practicioner |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Alternative Meds |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| general questions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| diet and nutrition for tx |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| alkaline diet |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Derma |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nutrition/foods |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| aromatherapy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Almond milk as a risk factor for cancer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| amygdalin, graviola, other herbs as drugs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Safety of CAM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Protocell/Cancell |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| none |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General Alternative Medications |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| genistein |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diet, detox, doctor referrals |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| mistletoe extract |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| antioxidants/supplements |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Acupuncture, Diet, Massage |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| exercise, diet |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| False/misleading claims |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| oxygen/hyperbaric chamber |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Shiitake Mushrooms- Beta Glucan 1,3-1,6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ... |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dr. Kelly's Cancer Cure |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| alkaline therapy, magnet therapy, psychic healing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General, nutrition, etc. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| soursop |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| alkaline water |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pubs request |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| general info/supportive care |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| doctor referral |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General/Diet |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| "natural remedies," nothing specific |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| referral request |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| holistic, alternative |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nutritional Therapy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| practitioners and centers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| general information & lavendar oil |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| no specific treatment mentioned |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Organo Gold, Vitamin C, Ganoderma, homeopathy after treatment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Looking for referral for naturopathic oncologist |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| referral to CAM practitioner |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| leeches |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Supplements- General |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| power of positive thinking |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Referrals 1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Referral 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dr/Nurse/Pharmacist/SW/HP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| None |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| National or Community Org/Other Gov Prog |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Disconnect/Break-Off |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI-Designated Cancer Center |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| N/A |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Healthcare Facility |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI DOC/Program |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Smoking Quitline |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CIS information service |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Public Inquiries |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI CCR/Clinical Center |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| International referral |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PACT Team/Primary Care Provider |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| POS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CDC-BCCEDP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CPEN Bulk Printing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Genetics Services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Smokefree Vet/text Program |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacist |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mental Health Provider |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Publichealth.va.gov/smoking website |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| VA Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stay Quit Coach app |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCCCP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ---------------------------------------- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Patient Advocate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Referrals 2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Referral 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| National or Community Org/Other Gov Prog |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI-Designated Cancer Center |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Healthcare Facility |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dr/Nurse/Pharmacist/SW/HP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| International referral |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CIS information service |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Smoking Quitline |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI CCR/Clinical Center |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI DOC/Program |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacist |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CDC-BCCEDP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Public Inquiries |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Genetics Services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SmokefreeVET test program |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| POS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PACT Team/Primary Care Provider |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stay Quit Coach app |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Publichealth.va.gov/smoking website |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mental Health Provider |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCCCP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| VA Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Patient Advocate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CPEN Bulk Printing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Referrals 3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Referral 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Healthcare Facility |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| National or Community Org/Other Gov Prog |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dr/Nurse/Pharmacist |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI-Designated Cancer Center |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| International referral |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CIS information service |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI CCR/Clinical Center |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CDC-BCCEDP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Smoking Quitline |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Smokefree Vet/text Program |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stay Quit Coach app |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI DOC/Program |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Genetics Services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mental Health Provider |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Publichealth.va.gov/smoking website |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Public Inquiries |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PACT Team/Primary Care Provider |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Patient Advocate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacist |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| POS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CPEN Bulk Printing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCCCP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| VA Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Referrals 4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Referral 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| National or Community Org/Other Gov Prog |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Healthcare Facility |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dr/Nurse/Pharmacist/SW/HP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CIS information service |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI CCR/Clinical Center |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| International referral |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CDC-BCCEDP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stay Quit Coach app |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI-Designated Cancer Center |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Smokefree Vet/text Program |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCI DOC/Program |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Publichealth.va.gov/smoking website |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Smoking Quitline |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Public Inquiries |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Genetics Services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NCCCP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| VA Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| POS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mental Health Provider |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Patient Advocate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacist |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Referrals 5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Referral 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Referrals 6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Referral 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Follow-up Actions 1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Action 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| None |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emailed Information |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sent Information By Mail |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Disconnect/Break-Off |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Social Media Post |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Scheduled Call Back |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Warm Transfer POS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Warm Transfer Org/Agency |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Follow-up Actions 2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Action 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emailed Information |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sent Information By Mail |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Scheduled Call Back |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Facebook Post |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Warm Transfer Org/Agency |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Follow-up Actions 3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Action 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sent Information by Mail |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Follow-up Actions 4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Action 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Special Code 1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Special Code 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CTCA Call |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| In the News |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Affordable Care Act (ACA) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pediatric Petitions/Funding |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Exceptional Responders |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ALCHEMIST Trial |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| VA Lung Screening |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FDA Referral |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Special Code 2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Special Code 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CTCA Call |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Affordable Care Act (ACA) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| In the News |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FDA Referral |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Clinical Trials** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clinical Trials |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| No |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Yes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Disconnect/Break-Off |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| N/A |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |