INFORMATIONAL ABSTRACT
A Guide to Determining What Text to Include

The abstract is the basis of all registry functions. It is a tool used to help accurately determine stage and to aid cancer research; therefore, the abstract must be complete, containing all the information needed to provide a concise analysis of the patient’s disease from diagnosis to treatment.

To assist registrars in preparing abstracts, NCRA’s Education Committee has created a series of informational abstracts. These site-specific abstracts provide an outline to follow when determining what text to include. The outline has a specific sequence designed to maximize efficiency and includes eight sections: Physical Exam/History; X-Rays/Scopes/Scans; Labs; Diagnostic Procedures; Pathology; Primary Site; Histology; and Treatment. A list of relevant resources is located at the end of each informational abstract. The sources of information noted in the various sections below are not inclusive, but they are the most common. You may need to do additional research to complete the abstract.

When using the informational abstract, follow the outline and strive to complete all the sections. Be concise by using phrases, not sentences. Make sure to use text relevant to the disease process and the specific cancer site and to use NAACCR Standard Abbreviations. When the abstract is completed, review thoroughly to ensure accuracy.

PHYSICAL EXAM/HISTORY

Include:
- **Demographics**: Age, sex, race, ethnicity of the patient.
- **Chief Complaint (CC)**: Write a brief statement about why the patient sought medical care.
- **History**: Past history or family history of any cancer; tobacco: type, frequency, amount; alcohol: frequency, amount; workplace exposure, relevant environmental factors.
- **Problems**: Chronic bladder problems, irritations or infections.
- **Genetics**: Bladder birth defects or other related genetic conditions; previous chemotherapy or radiation therapy; consistent low fluid intake; other.

Example: A 55-year-old black male was having blood in the urine and painful urination. No family or past history of any other cancer. He does not smoke or drink alcohol. He has had frequent urinary tract infections. He is an over-the-road truck driver and sits for very long durations without breaks. He has not been exposed to any chemicals or other irritants or cancer-causing agents.

**Where to Find Information**: H&P, consultations, nursing notes, physician progress notes, discharge summary, admission notes.

X-RAYS/SCOPES/SCANS

Include:
- **Imaging Tests**: Date, name and brief summary of results of the test.
- **Cystoscopy**: Date, name and brief summary of results of the test.

Example: IVP, Retrograde Pyelogram, CT scan, MRI, U/S, Chest x-ray and/or Bone scan (to check for spread of disease if suspected).
LABS
Include:
- **Urine Cytology**: Date, name and brief summary of the results of tests and any values (noting if value is abnormal).
- **Urine Culture**: Date, name and brief summary of the results of tests and any values (noting if value is abnormal).
- **Urinalysis**: Date, name and brief summary of the results of tests and any values (noting if value is abnormal).
- **Urine Tumor Marker Tests**: Date, name and brief summary of the results of tests and any values (noting if value is abnormal).

DIAGNOSTIC PROCEDURES
For any of the diagnostic procedures – procedures that detect the cancer, but do not remove it – include the date, name of procedure, and a brief description of the findings.

Include:
- **Biopsy**: Often done at time of cystoscopy—look for statement of invasiveness and the grade: how far the cancer has invaded can help in deciding treatment.
- **Low Grade**: Low grade looks more like normal bladder tissue (might be called well differentiated); patients with low grade cancers usually have a good prognosis.
- **High Grade**: High grade looks less like normal bladder tissue (may be called poorly differentiated or undifferentiated); these are more likely to grow into the bladder wall and spread outside the bladder making them harder to treat.
- **Spread of Cancer**: If suspected, a biopsy may be done—e.g. needle biopsy.
  - The spread is suspected usually after imaging tests are done.

*NOTE*: if the biopsy is *excisional*, it belongs in the Treatment section.

Example: *Incisional biopsy and cystoscopy done on 1/2/14. Lesion found in the dome of the bladder.*

PATHOLOGY
Include:
Summary of all pathological studies and/or reports, especially the critical information listed below. Make sure to include dated and list chronologically from most recent to first.

- Specific section of bladder
- Cancer cell type
- Grade of the tumor
- Size of tumor (not specimen size)
- Extent (extension) of the primary tumor. This information is usually found in the microscopic description of the pathology report.
- Lymph node involvement (or lack of it). Make sure to state number of nodes examined and number of nodes that are positive for cancer.
- Any evidence of further spread. This information is most likely found in the microscopic description of the pathology report.
- Note any involvement of surgical margins.
- Note the number of tumor(s) involved with disease.

Example: *5/1/14 Transitional cell carcinoma of the dome of the bladder, grade 3, 1 cm in size, does not appear to extend to other parts of the bladder or nearby structures; there are no lymph nodes involved; the margins are clear with no further extension; only one tumor is apparent.*
## PRIMARY SITE

**Include:**
- Primary site where the cancer started.

*Example: Dome of the bladder*

**Note:** If the exact part of the bladder is not apparent, state as Bladder, NOS.

**Where to Find the Information:** Surgical report and diagnostic reports (imaging, biopsy).

## HISTOLOGY

**Include:**
- The exact cell type of the cancer.

*Example: Transitional cell carcinoma*

## TREATMENT

**Include:**
- **Surgery:** Include type of surgery, date, and any relevant statement to describe important details. Definitive surgeries that remove cancer are:
  - TUR with fulguration
  - Radical cystectomy
  - Partial cystectomy
  - Urinary diversion
- **Radiation:**
  - External radiation
  - Internal radiation (radioactive substances in needles, seeds, wires or catheters placed directly into or near the cancer).

**Dates:** Beginning and end of treatment, type of radiation, to what part of body it was given, dosage and reaction to treatment, if noted. Include any boost dosages, date, and to where it was administered.

- **Chemotherapy:**
  - Regional: may be intravesical (put into the bladder through a tube inserted into the urethra)
  - Systemic: drugs taken by mouth or injected into a vein or muscle.
- **Dates:** Beginning and end of chemotherapy, names of drugs, and route of administration. If available, include response to treatment.
- **Drugs:** Note if any changes in drugs. State new drug names and why the drug was changed and when the new drug was started.

- **Biologic Therapy:**
  - Used to boost patient’s immune system. It is also called biotherapy or immunotherapy. Bladder cancer can be treated with Bacillus Calmette-Guerin (BCG). It is given in a solution that is placed directly into the bladder using a catheter.
  - Include dates, names and routes of administration of drugs given. If noted, indicate response.

- **Clinical Trials:** Include the name and number of clinical trials in which patient is enrolled and any other available details, such as date of enrollment.

**Notes on clinical trials:**
- May include patients who have not as yet been treated.
- Some trials test treatments for patients who have not gotten better.
- Some trials test new ways to stop cancer from recurring or reduce the side effects of cancer treatment.

- **Other:** Any other treatment not fitting in the other categories.

*Example:
- TUR of bladder = 2/3/18
- BCG given = 2/10/18
- Radioactive seeds instilled = 1/27/18*
RESOURCES

NAACCR Standard Abbreviations:
http://naaccr.org/Applications/ContentReader/?c=17

Evidence Based Treatment by Stage Guidelines:
The NCCN Guidelines are most frequently used for treatment and are also used for information on diagnostic workup.

NCI Physician’s Data Query (PDQ):
http://www.cancer.gov/cancertopics/pdq

Multiple Primary & Histology Coding Rules:
http://seer.cancer.gov/tools/mphrules/

Solid Tumor Rules:
https://seer.cancer.gov/tools/solidtumor/

Labs/Tests:
NCI: Understanding Lab Tests/Test Values:
http://www.cancer.gov/cancertopics/factsheet/detection/laboratory-tests

Site Specific Surgery Codes:
STORE Manual, Appendix B
https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals

Specific Types of Treatment:
www.cancer.gov/cancertopics/pdq/treatment/bladder/HealthProfessional/

Systemic Treatment: Chemotherapy/Immunotherapy/Other
SEER RX Antineoplastic Drugs Database.
www.cancer.gov/tools/serrx

Specific Drug Types:
www.SEER*RxVersion2.2.0