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 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 care.
- **History/Physical:** Personal history of cancer; history of HNPPC or Lynch syndrome in patient or family member(s); Past Medical History (PMH) significant for: comorbidities, tobacco use (amount and/or duration, if available), and family history pertaining to site (e.g. Parents have cancer).
- **Genetics:** List appropriate conditions as found in the patient’s record or other information. If not applicable, state that.
- **Past Treatment:** If applicable (e.g. chemotherapy, radiation).
- **Where to Find Information:** H&P, consultations, ER physician notes, nursing notes, physician progress notes, discharge summary, admission notes.

*Example:* 64-year old white male with c/o (complaint of) intermittent episodes of bright red blood per rectum over the last three months. Patient also noted change in caliber of stool. Unintentional weight loss of 10lbs. over last two months. No personal or family history of HNPPC or Lynch syndrome. Comorbidities: HTN, DM, hypercholesterolemia.

**X-RAYS/SCOPES/SCANS**

Include:

- **Date(s) of Procedure(s)**
- **Type(s) of Procedure(s):** A description of what was found on examination, including segment of the colon, evidence of perforation, biopsy taken. Include the name of the facility/provider performing these tests, especially if outside of your facility.

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• **Studies Common to Workup:**
  - Ultrasound (U/S): helpful in determining solid from cystic structures.
  - Computerized Tomography (CT) Abdomen/Pelvis: useful in determining extent of disease, if lymph nodes are involved or there is distant spread.
  - Magnetic Resonance Imaging (MRI): Produces images that may identify extent of disease not seen on CT or US.
  - Positron Emission Tomography (PET): Identify “hot” areas of uptake throughout the body and are useful in assessing regional and distant mets.
  - Colonoscopy: Findings may include polyps (benign or suspicious); masses and/or obstruction.

• **Sigmoidoscopy:** Similar to a colonoscopy but is able to examine only the rectum and lower part of the colon.

  *Example:* 5/18/18: CT A/P (River Radiology): Wall thickening involving the short segment of the sigmoid colon. Approximately 5.0cm mass involving the sigmoid colon. No evidence of pericolic lymph nodes noted. No evidence of hepatic lesions.

  *Example:* 5/20/18: Colonoscopy: Sigmoid stricture at 30cm. Nearly circumferential mass involving the posterior port of the sigmoid colon. Benign appearing polyp noted in the cecum. No other significant findings noted. Biopsy taken of mass at stricture. Biopsy taken of cecal polyp.

### LABS

**Include:**

- **Date(s) and Tests:** Relevant lab tests, for example, pre-operative CEA, KRAS, microsatellite instability (MSI). Record lab value and lab value range of normal.

- **References:** The same lab test should be used to record information in CEA pretreatment lab value and interpretation.

  *Example:* 5/17/18: CEA 6.18 (range 0-4.0).
  *Example:* 5/20/18 KRAS mutated 12, 13 and 61.

### DIAGNOSTIC PROCEDURES

**Include:**

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.

**Biopsy:** Location of procedure if outside of your facility

*Example:* Biopsy performed during colonoscopy procedure. Biopsy taken of mass at stricture. Biopsy taken of cecal polyp.

### PATHOLOGY

**Include:**

- **Size of tumor(s):** histology, histologic grade, location of tumor, depth of invasion
- Angiolymphatic invasion (present/not present)
- Perineural invasion (present/not present)
- Lymph node status (number positive/number taken)
- Margin status: distal, proximal and radial; (The circumferential resection margin (CRM) may be referred to as the radial or mesenter
- Tumor deposits (exact number or no tumor deposits)
- Other findings; pathologic stage

*Example:* 4 x 3 x 1cm poorly differentiated invasive adenocarcinoma of the sigmoid, carcinoma invades through muscularis propria to serosal surface (T4), AGI (+), PNI (+); 1/33 pericolic LNs; 3 TDs (tumor deposits) in pericolic soft tissue identified (N1c); 0/20 perienteric LNs; Total: 1/53 LNs. Distal margin (-); proximal margins (-); radial margin (+); terminal ileum: ileal serosa & adipose tissue positive; ileocecal valve (-); appendix (-); pT4b, pN1c, M1.
COLON

**PRIMARY SITE**

Include:
- Identify the segment of colon involved by the tumor.

Example: C18.7 Sigmoid colon

**HISTOLOGY**

Include:
- Histology, differentiation, grade

Example: Moderately Differentiated adenocarcinoma, GR 2

**TREATMENT**

Include:
- **Operative Procedure(s):** Date(s) of the procedure(s); type of procedure(s); approach; and colon segment involved.
- **Findings by Surgeon:** At time of surgery, perforation, lymph node status, regional organ involvement. Definitive treatment vs palliation.

Example: 5/30/18: Laparoscopic Sigmoid colectomy (partial resection): mass adherent to pelvic peritoneum.

- **Definitive Treatment:** Systemic Treatment: Chemotherapy/Immunotherapy/Other:
  - Include in the abstract: date(s), agents used; if adjuvant or neoadjuvant.

Example: 7/1/18: FOLFOX 6 administered by Dr. Smith, Medical Oncology Associates

- **Radiation Treatment:** The use of radiation is limited in colon cancer since it has a relatively small impact on the disease process.

**Date(s):** Beginning and end of the treatment, location of treatment, if administered by another facility, treatment volume, treatment modality and technique, regional and boost dosages where applicable, number of fractions, number of days of treatment. Was the treatment pre-operative or post-op? If not administered, document the reason why.

Example: 2/4/19 – 3/28/19: 5000cGy to pelvis for xx fractions over xx days utilizing 3D approach. (Note: radiation is not commonly used in the treatment of colon cancer.)

**RESOURCES**

  The NCCN Guidelines are most frequently used for treatment and are also used for information on diagnostic workup.


- NAACCR Standard Abbreviations: [http://naaccr.org/Applications/ContentReader/?c=17](http://naaccr.org/Applications/ContentReader/?c=17)


- Systemic Treatment: Chemotherapy/Immunotherapy/Other