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 all 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, race/ethnicity, gender.
- **Chief Complaint (CC):** Write a brief statement about why the patient sought medical care.
- **Physical Examination (PE):** Include information pertinent to endometrial cancer, including signs and symptoms, such as postmenopausal bleeding (PMB) pelvic pain, bleeding between periods.
- **History:** Personal history of cancer, family history of cancer, type and relationship to patient. Comorbidities such as obesity, early menarche (with late onset of menopause), nulliparity. Tobacco, EtOH, RD (recreational drug) use, type and duration.
- **Family history:** Mother had breast cancer at age 60.
- **Genetics:** If applicable, list any known hereditary cancer syndromes. Date/Document if genetic testing is to be done.

**Where to Find the Information:** Admission notes, discharge summary, consultations, H&P in medical chart, nursing notes, and/or physician progress notes.

**Example:** A 73 year-old obese, postmenopausal white female with a six-month history of increasing vaginal bleeding. Patient is GOP0. 2/1/18 PE showed an eight-week size uterus with no adnexal masses. Cervix normal; remainder of exam WNL (within normal limits) for her age. Denies tobacco, EtOH - two glasses of wine per day. PMH significant for HTN, HDL, obesity and Parkinson’s disease.
**X-RAYS/SCOPES/SCANS**

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

- Ultrasound evaluation (pelvic or transvaginal [TVUS]) if often used for the initial evaluation in women with a history of PMB because of its cost and efficiency.
- CT's poor soft tissue differentiation limits its use for local staging and currently it is used mainly in assessment of advanced disease.
- MRI is currently the preferred modality for local staging of endometrial cancer based on accuracy.

**Example:**

1/20/8 (OSF – Outside Facility) TVUS: 7-week size uterus with endometrial stripe measuring 5 mm. Ovaries slightly atrophic as per age.

2/2/18 Downtown Hosp: MRI pelvis: 73 year-old female showing with evidence of a hypointense mass distending the endometrial cavity with integrity of the junctional zone. Post-contrast imaging shows heterogeneous enhancement of the endometrial cavity with no evidence of myometrial invasion or cervical involvement indicating stage 1A disease.

**Where to find this information:**

This information might appear in the H&P. The scan itself may be included in the chart.

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**LABS**

**Include:** Date all documented lab results.

Currently there are no reliable screening tests for endometrial cancer. CA-125 is a protein in the blood that is often elevated in patients with endometrial cancer. In patients with elevated pretreatment values, this test may prove useful in post treatment surveillance or in predicting who might need surgical staging or cytoreduction.

**Example:**

2/2/18: CA-125: 128 (H).

(Note: CAP Biomarker Reporting Template dated 9/2019 includes ER/PR; HER 2, IHC - MMR (mismatch repair) proteins, MSI, MLH1 and p53 expression. Not required for accreditation purposes.)

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**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:**

- List date, name of procedure, and brief description of findings.
- **Biopsy:** Date, name of procedure, and brief description of findings. (If high degree of suspicion exists and office biopsy is negative, D&C for site-directed biopsy is warranted.)

**Example:**

2/2/18: MD office – endometrial biopsy

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**PATHOLOGY**

**Include:**

Date all tests and provide a summary of findings of all pathological studies (reports), listed in chronological order: first to most recent.

**Example:**

3/1/18: Downtown Hospital – Dr. J. Calvin: 6.5cm endometroid adenocarcinoma, Gr 3; depth of myometrial invasion at 89%, adenomyosis not identified, uterine serosa involvement (+), cervical stromal involvement – upper endocervix with (+) margin on inferior endocervix. Pelvic LNs 0/11. No para-aortic noes submitted. pT3b pN0.
**PRIMARY SITE**

Include:
Organ of origin.

Example: Endometrium C54.1

**HISTOLOGY**

Include:
The exact cell type of the cancer, including the grade of the tumor.

Example: Endometrioid adenocarcinoma Gr 3 8380/3.

Note: FIGO Grade is not the same as nuclear grade and should not be coded as the grade of the tumor.

**TREATMENT**

Include:

- **Surgery:** Type, date and any relevant statement to describe important details.

Example: 3/1/18: Dr. J. Calvin: TAH/BSO, PELVIC LND, OMENTECTOMY. The endometrium was 9-week size. The ovaries and tubes appeared normal for age. Omentum neg. No evidence of peritoneal seeding. The upper abdomen, including liver, appear normal. Bilateral pelvic lymph nodes grossly normal.

- **Radiation:** For cases 1/1/18 and forward follow treatment guidelines in STORE Manual.

Include start/end dates, location of treatment, Phase 1 radiation to primary treatment volume, radiation to draining lymph nodes, radiation treatment modality, external beam radiation planning technique, dose per fraction, number of fractions, and Phase 1 total dose.

Example: 4/7 – 5/11/18: Dr. J. Locke: Phase 1: 4500cGy: Pelvis (86), draining LNs – pelvic (06) Modality – external beam (02), planning technique IMRT (05); # fx 25, dose/fx 180cGy. 5/13 – 5/18/18: Ph 2: 1200cGy to Vagina, no draining LNs (00) Modality HDR (09), technique NA (88); # of fx 0f2, Dose/fx: 99998; Total Ph2 dose: 999998.

- **Systemic Therapy:** Beginning and ending dates of chemotherapy, names of drugs, and route of administration, response to treatment, if available. Note if there are any changes in drugs administered. If so, identify the new drug, why the drug was changed, and when administration of the new drug began.

Example: 4/7/18 Dr. T. Hobbes: Carboplatin/paclitaxel with concurrent EBRT

- **Clinical Trials:** The name and number of the clinical trial in which the patient is enrolled, the date patient was enrolled, and any other details of the patient’s experience in the trial.


- **Other:** Any other treatment that does not fit into one of the categories above.
RESOURCES

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

Common Tests

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

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

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

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

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

SEER RX Antineoplastic Drugs Database
http://seer.cancer.gov/tools/seerrx/

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

Treatment of Endometrial