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 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:** Write a brief statement about why the patient sought medical care.
- **Physical Examination:** Include information pertinent to ovarian cancer, including signs and symptoms, such as abdominal bloating, early satiety, unintentional weight loss, pelvic discomfort, change in bowel habits.
- **History:** Personal or family history of ovarian or other cancers, particularly breast or endometrial. If applicable, include previous chemotherapy or radiation therapy. Precancerous conditions—ovarian tumors that are not invasive cancer (i.e. Bowen’s disease). Relevant comorbidities. Tobacco: type, frequency, duration, EtOH, RD use. Environmental exposures, if relevant. Nulliparity (with continuous ovulation). Include any prior cancer directed therapies.
- **Genetics:** Any related genetic conditions. Document if genetic counseling has been recommended. (Major genetic risk factor for ovarian cancer is a mutation in BRCA1 or BRCA2, or in DNA mismatch repair genes.)

Example: 61 y/o nulliparous, obese postmenopausal female presents for evaluation of vaginal bleeding increasing in frequency over the last 6 months. Patient states she feels bloated, has had a 15lb unintentional weight loss over the last 6 months which she blames on early satiety. Admits to some pelvic and lower back discomfort, not relieved by NSAIDs. FH non-contributory. ON PE: uterus is normal in size and shape, no pelvic lymphadenopathy or ascites identified.

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

X-RAYS/SCOPES/SCANS

Include:
- **Imaging tests**: Date, name, and brief summary of results of the tests. Ultrasound evaluation (pelvic or transvaginal) uses sound waves to evaluate the uterus, ovaries and fallopian tubes to identify if a mass is present. CT is preferred modality for staging of ovarian cancer. MRI is good for identifying adnexal masses. PET scan is good for evaluating distant mets.

Example: 1/5/18: Downtown Hospital: Pelvic/TVUS (transvaginal US): Large right adnexal mass with solid and cystic components, highly suspicious for underlying malignancy.

1/20/18: CT A/P: Large mass in pelvis measuring 11.2 x 7.7 x 6.8cm. Large retroperitoneal LN situated between aorta and IVC measuring 2.5 x 2.5cm. Highly suspicious.

LABS

Include:
- Date all documented lab results.
- Currently there are no reliable screening tests for ovarian cancer. CA-125 is a protein in the blood that is often elevated in patients with ovarian cancer. Elevated results may also be caused by endometriosis and pelvic inflammatory disease so CA-125 has been used more in the setting of determining response to treatment or recurrence.

- **Laboratory tests**: Date, test name, results of the tests with interpretation or normal range of test.

Example: 1/13/18: CA 125 – 128 (H); CEA 1.2 (NL), BRCA1/2-negative, ER (+) 80%, PR (+) >95%, FISH negative

DIAGNOSTIC PROCEDURES

For ovarian usually include pelvic exam, transvaginal US and CA-125 testing. Tissue sampling is usually done at the time of surgery.

PATHOLOGY

Include:
- Tumor size, histology, grade, tumor location, lymphovascular invasion, status of margins, other tissue/organ involvement, ascites, lymph nodes, residual disease, additional pathologic findings if pertinent

Example: pT1c, PN1a: HG serous carcinoma, specimen integrity (RT ovary fragmented); (LT ovary intact); RT fallopian tube serosa intact, RT ovary 9cm, regional LNs 4/17 (pelvic 3/15; para-aortic 1/2) , remaining tissue examined negative.

PRIMARY SITE

Include:
- The primary site is the organ of origin. (Paired site requires laterality).

Example: Right ovary

HISTOLOGY

Example: High Grade Serous Carcinoma (8461/3)
OVARIAN

TREATMENT

- **Surgery:** Type, date, and any relevant findings in the OP report. Identify facility performing the procedure, if other than your own facility.


- **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.

  Aggressive chemotherapy is usually more effective, so radiation therapy is rarely used in this country as a primary treatment for ovarian cancer. Radiation may be used for local control if there is disease spread near the main tumor or distant sites.

- **Chemotherapy:** Beginning and ending dates of chemotherapy, names of drugs, and route of administration


- **Targeted Therapy:** Biologic Response Modifiers (BRM): Example – bevacizumab (Avastin)

- **Hormone Therapy:** Rarely used to treat epithelial ovarian cancers, but is more often used to treat ovarian stromal tumors.

  *Examples:* LHRH agonists, Tamoxifen, Aromatase Inhibitors.

CLINICAL TRIALS

**Include:**

Name and number of the clinical trial in which the patient is enrolled, date the ICF (Informed Consent Form) was signed.

*Example:* NCT03246074 Phase 1 Clinical Trial of Combined Fostamatinib and Paclitaxel in Ovarian Cancer. ICF (Informed Consent Form) signed 9/15/18.
RESOURCES

Abbreviations – Use 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: 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 for Ovarian Cancer