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):** 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.
- **Genetics:** Birth defects or other related genetic conditions.
- **Past Treatment:** If applicable, previous chemotherapy or radiation therapy, or other relevant information as deemed appropriate.
- **Problems:** Chronic health problems, irritations, or infections.

- **Example:** 49-year-old white male with history of gross hematuria and right flank pain in past month. He presented at the emergency room. A 5cm right renal pelvis mass was found on CT. Family history of prostate cancer/father and breast cancer/mother. Negative tobacco use and ETOH. He is an active marathon runner, running 8-10 miles daily.

- **Where to find info:** H&P consultations, nursing notes, physician progress notes, discharge summary, admission notes.
X-RAYS/SCOPES/SCANS

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

- **Computed tomography (CT):** Date, name, and brief summary of results of the test.

Example: 8/15/2015 Hospital A, CT Abdomen/Pelvis: Right upper renal pole collecting system mass 5 cm with associated hydronephrosis. Negative lymphadenopathy.

Scopes:
- **Cystoscopy:** Date, location, name, and brief summary of the findings. Include physician performing procedure.

- **Ureteroscopy:** Date, location, name, and brief summary of the findings. Include physician performing procedure.

Example: 8/16/2015 Cystoscopy, Hospital A: 5.5 cm papillary right renal pelvic mass at the upper pole with biopsy taken. On retrograde polygram this revealed a large filling defect involving the entire upper pole, Dr. John Smith.

Note: Workup for ureteral tumors is similar to that outlined for renal pelvis tumors.

LABS

Include:
- **Urine Cytology:** Date, location, name, and brief summary of the results and any values (noting if value is abnormal)

- **Urinalysis:** Date, location, name, and brief summary of the results and any values (noting if value is abnormal)

- **Complete Blood Count (CBC):** Date, location, name, and brief summary of the results and any values (noting if value is abnormal)

- **Chemistry Profile:** Date, location, name, and brief summary of the results and any values (noting if values are abnormal)

DIAGNOSTIC PROCEDURES

These are procedures that detect the cancer, but do not remove it.

Include:
- **Biopsy:** Date, location, name, and brief summary of the results of tests and brief description of findings.

Note: A biopsy is normally performed at time of cystoscopy. Review for statements of noninvasive, invasive, and the grade of tumor. The grade of tumor will help in determining treatment for both renal pelvis and ureteral tumors. For ureteral tumors, the specific surgical procedure depends on the location (upper, mid or distal) of the tumor as well as the extent of disease.

- **Metastatic Disease:** If suspected, a biopsy may be done—probably a needle biopsy.

Note: The spread is suspected usually after imaging tests are done.

Grade of Tumor:
- Well-differentiated, low-grade: similar to normal renal pelvis or ureter cells and tissue. Tend to grow and spread slowly.

- High-grade: abnormal looking cells and tissue structure. Tumors tend to grow and spread faster than tumors with a lower grade.
PATHOLOGY
Date all tests and provide a brief summary of findings of all pathological studies (reports). List in chronological order – first to most recent.

Include:
- Path Report Number
- Specimen Type
- Histology
- Grade
- Size of tumor (not specimen size)
- Extent of disease
- Lymph node status: state number of nodes examined and number of nodes positive for cancer, margin status, lymph vascular invasion, and any evidence of further spread.

Margins: Note any involvement of surgical margins.

Example: 8/16/2015 Hospital A SP15-1781 R renal pelvic mass biopsy: high grade papillary urothelial cancer. 8/25/2015 Hospital A SP15-1809: Right kidney and ureter: papillary urothelial cancer of renal pelvis, high grade with superficial invasion of lamina propria and invasion of renal parenchyma. Unifocal size 5.7 x 6.0 cm stage 3. Invades beyond the muscularis propria into peripelic fat, negative regional LNs 00/09, margins negative, large vessel invasion absent, LVI negative.

PRIMARY SITE
Include:
- Document text to support the primary site code.

Example: Right Renal Pelvis C659
Right Ureter C669

Where information is found: In the surgical report, diagnostic reports (imaging, biopsy).

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

Example: Papillary urothelial carcinoma (8130/3)

TREATMENT
Include:
- Surgery: Usual types of surgery (definitive surgery that removes the cancer) are:
  - Nephroureterectomy with bladder cuff
  - Nephroureterectomy with bladder cuff plus regional lymphadenectomy
  - A nephron-sparing procedure through a transureteroscopic approach
  - A percutaneous approach with or without post-surgical intrapelvic chemotherapy or BCG.
  - Segmental resection of the ureter or complete ureterectomy
  - Distal ureterectomy and reimplantation of ureter

Note: Include type, date, location, and any relevant statement to describe important details and name of surgeon.

Example: 8/25/2015 Hospital A, Right laparoscopic nephroureterectomy and lymphadenectomy: 6 cm right renal pelvis mass Dr. John Smith.

Chemotherapy:
In general, the primary form of treatment for renal pelvic tumors and resectable ureteral tumors is surgery. Adjuvant treatment with chemotherapy may be advised depending on the extent of disease.

List drugs taken by mouth or injected into a vein or muscle. Include dates beginning and ending of chemotherapy, location of treatment, names of drugs, and route of administration. If available, response to treatment, medical oncologist. Note any
TREATMENT (continued)

changes in drugs. Include the new drug names and why the drug was changed and when the new drug was started.

Example: 9/15/15 Dr. Joe Clark’s office: Gemcitabine and Cisplatin

● Clinical Trials:
  - Fulguration
  - Segmental resection of the renal pelvis
  - Laser surgery
  - Regional chemotherapy and regional biologic therapy

Include the name and number of clinical trial(s) in which patient is enrolled and any other available details, such as date of enrollment.

● Other: Any other treatment not fitting in the other categories.

Example: 11/30/2015: Patient enrolled in NCI-2014-02470 Phase II Trial evaluating the efficacy of Mocetinostat (orally administered histone deacetylase inhibitor) in patients that have advanced urothelial ca that have specific changes in tumor genes.

RESOURCES

Use NAACCR Recommended Abbreviations for Abstractors (Appendix G):
http://datadictionary.naaccr.org/?c=17

Evidence-Based Treatment by Stage Guidelines
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

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

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

SEER Appendix C

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

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

Treatment for Renal/Pelvis/Ureter