

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):** Date of the exam and documentation of information pertinent to cervical cancer.
- **History:** Past history of cancer, history of cancer in family, exposure to any cancer-causing chemicals.
- **Genetics:** If applicable, list conditions as found in the patient's record or other information. (For example, patient's mother passed HPV virus to patient during childbirth, increasing patient's risk for cervical cancer).
- **Past Treatment:** If applicable, include previous chemotherapy or radiation therapy.
- **Where to Find the Information:** Admission notes, consultations, discharge summary, H&P in medical record, nursing notes, and/or physician progress notes.

Note on Negative Findings: Include any relevant negative findings.

Example: A 60 y/o Black female, G2/P2 post menopausal presents with chief complaint of vaginal bleeding and pelvic pain. Symptoms have been present for over one year but, patient delayed treatment due insurance issues. Now with worsening symptoms. Past medical history is non-contributory. Family History (FH) – Maternal/Grandmother – endometrial cancer. On pelvic exam: patient has a 3-4 cm cervix with normal shape and contour. 1 cm exophytic lesion present.

X-RAYS/SCOPES/SCANS

Include:

- **Colposcopy:** date, name, and brief summary of results of the test.
- **Cystoscopy:** date, name, and brief summary of results of the test.
- **Dilation & Curettage (D&C):** date, name, and brief summary of results of the test.
- **Hysteroscopy** date, name, and brief summary of results of the test.
- **Imaging tests:** Date, name, and brief summary of results of the test.

LABS

Include:

- **Cytology:** Date, name and brief summary of the results of tests and any values (noting if value is abnormal).
- **Pap Smear:** Date, name and brief summary of the results of tests and any values (noting if value is abnormal).

DIAGNOSTIC PROCEDURES

For any of these diagnostic procedures— procedures that detect the cancer, but do not remove it—state the date, name of procedure, and brief description of findings.

Include:

- **Biopsy:** Date, name of procedure, and brief description of findings.
Look for statement of invasiveness and the grade (i.e. how far the cancer has invaded can help in deciding treatment to be given.)

- **Laparoscopy:** date, name, and brief summary of results of the test.

Example: 70 y/o female with stenotic cervical os and evidence of a small raised, ulcerated lesion on the surface of the cervix.

- **HPV testing:** Date, name, and brief summary of the results of tests and any values (note if value is abnormal). P16 effective for diagnosis years 2021+

Example: 2/6/25: p16+. +. All other tests are within normal range. Can be used to code HPV associated (positive) and HPV-independent (negative) squamous cell and/or adenocarcinoma.

- **Low Grade:** Appears more like normal cervical tissue. These may be called well-differentiated and usually have a good prognosis.
- **High Grade:** Appears less like normal cervical tissue. These may be called poorly-differentiated or undifferentiated and are more likely to grow into the bladder wall and spread outside the bladder making them harder to treat.

Example: Pelvic examination performed on 1/16/25, Pap smear performed with findings of atypia.

PATHOLOGY

Include:

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

- Specific section of cervix
- Cancer cell type
- Grade of the tumor
- Size of tumor (not specimen size)

- Presence of lymphovascular(LVI) or perineural invasion (PNI)
- Extent (extension) of the primary tumor (usually found in the microscopic description of the pathology report).
- Lymph node involvement (or lack of it): state number of nodes examined and number of nodes that are positive for cancer.

PRIMARY SITE

Include:

- The primary site where the cancer started.

Example: Endocervix

Note: If the exact part of the cervix is not apparent, state as Cervix Uteri, NOS.

HISTOLOGY

Include:

- Any evidence of further spread (probably found in the microscopic description of the pathology report).

Note the number of tumor (s) involved with disease.

- **Margins:** Note any involvement of surgical margins.

Example: 5/1/25 Invasive squamous cell carcinoma GR 3 depth stromal invasion superficial, ovaries and fallopian tubes negative, Margins free of tumor, No extra-cervical extension. LNs 0/17, p16 (+).

- Where information is found: In the surgical report, diagnostic reports, biopsy, and imaging reports.

- The exact cell type of the cancer.

Example: Squamous Cell Carcinoma HPV associated 2023 + p16 + 8483/3

- **Systemic:** drugs taken by mouth or injected into a vein or muscle.

Example: 1/18 – 3/9/25 Cisplatin w/ concurrent EBRT.

TREATMENT

Include:

- **Surgery:** Type, date and any relevant statement to describe important details
 - Cryosurgery
 - D&C (for in situ cases only)
 - Conization
 - Hysterectomy

Example: 10/15/254: Radical abdominal hysterectomy/BSO para-aortic LN sampling.

- **Radiation:** Beginning and ending dates of therapy, types of radiation, to which part of site, dosage, response to treatment, if available.

- External beam radiation
- Internal radiation: Brachytherapy

Example: 1/18 – 3/9/25 Uterus = 3500cGy @180cGy x 25fx 6MV-VMAT. HDR brachytherapy 700cGy x 1 fx

- **Chemotherapy:** Beginning and ending dates of chemotherapy, names of drugs, and route of administration, response to treatment, if available.
- **Immunologic/BMR Therapy:** Include the name of the drug and the dates and routes of administration.

- **Clinical Trials:** Include 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 that is relevant.
 - 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.

Example: 1/15/22 enrolled in: Phase III Study of Chemoradiotherapy with or without Pembrolizumab for treatment of locally advanced cervical cancer (NCI-2020-03245/GOG-3047)

- **Palliative:** Care provided to palliate or alleviate symptoms. May be surgery, radiation, systemic, hormone and/or other pain management therapy. Example: Patient was referred to Radiation Therapy for management of pain related to bone mets
- **Other:** Any other treatment not fitting in the other categories.

RESOURCES

NAACCR APPENDIX G: Recommended Abbreviations for Abstractors

<http://datadictionary.naacr.org/default.aspx?c=17&Version=22>

Evidence-Based Treatment by Stage Guidelines

http://www.nccn.org/professionals/physician_gls/f_guidelines.asp.

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>

SEER Solid Tumor Rules 2024

<https://seer.cancer.gov/tools/solidtumor/>

NCI Physician's Data Query (PDQ)

<http://www.cancer.gov/cancertopics/pdq>

SEER - Site Specific Coding Modules Appendix C

[2024 SEER Program Coding and Staging Manual](#)

SEER RX Antineoplastic Drugs Database

<http://seer.cancer.gov/tools/seerrx/>

STORE Site-Specific Surgery Codes:

[store-manual-2024.pdf](#)

CTR Guide to Coding Radiation Therapy

[case-studies-for-coding-radiation-treatment-v4-0.pdf](#)

Treatment for Cervical Cancer

<http://www.cancer.gov/types/cervical/patient/cervical-treatment-pdq>