

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, sex, race, marital status, ethnicity of the patient.
- **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 the colon cancer.
- **History:**
 - Personal history of any cancer
 - HNPCC or Lynch Syndrome in patient or family member(s).
 - Family history of any cancer
 - Tobacco: type, frequency, amount
 - Alcohol: frequency, amount
 - List significant, relevant co-morbidities, particularly those that impact treatment decisions.

Genetics: List appropriate conditions as found in the patient's record or other information. If not applicable, state that.

Past Treatment: If applicable, include previous chemotherapy or radiation therapy.

Where to Find the Information: H&P, consultations, ER physician notes, nursing notes, physician progress notes, discharge summary, admission notes, face sheets.

Note on Negative Findings: Include any **relevant** negative findings, such as a negative CEA test.

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 HNPCC or Lynch syndrome.

X-RAYS/SCOPES/SCANS

Include:

- **Date(s) of Procedure(s)**
- **Type(s) of Procedure(s):** Description of what was found during 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.
- **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 U/S.
 - **Positron Emission Tomography (PET):** identifies FDG avid areas of uptake throughout the body and are useful in assessing regional and distant mets.
- **Colonoscopy:** A procedure to examine the lining of the large intestine. Can remove polyps or biopsy areas of concern.

Example: 1/17/25: CEA 6.18, elevated.

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

LABS

Include:

- **Dates and Tests:** Relevant lab tests and dates. For example, pre-treatment and interpretation of CEA, KRAS, NRAS, BRAF, MSI, DNA Mismatch Repair (MMR), HER2 testing. Include lab values and interpretations

DIAGNOSTIC PROCEDURES

Include:

List procedure, including the date and facility/provider who performed the procedure. Include date, facility and provider of the procedure.

PATHOLOGY

Include:

- Size of tumor, histology, histologic grade, location of tumor, depth of invasion tumor deposits
- Angiolymphatic Invasion (present/not present)
- Perineural Invasion (present/not present)
- Lymph Node Status (number positive/number taken)
- Margin Status (distal, proximal and radial/circumferential)
- Other Findings
- Pathologic Stage

Make sure to include the dates and findings of all endoscopies (scopes).

- **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: 15/20/25 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.

- **Interpretation:** Include the interpretation of the value.

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 (-);

PRIMARY SITE

Include:

- Identify the segment of colon involved by the tumor

Example: C18.7 Sigmoid colon.

Where to Find the Information: Surgical reports, colonoscopy reports and diagnostic reports (imaging and pathology).

HISTOLOGY

Include:

- Histology, differentiation, grade

Example: Moderately Differentiated adenocarcinoma, GR 2.

Where to Find the Information: Pathology reports, H&P, Consultation reports

TREATMENT

Include:

- **Operative Procedures:** Date(s) of the procedure (s); type of procedure(s); approach; and colon segment involved.

Example: 1/22/25 R.A (Robot Assisted Laparoscopic Sigmoid colectomy (partial resection). Lysis of adhesions, Regional Lymph Node dissection.

- **Findings by Surgeon:** Surgical approach; findings by surgeon at time of surgery, perforation, lymph node status, regional organ involvement, and definitive treatment vs. palliation and any other significant findings: Extensive fluid seen upon entering bowel, fluid sent to path for cytology. Upon mobilization of bowel mass was noted in sigmoid, adherent to surrounding tissues. Ileocecal region up to transverse colon mobilized. Anastomosis performed. Regional LNs removed, appeared grossly normal.
- **Definitive Treatment:** Detailed information on current antineoplastic drugs and drug regimens (see Resources for link to SEER RX Antineoplastic Drugs Database). Include start and end dates, agents used, and number of cycles Indicate if adjuvant or neoadjuvant.

Example: 7/1/14: FOLFOX 6 administered by Dr. Smith, Medical Oncology Associates

- **Radiation Treatment:** Physician providing treatment, primary site, treatment dates, facility location of treatment, modality planning technique, total dose # fractions #of phases . If discontinued, reason why. If palliative, document.

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

Example: 2/425 – 3/2828 5400cGy @180cGy x 30fx 6MV-3D.

- **Clinical Trials:** Is the patient enrolled in any clinical trials? If so, include the name, trial numbers, and any other available details, including the date of enrollment.

RESOURCES

Abbreviations – Use NAACCR Standard Abbreviations

NAACCR Data Standards & Data Dictionary Database (Formerly Volume II)

Evidence-Based Treatment by Stage Guidelines:

https://www.nccn.org/guidelines/category_1

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

2024 Solid Tumor Rules

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

NCI Physician’s Data Query (PDQ)

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

2024 SEER Program Coding and Staging Manual Site-Specific Coding Modules Appendix

CSEER RX Antineoplastic Drugs Database

<https://seer.cancer.gov/seertools/seerrx/>

STORE Site-Specific Surgery Codes: Appendix A:

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

Treatment for Colon

www.cancer.gov/cancertopics/pdq/treatment/colon/HealthProfessional/