

KIDNEY

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):** Write a brief statement about why the patient sought medical care. Sometimes there are no symptoms (see note below). Symptoms can include hematuria, a lingering pain in the side, loss-of-appetite, weight loss, and anemia.
- **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, chemotherapy or radiation therapy.

Where to Find information: H&P, consultations, nursing notes, physician progress notes, discharge summary, admission notes, radiologic examinations.

Example: 65-year-old African-American male presents with blood in the urine and a lump in the abdomen. The patient smoked 1 pack of cigarettes/day x 35 years and stopped 10 years ago. He drinks alcohol socially. His family hx is negative. Physical examination is negative.

Note: Often a kidney tumor is noted on a workup for another problem. It is not uncommon for a clinical diagnosis to be made as much as 2-3 months prior to a pathologic diagnosis.

X-RAYS/SCOPES/SCANS

Include:

- **Imaging Tests:** Date, name, and brief summary of test results.
- Intravenous Pyelogram (IVP):
- Computed Tomography (CT) Scan: Abdomen/pelvis: may have been done prior to admission to the hospital.
- Magnetic Resonance Imaging (MRI): Abdomen, pelvis
- Ultrasound: Abdomen; may have been done prior to admission to the hospital.
- Chest x-ray
- Bone scan
- MRI of the brain

- Positron Emission Tomography (PET) Computed Tomography (CT): If clinically indicated, this is to rule out metastatic disease.

Note: The clinical diagnosis of renal cell carcinoma (RCC) is often made incidentally prior to a pathologic diagnosis.

Example: Prior to Admission (PTA): CT abdomen, pelvis – 6 cm lesion in upper pole R kidney highly suspicious for renal cell carcinoma. (On rare occasions, RCC may be described as hypernephroma. However, this is an obsolete term, which is seldom used today). Renal US solid lesion in upper pole R kidney. No lymphadenopathy (LAD). CXR – negative.

LABS

Include:

- **Complete Blood Count (CBC):** Date, name, and brief summary of test results.
- **Comprehensive Metabolic Panel (CMP):** Date, name, and brief summary of test results.

- **Urinalysis:** Date, name, and brief summary of test results.
- **Liver Function Tests (LFTs):** Date, name, and brief summary of test results.

Note: There are no specific tumor markers for kidney cancer.

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:

- **Biopsy:** Date, name, and brief summary of test results.

Note: Because RCC is often diagnosed clinically by radiologic examination, a biopsy is not often performed.

PATHOLOGY

Include:

- Date of test and brief summary of findings of all pathological studies. List in chronological order; most recent to the first:
- Size of the primary tumor
- Depth of invasion
- Extension outside the kidney, especially into the renal artery or vein, the adrenal gland and/or other adjacent structures.
- Status of lymph nodes removed, if any.

Example: Right kidney TS (tumor size) 5 cm. Clear Cell Carcinoma G1. No sarcomatoid features. Tumor limited to the parenchyma of the kidney with no extension outside the kidney. Adrenal gland not included in the specimen. Margins negative. No lymphovascular invasion (LVI) or perineural invasion (PNI). 0+/6 LN.

PRIMARY SITE

Include:

The primary site where the cancer started.

Example: Kidney Right C64.9

HISTOLOGY

Include:

- The specific cell type and the Fuhrman grade of the tumor, if given.

Example: Conventional renal cell carcinoma WHO Grade II. This is another term for the most common type of renal cell carcinoma, which is clear cell carcinoma, code 8310/3.

Note: Renal cell carcinoma is an umbrella term that covers several variations. The umbrella histology is coded as 8312/3. Usually there will be a more specific type noted in the pathology report, such as chromophobe renal cell carcinoma (8317/3).

TREATMENT

Include:

- **Surgery:** Type, date, and any relevant statement to describe important details. The type of surgery usually depends on the size of the primary tumor and the location of the tumor in the kidney.
- **Partial Nephrectomy:** For smaller tumors
- **Total Nephrectomy:** For larger tumors. A total nephrectomy removes the kidney (with or without regional lymph nodes).

- **Radial Nephrectomy:** For larger tumors. A radial nephrectomy removes the kidney and may include the ipsilateral adrenal gland, a portion of the vena cava, Gerota's fascia, perinephric fat or partial/total ureter.

Example: 01/01/2025 Right total nephrectomy. Findings: 5 cm RT Kidney mass.

- **RADIATION AND CHEMOTHERAPY:** For renal cell carcinoma Stages I through III, there is usually no adjuvant chemotherapy or radiation therapy. Those modalities are generally reserved for Stage IV disease or relapsed cancer.

RESOURCES

RECOMMENDED ABBREVIATIONS FOR ABSTRACTORS

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

Evidence-Based Treatment by Stage Guidelines:

https://www.nccn.org/professionals/physician_gls/pdf/kidney.pdf

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/>

NCI Physician's Data Query (PDQ):

<https://www.cancer.gov/types/kidney/hp/transitional-cell-treatment-pdq> and/or: <https://www.cancer.gov/types/kidney/hp/kidney-treatment-pdq>

SEER RX Antineoplastic Drugs Database:

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

STORE Manual 2024 Site-Specific Surgery Codes: Appendix A:

https://www.facs.org/media/vssjur3j/store_manual_2022.pdf