

MELANOMA

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, ethnicity of the patient.
- **Chief Complaint (CC):** Write a brief statement about why patient sought medical care.
- **Physical Examination (PE):** Date of the exam and documentation of information pertinent to the melanoma cancer, such as examination of moles and what they looked like, noting color, size, and shape.
- **History:**
 - Personal history of any cancer
 - Family history of any cancer
 - Tobacco: type, frequency, amount
 - Alcohol: frequency, amount
 - Exposures: workplace exposures and/or relevant environmental factors.
 - 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.

Note on Negative Findings: Include any relevant negative findings, such as overall skin exam showed no lesions, except as noted in the chief complaint.

Example: 55-year-old white female noticed a mole on her right arm that was changing color, getting larger, itching, and bleeding. This had been going on for the last month. She does not have any history of cancer in the family or herself. She does not smoke and rarely drinks alcoholic beverages. She does work outside with a great deal of sun exposure. She is a gardener and is outside most of the day during the summer months.

X-RAYS/SCOPES/SCANS

Include:

List names of all X-rays, scopes, and scans. Include the dates and results.

- **Imaging Reports:** Chest x-ray, MRI, CT scan, PET scan (detect disease and/or metastatic spread).

- **Scopes:** Endoscopies, bronchoscopies (may be used to detect/confirm metastatic spread).

Example: 1/22/25 Chest x-ray showed an area suspicious for spread of disease in a patient with known melanoma of the right arm.

LABS

Include:

List names of all tests, dates, and results.

- Lactate dehydrogenase (LDH): A blood test used to detect if the melanoma has spread to distant sites. A higher level than normal level may indicate the cancer is harder to treat.

- Blood cell counts and blood chemistry done in advanced melanoma to determine how well the bone marrow, liver, and kidneys are working during treatment.

- Testing for targeted treatments.

Example: 1/21/25 LDH was negative.

DIAGNOSTIC PROCEDURES

Include:

List names of all diagnostics procedures, dates, and summary of findings.

- Biopsy only: shave, punch, incisional, fine needle, aspiration, sentinel lymph node biopsy.

Note: These procedures are used to identify cancer, not treat it. If the biopsy is excisional or removes cancer, the information is placed in the Treatment section. Also, if excisional lymph node biopsy is done note in the Treatment section, since cancer was removed from the lymph nodes.

Example: 1/7/25 incisional biopsy of right arm mole.

PATHOLOGY

Include:

Brief summary of all pathologic studies/reports. Include dates and list chronologically from earliest to latest.

- Cancer Cell Type
- Grade
- Size of the tumor (not the specimen size).
- Extent (extension) of primary tumor. (Usually found in the microscopic description on the pathology report.)
- Lymph node involvement or lack of it. (Number of lymph nodes examined and the number of lymph nodes positive for cancer.)

- Evidence or indication of further spread of cancer.
- Breslow measurement (thickness or depth to which the cancer has grown).
- Ulceration noted.
- Mitotic count/rate (measurement of how quickly the cancer cells have divided or grown).
- Margins (are they clear of cancer; size of margin).

Example: 1/8/25 superficial spreading melanoma, Breslow thickness 1 mm, no ulceration, mitotic count: 0; margins are 1 cm and clear; lymph node involvement was monitored via lymphoscint.

PRIMARY SITE

Include:

- Site where cancer started. For skin, state part of body where cancer is occurring as well as the laterality of the site.

Example: Right forearm skin.

HISTOLOGY

Include:

- Cancer cell type

Example: Superficial spreading Melanoma.

TREATMENT

Include:

- **Surgery:** Name of procedure, date, and any pertinent findings noted by surgeon. Possibilities include excisional biopsy, electrocautery, fulguration, cryosurgery, polypectomy, laser excision, MOHS surgery, wide excision, re-excision. If lymph nodes involved, note lymph node dissection, regional lymphadenectomy.
- **Chemotherapy:** Dates of beginning and ending of treatment, names of drugs, route of administration, and note response, if given. If any drugs were changed, note new drugs, why drugs were changed, and when the new drug started.

- **Radiation:** Note beginning and ending dates of treatment, type of radiation, to what part of the body it was given, and reaction, if given. Note any boost doses, the dosage, facility where it was given, and when it was started.

- **Immunotherapy:** Drugs used to help boost the immune system. Note drugs given, the date they were started and finished, route of administration, and response.

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

- **Other:** Dates and names of other treatment that does not fit in the above categories.

Example: Surgery: 3/17/25 MOHS procedure –mole right arm; Immunotherapy: First dose of Ipilimumab was started on 3/25/25 given IV; last dose given 6/24/25, responded well to the treatment.

RESOURCES

NAACCR Recommended Abbreviations for Abstractors

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

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 for information on diagnostic workup.

Labs/Tests

Understanding Laboratory Tests Fact Sheet - NCI

<http://www.cancer.gov/cancertopics/factsheet/detection/laboratory-tests>

Solid Tumor Rules

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

NCI Physician's Data Query (PDQ)

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

SEER Appendix C-Sire Specific Coding Modules

<https://seer.cancer.gov/manuals/2025/appendixc.html>

SEER RX Antineoplastic Drugs Database

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

STORE Site-Specific Surgery Codes: STORE Appendix A

<https://www.facs.org/media/uf5gxb4i/store-2025.pdf>

Treatment for Melanoma

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