

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.
- **History:** Past history or family history of any cancer; tobacco type, frequency, amount; alcohol: frequency, amount; workplace exposure; relevant environmental factors.
- **Problems:** Chronic health problems, irritations, or infections.
- **Genetics:** Birth defects or other related genetic conditions.
- **Past Treatment:** If applicable, include previous chemotherapy or radiation therapy.
- **Other:** Relevant information as deemed appropriate.

Example: 66-year-old white male who was having abdominal pain and fatigue. He presented to the ER and was found to have obstructive jaundice. No family or past history of any other cancer. He was a previous smoker and does not drink alcohol. He has exposures to chemicals and solvents in the past. He remains physically active through daily exercise.

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

X-RAYS/ SCANS

Include:

- **Imaging Tests:** Date, name, and brief summary of results of tests. -Abdominal Ultra sound (U/S)
- Computed Tomography (CT) scans
- Magnetic Resonance Imaging (MRI)
- Endoscopic retrograde cholangiopancreatography, (ERCP)
- Chest x-ray
- Bone scan
- Positron Emission Tomography (PET) scan (to check for spread of disease, if suspected).

Example: 9/10/2025 CT C/A (chest/ abdomen): Mass is suggested in the head of the pancreas. It measures 2.1 cm. No retroperitoneal lymphadenopathy noted.

SCOPES

Include:

- Endoscopic Ultra Sound (EUS)
- Esophagogastroduodenoscopy (EGS)

Example: 9/20/2025: EUS + fine needle aspiration (FNA). Findings: Pancreatic exam showed pancreatic heterogeneous mass noted in the head of pancreas. FNA for cytology. The rest of the pancreas appeared normal.

LABS

Include:

- **Cancer antigen (CA) 19-9:** Date, name and brief summary of the results of tests and any values (note if value is abnormal).
- **Liver Function Test:** Date, name, and brief summary of the results of tests and any values (note if value is abnormal).

Example: 9/14/2025: CA 19-9: 141.0 U/ml (elevated)

DIAGNOSTIC PROCEDURES

Procedures that detect cancer, but do not remove it. Include date, name of procedure, and brief description of findings.

Include:

- **Cytology:** Common type of testing to initially diagnose pancreatic cancer (i.e., bile duct brushing via FNA).
- **Biopsy:** Look for statement of invasiveness and the grade (do not use grade from metastatic site).
- **Metastatic Disease:** If suspected, a biopsy may be done—probably a needle biopsy.

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

Example: 9/20/2025: EUS + FNA: Bile duct brushing performed + FNA of head of pancreas.

PATHOLOGY

Include:

Date of test and brief summary of findings of all pathological studies. List in chronological order most recent to first.

- Specific section of pancreas
- Cancer cell type
- Grade of the tumor
- Size of tumor (not specimen size)
- 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 positive for cancer.

- Any evidence of further spread (probably found in the microscopic description of the pathology report).
- Margins: note any involvement of surgical margins.
- Number of tumor (s) involved with disease.

Example: 9/21/25 SG21-2205: Invasive ductal carcinoma, moderately differentiated. Duodenum, common bile duct & peripancreatic soft tissue involved. Tumor size = 2.0 cm. LVI present. 3+/19 regional lymph nodes. Margins negative. Liver bx: Metastatic ca.

PRIMARY SITE

Include:

The primary site where the cancer started.

Example: Head of Pancreas (C25.0).

Note: IF the exact part of the pancreas is not apparent, state as Pancreas, NOS (C25.9)

Where to Find Information: In the surgical report, diagnostic reports, imaging, biopsy.

HISTOLOGY

Include:

The exact cell type of cancer.

Example: Invasive Duct Cell Carcinoma (8500/3).

- **Grade:** No Additional SSDI for pancreas.
- **AJCC Cancer Staging Manual:** Read the general staging instructions before reading the site-specific chapters. Pancreas is located in chapter 28 (Exocrine Pancreas) or chapter 34 (Neuroendocrine Tumors of the

Pancreas) depending on histology.

- **Seer Summary Stage:** Read the general coding instructions before attempting to apply the site-specific Summary Stage to ensure correct coding. <https://seer.cancer.gov/tools/ssm/> Pancreas is located in the Digestive and Hepatobiliary Systems chapter.

TREATMENT

Include:

- **Surgery:** Type, date, and any relevant statement to describe important details. Usual types of surgery (definitive surgery that removes cancer) are:
 - Whipple procedure (pancreatoduodenectomy)
 - Distal Pancreatectomy
 - Gastrectomy, duodenectomy (with or without splenectomy)
 - Regional (partial) Pancreatectomy with lymph node dissection

- **Radiation:**

External radiation: typically given concurrently with chemotherapy, except in the palliative setting. Include dates, beginning and ending of treatment, type of radiation, to what part of body it was given, dosage and reaction to treatment (If noted); phases, date and where it was administered.

Example: 10/25/2025 – 12/1/2025 Dr. C. Photon: IMRT to abdomen, 5040 CGY. 5040 CGY. 28 FX/40 days.

- **Chemotherapy:**
Systemic: drugs taken by mouth or injected into a vein or muscle.
Include dates beginning and ending of chemotherapy, names of drugs, and route of administration; if available, response to treatment.

Note: Any changes in drugs: state new drug names and why the drug was changed and when the new drug was started.

*Example: 10/25/25 Dr. A. Miracle:
Gemcitabine*

CLINICAL TRIALS

Include:

- Patients who have not as yet been treated.
- Trials that test treatments for patients who have not gotten better.
- Trials that test ways to stop cancer from recurring or reduce the side effects of cancer treatment.
- **Name and Number:** Clinical trial in which patient is enrolled and any other available details, such as date of enrollment.

- **Other:** Other treatment not fitting in the existing categories.

Example: 10/25/2025: Patient enrolled in RTOG 0848, Phase III Trial Evaluating Both Erlotinib and Chemoradiation as adjuvant treatment for patients with resected head of pancreas adenocarcinoma. Adjuvant gemcitabine vs. gemcitabine +/- chemo RT.

RESOURCES

RECOMMENDED ABBREVIATIONS FOR ABSTRACTORS

[NAACCR Data Standards & Data Dictionary Database \(Formerly Volume II\)](#)

Evidence-Based Treatment by Stage Guidelines

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

NCCN Guidelines are most frequently used for treatment and are also used for information on diagnostic workup.

NCI: Understanding Lab Tests/Test Values

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

Site Specific Data Items (SSDI) Coding Manual: Appendix C

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

Solid Tumor Rules

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

Seer Summary Stage Manual

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

NCI Physician's Data Query (PDQ)

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

SEER RX Antineoplastic Drugs Database

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

STORE Manual Site-Specific Surgery Codes: Appendix A

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

Treatment for Pancreas

<http://www.cancer.gov/types/pancreatic/hp/pancreatic-treatment-pdq>