

RENAL PELVIS

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.
- **Genetics:** Birth defects or other related genetic conditions.
- **Past Treatment:** If applicable, previous chemotherapy or radiation therapy, or other relevant information as deemed appropriate.

- **Problems:** Chronic health problems, irritations, or infections.

Example: 49-year-old white male with history of gross hematuria and right flank pain in past month. He presented at the emergency room. A 5cm right renal pelvis mass was found on CT. Family history of prostate cancer/father and breast cancer/mother. Negative tobacco use and ETOH (alcohol). He is an active marathon runner, running 8-10 miles daily.

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

X-RAYS/SCOPES/SCANS

Include:

- **Imaging Tests:** Date, name, location, and brief summary of results of the test.
- **Computed tomography (CT):** Date, name, and brief summary of results of the test.
- *Example: 8/15/2025 Hospital A, CT Abdomen/Pelvis: Right upper renal pole collecting system mass 5 cm with associated hydronephrosis. Negative lymphadenopathy.*

• Scopes:

- **Cystoscopy:** Date, location, name, and brief summary of the findings. Include physician performing procedure.
- **Urteroscopy:** Date, location, name, and brief summary of the findings. Include physician performing procedure.

Example: 8/16/2025 Cystoscopy, Hospital A: 5.5 cm papillary right renal pelvic mass at the upper pole with biopsy taken. On retrograde polygram this revealed a large filling defect involving the entire upper pole, Dr. John Smith.

Note: Workup for ureteral tumors is similar to that outlined for renal pelvis tumors.

LABS

Include:

- **Urine Cytology:** Date, location, name, and brief summary of the results of tests and any values (noting if value is abnormal)
- **Urinalysis:** Date, location, name, and brief summary of the results of tests and any values (noting if value is abnormal)

- **Complete Blood Count (CBC):** Date, location, name, and brief summary of the results of tests and any values (noting if value is abnormal)

- **Chemistry Profile:** Date, location, name, and brief summary of the results of test and values (noting if values are abnormal)

Note: There are no specific tumor markers for renal pelvis cancer.

DIAGNOSTIC PROCEDURES:

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

Include:

- **Biopsy:** Date, location, name, and brief summary of the results of tests and brief description of findings.
- **Grade of Tumor:**
 - Low-grade, well-differentiated: similar to normal renal pelvis or ureter cells and tissue. Tend to grow and spread slowly.
 - High-grade: abnormal looking cells and tissue structure. Tumors tend to grow and spread faster than tumors with a lower grade.

Note: A biopsy is normally performed at time of cystoscopy. Review for statements of noninvasive, invasive, and the grade of tumor. The grade of tumor will help in determining treatment for both renal pelvis and ureteral tumors. For ureteral tumors, the specific surgical procedure depends on the location (upper, mid or distal) of the tumor as well as the extent of disease.

- **Metastatic Disease:** If suspected, a biopsy may be done—probably a needle biopsy.

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

PATHOLOGY

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

Include:

- Path Report Number
- Specimen Type
- Histology
- Grade
- Size of tumor (not specimen size)
- Extent of disease
- Lymph node status: state number of nodes examined and number of nodes positive for cancer, margin status, lymph vascular invasion, and any evidence of further spread.

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

Example: 8/16/2025 Hospital A: SP21-1781 R renal pelvic mass biopsy: high grade papillary urothelial cancer.

8/25/2025 Hospital A: SP21-1809: Right kidney and ureter: papillary urothelial cancer of renal pelvis, high grade with superficial invasion of lamina propria and invasion of renal parenchyma. Unifocal size 5.7 x 6.0 cm stage 3. Invades beyond the muscularis propria into peripelvic fat, negative regional LNS 00/09, margins negative, large vessel invasion absent, LVI negative.

PRIMARY SITE

Include:

Document text to support the primary site code.

Examples: Right Renal Pelvis (C65.9) Right Ureter (C66.9)

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

HISTOLOGY

Include:

The exact cell type of cancer.

Example: Papillary urothelial carcinoma (8130/3)

TREATMENT

Include:

- **Surgery:** Usual types of surgery (definitive surgery that removes the cancer) are:
 - Nephroureterectomy with bladder cuff.
 - Nephroureterectomy with bladder cuff plus regional lymphadenectomy.
 - A nephron-sparing procedure through a transureteroscopic approach.
 - A percutaneous approach with or without post-surgical intrapelvic chemotherapy or BCG.
 - Segmental resection of the ureter or complete ureterectomy.
 - Distal ureterectomy and reimplantation of ureter.

Note: Include type, date, location, and any relevant statement to describe important details and name of surgeon.

Example: 8/25/2025 Hospital A: Right laparoscopic nephroureterectomy and lymphadenectomy: 6 cm right renal pelvis mass Dr. John Smith.

- **Chemotherapy:** In general, the primary form of treatment for renal pelvic tumors and resectable ureteral tumors is surgery. Adjuvant treatment with chemotherapy may be advised depending on the extent of disease.
- **Systemic:** drugs taken by mouth or injected into a vein or muscle. Include dates beginning and ending of chemotherapy, location of treatment, names of drugs, and route of administration. If available, response to treatment, medical oncologist. Note any changes in drugs.

RENAL PELVIS

Include the new drug names and why the drug was changed and when the new drug was started.

Example: 9/15/25: Dr. Joe Clark's office: Gemcitabine and Cisplatin

• **Clinical Trials:**

- Fulguration
- Segmental resection of the renal pelvis
- Laser surgery
- Regional chemotherapy and regional biologic therapy

Include the name and number of clinical trial(s) in which patient is enrolled and any other available details, such as date of enrollment.

Other: Any other treatment not fitting in the other categories.

Example: 11/30/2025: Patient enrolled in NCI-2021-02470 Phase II Trial evaluating the efficacy of Mocetinostat (orally administered histone deacetylase inhibitor) in patients that have advanced urothelial ca that have specific changes in tumor genes.

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/kidney.pdf

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)

<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

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

Treatment for Renal/Pelvis/Ureter

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