

# THYROID

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 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: CC: 35-year-old Caucasian female with an enlarging nodule in the right thyroid lobe and increasing hoarseness x 3 mo. FH: (family hx) neg. SH: (smoking hx) 1 ppd (1 pack of cigarettes/day) x 10 years. ETOH: (Alcohol hx) 1 glass of wine/night.*

*PE: 1-15-25 3 cm nodule in R thyroid lobe. Palp 1 cm LN in R neck. Rest of PE neg.*

**Where to find information:** In the H&P or consult by the endocrinologist and/or surgeon. If the patient were seen in the physician's office PTA (prior to admission) the information might be in the office notes, which may be included in the record.

## X-RAYS/ SCANS

### Include:

- **Imaging Tests:** Date, name and brief summary of results of the test.

*Example: PTA 12-1-25 Thyroid US solid 2.5 cm nodule in R lobe of thyroid with irregular margins. Appears to be confined to the thyroid. Enlarged R level 4 LNs.*

## SCOPES

### Include:

Not indicated for this primary.

## LABS

### Include:

- **Thyroid cancer markers** and calcium level. Genetic tests may be included.

**Note:** Genetic tests may not be done in most cases. If they are, the results may not be in the medical record in a timely fashion.

*Example: 1-15-25 T4 (thyroxine) 5.3 (5.3-11.4). Thyroid Stimulating Hormone (TSH) 2.3 (0.8-7.7). Other thyroid markers might include Thyroglobulin (Tg) and Thyroglobulin Antibody (Tg ab).*

## 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:

- **Surgery:** What was removed including LNs. Removal of neck nodes levels 2 to 4 is considered a lateral dissection. Removal of lymph nodes in levels 6 and 7 is considered a central compartment dissection.

*Example: 1-15-25 R lobectomy. Node dissection.  
2-1-25 L lobectomy coded as total thyroidectomy (removing the contralateral lobe is then defined as a completion total thyroidectomy).*

## PATHOLOGY

### Include:

- Date of test and brief summary of findings of all pathological studies. List in chronological order: most recent to the first. Results of the FNA and the results of surgical procedures.

*Example: PTA 12-15-25 FNA – suspicious for thyroid neoplasm. Suggest resection. 1-15-25 R lobe of thyroid. TS 3 cm. papillary carcinoma WD. Tumor extends into the thyroid capsule but not beyond. No Lymphovascular Invasion (LVI) or Perineural Invasion (PNI). Margins neg. 3+ / 10 LN in R level 4. 2-1-25 L lobe of thyroid – no carcinoma.*

**Note:** Suspicious for thyroid neoplasm in not a definitive diagnosis of cancer and the 12/15/25 FNA date should not be used as the date of diagnosis.

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## PRIMARY SITE

### Include:

- The primary site where cancer has started.

*Example: Thyroid rt lobe C73.9. Laterality 0. Thyroid is not considered a paired organ even though the documents will describe whether the left or right thyroid is involved. Notate this in text, but do not code in the laterality.*

**Where to Find Information:** The pathology report

## HISTOLOGY

### Include:

- The exact cell type of cancer and the clinical and pathological or post therapy grade if given, (post therapy grade would be rare)

*Example: papillary carcinoma clin gr unk, path gr WD*

## STAGING

### Include:

- Histologic type of cancer, age of patient at diagnosis, size and extension of primary tumor, nodal involvement clinically and pathologically, and whether metastatic disease is present.

**Note:** the histologic type determines which AJCC schema is utilized. Medullary carcinoma has a separate chapter. Also in the differentiated and anaplastic chapter, there are two different stage groupings depending on whether the cancer is anaplastic or differentiated.

*Example: Clinically: cT2 – 2.5cm nodule on scans without extrathyroid extension, cNX – enlarged RT level IV LNs not stated as negative or positive, cM0 – PE neg, c Stage grp 1 (patient 35 yrs old); Pathologically: pT2 – 3.5cm extends to thyroid capsule but not beyond, pN1b – 3 level IV LNs pos, cM0 – PE negative for mets, p Stage grp 1 (patient 35 years old)*

## TREATMENT

### Include:

- **Radiation:** Usually only the use of I-131 radioablation to remove any remnants of thyroid tissue.

*Example: 4-15-25 I-131 100 mCi (millicuries) to thyroid*

- **Chemotherapy:**

- Systemic: drugs taken by mouth or injected into a vein or muscle.

- **Hormone:** Exogenous thyroid given to replace thyroid hormone.

*Example: 1-20-25 Synthroid*

**Note:** Treatment for medullary carcinoma and anaplastic carcinoma of the thyroid is different than that of papillary or follicular or papillary-follicular carcinoma. Staging is also different.

## CLINICAL TRIALS

### Include:

- **Name and Number:** Clinical trial in which patient is enrolled and any other available details, such as date of enrollment, the sponsoring trial group such as ECOG (Eastern Cooperative Oncology Group) or a pharmaceutical company, and the clinical

trial number. The treatment information is documented in the abstract itself.

## RESOURCES

**Use NAACCR Recommended Abbreviations for Abstractors (Appendix G)**

**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](http://www.nccn.org/professionals/physician_gls/f_guidelines.asp)

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

**NCI Physician's Data Query (PDQ):**

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

**Solid Tumor Rules:**

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

**Labs/Tests:**

NCI: Understanding Lab Tests/Test Values:

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

**Site Specific Surgery Codes: A**

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

**Specific Types of Treatment:**

[www.cancer.gov/cancertopics/pdq/treatment/bladder/HealthProfessional/](http://www.cancer.gov/cancertopics/pdq/treatment/bladder/HealthProfessional/)

**Systemic Treatment Thyroid:**

**Thyroid Cancer Treatment (PDQ®) - NCI**

**SEER RX Antineoplastic Drugs Database**

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