National Cancer Registrars Association

INFORMATIONAL ABSTRACT

A Guide to Determining What Text to Include

BENIGN BRAIN

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:** Personal or family history of any cancer and the family member involved. List the smoking and alcohol history of the patient–type, frequency, and amount. Note exposure to any cancer-causing chemicals, workplace exposure, and/or relevant environmental factors. List chronic health problems, irritations, or infections. Make sure to note previous chemotherapy or radiation therapy. Other relevant information as deemed appropriate.
- **Genetics:** Include birth defects or other related genetic conditions.
- **Past Treatment:** Include past treatment if applicable.
- *Example: 49-year-old white female presented to her ophthalmologist with a headache and decreased visual acuity. H/A nonspecific in nature and unresponsive to analgesics. Patient reported gradual visual changes over time attributed to age. Patient's visual field testing demonstrated classic bitemporal field loss (bitemporal hemianopia) consistent with (c/w) optic nerve chiasmal compression. PMH significant for diabetes and hypertension. FH: non-contributory. Toxic habits: tobacco, EtOH, street drugs – all negative. No workplace exposures noted.*

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

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X-RAYS/SCOPES/SCANS

Include:

- **Imaging Tests:** Date, name, and a brief summary of test results. MRI is the preferred imaging modality for pituitary adenomas.

Note: Pituitary adenomas are classified based on size as either a microadenoma (<10mm) or a macroadenoma (>10mm). The optic chiasm lies directly above the pituitary.

Example: 10/20/2018: MRI-Brain: 4x4mm sella/suprasellar homogeneous mass in keeping with a pituitary microadenoma.

LABS

Include:

- List each test, date, and results. Include pituitary function tests and endocrine studies for hormone hyposecretion or hypersecretion.

Note: The pituitary gland produces hormones that can be characterized as secretory or non-secretory (functioning or non-functioning) based on the presence or absence of those hormones. Non-secretory tumors usually present with vision loss. Patients with secretory tumors usually present after evaluation by an endocrinologist for symptoms related to hormonal imbalances (weight changes, mood changes, fatigue, loss of libido, etc).

The anterior lobe of the pituitary secretes six (6) hormones: thyroid stimulating hormone (TSH), adrenocorticotropic hormone (ACTH); follicle stimulating hormone (FSH); leutiizing hormone (LH), growth hormone (GH), and prolactin (PRL), the most common pituitary adenoma.

The posterior lobe of the pituitary secretes two (2) hormones: vasopressin and oxytocin.

Example: 10/9/18 Prolactin 19.7 (H); range (4-15.2).

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:** List date, name of procedure, and brief description of findings.
  Most often performed at the time of surgical resection. Stereotactic CT or MRI guided biopsy may be performed without surgical resection in patients considered surgically unresectable or not considered a good surgical candidate.

Example: 10/20/2018: (performed during surgery): Biopsy of the abnormal tissue submitted to pathology. Dx-pituitary microadenoma.

PATHOLOGY

Include:

Date and a brief summary of findings of all pathological reports, particularly the three listed below.

List in chronological order (i.e. most recent to the first).

- **Extent (extension) of the primary tumor:** Often found in the microscopic description of the pathology report.
- **Evidence of further spread:** Often found in the microscopic description of the pathology report.
- **Margins:** Note extent of involvement of surgical margins.

Example: Microscopic, macroscopic, extent of involvement not stated.

- *Specific lobe of the brain*
- *Laterality*
- *Cancer cell type*
- *Grade of the tumor (WHO Grade is not equivalent to tumor grade)*
- *Size of tumor (not specimen size)*

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PRIMARY SITE

Include:

- The primary site where the cancer started.

Example: Pituitary gland – C75.1

- **Where to Find Information:** Surgical and diagnostic (imaging and biopsy) reports.

HISTOLOGY

Include:

The exact cell type of the cancer.

Example: Pituitary adenoma (M-8272/0/9)

TREATMENT

Include:

- **Surgery:** The most commonly performed surgery is trans-sphenoidal resection. It addresses tumors confined within the sella turcica and that are Adrenocorticotropic hormone (ACTH) secreting. This is a definitive surgery that removes the TUMOR. It removes visibly abnormal tissue as seen on imaging or intraoperatively and is completed to a degree that is consistent with preservation of functional neurologic tissue.

Example: 10/25/18: Trans-sphenoidal resection performed using an endoscopic endonasal approach. Pituitary adenoma is noted compressing the optic chiasm. Gross resection is performed with successful decompression of the anterior visual pathways, leading to visual recovery.

- **Radiation:** Beginning and end dates of treatment, type of radiation, to what part of body it was given, dosage and reaction to treatment, if noted. Note: any boost dosages, date, and to where it was administered.

Note: Radiation therapy is most often reserved for incomplete resection or for patients who continue to be hypersecretory after surgery.

- **Indications for Radiation Therapy:**

Non-functioning adenomas:

- Non-surgical candidate
- Recurrence of progression after surgery
- Surgically inaccessible (e.g. cavernous sinus)

Functioning adenomas:

- Hormonally uncontrolled after maximal surgical or medical therapy
- Tumor growth or extension that cannot be surgically addressed.

Radiation Therapy Options: These are examples of common approaches, but do not address variances in dosage or duration or modality:

- **Stereotactic Radiosurgery (SRS):** At least 3-5mm from optic chiasm and less than 3cm in diameter. SRS for non-functioning adenoma, 18Gy (180cGy), for functioning adenoma, 20Gy (200cGy).
- **Fractionated Radiation Therapy:** May be the only option if less than 5mm from optic nerve or greater than 3cm in diameter. Fractionated Radiotherapy for non-functioning adenoma, 45-50.4Gy (4500-5040cGy) at 18Gy (180cGy) daily. Slightly higher dosage for functioning adenoma 50.4 – 54Gy (5040 – 5400cGy) also at 18Gy (180cGy) daily.

Example: 12/1/18-12/31/18: 45Gy (4500cGy) to Gross Tumor Volume at 18Gy (180cGy) in 25 fxs over 30 days. Phase 1: Treatment Volume – 11 (Pituitary); Draining LNs – 00 (no radiation to LNs); Treatment Modality (02) photons; Planning Technique – 05 (IMRT)

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- **Chemotherapy/Hormone Therapy:** Beginning and end dates of chemotherapy, names of drugs, and route of administration. If available, include response to treatment. Note if any changes in drugs: state new drug names and why the drug was changed and when the new drug started.

Note: Responses may evolve slowly over many years, so continued endocrine surveillance and medical management are required.

Example: Bromocriptine (Parlodel) initially 1.25mg nightly with food, gradually increasing to 2.5mg BID (twice daily) as tolerated within 1-2 weeks.

- **Clinical Trials:** The name and number of the clinical trial in which the patient is enrolled, the date of enrollment, and any other details of the patient's experience. May include patients who have not yet been treated. Some trials test treatments for patients who have not gotten better; other trials test new ways to stop cancer from recurring or reduce the side effects of cancer treatment.

Example: Participation in NCT01556230: Prospective Study of Clinically Nonfunctioning Pituitary Adenomas.

- **Other:** Any other treatment that does not fit into one of the categories above.

RESOURCES

Abbreviations: Use NAACCR Recommended Abbreviations for Abstractors (Appendix G)
http://datadictionary.naaccr.org/default.aspx?c=17&Version=22

College of American Pathology
https://www.cap.org/protocols-and-guidelines/cancer-reporting-tools/cancer-protocol-templates

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 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)
http://www.cancer.gov/cancertopics/pdq

SEER RX Antineoplastic Drugs Database
http://seer.cancer.gov/tools/seerrx/

Site-Specific Surgery Codes: STORE Manual, Appendix A
https://www.facs.org/media/vssjur3j/store_manual_2022.pdf

Treatment
www.cancer.gov/types/brain/hp/adult-brain-treatment-pdq#section_233

WHO Classification of Tumors of the CNS
https://publications.iarc.fr/Book-And-Report-Series/Who-Classification-Of-Tumours General Information

American Brain Tumor Association
http://abta.org

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BLADDER

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PHYSICAL EXAM/HISTORY

Include:

- **Demographics:** Age, sex, marital status, race, ethnicity of the patient.
- **Chief Complaint (CC):** Write a brief statement about why the patient sought medical care.
- **Physical Examination (PE):** Date of the exam and documentation of information pertinent to the bladder cancer.

- History:
- Personal history of any cancer
- Family history of any cancer
- Tobacco: type, frequency, amount
- Alcohol: frequency, amount
- 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, face sheets.

Note on Negative Findings: Include any relevant negative findings, such as urinalysis negative.

Example: *55-year-old black male who was having blood in the urine and painful urination. No family or past history of any cancer. He does not smoke or drink alcohol. He has had frequent urinary tract infections. He is an over-the-road truck driver and sits for very long durations without breaks. He has not been exposed to any chemicals or other irritants or cancer-causing agents.*

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BLADDER

X-RAYS/SCOPES/SCANS

Include:

- **Imaging Tests:** Date, name and brief summary of results of the test.
- **Cystoscopy:** Date, name of the procedure and brief summary of any significant findings.

Example: IVP, Retrograde Pyelogram, CT scan, CT urography, MRI, MR urography, renal ultrasound, chest x-ray and/or bone scan to check for spread of disease, if suspected.

LABS

Include:

- **Urine Cytology:** Date, name, values and interpretations.
- **Urine Culture:** Date, name, values and interpretations
- **Urinalysis:** Date, name, values and interpretations
- **Urine Tumor Marker Tests:** Date, name, values and interpretations

DIAGNOSTIC PROCEDURES

Include:

Cystoscopy is a procedure used to look at the bladder and urethra, performed with a cystoscope. The cystoscopy can be used to take biopsy samples.

document the date, name of procedure, and brief description of significant findings.

Example: Incisional biopsy and cystoscopy done on 1/2/14. Lesion found in the dome of the bladder.

PATHOLOGY

Include:

Summarize findings of all pathological studies and/or reports, include dates and list chronologically. Primary site

- Cancer cell type
- Grade of the tumor
- Size of tumor (not specimen size)
- Extension/spread
- Lymph node involvement
- Note any involvement of surgical margins.
- Note the number of tumor(s)

Example: 5/1/14 Transitional cell carcinoma of the dome of the bladder, grade 3, 1 cm in size, does not appear to extend to other parts of the bladder or nearby structures; there are no lymph nodes involved; the margins are clear with no further extension; only one tumor is apparent.

PRIMARY SITE

Include:

- The primary site where the cancer started.

Example: Dome of the bladder

Where to Find the Information: Surgical report and diagnostic reports (imaging, pathology, operative, cystoscopy and biopsy).

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HISTOLOGY

Include:

- Histology
- Differentiation
- Grade

Example: Transitional cell carcinoma

Where to Find the Information: Pathology reports, cytology reports, scans, H&P, Consultation reports

TREATMENT

Include:

- **Surgery:** Include type of surgery, date, facility, surgeon, and any relevant statement to describe important details. Definitive surgeries that remove the cancer are:
  - TURBT
  - Radical cystectomy
  - Partial cystectomy
  - Urinary diversion
- **Radiation:**
  - External radiation
  - Internal radiation (radioactive substances in needles, seeds, wires, or catheters placed directly into or near the cancer).
- Dates: facility, radiation oncologist, dates of treatment, treatment volume, lymph nodes treated, treatment modality, dose per fraction, number of fractions, total dosage, number of phases, overall total dose and reason treatment was discontinued early.
- **Chemotherapy:**
  - Regional: may be intravesical (put into the bladder through a tube inserted into the urethra)
  - Systemic: drugs taken by mouth or injected into a vein or muscle.
  - Dates: Beginning and ending of chemotherapy, cycles, names of drugs, and route of administration. If available, include response to treatment.
  - Drugs: Note if any changes in drugs. State new drug names and why the drug was changed and when the new drug was started.
- **Biologic Therapy:**
  - Used to boost a patient's immune system. It is also called biotherapy or immunotherapy. Bladder cancer can be treated with Bacillus Calmette-Guerin (BCG). It is given in a solution that is placed directly into the bladder using a catheter.
  - Include dates, names, and routes of administration of drugs given. If noted, indicate response.
- **Clinical Trials:**
  - Include the name and number of clinical trials in which patient is enrolled and any other available details, such as date of enrollment.

Notes on clinical trials:

- May include patients who have not as yet been treated.
- Some trials test treatments for patients who have not gotten better.
- Some trials test new ways to stop cancer from recurring or reduce the side effects of cancer treatment.

- **Other:** Any other treatment that does not fit in one of the above categories.

Example:
TUR of bladder = 2/3/14
BCG given = 2/10/14
Radioactive seeds instilled = 1/27/14

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RESOURCES

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Evidence-Based Treatment by Stage Guidelines
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Labs/Tests -- NCI: Understanding Lab Tests/Test Values
http://www.cancer.gov/cancertopics/factsheet/detection/laboratory-tests

2022 SOLID TUMOR RULES
https://seer.cancer.gov/tools/solidtumor/

NCI Physician's Data Query (PDQ)
http://www.cancer.gov/cancertopics/pdq

SEER Appendix C-Site Specific Coding Modules
https://seer.cancer.gov/manuals/2022/appendixc.html

SEER RX Antineoplastic Drugs Database
https://seer.cancer.gov/tools/seerrx/

Site-Specific Surgery Codes: STORE Appendix A
https://www.facs.org/media/vssjur3j/store_manual_2022.pdf

Treatment for Bladder
www.cancer.gov/cancertopics/pdq/treatment/bladder/HealthProfessional/

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INFORMATIONAL ABSTRACT

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BREAST

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PHYSICAL EXAM/HISTORY

Include:

- **Demographics:** Age, sex, race, ethnicity of the patient.
- **Chief Complaint (CC):** Write a brief statement about why the patient sought care.
- **Physical Examination (PE):** Date of the exam (may be an exam done in the doctor's office which is included in the chart). Document the location of the tumor in the breast and its size. Document if the lymph nodes are palpable. Document any other findings pertaining to the breast cancer.
- **History:** Personal history of any cancers; obstetrical history; use of hormone replacement therapy or birth control pills; family history of breast, ovarian, and/or colon cancer; family history of any other type of cancer; smoking and alcohol history; 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. For example, list the results of BRCA testing (negative or positive). If no BRCA testing was done, note that as well.
- **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 if a bone scan, lymph nodes, and breast exam were negative.

Example: 58-year-old white Hispanic female w/abnormal screening mammo. 8-13-18 3 cm mass in UOQ L breast. Axillary and SC LN not palpable. Rest of PE neg. She is G 2, P2. Postmenopausal. Never took BCP or HRT. No FH of CA.

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X-RAYS/SCOPES/SCANS

Include:

- Date of each x-ray/scan, in chronological order:
  - Screening mammogram
  - Diagnostic mammogram (usually a follow-up exam after a suspicious mammogram).
  - Breast ultrasound (often done at the same time as the diagnostic mammogram).
  - MRI of the breasts
  - Document the size of the lesion, the location of the lesion, the status of the lymph nodes, and if there is more than one lesion.
  - Other scans may be done if there is a suspicion of metastatic disease. They may include a bone scan and/or a PET/CT.
  - Pertinent findings such as the size of the tumor and its location, the status of the lymph nodes, the location of metastatic disease.
  - Radiologic findings done prior to admission to your facility. If there are no positive findings, it is acceptable to say negative.

Example: Prior to admission: PTA 7-15-18 Mammo 2 cm mas at 2:00 L breast. 7-18-18 Dx mammo 2 cm mass at 2:00 L breast w/ spiculated margins. L breast US Hypoechoic 17 mm mass at UOQ L breast. Axillary LN neg. 7-30-18 MRI breasts. No other lesions than 19 mm mass in UOQ L breast. R breast neg. No LAD. 8-1-18 CXR neg.

LABS

Include:

- Estrogen receptor (ER) result. Include the percentage positive, Allred score and/or staining intensity if available.
- Progesterone receptor (PR) result. Include the percentage positive, Allred score and/or staining intensity if available.
- For invasive tumors: Human Epidermal Growth factor 2 (HER2) result. HER2 can be done by IHC or ISH. Document which method was used.
- The HER2 copy number. Her2neu ratio by ISH
- The Ki67 result.

Where to Find Information: This information can be found in the Pathology Report. Most often these tests are done on the tissue obtained from the biopsy and often are listed as an addendum to the original report.

Example: 8-15-18 ER 100% 3+ pos, PR 70% pos moderate staining intensity. HER2neu 1.2 neg per FISH. HER2 gene cell copy 2.2. Ki67 2% low.

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: Primary site or possibly a metastatic site including lymph nodes.

Findings: Definitive surgery should be documented in the op findings of the abstract. Often, there will not be much in the op report except the technique used. In that case, list what the surgeon removed, such as the tumor and sentinel lymph nodes or the entire breast with sentinel lymph nodes.

Reconstruction: If the entire breast is removed (and sometimes the uninvolved breast is also removed), usually there is immediate reconstruction with a tissue expander or an implant. This should be documented as well.

Example: 9-1-18 MRM: Removed entire L breast and sentinel LN. Followed by reconstruction w/ tissue expander. No significant findings.

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PATHOLOGY

Include:

- Results of the biopsy of the primary site, lymph nodes, or other sites that might have been biopsied.
- Location of the tissue removed; the histology of the tumor, including the grade of the tumor; and the Bloom-Richardson or Nottingham score (if taken from the primary site); and lymphovascular invasion (LVI).
- Invasive tumor histology and the in situ, if any. If there is no in situ, that should be noted.
- Result of the definitive surgery to include the following.
- Size of the primary tumor.
- Size of another lesion, if any.
- Size of the in situ portion, if any.
- Number of lymph nodes removed and if they were sentinel nodes or non-sentinel nodes or both and how many were examined and how many were positive for tumor.
- Histology, including the grade of the tumor and the Bloom-Richardson or Nottingham score.
- Status of the margins: negative or positive. If positive, which margins are positive.
- Presence or absence of LVI.

Where to Find Information: Path Report and the Synoptic Comment of the Path Report.

Potential for Recurrence: A further addendum may include tests done to determine the potential for recurrence. The most common test is Oncotype Dx; the second most common is MammaPrint. If both are done, both results should be documented.

Example: 8-15-14 Bx L breast UOQ. Infiltrating ductal carcinoma (IDC) Gr 2. Nottingham score 6/9. No in situ ca. No LVI. 9-1-14 L breast TS 2.5 cm. Infiltrating ductal ca Gr 2. Nottingham score 7/9. DCIS meas 5 mm. No LVI. Margins neg. 0+/2 sentinel LN. Oncotype dx recurrence score 20.

PRIMARY SITE

Include:

Exact location of the tumor, such as, upper outer quadrant, lower inner quadrant, 12:00 and the laterality of the tumor.

Example: Breast left upper quadrant (C50.4).

HISTOLOGY

Include:

Histology of the tumor and the grade, clinical, pathological and post-therapy. If the tumor contains an in situ portion, use the grade of the invasive portion.

Example: Infiltrating ductal carcinoma clin Gr 2, path Gr 2 (8500/32).

TREATMENT

Include:

- **Surgery:** Date(s) of the definitive surgery (there may be more than one) for the primary site, or surgery of a metastatic site if that was first course treatment. List the location of the surgery or surgeries.
- **Radiation:** The beginning and end dates of treatment. Location of treatment. The number of cGy to what site (breast, breast and lymph nodes, chest wall or chest wall & lymph nodes following a simple or modified radical mastectomy).

  List the cGy given for the initial or regional dose and separate listing for separate phases given. List the number of fractions and the days of treatment. List any breaks in treatment and whether treatment was completed as planned

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- **Type of Radiation:** External beam using what MV, electrons, proton beam, Intensity-Modulated Radiation Therapy (IMRT) often used with Image-Guided Radiation Therapy (IGRT), intra-cavitary as for accelerated partial radiation using a catheter. Type of catheter used, such as SAVI.
- **Chemotherapy:** Beginning date. If known, include end date. Names of the drugs used, facility where the drugs were administered (usually the medical oncologist office).
- **Hormone:** Beginning date of treatment and the hormone used. Facility where the hormone was given (usually the medical oncologist office).
- **Clinical Trials:** Is the patient enrolled in any clinical trials? If so, include the name, trial numbers, and any other available details, including the date of enrollment.

General Note: It may be necessary to contact the physician's office to get this treatment information. Also, if unsure of treatment expected, refer to the NCCN guidelines.

Example: 9-1-14 L simple mastectomy. Sentinel node biopsy at our facility.

Radiation: 9-15-14 to 10-31-14 5040 cGy to L chest wall w/ 6 MV photons w/ 1000 cGy boost to tumor bed w/ 18 MV photons (28 fx/47 days). (If the discharge summary does not include the number of elapsed days, go to www.timeanddate.com/date/duration. html.)

Chemotherapy: none

Hormone: 11-15-14 Arimidex w/ Dr. Oncologist

RESOURCES

NAACCR Standard Abbreviations:
http://naaccr.org/Applications/ContentReader/?c=17

NAACCR APPENDIX G: Recommended Abbreviations for Abstractors
http://datadictionary.naaccr.org/default.aspx?c=17&Version=22

Evidence-Based Treatment by Stage Guidelines
The NCCN Guidelines are most frequently used for treatment and are also used for information on diagnostic workup.Treatment by Cancer Type (nccn.org)
https://www.nccn.org/guidelines/category_1

Labs/Tests – NCI: Understanding Lab Tests/Test Values
https://www.cancer.gov/about-cancer/diagnosis-staging/understanding-lab-tests-fact-sheet

Solid Tumor Rules
https://seer.cancer.gov/tools/solidtumor/)

NCI Physician's Data Query (PDQ)
http://www.cancer.gov/cancertopics/pdq

Site-Specific Surgery Codes: STORE Appendix -BA
https://www.facs.org/media/vssjur3j/store_manual_2022.pdf

SEER Site-Specific Coding Manual Appendix C
https://seer.cancer.gov/tools/codingmanuals/SEER RX Antineoplastic Drugs Database
https://seer.cancer.gov/seertools/seerrx/

Treatment for Breast
www.cancer.gov/cancertopics/pdq/treatment/breast/HealthProfesional/

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National Cancer Registrars Association

INFORMATIONAL ABSTRACT

A Guide to Determining What Text to Include

CERVIX

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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, race/ethnicity, gender.
- **Chief Complaint (CC):** Write a brief statement about why the patient sought medical care.
- **Physical Examination (PE):** Date of the exam and documentation of information pertinent to cervical cancer.
- **History:** Past history of cancer, history of cancer in family, exposure to any cancer-causing chemicals.
- **Genetics:** If applicable, list conditions as found in the patient's record or other information. (For example, patient's mother passed HPV virus to patient during childbirth, increasing patient's risk for cervical cancer).
- **Past Treatment:** If applicable, include previous chemotherapy or radiation therapy.
- **Where to Find the Information:** Admission notes, consultations, discharge summary, H&P in medical record, nursing notes, and/ or physician progress notes.

Note on Negative Findings: Include any relevant negative findings.

Example: A 60 y/o Black female, G2/P2 post menopausal presents with chief complaint of vaginal bleeding and pelvic pain. Symptoms have been present for over one year but, patient delayed treatment due to COVID fears. Now with increasing symptomology. Past medical history is non-contributory. Family history of cancer. On pelvic exam: patient has a 3-4 cm cervix with normal shape and contour. 1 cm amount of gross visible tumor.

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CERVIX

X-RAYS/SCOPES/SCANS

Include:

- **Colposcopy:** date, name, and brief summary of results of the test.
- **Cystoscopy:** date, name, and brief summary of results of the test.
- **Dilation & Curettage (D&C):** date, name, and brief summary of results of the test.
- **Hysteroscopy** date, name, and brief summary of results of the test.
- **Imaging tests:** Date, name, and brief summary of results of the test.

LABS

Include:

- **Cytology:** Date, name and brief summary of the results of tests and any values (noting if value is abnormal).
- **Pap Smear:** Date, name and brief summary of the results of tests and any values (noting if value is abnormal).

DIAGNOSTIC PROCEDURES

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

Include:

- **Biopsy:** Date, name of procedure, and brief description of findings.
  Look for statement of invasiveness and the grade (i.e. how far the cancer has invaded can help in deciding treatment to be given.)
- **Laparoscopy:** date, name, and brief summary of results of the test.

Example: 2/6/22 Pelvic US: Endometrium is heterogeneous w/distinct borders. All other findings neg. 2/20/22 PET CT: Extensive hypermetabolic activity within the cervix extending up into the uterus consistent with cervical cancer. SUV of 15.4 No evidence of spread beyond the cervix, parametrial disease or distant metastatic disease.

- **HPV testing:** Date, name, and brief summary of the results of tests and any values (note if value is abnormal). P16 effective for diagnosis years 2021+

Example: 2/6/22: p16+. All other tests are within normal range.

- **Low Grade:** Appears more like normal cervical tissue. These may be called well-differentiated and usually have a good prognosis.
- **High Grade:** Appears less like normal cervical tissue. These may be called poorly-differentiated or undifferentiated and are more likely to grow into the bladder wall and spread outside the bladder making them harder to treat.

Example: Pelvic examination performed on 1/16/22, Pap smear performed.

PATHOLOGY

Include:

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

- Specific section of cervix
- Cancer cell type
- Grade of the tumor
- Size of tumor (not specimen size)
- Presence of lymphovascular(LVI) or perineural invasion (PNI)
- 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 that are positive for cancer.

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CERVIX

PRIMARY SITE

Include:

- The primary site where the cancer started.

Example: Endocervix

Note: If the exact part of the cervix is not apparent, state as Cervix Uteri, NOS.

HISTOLOGY

Include:

- Any evidence of further spread (probably found in the microscopic description of the pathology report).

Note the number of tumor (s) involved with disease.

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

Example: 5/1/22 Squamous cell carcinoma of the endocervix, grade 1, 1.2 cm, solitary lesion without extension to other parts of cervix or nearby structures; lymph nodes negative, margins are clear.

- Where information is found: In the surgical report, diagnostic reports, biopsy, and imaging reports.
- The exact cell type of the cancer.

Example: Squamous Cell Carcinoma HPV associated p16 + 8085/3)

TREATMENT

Include:

- **Surgery:** Type, date and any relevant statement to describe important details
  - Cryosurgery
  - D&C (for in situ cases only)
  - Conization
  - Hysterectomy

Example: 10/15/22: Robotic-assisted laparoscopic total hysterectomy & bilateral pelvic lymph node dissection (TLH/BSO). Findings: 4.0 cm cervical tumor, negative parametria, no vaginal extension. No periaortic lymphadenopathy.

- **Radiation:** Beginning and ending dates of therapy, types of radiation, to which part of site, dosage, response to treatment, if available.
  - External beam radiation
  - Internal radiation: Brachytherapy

Example: 1/18/22 – 2/1/22 Intracavity HDR: 3000 cGy at 600cGy in 5 fractions. 1/18/22 – 3/9/22 (p/TAH/BSO) 4500cGy to uterus at 180cGy in 25 fxs - IMRT with concurrent platinum based chemotherapy .Chemotherapy: Beginning and ending dates of chemotherapy, names of drugs, and route of administration, response to treatment, if available. Note if there are any changes in drugs administered. If so, identify the new drug, why the drug was changed, and when administration of the new drug began.

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

Example: 7/25/22/-/11/2/22 Cisplatin via infusion.

- **Biologic Therapy:** Include the name of the drug and the dates and routes of administration.
- **Hormone Therapy:** Include the name of the drug and the dates and routes of administration.
- **Clinical Trials:** Include the name and number of the clinical trial in which the patient is enrolled, the date patient was enrolled, and any other details of the patient's experience in the trial that is relevant.
  - May include patients who have not as yet been treated.
  - Some trials test treatments for patients who have not gotten better.
  - Some trials test new ways to stop cancer from recurring or reduce the side effects of cancer treatment.

Example: 1/15/22 enrolled in: Phase III Study of Chemoradiotherapy with or without Pembrolizumab for treatment of locally advanced cervical cancer (NCI-2020-03245/ GOG-3047)

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

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RESOURCES

NAACCR APPENDIX G: Recommended Abbreviations for Abstractors
http://datadictionary.naaccr.org/default.aspx?c=17&Version=22

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 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

SEER Solid Tumor Rules
https://seer.cancer.gov/tools/solidtumor/

NCI Physician's Data Query (PDQ)
http://www.cancer.gov/cancertopics/pdq

SEER Appendix C -Site Specific Coding Modules
http://seer.cancer.gov/archive/manuals/2022appendixc.html

SEER RX Antineoplastic Drugs Database
http://seer.cancer.gov/tools/seerrx/

STORE Site-Specific Surgery Codes:
https://www.facs.org/media/vssjur3j/store_manual_2022.pdf

M CTR Guide to Coding Radiation Therapy
https://www.facs.org/media/fr0phnbd/case-studies-for-coding-radiation-treatment-v4-0-_20220519064258_496407.pdf

Treatment for Cervical Cancer
http://www.cancer.gov/types/cervical/patient/cervical-treatment-pdq

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INFORMATIONAL ABSTRACT

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COLON

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PHYSICAL EXAM/HISTORY

Include:

- **Demographics:** Age, sex, race, marital status, ethnicity of the patient.
- **Chief Complaint (CC):** Write a brief statement about why the patient sought medical care.
- **Physical Examination (PE):** Date of the exam and documentation of information pertinent to the colon cancer.
- **History:**

- Personal history of any cancer
- HNPCC or Lynch Syndrome in patient or family member(s).
- Family history of any cancer
- Tobacco: type, frequency, amount
- Alcohol: frequency, amount
- 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, face sheets.

Note on Negative Findings: Include any **relevant** negative findings, such as a negative CEA test.

Example: 64-year-old white male with c/o (complaint of) intermittent episodes of bright red blood per rectum over the last three months. Patient also noted change in caliber of stool. Unintentional weight loss of 10lbs. over last two months. No personal or family history of HNPCC or Lynch syndrome.

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X-RAYS/SCOPES/SCANS

Include:

- **Date(s) of Procedure(s)**
- **Type(s) of Procedure(s):** A description of what was found during examination, including segment of the colon, evidence of perforation, biopsy taken. Include the name of the facility/provider performing these tests, especially if outside of your facility.
- **Studies Common to Workup:**
  - **Ultrasound (U/S):** helpful in determining solid from cystic structures.
  - **Computerized Tomography (CT) Abdomen/Pelvis:** useful in determining extent of disease, if lymph nodes are involved or there is distant spread.
  - **Magnetic Resonance Imaging (MRI):** produces images that may identify extent of disease not seen on CT or U/S.
  - **Positron Emission Tomography (PET):** identifies "hot" areas of uptake throughout the body and are useful in assessing regional and distant mets.
  - **Colonoscopy:** A procedure to examine your colon for polyps or other diseases. A biopsy may be performed during this procedure.

LABS

Include:

- **Dates and Tests:** Relevant lab tests and dates. For example, pre-treatment and interpretation of CEA, KRAS, NRAS, BRAF, MSI, DNA Mismatch Repair (MMR), HER2 testing. Include lab values and interpretations

DIAGNOSTIC PROCEDURES

Include:

List procedure, including the date and facility/provider who performed the procedure.

PATHOLOGY

Include:

- Size of tumor, histology, histologic grade, location of tumor, depth of invasion tumor deposits
  - Angiolymphatic Invasion (present/not present)
  - Perineural Invasion (present/not present)
  - Lymph Node Status (number positive/number taken)
  - Margin Status (distal, proximal and radial/circumferential)
  - Other Findings
  - Pathologic Stage

Example: 5/18/14: CT A/P (River Radiology). Wall thickening involving the short segment of the sigmoid colon. Approximately 5.0cm mass involving the sigmoid colon. No evidence of pericolic lymph nodes noted. No evidence of hepatic lesions.

Make sure to include the dates and findings of all endoscopies (scopes).

- **Colonoscopy:** Findings may include polyps (benign or suspicious); masses and/or obstruction.
- **Sigmoidoscopy:** Similar to a colonoscopy, but is able to examine only the rectum and lower part of the colon.

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Example: 5/20/14: Colonoscopy: Sigmoid stricture at 30cm. Nearly circumferential mass involving the posterior port of the sigmoid colon. Benign appearing polyp noted in the cecum. No other significant findings noted. Biopsy taken of mass at stricture.

Biopsy taken of cecal polyp.

- **Interpretation:** Include the interpretation of the value.

Example: 5/17/14: CEA 6.18; elevated

Example: Biopsy performed during colonoscopy procedure. Biopsy taken of mass at stricture. Biopsy taken of cecal polyp.

Example: 4 x 3 x 1cm poorly differentiated invasive adenocarcinoma of the sigmoid, carcinoma invades through muscularis propria to serosal surface (T4), AGI (+), PNI (+); 1/33 pericolic LNs; 3 TDs (tumor deposits) in pericolic soft tissue identified (N1c); 0/20 perienteric LNs; Total: 1/53 LNs. Distal margin (-); proximal margins (-); radial margin (+); terminal ileum: ileal serosa & adipose tissue positive; ileocecal valve (-); appendix (-);.

PRIMARY SITE

Include:

- Identify the segment of colon involved by the tumor

Example: C18.7 Sigmoid colon.

Where to Find the Information: Surgical reports, colonoscopy reports and diagnostic reports (imaging and pathology).

HISTOLOGY

Include:

- Histology, differentiation, grade

Example: Moderately Differentiated adenocarcinoma, GR 2.

Where to Find the Information: Pathology reports, H&P, Consultation reports

TREATMENT

Include:

- **Operative Procedures:** Date(s) of the procedure (s); type of procedure(s); approach; and colon segment involved.
- **Findings by Surgeon:** Surgical approach; findings by surgeon at time of surgery, perforation, lymph node status, regional organ involvement, and definitive treatment vs. palliation and any other significant findings.

Example: 5/22/14 Laparoscopic Sigmoid colectomy (partial resection). Mass adherent to pelvic peritoneum.

- **Definitive Treatment:** Detailed information on current antineoplastic drugs and drug regimens (see Resources for link to SEER RX Antineoplastic Drugs Database). Include start and end dates, agents used, and number of cycles Indicate if adjuvant or neoadjuvant.

Example: 7/1/14: FOLFOX 6 administered by Dr. Smith, Medical Oncology Associates

- **Radiation Treatment:** treatment dates; location of treatment, radiation oncologist; treatment volume, treatment modality; lymph nodes treated, radiation treatment planning technique, dose per fraction, number of fractions; total dose, number of phases, total overall dose and any reason treatment was discontinued early. Was the treatment pre-operative or post-op? If not administered, document the reason why.

Note: The use of radiation is limited in colon cancer since it has a relatively small impact on the disease process.

Example: 2/4/14 – 3/28/14: 5000cGy to pelvis for xx fractions over xx days utilizing 3D approach.

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

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RESOURCES

Abbreviations – Use NAACCR Standard Abbreviations
http://datadictionary.naaccr.org/default.aspx?c=17&Version=22

Evidence-Based Treatment by Stage Guidelines:
https://www.nccn.org/guidelines/category_1

The 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
2022 Solid Tumor Rules (cancer.gov)

NCI Physician's Data Query (PDQ)
http://www.cancer.gov/cancertopics/pdq

SEER Appendix C – Site-Specigic Coding Mnual
https://seer.cancer.gov/manuals/2022/appendixc.html

SEER RX Antineoplastic Drugs Database
https://seer.cancer.gov/seertools/seerrx/

STORE-Appendix Astore-2022-12102021-final.pdf (facs.org)

Treatment for Colon
www.cancer.gov/cancertopics/pdq/treatment/colon/HealthProfessional/

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ENDOMETRIAL

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PHYSICAL EXAM/HISTORY

Include:

- **Demographics:** Age, race/ethnicity, gender.
- **Chief Complaint (CC):** Write a brief statement about why the patient sought medical care. A common complaint is post-menopausal bleeding (PMB).
- **Physical Examination (PE):** Date of the exam and documentation of information pertinentto endometrial cancer. Physician's description of the patient's examination. Include any information pertinent to the endometrium. In particular, information about the gynecologic exam. Do not include information that has no bearing on the endometrium diagnosis, such as a negative exam of the head and neck, chest, etc.
- **History:** Past history of cancer, history of cancer in family, and the family member involved. List any exposure to cancer-causing chemicals. Significant comorbidities, such as diabetes, obesity, chronic obstructive pulmonary disease (COPD), dementia, or anything that might affect patient work-up or treatment. List the patient's prior cancer diagnoses, if any. List the smoking and alcohol history of the patient. Include any environmental exposure, such as asbestos.
- **Genetics:** If applicable, list applicable conditions listed in the patient's record.

Example: Genetic screening done to test for Lynch syndrome.

- **Past Treatment:** If applicable, include previous chemotherapy or radiation therapy.

Where to Find the Information: Admission notes, discharge summary, consultations, H&P in medical chart, nursing notes, and/or physician progress notes.

Note on Negative Findings: Include any relevant negative findings.

Example: A 73-year-old white female with a six-month history of increasing vaginal spotting now requiring the use of sanitary pads. Patient admits to 8-10 lbs unintentional weight loss. Bimanual examine revealed no masses, small posterior cervix, small mobile uterus. Unable to palpate ovaries. No rectal masses. No palpable inguinal adenopathy

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X-RAYS/SCOPES/SCANS

Include:

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

Example: Prior to Admission (PTA) - 1-15-22 CXR neg.
- 1-20-22 Transvaginal pelvic US – Anteverted uterus with thickened endometrial stripe, measuring approx. (~) 12mm. Ovaries slightly atrophic as per age. Recommend clinical evaluation.
2-2-22 CT abdomen, pelvis - Enlarged uterus, atrophic ovaries, no lymphadenopathy (LAD), no distant met.

Where to find this information: This information might appear in the H&P or the scan itself might be included in the chart.

LABS

Include:

List the date of each test, particularly the ones that are done pre-treatment or as seen in the pathology report. There is only one laboratory test for endometrium and it may be found in the pathology report in some cancer registries.

- Estrogen Receptor and Progesterone Receptor (ER and PR), although not typical.
- Microsatellite Instability (MSI) for patients under 60.
- Cancer Antigen-125 (CA-125): A tumor marker primarily used for monitoring recurrence of disease, if the pathology is serous papillary carcinoma, which occurs in about 20% of endometrial cancer patients.

Example: 2-2-22 CA 125 1723 (H), CA 19-9 132 (H), BRCA (-) ER, PR positive

DIAGNOSTIC PROCEDURES

Include:

- List date, name of procedure, and brief description of findings.
- **Previous procedures:**
  - Dilatation and Curettage (D&C)
  - **Biopsy:** Date, name of procedure, and brief description of findings.

Example: 2-2-22 Scraped the lining of the endometrium to determine pathology.

PATHOLOGY

Include:

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

- **Staging:** List the results of D&C or other diagnostic procedure and the result of surgical resection.
- **Margins:** Note any involvement of surgical margins.

Example: 2-2-22 pT1a, pN0 (i) endometrial adenocarcinoma, GR 2 FIGO 2 invading 5mm/13mm myometrium (30%), Lymphovascular Invasion (LVI) present, low (<3 vessel involvement), Cervix CIN 3, B/L tubes/ovaries negative, ER<10% weak, PR 35-40% stain, p53 0 (null). Uterine serosa, cervical stromal invasion both neg. Margins negative. LNs: 0/13 RT pelvic 0/8, LT pelvic 0/5 (all sentinel nodes).

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ENDOMETRIAL

PRIMARY SITE

Include:

- The primary site where the cancer started.

Example: Endometrium C54.1

HISTOLOGY

Include:

- The exact cell type of the cancer, including the grade of the tumor.

Example: Endometrioid adenocarcinoma FIGO Gr 2 8380/3.

Note: FIGO Grade is not the same as nuclear grade and should not be coded as the grade of the tumor.

TREATMENT

Include:

- **Surgery:** Type, date and any relevant statement to describe important details

Example: 3-1-22 Total abdominal hysterectomy (TAH). Bilateral Salpingo-Oophorectomy (BSO) . B/L sentinel node nodes (B/L SLN. The endometrium was 9-week size. The ovaries and tubes appeared norm for age. Omentum neg. The upper abdomen, including liver, appeared norm. Bilateral pelvic lymph nodes grossly norm.

- **Radiation:** Beginning and ending dates of therapy, types of radiation, to which part of site, dosage, response to treatment, if available.
- **Chemotherapy:** Beginning and ending dates of chemotherapy, names of drugs, and route of administration, response to treatment, if available. Note if there are any changes in drugs administered. If so, identify the new drug, why the drug was changed, and when administration of the new drug began.
- **Systemic:** drugs taken by mouth or injected into a vein or muscle.

Example: 2/7 – 3/22/22: 4500cGy to uterus/pelvic LNs at 180cGy in 25 fx w/IMRT; Intracavitary HDR brachy at 400cGy x 3 fx to 1200cGy.

Example: Patient with pT3, pN0 receiving cisplatin with concurrent radiation.

- **Biologic Therapy:** Include the name of the drug and the dates and routes of administration.
- **Hormone Therapy:** Include the name of the drug and the dates and routes of administration.
- **Clinical Trials:** The name and number of the clinical trial in which the patient is enrolled, the date patient was enrolled, and any other details of the patient's experience in the trial.
- **Other:** Any other treatment that does not fit into one of the categories above.

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RESOURCES

Abbreviations – Use NAACCR Standard Abbreviations
http://naaccr.org/Applications/ContentReader/?c=17

Common Tests
http://www.cancer.org/cancer/endometrialcancer/detailedguide/endometrial-uterine-cancer-diagnosis

Evidence-Based Treatment by Stage Guidelines
http://www.nccn.org/professionals/physician_gls/f_guidelines.asp.
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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/

Multiple Primary & Histology Coding Rules
http://seer.cancer.gov/tools/mphrules/

NCI Physician's Data Query (PDQ)
http://www.cancer.gov/cancertopics/pdq

SEER RX Antineoplastic Drugs Database
http://seer.cancer.gov/tools/seerrx/

Site-Specific Surgery Codes: STORE Manual Appendix B
https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals

Treatment of Endometrial
http://www.cancer.gov/types/uterine/patient/endometrial-treatment-pdq

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INFORMATIONAL ABSTRACT

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KIDNEY

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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.

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KIDNEY

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

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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: 01/01/2022 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, APPENDIX G:
http://datadictionary.naaccr.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 Site-Specific Surgery Codes: Appendix A:
https://www.facs.org/media/vssjur3j/store_manual_2022.pdf

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INFORMATIONAL ABSTRACT

A Guide to Determining What Text to Include

LARYNX

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. Common complaints include throat irritation or pain, hoarseness or voice change, dysphagia.
- **Physical Examination (PE):** Date of the exam and documentation of information pertinent to larynx cancer, such as palpable neck masses, or lymph nodes.
- **History:** Personal history of any cancer, family history of cancer; tobacco use: type, frequency, amount; alcohol: frequency, amount; depression; ECOG Performance Scale Status.
  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:** Document any previous cancer related surgery, systemic therapy, radiation therapy or other cancer related therapy.
- **Other:** Note if tumor is clinically apparent or not apparent from clinician's exam.

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

Note on negative findings: Include any **relevant** (coded) negative findings.

Example: 65-yrear old white male presents with persistent cough, voice change and feeling like throat is closing off. Family history: father-prostate cancer, mother-breast cancer at 46. No hx of smoking or ETOH (alcohol); no submandibular, parotid or thyroid mass; no lymphadenopathy.

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X-RAYS/SCOPES/SCANS

Include:

Date of each imaging study performed, including those performed outside of your facility and/or prior to admission. Include pertinent findings from the studies, such as extent of disease and/or metastasis. Record negative findings from pertinent studies as well.

- **CT/MRI/PET CT Chest/Abd/Pelvis:** Detects extent of disease as well as determines if metastasis has occurred.

Example: 9/15/17 General Medical Center CT-Neck: 2.8 cm mass involves epiglottis, limited extension to rt aryepiglottic fold and pre-epiglottic space. No suspicious evidence of mets.

- **Imaging Tests:** Date of each imaging study performed, including those performed outside of your facility and/or prior to admission. Include pertinent findings from the studies, such as extent of disease and/or metastasis. Record only pertinent negative findings from studies such as extra-nodal extension seen on MRI or PET.

LABS

Include:

Type, date(s)

Example: 10/17/17 HPV Test: P16

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:

- Laryngoscopy
- Endoscopy
- Esophagoscopy
- Bronchoscopy

Example: 11/24/17Laryngoscopy Ulcerated mass on RT epiglottis along laryngeal surface extending out to aryepiglottic fold

PATHOLOGY

Include:

- **Biopsy Findings:** Most common is biopsy taken during endoscopic procedure.

Necessary data needed:

- **Date of pathology report and pathology accession number:** List pathology reports in chronological order, most recent to first.
- **Histology Type:** Most commonly squamous cell carcinoma, but there are other several other histology's that may occur in laryngeal sites.
- **Grade:** Clinical, pathologic grade, post neoadjuvant grade as applicable. Site Specific Grade tables can be found in the AJCC Manual and the NAACCR Data Items. The recommended grading system is specified in the AJCC Chapter. The AJCC Chapter-specific grading systems (codes 1-5) take priority over the generic grade definitions (codes A-E, L, H, 9).

For Larynx, the following histologic grades apply:

- GX: Grade cannot be assessed
- G1: Well-differentiated
- G2: Moderately differentiated
- G3: Poorly differentiated apply according to AJCC

- **Size of tumor** (not specimen size): Note the number of tumor(s) found in the primary site.
- **Extent** (extension): of the primary tumor (how far the tumor has spread beyond the primary site). Pay attention to the limits of the larynx tissues as defined in the AJCC manual, AJCC T stage is based on the extent of tumor spread.
- **Lymph node involvement** (or lack of it): state number of nodes examined and number of nodes that are positive for

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cancer, broken down by the lymph node level where lymph nodes were excised, size of lymph node mets, extra nodal tumor extension, ipsilateral, contralateral, bilateral lymph node involvement. Any evidence of further spread found in the pathology report.

- **Margins:** note any involvement of surgical margins.
  Perineural invasion; Lymphvascular invasion

Example: 1/17/17 Memorial Hospital MH1645 RT supraglottis bx: inv PD SCC. P16 2/8/17 Memorial Hospital MH17-1733 RT Hemi supraglottic resection: invasive SCC, PD, involves RT areyepiglottic fold & pre- neck level 3 LN dissection: 0+/4. LT neck level 2A LN dissection 0+/5.LT neck level 4 LN dissection 0+/3.epiglottic & pre-epiglottic space. Tumor Size 3.0 cm. Tumor invades cartilage. Susp for perineural invasion; LVI neg. RT neck level 4 LN dissection: 2+/7; RT neck level 2a 1+/8 with ENE RT.

PRIMARY SITE

Include:

- **Primary Site:** where the cancer started.
- **AJCC Stage:** The primary site description in the AJCC 8th edition includes very specific descriptions of which tissues are and are not involved in the T Stage. For purposes of this stage classification, the larynx is divided into three main subsites and cT stage depends on visual inspection of the larynx and measurement of the size of the neck mass and assessment of additional tumors of the upper aerodigestive tract. pT Stage depends on complete resection of the primary site and pathological examination. PT stage does include all clinical evidence found prior to the surgical resection. The subsites of the glottis include:
- **C32.0 Glottis:** suprahyoid epiglottis, infrahyoid epiglottis, aryepiglottic golds, arytenoids, ventricular bands (false cords).
- **C32.1 Supraglottis:** suprahyoid epiglottis, infrahyoid epiglottis, aryepiglottic golds, arytenoids, ventricular bands (false cords
- **C32.2 Subglottis:** subglottis
- **Lymph Nodes:** The maximum size of the lymph node mass should be measured for cN stage. Regional lymph nodes should be described according to the level of the neck that is involved. Clear descriptions of the lymph node levels are included in AJCC, Chapter 5 Staging Head and Neck cancers. Unambiguous evidence of gross ENE (extra nodal extension) qualifies as ENE positive for clinical staging. pN Stage depends on regional lymph node dissection and pathological examination of the resected lymph nodes. All surgically resected lymph nodes should be examined for presence and extent of ENE.
- **Metastasis:** Distant spread is common only for patients who have bulky regional lymphadenopathy. Spread to the lungs is most common, skeletal or hepatic metastasis occur less often. Mediastinal lymph node metastases are considered distant metastasis, except level VII lymph nodes.

Note: No SSDIs for glottis, subglottic, supraglottic

HISTOLOGY

Include:

- The exact cell type of the cancer.

Example: Invasive Squamous Cell Carcinoma (8070/3)

- **Site Specific Data Items and Grade:** Each subsite of the larynx has its own separate site-specific instructions. Be careful to choose the correct subsite.
- **AJCC Stage:** Read the general staging instructions before reading the site-specific chapters. AJCC Stage is Assigned according to the guidelines for each Primary site outlined in the AJCC Staging Manual.

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- **Seer Summary Stage:** Read the general coding instructions before attempting to apply the Larynx site-specific Summary Stage to ensure correct coding. https://seer.cancer.gov/tools/ssm/. Larynx is found in the Head and Neck Chapter of the Summary Stage Manual. Each subsite of the larynx has its own chapter in the Summary Stage Manual. Be sure to review the correct subsite.

TREATMENT

Include:

- **Surgery:** Record type of surgery performed, any lymph node dissection performed, any reconstructive surgery, any surgical findings noted by the surgeon. Possible surgeries for laryngeal cancer include:
  - Partial laryngectomy: removes part of the larynx
  - -Total laryngectomy: removes the entire larynx
  - -Hemilaryngectomy: removes only one side of the larynx
  - -Thyroidectomy: removes the thyroid gland
  - -Cordectomy: removes some or all of the vocal cords
  - -Vocal cord stripping: removes the cancer cells from the surface of the vocal cords
  - -Laser surgery: uses a laser to remove tumor from the surface of the larynx
  - -Supraglottic laryngectomy: removes only the top portion of the larynx
  - -Neck dissection: surgery to remove the lymph nodes in the neck where the cancer has spread
- **Radiation:** May be delivered before or after surgery. Lower stage tumors may receive radiation and/or surgery. Higher grade tumors may receive chemotherapy and radiation. Chemotherapy and radiation may sometimes be given concurrently or separately.
- **Dates:** Beginning and end dates of radiation treatment, type of radiation, to what part of body it was given, dosage and reaction to treatment (if noted); boost dosages.

Example: Dose Phase 2 Dose per fraction

- **Chemotherapy:** Systemic treatment may be given concurrently with radiation.
- **Dates:** Beginning and end dates of chemotherapy, names of drugs, and route of administration; if available, response to treatment.
- **Biologic therapy** (immunotherapy): most commonly the patient will be given chemotherapy. Only two immunotherapy drugs have been approved for treatment of laryngeal cancer and they are used to treat recurrences or progression of chemo resistant laryngeal cancers.
- **Dates:** Beginning and end dates of therapy, names and routes of administration of drugs given (and response if noted).
- **Clinical Trials:** Dates, name of trial, and number of trial.

Note: at the conclusion of a blinded trial, when you find out what the patient was actually treated with, you will go back and update the abstract with the actual treatment administered.

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

Example: Pt on clinical trial for laryngeal cancer, NCT03040999-A randomized phase III study of Pembrolizumab given Concomitantly with Chemoradiation and as maintenance therapy vs. Chemoradiation alone in subjects with locally advanced head and neck squamous cell carcinoma

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RESOURCES

APPENDIX G: RECOMMENDED ABBREVIATIONS FOR ABSTRACTORS
http://datadictionary.naaccr.org/default.aspx?c=17&Version=22

Evidence Based Treatment by Stage Guidelines:
https://www.nccn.org/guidelines/guidelines-process/about-nccn-clinical-practice-guidelines
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/

Appendix C Site Specific Coding Modules: https://seer.cancer.gov/archive/manuals/2021/appendixc.html?&url=/manuals/2021/appendixc.html

NAACCR Site-Specific Data Items
https://apps.naaccr.org/ssdi/list/

Seer Summary Stage Manual:
https://seer.cancer.gov/tools/ssm/

Labs/Tests:
NCI: Understanding Lab Tests/Test Values:
https://www.cancer.gov/about-cancer/diagnosis-staging/understanding-lab-tests-fact-sheet

Site Specific Surgery Codes:
STORE Manual, Appendix A: https://www.facs.org/media/vssjur3j/store_manual_2022.pdf

Specific Types of Treatment:
https://www.cancer.gov/types/head-and-neck/hp

Systemic Treatment:
Chemotherapy/Immunotherapy/Other

SEER RX Antineoplastic Drugs Database.
https://seer.cancer.gov/tools/seerrx/

Radiation Coding:
https://www.facs.org/media/fr0phnbd/case-studies-for-coding-radiation-treatment-v4-0-_20220519064258_496407.pdf

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INFORMATIONAL ABSTRACT

A Guide to Determining What Text to Include

LUNG

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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. Often it is a persistent cough, which may be productive, hemoptysis, chest pain, or a combination of symptoms. It may be a routine chest x-ray that shows an abnormality.
- **Physical Examination (PE):** Date of the exam and documentation of information pertinent to the lung cancer, such as diminished breath sounds or palpable lymphadenopathy. If no significant physical findings, it is acceptable to say PE neg.
- **History:**
  - Personal history of any cancer
  - Family history of any cancer
  - Tobacco: type, frequency, amount
  - Alcohol: frequency, amount
  - Workplace exposures and/or relevant environmental factors, such as asbestos or radon and exposure to second-hand smoke.
  - 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 negative chest X-ray.

Example: 70-year-old Chinese male who presents with hemoptysis x 1 mo. 4-1-14 2 cm firm palpable LN in the L SC region. Lungs are clear to A&P.

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X-RAYS/SCOPES/SCANS

Include:

- X-rays and scans pertinent to the diagnosis of cancer and metastases, if any.
- Each exam dated and listed in chronological order, if possible.
- Most commonly these will include a chest x-ray and a CT of the chest.
- Other studies may be done to rule out metastases and may include a bone scan, an MRI of the brain, a CT of the abdomen and pelvis, a PET/CT.
- Endobronchial ultrasound (EBUS) to look for adenopathy. If negative, it might lead to a mediastinoscopy to determine resectability.

Example: 2-15-14 CXR 2 cm mass in LUL. 2-18-14 CT chest 2.5 cm mass in LUL extending to pleural surface. L hilar LAD. 1.5 cm mass in L SC region which may be nodal met. 3-1-14 B/S (bone scan) – neg. MRI brain neg. 3-15-14 PET/CT 3 cm hypermetabolic mass in LUL. FDG-avid mass in L SC region and FDG-avid L hilar LNs. Findings concerning for primary lung malig with nodal mets.

LABS

Include:

- There are no pertinent lab tests for lung cancer. There may be lab tests which indicate mets, such as elevated LDH.

DIAGNOSTIC PROCEDURES

Include:

- Procedures such as bronchoscopy to look for endobronchial lesions. Occasionally mediastinoscopy will be done to determine the possibility of resection of the primary.
- Information about a possible palpable lymph node that may have been biopsied first before a biopsy of a suspected primary site.

Example: 4-1-14 Bronchoscopy. Carina normal. No endobronchial lesions. 4-2-14 CT-guided bx L SC LN.

PATHOLOGY

Include:

- Results of biopsies and surgical resection, if any. List in chronological order. EGFR and ALK-/KRAS tests, if the histology is adenocarcinoma.

Example: 4-1-14 Bronchi washings and brushings. Atypical cells suspicious for squamous cell carcinoma (SCC). 4-2-14 CT-guided bx L SC LN – met MD SCC c/w primary lung origin. 4-4-14 CT-guided bx LUL PD SCC.

PRIMARY SITE

Include:

- Primary site, including laterality.

Example: Lung Left Upper Lobe C34.1.

HISTOLOGY

Include:

- Histology of the primary site, including the morphology, the behavior, and the grade of the primary site. If there is no histology from the primary site, do not code the grade of a metastatic site.

Example: Squamous Cell Carcinoma PD 8070/33.

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TREATMENT

Include:

- List all treatment given in chronological order.
- Date of surgical procedure, if surgery is done.
- Surgical approach, such as endoscopic, open, robotic. If a surgical resection, list the method of entering, such as thoracotomy or video-assisted thoracoscopic surgery (VATS) and the findings. Include the location of the tumor, attachment or invasion of the pleura, the status of the lymph nodes. Document what was removed, such as the entire lobe and which lymph nodes, if any.
- Significant findings as dictated by the surgeon. If the surgeon does not give any significant findings, it is acceptable to say "no significant findings."
- Is the patient enrolled in any clinical trials? If so, include the name, trial numbers, and any other available details, including the date of enrollment.

Example: 4-15/5-30-14 5040 cGy to L lung and regional lymph nodes and L SC region w/ 6 MV IMRT (28 fx/46 days). If the radiation discharge summary does not include the number of treatment days, go to www.timeanddate.com/date/duration/html. 6-2-14 Carboplatin, etoposide with Dr. Oncology.

RESOURCES

NAACCR APPENDIX G: Recommended Abbreviations for Abstractors
http://datadictionary.naaccr.org/default.aspx?c=17&Version=22

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 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)
http://www.cancer.gov/cancertopics/pdq

Site-Specific Surgery Codes: STORE Appendix A
https://www.facs.org/media/vssjur3j/store_manual_2022.pdf

SEER
Appendix C: Site Specific Coding Modules - https://seer.cancer.gov/archive/manuals/2021/appendixc.html?&url=/manuals/2021/appendixc.html

SEER RX Antineoplastic Drugs Database
https://seer.cancer.gov/tools/seerrx/

Treatment for Lung
www.cancer.gov/cancertopics/pdq/treatment/lung/HealthProfessional/

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INFORMATIONAL ABSTRACT

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PHYSICAL EXAM/HISTORY

Include:

- **Demographics:** Include the age, sex, race, ethnicity of the patient.
- **Chief Complaint (CC):** This is a brief statement of the reason the patient sought medical care.
- **History:** Physician notes documenting patient's ECOG performance status if documented, family history of any cancer; tobacco type, frequency, amount; alcohol: frequency, amount; workplace exposure; relevant environmental factors or exposures.
- **Comorbid Conditions:** Chronic health problems, irritations, or infections. List of co-morbidities, particularly those that impact the cancer diagnosis or treatment decisions.
- **Physical Exam (PE):** Date of the exam and documentation of information pertinent to lymphoma, such as adenopathy in lymph node bearing areas, size of liver and spleen (organomegaly), and HIV status. Also note any B symptoms (such as night sweats, unexplained fever, unexplained weight loss, or other B symptoms) documented by the physician. The physician will document findings related to the lymphatic system in his patient evaluation. The lymphatic system includes lymph nodes and lymph vessels. It also includes other lymphatic organs such as tonsils, spleen, thymus and peyer patch (lymphoid tissue on the visceral surface of the small intestine). The physician will document any positive findings related to the lymphatic system in his patient evaluation.
- **Past Cancer Treatment:** Document all previous cancers, including date (Approximate date is acceptable) primary site, histology (if known) and treatment.

Do not include: Negative findings unrelated to lymphoma.

Example: 76-YO WM, non-smoker, presents with lower abdominal pain. PE: Cervical lymphadenopathy. No axillary, supraclavicular, or inguinal adenopathy. Neg for masses, tenderness, hepatomegaly, splenomegaly.

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Previous history of non-small cell lung cancer in 2003, 2 lesions treated with radiation. ECOG status 1. Family History: Mother-breast cancer. Grandfather: prostate cancer.

X-RAYS/SCOPES/SCANS

Include:

- Date, identify imaging performed such as PET/CT, CT C/A/P including use of diagnostic contrast and pertinent findings.

Example: 7/13/18: CT 7.7 cm posterior mediastinal mass possibly associated with r inguinal adenopathy. No other areas of adenopathy suggestive of primary tumor source.
7/27/18: CT Neck soft tissue: Upper Right cervical lymphadenopathy with 6 cm mass in posterior mediastinum, favor systemic neoplastic process such as lymphoma or less likely metastasis.
8/21/18 PET: Right cervical, posterior mediastinal and right inguinal region lymph nodes are hypermetabolic with maximum SUV or 12.7. There are 5 separate hypermetabolic osseous lesions in T7, L4 and L5 Vertebral bodies.

- **LABS:** Complete Blood count with differential, LDH, comprehensive Metabolic Panel, Uric Acid.
- **SSDI's:** Document in text any of the factors that are required to complete SSDI Components. Note that lymphoma, lymphoma ocular adnexa and lymphoma CLL/SLL have separate schemas. Be sure to click the correct schema when determining which SSDI Data items to include.

Where to find information: History and Physical, Labs, and notes that include the Physician's evaluation, impression and plan.

DIAGNOSTIC PROCEDURES

Include:

- **Imaging:** Tissue Biopsy
  Imaging contributes key information about the primary tumor, involvement of lymph node chains and the involvement of distant sites or visceral organs.
- **Tumor Markers:** C-myc DNA Amplification, bcl-2 Oncogene Analysis, Beta-2M (B-2 Microglobulin), TDT (Terminal-Deoxynulceotidal Transferase), Ferritin),
- **Mediastinoscopy:** other endoscopies.
- **Biopsy:** Include date, name of procedure and brief description of the findings. Biopsy results are most commonly obtained from peripheral blood, bone marrow biopsy, lymph node Fine Needle Aspiration (FNA), core biopsy or excisional biopsy.
- **Findings:** Document immunophenotyping, and flow cytometry results that support the specific histologic diagnosis.

Example: 8/14/8: SP16-3549 Left iliac bone lesion core bx: Diffuse large B-cell lymphoma, immunophenotype CD20 & BCL6 positive. Ki-67 proliferation index 90%, FISH Panel interpretation-BCL6(3q27): Negative for rearrangement, Positive for BCL6 gain, 51%-MYC(8q24) Neg for Rearrangement, Positive for MYC gain, 56%-IgH/BCL2 t(14;18) (q32;q21): Negative for translocation; Positive for IgH(14q32) gain, 33%;Pos for BCL2(18q21) gain, 45%

- **Staging Laparotomy:** Evaluation of the contents of the abdomen to determine the extent of disease. This procedure is only done occasionally. A staging laparotomy includes abdominal exploration, wedge and needle biopsy of the liver, multiple lymph node biopsies, bone marrow biopsy and splenectomy. This is considered a diagnostic procedure, not surgical treatment and is required for pathological AJCC Staging. Since this procedure is no longer routinely performed, most lymphoma staging will be clinical stage only.

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SURGICAL PATHOLOGY

Include:

- Date of the procedure, Name of procedure, and Surgical Pathology results.

Where to find information: Surgical pathology report.

Example: 12/4/14: SP18-2697 Small Bowel Resection: high grade B-Cell malignant lymphoma NOS, involving small bowel mucosa with serosal adhesion, radial, proximal and distal margins neg. Closest margin 5 CM. 0+/1 mesenteric lymph node. 0+/12 pericolic lymph nodes. Immunophenotype CD10, CD20, BCL-2, & MYC Positive. EBV negative. Ki67/mib-1=95%. Fish panel results: BCL6 (3q27) negative for disruption. MYC (8q24) Negative for disruption. IgH-BCL2 (negative for t(14;18).

PRIMARY SITE

Include:

- Primary site and code

Example: Lymph Nodes, multiple regions (C778)

HISTOLOGY

Include:

- Histologic description and morphology code

Example: Diffuse Large B-Cell Lymphoma, NOS (9680/3)

TREATMENT

Include:

- **Surgery:** Include name and date of the procedure, physician who performed the procedure, facility where the procedure was performed, and findings. Surgery for extra-nodal lymphomas should be described according to surgical codes for that primary site. If surgery is not recommended, add that information to your note along with the name of the physician who made the recommendation.

Example: 12/14/18: Dr A. Anyone, Any Hospital: Laparoscopic assisted small bowel resection. Findings: small bowel stricture in the distal 1/3 of the ileum, resected as if it were a malignancy, but it could be inflammatory.

- **Radiation:** Include the start date and the end date of the radiation course, the name of the administering physician, the type of radiation, and facility where the radiation was administered. Include the

primary area of the body treated, including lymph node regions (receiving the largest dose of radiation). For each phase of radiation include the treatment modality, the planning technique, the dose per fraction, the total dose per phase and the number of fractions. The CoC and SEER have approved the use of CTR Guide to Coding Radiation Treatment to assist with accurate coding for radiation treatment.

- **Types of Radiation:** Limited radiation directed to a symptomatic area of the body. Mantle field radiation- Delivered to the neck, chest and mediastinum, and axilla. Mini-Mantle radiation delivered to the neck, axilla and upper chest. Total Body Irradiation (TBI)-low dose radiation delivered to all lymph chains and areas of advanced disease. Inverted Y-Radiation delivered to pelvic and para-aortic nodes.

Example: 4/5/18 – 4/18/18: Dr J Somebody, Any Hospital: Phase 1 External Beam Radiation; 18 MV Photon beam to T4-T7 Spine, 250 cGy delivered in 10 Fractions to a total dose of 2500 cGy.

- **Systemic Therapy (induction therapy):** Lymphoma patients are usually treated with a systemic drug cocktail, which may include a combination of chemotherapy drugs, immunotherapy drugs and/or hormone therapy drugs. Document each drug administered and code to the correct type of drug.

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Elements of systemic therapy include:

- **Chemotherapy:** Date started, name of the physician managing the therapy, and the chemotherapy drugs administered.
- **Immunotherapy:** Date started, name of the physician managing the therapy, and the immunotherapy drugs administered.
- **Hormone Therapy:** Date started, name of the physician managing the therapy, and the hormone drugs administered.

Note: this is one of the instances when Prednisone (or an equivalent) may be administered as part of the treatment, not just to manage the side effects of chemotherapy. Because prednisone is commonly used for symptom management for the different cancers, and also used as active treatment in specific circumstances, this drug is sometimes missed. Review the use of prednisone carefully, the physician notes will usually document the intent of the prednisone. Check with physician if necessary.

Other Therapy:

- **Stem Cell Transplant:** A small percentage of patients are receiving stem cell transplants as part of first course therapy. If so, document the high dose chemotherapy that follows the induction therapy, radiation (if administered), and the stem cell transplant as part of the first course of treatment.
- **Maintenance Therapy:** Beginning date of maintenance therapy when it is administered as part of first course treatment. It will be administered after the patient has responded well the first line therapy. The purpose of maintenance therapy is to keep the cancer in remission. Maintenance therapy may last for weeks, months or years.

Example: 8/9/2018: Dr J. Smith, Any Hospital: R-CHOP regimen: Chemotherapy: Cyclophosphamide, Doxorubicin, Vincristine. Immunotherapy: Rituximab. Hormone Therapy: Prednisone.

12/28/18: Dr J Smith, Any Hospital: Good response to R-Chop therapy, cancer in remission. Maintenance therapy with reduced dose Rituximab initiated.

RESOURCES

NAACCR Standard Abbreviations for Registrars
APPENDIX G: http://datadictionary.naaccr.org/default.aspx?c=17&Version=22

CTR Guide to Coding Radiation Treatment:
https://www.facs.org/media/fr0phnbd/case-studies-for-coding-radiation-treatment-v4-0-_20220519064258_496407.pdf

NCCN 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 are also used for information on diagnostic workup.

NCI Physician's Data Query (PDQ):
http://www.cancer.gov/cancertopics/pdq

SEER Hematopoietic Project:
https://seer.cancer.gov/tools/heme/

Labs/Tests:
NCI: Understanding Lab Tests/Test Values:
http://www.cancer.gov/cancertopics/factsheet/detection/laboratory-tests

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INFORMATIONAL ABSTRACT

A Guide to Determining What Text to Include

MALIGNANT BRAIN

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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. Include tobacco (type, frequency, and amount) and/or alcohol (frequency and amount). Note any workplace exposure and/or relevant environmental factors. List any chronic health problems, irritations, or infections. Include history of other cancers, previous chemotherapy or radiation therapy, or other relevant information as deemed appropriate.
- **Genetics:** List any birth defects or other related genetic conditions.

Example: 54-year-old white male presented to the ER with complaints of acute onset headaches increasing in severity, nausea, vomiting (N/V), memory loss, weakness, and a change in mental status. Patient's spouse observed one episode of seizure-like activity prompting this ER visit. Past medical history (PMH) significant only for hypercholesterolemia. Toxic habits: tobacco, EtOH, street drugs – all negative.

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

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X-RAYS/SCOPES/SCANS

Include:

- **Imaging tests:** Date, name, and a brief summary of test results. Most commonly used imaging is contrast-enhanced Gadolinium MRI and Computer Tomography (CT).

Example: 10/20/2018: CT-Head w/o contrast: Examination reveals 1.8cm right-sided hypodense mass. Evidence of edema causing mid-line shift to left, compression of right lateral and third ventricles. Recommend Gadolinium MRI for further evaluation.

Example: 10/22/18: MRI w/Gadolinium – Brain: Heterogeneously ring-enhancing mass noted - region of right frontal lobe. The mass measures 2.0cm with surrounding severe vasogenic edema, midline shift and compression of ventricles. Mass has irregular borders and evidence of central necrosis.

Where to Find Information: This information might appear in the H&P or scans included in the chart.

LABS

Include:

- List all tests and dates:
  - Immunohistochemical (IHC) and molecular genetic studies are often performed to assist with diagnosis, prognosis, or to predict therapeutic response.
  - Common ancillary molecular testing in neuro-oncology includes testing for 1p and 19q co-deletion (LOH-loss of heterozygosity).
  - Methylguanine-DNA methyltransferase (MGMT) promoter methylation studies
  - p53 expression
  - Copy number alterations in epidermal growth factor (EGFR) and phosphatase and tensin homolog (PTEN) (CAP CNS Protocol Brain/Spinal Cord background documentation, ancillary studies).

Example: Part C: Right Frontal Lobe Subtotal Resection: Glioblastoma multiforme (GBM), WHO Grade IV; 3% of tumor necrosis; 95% of tumor cellularity. IHC: MGMT 20%; PTEN retained (2+).

DIAGNOSTIC PROCEDURES

Include:

- For any of these diagnostic procedures—procedures that detect the cancer, but do not remove it—make sure to include the date, name of procedure, and brief description of findings.
- **Biopsy:** Most often performed at the time of surgical resection. Rarely Stereotactic CT or MRI guided biopsy may be performed without surgical resection in patients considered surgically unresectable or not considered a good surgical candidate.

Example: 10/20/2018: (performed during surgery): Biopsy of the abnormal tissue submitted to pathology. Frozen section diagnosis. Dx - GBM.

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PATHOLOGY

Include:

- Date and a brief summary of findings of all pathological reports. List in chronological (i.e. most recent to first).
- Extent (extension) of the primary tumor (usually found in the microscopic description of the pathology report).
- Cancer cell type
- Grade of the tumor (WHO Grade is not equivalent to tumor grade)
- Laterality
- Size of tumor (not specimen size)
- Specific lobe of the brain
- Evidence of further spread (often found in the microscopic description of the pathology report).
- **Margins:** Note extent of involvement of surgical margins.

Example: 10/23/18 S18-2205: RT Frontal Lobe Subtotal Resection: GBM, WHO Grade IV; 3% of tumor necrosis; 95% of tumor cellularity. Infiltrating astrocytoma shows a small irregularly shaped angular and hyperchromatic nuclei associated with mitotic figures, endothelial proliferation and necrosis. IHC: MGMT 20%; PTEN retained (2+).

PRIMARY SITE

Include:

- The primary site where the cancer started. If the exact location within the brain is not apparent, document as Brain NOS (C71.9).

Example: Brain – Right Frontal Lobe (C71.1)

Where to Find Information: Usually found in the surgical report and/or diagnostic reports (imaging or biopsy).

HISTOLOGY

Include:

- The exact cell type of the cancer.

Example: Glioblastoma, (epithelioid, IDH wild-type or NOS) M-9440-3

TREATMENT

Include:

- **Surgery:** Type, date, and any relevant statement to describe important details. (This is the definitive surgery that removes the cancer).
- **Most Commonly Performed Surgery:** Subtotal Resection of tumor, mass, or lesion in the brain and refers to removal of visibly abnormal tissue as seen on imaging or intraoperatively. It is completed to a degree that is consistent with preservation of functional neurologic tissue.

Example: 10/25/18: Dr. T.E. Best – Subtotal Resection of Right Frontal Lobe Mass. Operative Findings: Large cystic mass noted in right frontal lobe, just below the cortex in white matter, just anterior to trigone of the ventricle. Biopsy of abnormal tissue sent to pathology and returned on frozen as GBM. All visible tumor was removed.

- **Novocure® Optune treatment (NovoTTF-100A System)** – Code to Other (per SEERx)

Do Not Record Stereotactic Radiosurgery (SRS), Gamma Knife, Cyberknife, or Linac Radiosurgery as surgical tumor destruction. Each of these modalities are coded in radiation treatment fields.

- **Radiation:** Beginning and ending of treatment, type of radiation, to what part of body it was given, dosage and reaction to treatment, if noted. Record any boost dosages, date, and to where it was administered.

  Radiation may be used alone or in combination with surgery and/or chemotherapy. Radiation treatment options often include external beam (EBRT) using 3D conformal or Intensity Modulated Radiation Therapy (IMRT) or stereotactic radiosurgery (SRS) also described as

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stereotactic radiotherapy (SRT). These are most often identified as Gamma Knife, Cyberknife, or linear accelerator (LINAC).

Example: 12/7/18-1/11/19: Dr. M. Curie: 6000cGy to whole brain at 200cGy IMRT in 30fx over 35days.

Phase 1: primary tumor volume 12 (brain), draining LNs 00 (no treatment), treatment modality 02 (external beam, photons), Planning technique 05 (IMRT).

- **Chemotherapy:** Include beginning and end dates of chemotherapy, names of drugs, and route of administration, if available. Note any response to treatment.

  Systemic is the administration of a chemotherapy drug into the circulatory system so that the entire body is affected. Note any new drugs, why the drug was changed, and when the new drug was started.

Example: 10/25/18 Dr. B. Gentile: Temodar (temozolomide) with concurrent EBRT. Continue Temodar post-RT for one year.

- **Clinical Trials:** The name and number of the clinical trial and the date patient was enrolled. Include other details of the patient's experience in the trial.

Note: May include patients who have not yet been treated.

Example: 12/75/2018: Patient enrolled in NCT03213002 – Ph 1/2 Oral Capecitabine and Temozolomide (CAPTEM) for newly diagnosed GBM.

- **Other:** Any other treatment that does not fit into one of the categories above.

RESOURCES

Abbreviations: Use NAACCR Recommended Abbreviations for Abstractors (Appendix G)
http://datadictionary.naaccr.org/default.aspx?c=17&Version=22

College of American Pathology (CAP)
https://www.cap.org/protocols-and-guidelines/cancer-reporting-tools/cancer-protocol-templates

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 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)
http://www.cancer.gov/cancertopics/pdq

SEER RX Antineoplastic Drugs Database
http://seer.cancer.gov/tools/seerrx/

Site-Specific Surgery Codes: STORE Manual Appendix A
https://www.facs.org/media/vssjur3j/store_manual_2022.pdf

Treatment
www.cancer.gov/types/brain/hp/adult-brain-treatment-pdq#section_233

WHO Classification of Tumors of the CNS
https://publications.iarc.fr/Book-And-Report-Series/Who-Classification-Of-Tumours

General Information – American Brain Tumor Association
http://abta.org

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INFORMATIONAL ABSTRACT

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MELANOMA

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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.

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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: 1/22/14 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: 1/21/14 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 the cancer, not treat it. If the biopsy is excisional or removes the 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: 1/7/14 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: 1/8/14 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.

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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: 3/17/14 MOHS procedure –mole right arm; Immunotherapy: First dose of Ipilimumab was started on 3/25/14 given IV; last dose given 6/24/14, responded well to the treatment.

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RESOURCES

A NAACCR APPENDIX G: Recommended Abbreviations for Abstractors
http://datadictionary.naaccr.org/default.aspx?c=17&Version=22

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/archive/manuals/2021/appendixc.html?&url=/manuals/2021/appendixc.html

SEER RX Antineoplastic Drugs Database
https://seer.cancer.gov/tools/seerrx/

Site-Specific Surgery Codes: STORE Appendix A
https://www.facs.org/media/vssjur3j/store_manual_2022.pdf

Treatment for Melanoma
www.cancer.gov/cancertopics/pdq/treatment/melanoma/HealthProfessional/

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PHYSICAL EXAM/HISTORY

Include:

- **Demographics:** Age, race/ethnicity, gender.
- **Chief Complaint (CC):** Write a brief statement about why the patient sought medical care.
- **Physical Examination (PE):** Date of the exam and documentation of information pertinent to cancer of the ovary, including signs and symptoms, such as abdominal bloating, weight loss, constipation, flatulence, nausea, edema, abdominal pain, abdominal masses, and ascites.
- **History:**
  - Personal history of other cancer, particularly breast or endometrial.
  - Family history of cancer.
  - -Precancerous conditions—ovarian tumors that are not invasive cancer (i.e. Bowen's disease).
  - Relevant comorbidities.
  - Tobacco: type, frequency, amount.
  - Exposure to any cancer-causing materials.
  - Nulliparity (with continuous ovulation)
- **Genetics:** If applicable, list conditions as found in the patient's record or other information.

Example: Negative for BRCA 1 and BRCA 2.

- **Past Treatment:** If applicable, include previous chemotherapy or radiation therapy.

Where to Find the Information: Admission notes, discharge summary, consultations, ER physician notes, H&P in medical chart, nursing notes, and/or physician progress notes.

Note on Negative Findings: Include any relevant negative findings.

Example: A 57-year-old white female w/ severe abdominal pain, bloating, and early satiety. Hx of hysterectomy with benign findings. PMHx (past medical history) of endometriosis and ovarian cysts (benign). Physical exam reveals evidence of a pelvic mass, bulging umbilicus and fluid wave indicative of ascites.

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X-RAYS/SCOPES/SCANS

Include:

- **Imaging tests:** Date, name, and brief summary of results of the tests.
- **Ultrasound:** Chest x-ray, abdominal or pelvic ultrasound (U/S), IVP, upper GI series, barium enema, scans of the abdomen/pelvis, liver/spleen, lung, bone brain. (Many of these organs could be involved as metastatic disease.)
- **Laparoscopy, cystoscopy, or proctosigmoidoscopy:** Date(s), brief summary of test(s). These are done to look at the abdominal and urinary organs for involvement.

Example: On 1/5/22: CT chest/abdomen/pelvic Large partial cystic/mucinous, part solid pelvic mass, perhaps ovarian in origin. Multiple mesenteric LNs. Chest – multiple pulmonary nodules.

LABS

Include:

(Note: Not all of these tests may be performed.)

- **Alpha Fetoprotein (AFP):** A serum test used as a tumor marker for teratoma or embryonal carcinoma of ovary; record if there has been a pre-operative study only; (it is used postoperatively to monitor a residual tumor); normal range is: adults less than 15 ng/ml.
- **Cancer Antigen-125 (CA-125):** A tumor marker primarily used for monitoring recurrence of disease; normal range: 0-35 U/ml (levels above 35 suggest the presence of ovarian tumor); or HE-4 (newer tumor marker for ovarian cancer).
- **Carcinoembryonic Antigen (CEA):** A blood test which indicates the presence of malignancy, but does not identify a specific site (smokers may have an elevated CEA without malignancy); Normal range: less than 2.5 ng/ml (levels greater than 10 ng/ml suggest extensive disease and levels greater than 20 ng/ml suggest metastatic disease).
- **Human Chorionic Gonadotropin (Beta HCG):** Serum test used as a tumor marker for germ cell ovarian carcinoma; also called beta chain HCG; record a pre-operative study only; (also used postoperatively to monitor residual tumor and the effectiveness of therapy and the possibility of further treatment). Normal range is 0 ng/ml.

DIAGNOSTIC PROCEDURES

Include:

- Washings to obtain material for cytologic examination/evaluation.
- Intraoperative evaluation of diaphragm (usually during laparotomy).
- Pelvic and abdominal peritoneal biopsies.

EXAMPLE: 1/5/22 CA-125: Results 71 (H), range 9-35. BRCA negative

- Pelvic and para aortic lymph node biopsies, peritoneal washings, biopsies of suspicious masses.
- Examination under anesthesia of the pelvis and abdomen.

Example: On 1/6/22: Paracentesis

Procedure in which a thin needle or tube is inserted into the abdomen to remove fluid from the peritoneal cavity.

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PATHOLOGY

Include:

- Cancer cell type
- Grade
- Extent of primary tumor
- Note lymph node involvement or lack of it (number excised and number positive)
- Note any involvement of surgical margins

Example: Embryonal teratoma, grade III, with extension to peritoneum; five regional lymph nodes involved out of 5 excised; margins are not clear.

PRIMARY SITE

Include:

- The primary site where the cancer started.

Example: Right ovary

HISTOLOGY

Include:

- Cell type of cancer.

Example: High Grade Serous Carcinoma

TREATMENT

Include:

- Surgery: Type, date, and any relevant statement to describe important details.

Example: 01/27/22 Optimal debulking of Left pelvic mass, omentectomy, appendectomy, Left para-aortic LN bx, FINDINGS: 20cm left pelvic mass encasing sigmoid colon. Small bowel attached to sigmoid, as well as deep pelvis. Omentum adherent to anterior wall and mass. Two enlarged LNs (>2cm) at level of inferior mesenteric artery (IMA). Appendix neg. Diaphragm smooth, No normal ovary seen.

- Radiation: Beginning and ending dates of therapy, types of radiation, to which part of site, dosage, reaction(s) to treatment.
  - For epithelial ovarian cancers
  - For metastasis
  - For germ cell tumors
  - Prophylactic irradiation to mediastinal and supraclavicular lymph nodes

Example:

- **Chemotherapy:** Beginning and ending dates of chemotherapy, names of drugs, and route of administration. If available, include response to treatment.
- **Usual Drugs for Epithelial Tumors**
  - Refer to SEERx

Example: 02/02/22 to 0/3/23/22 Carboplatin/Paclitaxel (Taxol) x 6 cycles IV administration

- **Biologic Therapy:**
  - Biologic Response Modifiers (BRM): Autologous bone marrow transplant (may be adjunct to high dose chemotherapy)
- **Hormone Therapy:**
  - Tamoxifen (for recurrence)
- **Clinical Trials:** The name and number of the clinical trial in which the patient is enrolled, the date patient was enrolled, and any other details of the patient's experience in the trial that is available.

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RESOURCES

NAACCR APPENDIX G: Recommended Abbreviations for Abstractors
http://datadictionary.naaccr.org/default.aspx?c=17&Version=22

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 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

SEER Solid Tumor Rules
https://seer.cancer.gov/tools/solidtumor/

NCI Physician's Data Query (PDQ)
http://www.cancer.gov/cancertopics/pdq

SEER Appendix C – Site Specific Coding Modules
http://seer.cancer.gov/archive/manuals/2022/appendixc.html

SEER RX Antineoplastic Drugs Database
http://seer.cancer.gov/tools/seerrx/

STORE Site-Specific Surgery Codes:
https://www.facs.org/media/vssjur3j/store_manual_2022.pdf

STORE CTR Guide to Coding Radiation Therapy Treatment Version 4.0 February 2022
https://www.facs.org/media/itbbucz/case_studies_coding_radiation_treatment.pdf

Treatment for Ovarian Cancer
http://www.cancer.gov/types/ovarian/patient/ovarian-epithelial-treatment-pdq

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INFORMATIONAL ABSTRACT

A Guide to Determining What Text to Include

PANCREAS

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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.

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PANCREAS

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: 9/10/2021 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: 9/20/2021: 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: 9/14/2021: CA 19-9: 141.0 U/ml (elevated)

DIAGNOSTIC PROCEDURES

Procedures that detect the 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: 9/20/2021: EUS + FNA: Bile duct brushing performed + FNA of head of pancreas.

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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: 9/21/21 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 the 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.

Example: 9/21/2021: Dr. R. Wonderful: Whipple Procedure. Findings: Mass in head of pancreas region.

TREATMENT

Include:

- **Surgery:** Type, date, and any relevant statement to describe important details. Usual types of surgery (definitive surgery that removes the 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: 10/25/2021 – 12/1/2021 Dr. C. Photon: IMRT to abdomen, 5040 CGY. 5040 CGY. 28 FX/40 days.

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- **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: 10/25/21 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: 10/25/2021: 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, APPENDIX G:
http://datadictionary.naaccr.org/default.aspx?c=17&Version=22

Evidence-Based Treatment by Stage Guidelines
https://www.nccn.org/professionals/physician_gls/pdf/pancreatic.pdf
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NCI: Understanding Lab Tests/Test Values
http://www.cancer.gov/cancertopics/factsheet/detection/laboratory-tests

Site Specific Data Items (SSDI) & Grade Manual: Appendix C
https://seer.cancer.gov/archive/manuals/2021/appendixc.html?&url=/manuals/2021/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: STORE Manual, Appendix A
https://www.facs.org/media/vssjur3j/store_manual_2022.pdf

Treatment for Pancreas
http://www.cancer.gov/types/pancreatic/hp/pancreatic-treatment-pdq

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INFORMATIONAL ABSTRACT

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PROSTATE

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PHYSICAL EXAM/HISTORY

Include:

- **Demographics:** Age, sex, race, marital status, ethnicity of the patient.
- **Chief Complaint (CC):** Write a brief statement about why the patient sought medical care. [There are no early warning signs of prostate cancer. A patient may have had a routine Digital Rectal Exam (DRE) where the prostate is abnormal, prompting further evaluation. It is rare for a patient under 40 years to have prostate cancer.]
- **Physical Examination (PE):** Date of the exam and documentation of information pertinent to the prostate cancer.
- **History:**
  - Personal history of any cancer
  - Family history of prostate or any other cancer
  - Tobacco: type, frequency, amount
  - Alcohol: frequency, amount
  - 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.
- **Other:** Note if tumor is clinically apparent or not apparent from clinician's exam. DRE findings that warrant clinically apparent findings include: nodule, diffuse nodularity, tumor or mass. Record a clinician's statement of a tumor confined within the prostate. Note if cancer is beyond the prostate, firmness of seminal vesicles, metastatic disease, palpation of distant lymph nodes.

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

Note on Negative Findings: Include any relevant negative findings, such as negative DRE.

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PROSTATE

Example: 65-year-old African-American male w/elevated PSA. Diffuse nodularity in left lobe of prostate. No palp LN's. Family hx of prostate ca in father at age 62. No hx of smoking or ETOH (alcohol). Remainder of PE neg.

X-RAYS/SCOPES/SCANS

Include:

Date of each imaging study performed, including those performed outside of your facility and/or prior to admission. Include pertinent findings from the studies, such as extent of disease and/or metastasis. Record negative findings from pertinent studies as well.

- **Chest X-Ray (CXR):** Determines lung metastasis.
- **Bone Scan:** Determines bone metastasis.

LABS

Include:

- **Prostatic Specific Antigen (PSA):** Record PSA levels, whether abnormal or not. Note: PSA testing is routinely done on older men and becomes a concern if the level is elevated beyond normal.

DIAGNOSTIC PROCEDURES

Include:

- **Endoscopy:** If applicable, an endoscopy is used to evaluate the bladder and urethra for involvement/extension of prostate cancer; however, it is rarely done.

PATHOLOGY

Include:

- **Biopsy Findings:** Most common is a Transurethral Resection Prostate (TRUS).
- **Histology Type:** Gleason patterns and score, (i.e.: 3+3=6), perineural invasion, how many positive cores? Bilateral involvement or not.
- **Surgery Pathology:** Most common are radical prostatectomy and transurethral resection of prostate (TURP). Include date, tumor size (if given), Gleason patterns and score, presence or absence of Lymphovascular Invasion (LVI), and whether there was bilateral or unilateral involvement. If there was any perineural or seminal vesicle invasion, include margin status. If there was residual cancer remaining on specimen, record as negative or positive. If lymph nodes were removed, record the status, even if negative, i.e.: 1/1 periprostatic LN positive. Record pathologists staging. Record if tissue from metastatic site was examined and whether it was negative or positive.
- **CT Chest/Abd/Pelvis:** Detects extent of disease as well as determines if metastasis has occurred.
- **MRI Prostate**
- **Transrectal Ultrasound (TRUS):** Allows for accuracy in performing prostate biopsy.

Example: 10/15/14 CT Chest/Abd/Pelvis: No lymphadenopathy (LAD) in chest, abd, or pelvis. No other findings of metastatic disease (mets dz) noted.

Example: PSA: 2.5 ng/ml (NL).

Example: 9/25/22 TRUS bx: Prostatic

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adenoca, Gleason gr 3+3=6, Grade Group 1 4/14 cores involved from lt apex & rt lat lobes. 10/3/14 SG-14-8462 Rad Prostatectomy: Prostatic adenoca, Gleason gr 3+4=7, Grade Group 2, , bil (bilateral) involvement, no LVI, no periprostatic ext (extension), no PNI (perineural inv), no SV (seminal vesicle) invl (involvement). Surg margins neg. 0+/8 regional LN's.

PRIMARY SITE

Include:

The prostate only has one site for coding (C61.9).

Example: Prostate, NOS (C61.9.).

Where to Find the Information: Physical exams, Surgical report and diagnostic reports (imaging, pathology, operative and biopsy).

HISTOLOGY

Include:

- **Histologic Type of Tumor:** Most common is adenocarcinoma.

Example: Adenocarcinoma, NOS Grade Group 2; Gleason pattern 3+4,

Where to Find the Information: Pathology reports, H&P, Consultation reports.

TREATMENT

Include:

- **Active Surveillance:** If a tumor is small and slow-growing and/or indolent, active surveillance is a valid treatment option. Patient may be followed by PSA test, DREs, or repeat biopsies at regular intervals to assess for disease progression.
- **Surgery:** Name of procedure as recorded in the operative report, prostatectomy, or variation. Examples: radical retropubic, radical suprapubic, laparoscopic radical prostatectomy, TURP, simple prostatectomy or other surgery type as recorded in operative report. Another type of surgery is called cryotherapy, also referred to as cryoablation (used for small localized tumors). Record LN biopsy/dissection if performed, and record results.
- **Radiation Therapy:** Radiation may be given if the tumor is low grade and primarily confined to the prostate. Record location (facility where radiation given, dates of treatment, radiation oncologist, primary treatment volume, lymph nodes treated, treatment modality, external beam planning, dose per fraction, number of fractions, total dose, number of phases, overall total dose and any reason treatment was discontinued early
- **Systemic Treatment:** Record treatment start date and end date, if known; location where administered; and name of agent(s) given. The most common type of systemic therapy is hormone therapy. Other therapies may include chemotherapy or immunotherapy.
- **Clinical Trials:** Is the patient enrolled in any clinical trials? If so, include the name, trial numbers, and any other available details, including the date of enrollment.

Example: 10/6/14 Robotic-assisted lap rad prostatectomy, pelvic lymph node biopsy. Radiation: 11/15/14 to 12/22/14: 6200 cGy to prostatic fossa w/6 & 15 MV photons. 28 fx/37 days. Chemotherapy: none. Hormone: none.

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RESOURCES

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SOLID TUMOR RULES
https://seer.cancer.gov/tools/solidtumor/

NCI Physician's Data Query (PDQ)
http://www.cancer.gov/cancertopics/pdq

SEER Appendix C – Site Specific Coding Modules
https://seer.cancer.gov/manuals/2022/appendixc.html

SEER RX Antineoplastic Drugs Database
https://seer.cancer.gov/tools/seerrx/

Site-Specific Surgery Codes: STORE Appendix-A
https://www.facs.org/media/vssjur3j/store_manual_2022.pdf

Treatment for Prostate
www.cancer.gov/cancertopics/pdq/treatment/prostate/HealthProfessional/

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- **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.

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RENAL PELVIS

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: 8/15/2021 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: 8/16/2021 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 the 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.

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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: 8/16/2021 Hospital A: SP21-1781 R renal pelvic mass biopsy: high grade papillary urothelial cancer.

8/25/2021 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 the 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: 8/25/2021 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

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

Example: 9/15/21: 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: 11/30/2021: Patient enrolled in NCI-2021-02470 Phase II Trial evaluating the efficacy of Mocetinostat (orally administered histone deacetylace inhibitor) in patients that have advanced urothelial ca that have specific changes in tumor genes.

RESOURCES

RECOMMENDED ABBREVIATIONS FOR ABSTRACTORS, APPENDIX G:
http://datadictionary.naaccr.org/default.aspx?c=17&Version=22

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

Treatment for Renal/Pelvis/Ureter
http://www.cancer.gov/types/kidney/hp/transitional-cell-treatment-pdq

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INFORMATIONAL ABSTRACT

A Guide to Determining What Text to Include

TESTIS

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.

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:** Personal or family history of any cancer and the family member involved. List the smoking and alcohol history of the patient–type, frequency, and amount. Note exposure to any cancer-causing chemicals, workplace exposure, and/or relevant environmental factors. List chronic health problems, irritations, or infections. Make sure to note previous chemotherapy or radiation therapy. Other relevant information as deemed appropriate.
- **Genetics:** Include birth defects or other related genetic conditions.

TGCT1 (Testicular Germ Cell Tumor 1) gene - positive

- **Past Treatment:** Include past treatment if applicable.

31 y/o white male admitted with an enlarging left testicular mass present for approximately one (1) year. Patient complains of (c/o) left leg pain, weakness, and numbness of six (6) months duration. On PE: 5cm palpable non-tender mass in left testis. Also noted an unintentional weight loss of approx. 30 lbs over last year. Past Medical History (PMH) significant for cryptorchidism with surgery at age 16. Patient denies tobacco, alcohol (EtOH), or recreational drug use (RD). Family History (FH): non-contributory.

Where to Find Information: History and Physical, physician notes.

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X-RAYS/SCOPES/SCANS

Include:

- **Imaging Tests:** Date, name, and a brief summary of test results. Ultrasound is the preferred initial imaging modality for testicular seminomas.

Note: CT imaging useful for evaluation of metastatic spread. MRI – not applicable.

Example: Testicular U/S: There is a 3cm well-defined hypoechoic homogeneous solid appearing mass present in the left testicle. 8/16/18: Staging work-up CT chest, abdomen, pelvis: CT chest negative for evidence of metastatic disease. CT A/P: Moderate enlargement of Left para-aortic lymph nodes, largest measuring 1.2cm in greatest dimension. Remaining exam unremarkable.

LABS

	LDH (U/liter)	HCG (mIU/ml)	AFP (ng/ml)
SX	Marker studies not available or not performed		
S0	Normal	Normal	Normal
S1	<1.5 x normal	<5,000	<1,000
S2+	1.5 -10 x normal	5,000-50,000	1,000-10,000
S3+	>10 x normal	>50,000	>10,000

Include: AFP: alpha-fetoprotein; b-HCG: beta Human Chorionic Gonadotropin; LDH: Lactate Dehydrogenase.

Note: High AFP levels can help identify type of germ cell tumor by showing whether it is pure seminoma or mixed with non-seminoma since AFP is not made by seminomas. B-HCG and LDH may be high in seminomas, non-seminomas, mixed.

Example: 8/16/18 Pre op tumor markers: AFP – not detectable; b-HCG: 91 normal range 0 ng/ml: LDH: normal (range 48-115 IU/liter).

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:** List date, name of procedure, and brief description of findings.

Example: Biopsy not performed. (Biopsy procedures are not common for testicular cancers.)

PATHOLOGY

Include:

Date and a brief summary of findings of all pathological reports. List in chronological order, mostrecent to first.

- **Extent (extension) of the primary tumor:** Often found in the microscopic description of the pathology report.
- **Any evidence of further spread:** Often found in the microscopic description of the pathology report.
- **Margins:** note extent of involvement of surgical margins.

Example: Pathology: S18-10903: GROSS DECRIPTION: Bulky, homogeneous gray white mass with bulging cut surface involving 50% of entire left testis.

- **Microscopic Description:** Left Unifocal 2.8cm seminoma invades rete testis. Hilar soft tissue invasion not identified. LVI identified; invasion of visceral mesothelial layer covering external surface of tunica albuginea with LVI also identified; Regional lymph nodes positive: 2; Regional lymph nodes removed: 3. Largest lymph node dimension: 1.1cm. pT2 pN1

+ Pre-Orchiectomy Serum Tumor Markers

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+ ___ Unknown + ___ Serum marker studies within normal limits
+ ___ Alpha-fetoprotein (AFP) elevation
+ _x__ Beta subunit of human chorionic gonadotropin (b-hCG) elevation
+ ___ Lactate dehydrogenase (LDH) elevation

+ Post-Orchiectomy Serum Tumor Markers
+ _x__ Unknown
+ ___ Serum marker studies within normal limits
+ ___ Alpha-fetoprotein (AFP) elevation
+ ___ Beta subunit of human chorionic gonadotropin (b-hCG) elevation
+ ___ Lactate dehydrogenase (LDH) elevation
+ Serum Tumor Markers (S)
+ ___ SX: Serum marker studies not available or performed
+ ___ S0: Serum marker study levels within normal limits LDH HCG (mIU/mL) AFP (ng/mL)
+ ___ S1: 10 X N or >50,000 or >10,000

Microscopic, macroscopic, extent of involvement not stated.

- Specific area of the site
- Laterality
- Cancer cell type
- Grade of the tumor (Grades A-D, 9)
- Size of tumor (not specimen size)

PRIMARY SITE

Include:

The primary site where the cancer started.

Example: Left Testis (C62.9)

HISTOLOGY

Include:

The exact cell type of the cancer.

Example: Seminoma, classic type (M9061/3). NOTE: Grade categories for this site range from A-D, 9.

TREATMENT

Include:

- Operative report findings/observations.
- **Surgery:** Right radical inguinal orchiectomy

Example: 9/15/18: Left Radical Inguinal Orchiectomy/RPLND (retroperitoneal lymph node dissection). Dissection down through subcutaneous fat and fascia to the external inguinal ring. Left testicle identified for removal including the spermatic cord and vas deferens. Attention was then turned to dissection of left para-aortic lymph nodes.

- **Radiation:** Beginning and end dates of treatment, type of radiation, to what part of body it was given, dosage and reaction to treatment, if noted. Note: any boost dosages, date, and to where it was administered.

Note: Adjuvant treatment may be either radiation therapy or chemotherapy.

- **Indications for Radiation Therapy:** Involvement of retroperitoneal lymph nodes.
- **Radiation Therapy Options:** These are examples of common approaches, but do not address variances in dosage, duration, or modality.

Example: Option #1:
11/1 – 11/12/18: 3000cGy to left para-aortic and ipsilateral iliac lymph nodes at 300cGy x 10 fx/12 days utilizing IMRT.

Phase 1: Primary treatment volume – 07 (abdominal/pelvic LNs); Radiation to draining LNs – 88 (primary treatment volume is LNs); Treatment modality – 02 (photons); Planning technique – 05 (IMRT)

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- **Chemotherapy/Hormone Therapy:** Beginning and end dates of chemotherapy, names of drugs, and route of administration. If available, include response to treatment. Note if any changes in drugs: state new drug names and why the drug was changed and when the new drug started.

Note: Adjuvant treatment may be either radiation therapy or chemotherapy. 30-50% infertility with cisplatin. Discussion of sperm banking recommended.

Example: Option #2:
Adjuvant etoposide and cisplatin (EP) x 4 cycles or bleomycin, etoposide, and cisplatin (BEP) x 3 cycles.

- **Clinical Trials:** The name and number of the clinical trial in which the patient is enrolled, the date of enrollment, and any other details of the patient's experience. May include patients who have not yet been treated. Some trials test treatments for patients who have not gotten better; other trials test new ways to stop cancer from recurring or reduce the side effects of cancer treatment

Example: PH II Retroperitoneal Lymph Node Dissection in Treating Patients with Testicular Seminoma with Lymphadenopathy or Stage I-IIB Testicular Seminoma (NCT 02537548). ICF (Informed Consent Form) signed 10/1/2018.

Other: Any other treatment that does not fit into one of the categories above.

RESOURCES

American Urological Association
http://www.auanet.org

Use NAACCR Recommended Abbreviations for Abstractors (Appendix G)
http://datadictionary.naaccr.org/default.aspx?c=17&Version=22

College of American Pathology
https://www.cap.org/protocols-and-guidelines/cancer-reporting-tools/cancer-protocol-templates

Evidence-Based Treatment by Stage Guidelines
https://www.nccn.org/professionals/physician_gls/pdf/testicular.pdf
The 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)
http://www.cancer.gov/cancertopics/pdq

SEER RX Antineoplastic Drugs Database
http://seer.cancer.gov/tools/seerrx/

Site-Specific Surgery Codes: STORE Manual, Appendix A
STORE Appendix A
https://www.facs.org/media/vssjur3j/store_manual_2022.pdf

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INFORMATIONAL ABSTRACT

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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: 1-15-18 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.

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X-RAYS/ SCANS

Include:

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

Example: PTA 12-1-17 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: 1-15-18 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: 1-15-18 R lobectomy. Node dissection.
2-1-18 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 12-15-17 FNA – suspicious for thyroid neoplasm. Suggest resection. 1-15-18 R lobe of thyroid. TS 3 cm. papillary carcinoma WD. Tumor extends into the thyroid capsule but not beyond. No Lymphvascular Invasion (LVI) or Perineural Invasion (PNI). Margins neg. 3+/10 LN in R level 4. 2-1-18 L lobe of thyroid – no carcinoma.

Note: Suspicious for thyroid neoplasm in not a definitive diagnosis of cancer and the 12/15/17 FNA date should not be used as the date of diagnosis.

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PRIMARY SITE

Include:

- The primary site where the 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 the 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: 4-15-18 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: 1-20-18 Synthroid

Note: Treatment for medullary carcinoma and anaplastic carcinoma of the thyroid is different than that of papillary or folliuclar 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.

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RESOURCES

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http://datadictionary.naaccr.org/default.aspx?c=17&Version=22

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 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: *STORE* Manual Appendix A
https://www.facs.org/media/vssjur3j/store_manual_2022.pdf

Specific Types of Treatment:
www.cancer.gov/cancertopics/pdq/treatment/bladder/HealthProfessional/

Systemic Treatment: Chemotherapy/Immunotherapy/Other
SEER RX Antineoplastic Drugs Database. http://seer.cancer.gov/tools/seerrx/

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