

The abstract is the basis of all registry functions. It is a tool used to help accurately determine stage and to aid cancer research; therefore, the abstract must be complete, containing all the information needed to provide a concise analysis of the patient's disease from diagnosis to treatment.

To assist registrars in preparing abstracts, NCRA's Education Committee has created a series of informational abstracts. These site-specific abstracts provide an outline to follow when determining what text to include. The outline has a specific sequence designed to maximize efficiency and includes eight sections: Physical Exam/History; X-Rays/Scopes/Scans; Labs; Diagnostic Procedures; Pathology; Primary Site; Histology; and Treatment. A list of relevant resources is located at the end of each informational abstract. The sources of information noted in the various sections below are not all inclusive, but they are the most common. You may need to do additional research to complete the abstract.

When using the informational abstract, follow the outline and strive to complete all the sections. Be concise by using phrases, not sentences. Make sure to use text relevant to the disease process and the specific cancer site and to use NAACCR Standard Abbreviations. When the abstract is completed, review thoroughly to ensure accuracy.

PHYSICAL EXAM/HISTORY

Include:

- **Demographics:** Age, 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 45-year-old black female who was having vaginal spotting and pelvic pain. No family or past history of any other cancer. She has a 20-year, pack-a-day smoking habit, and does not drink alcohol. She has a history of Herpes Simplex 3. She has not been exposed to any chemicals or other irritants or cancer-causing agents. Per pelvic exam: she has a 3-4 cm cervix with normal shape and contour. 1 cm amount of gross visible tumor.

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.

- **Laparoscopy:** date, name, and brief summary of results of the test.

Example: 2/6/14 Pelvic US: Endometrium is heterogeneous w/distinct borders. All other findings neg. 2/20/14 PET CT: Extensive hypermetabolic activity within the cervix extending up into the uterus consistent with cervical cancer.. SUV`S of 15.4 There appears no spread and no parametrial disease.

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).
- **Tumor Marker Tests:** Squamous Cell Carcinoma (SCC) Antigen, Tissue

Polypeptide Antigen (TPA). Date, name, and brief summary of the results of tests and any values (noting if value is abnormal).

- **HPV testing:** Date, name, and brief summary of the results of tests and any values (note if value is abnormal).

Example: 7/6/14: HPV positive. All other tests are within normal range.

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.)

- **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 10/16/14, 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)
- 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.

- 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: 5/1/14 Adenocarcinoma of the endocervix, grade 1, 1.2 cm in size, does not appear to extend to other parts of the cervix 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: Endocervix

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

Where information is found: In the surgical report, diagnostic reports, biopsy, and imaging reports.

HISTOLOGY

Include:

- The exact cell type of the cancer.

Example: Adenocarcinoma

TREATMENT

Include:

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

Example: 10/15/13: Robotic-assisted laparoscopic total hysterectomy & bilateral pelvic lymph node dissection. 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: 11/18/13 – 11/25/13 Intracavity Brachytherapy, HDR: 3000 cGy in 5 fractions.

- **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: 7/25/14/-/11/2/14 Cisplatin via infusion.

TREATMENT *(continued)*

- **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:** 7/12/14 enrolled in: Phase III Randomized Study of Concurrent Chemotherapy and Pelvic Radiation Therapy with or without Adjuvant Chemotherapy in High-Risk Patients with Early-Stage Cervical Carcinoma Following Radical Hysterectomy (RTOG 0724/GOG 0724).
- Other:** Any other treatment not fitting in the other categories.

RESOURCES

Abbreviations – Use NAACCR Standard Abbreviations

<http://naaccr.org/Applications/ContentReader/?c=17>

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>

Multiple Primary & Histology Coding Rules

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

NCI Physician's Data Query (PDQ)

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

SEER Appendix C

<http://seer.cancer.gov/archive/manuals/2010/appendixc.html>

SEER RX Antineoplastic Drugs Database

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

Site-Specific Surgery Codes: FORDS Appendix B

<https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals/fordsmanual>

Treatment for Cervical Cancer

<http://www.cancer.gov/types/cervical/patient/cervical-treatment-pdq>