

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. A common complaint is post-menopausal bleeding (PMB).
- **Physical Examination (PE):** Date of the exam and documentation of information pertinent to 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.

PHYSICAL EXAM/HISTORY *(continued)*

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. Examined 2-1-15 showed an eight-week size uterus with no adnexal masses.

Cervix normal; rest of examination was negative. Family history: Mother had breast cancer at age 60. Has never used tobacco of any kind. Has two glasses of wine per day at night. Patient suffers from depression, Parkinson's disease, arthritis, and hypertension.

X-RAYS/SCOPES/SCANS

Include:

- **Imaging tests:** Date, name, and brief summary of results of the test.
- **Example:**
Prior to Admission (PTA)
 - 1-15-15 CXR neg.
 - 1-20-15 Transvaginal pelvic US – 7-week size uterus w/ endometrial stripe measuring 5 mm. Ovaries slightly atrophic as per age.

- 2-2-15 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: 2-2-15 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: 2-2-15 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: 2-2-15 Endometrial biopsy (EMB): endometrioid adenocarcinoma FIGO Grade 2. Endocervical curettage (ECC) negative. 3-1-15 Laparoscopic resection Endometrium: TS (tumor size) 3 cm. Endometrioid adenocarcinoma FIGO Gr 3. Tumor extends into outer half of myometrium but not into serosa. Margins negative. No Lymphovascular Invasion (LVI) or Perineural Invasion (PNI). 0+/3 R pelvic LN, 0+/4 L pelv LN, 1+/4 R PA (para-aortic) LN, 2+/5 L PA LN. Ovaries, tubes, cervix negative. pT1b pN2 cMO Stage IIIC2

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 3 8380/39.

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: 3-1-15 Total abdominal hysterectomy (TAH). Bilateral Salpingo-Oophorectomy (BSO) (). Node dissection. 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. The PA LN appeared enlarged.

- **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: 4-10-15/ 6-10-15 3600 cGy to pelvis and PA LN region w/ 6 MV IMRT followed by boost of 1000 cGy intracavitary radiation to vagina in 4 fx (fractions) of 250 cGy each. (24 fx/62 days).

- **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.

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.

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 of Endometrial

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