

Text

Documentation

Texas Cancer Registry

Objectives

By the end of this training, you should have an understanding of:

- Validate codes with text
- Types of reports to review
 - Text Fields
 - Other Pertinent Information
 - Summary Stage
 - Final Diagnosis
 - Treatment
- Approved abbreviations

*disclaimer: All the information valid as of 12/2019 and any revisions by national standard setters may change the validity of the information

Text Documentation

- Support Codes for
 - Diagnosis
 - Stage
 - Treatment
- Provides supplemental information
- Consolidates information from multiple reporting resources
- Critical for quality assurance and special studies
- Must be provided by ALL facilities
- <http://datadictionary.naaccr.org/>
- TCR Handbook pg. 244

Text Documentation

- Review all the medical documents to get an understanding of the case
- Enter pertinent information in the Text Fields
- Use NAACCR Standard Abbreviations
- Use all of your manuals and websites for accurate and consistent coding
- Review the text to assure the accuracy of your codes
- *Using the Information Abstracts in Your Registry*
 - <http://www.cancerregistryeducation.org/rr>

NCRA

Informational Abstract

- <http://www.cancerregistryeducation.org/rr>
- Site-specific information
 - What to include in text
 - What sources to use
- Video Presentation/Materials
 - Power point slides
 - Where to find information to abstract
 - Breast & Colon Case Scenario

NCRA

Informational Abstract

New Resource! Informational Abstracts

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 and a presentation titled *Using the Informational Abstracts in Your Registry* that shows registrars how to use these important resources. These site-specific abstracts provide an outline to follow when determining what text to include.

Informational Abstracts

(Updated 11.2019)

- Benign Brain
- Bladder
- Breast
- Cervix
- Colon
- Endometrial
- Kidney
- Larynx
- Lung
- Lymphoma
- Malignant Brain
- Melanoma
- Ovarian
- Pancreas
- Prostate
- Renal Pelvis
- Testis
- Thyroid

Video Presentation Materials

- PowerPoint Slides
- Where to Find Information to Abstract
Various Data Items PDF
- Medical Record - Breast
- Medical Record - Colon



NCRA

Informational Abstract

BREAST

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 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.

Text Documentation

- Documentation verifies coded fields
- Patient, disease, extent of disease, spread of disease
 - Demographic information
 - Age, race, sex, family history, smoker
 - Specific subsite of primary site of the tumor
 - Specific number, chain or lymph nodes examined and results
 - Specific information regarding metastatic spread

Text Documentation

- Date of the examination or procedure in chronological order
- Name of the examination or procedure
- Results (pos or neg) of the exam or procedure
- Diagnostic impression or final diagnosis
- Treatment plan
- Date and type of treatment, even if done at other facility

Instructions

Text Documentation

1. Do not use automatically generated coded data
2. Use NAACCR approved abbreviations
3. Do not repeat information from other text fields
4. Report missing information
5. Do not include irrelevant information
6. Verify that text matches the coded values

Where To Find Patient Info/Cancer Info

- Demographics and Patient Information
 - Face Sheet
 - Nursing Notes
 - Doctors Notes
 - Consultation Report
- Cancer Information
 - Diagnostic Reports
 - Imaging Reports
 - Pathology Reports
 - Operative Reports
 - Laboratory Reports

Where To Find Staging Info

- Staging
 - Pathology Reports
 - Operative Reports
 - Laboratory Reports
 - Biopsy and Other Diagnostic Workup Reports
 - Imaging Reports

Where To Find Treatment Info

- Treatment Information-First Course Only
 - Operative Reports
 - Chemotherapy Reports/Notes
 - Radiation Oncology Reports
 - Other Treatment Reports
 - Physician Reports
 - Face Sheet (for Treatment done previously or elsewhere)

Where To Find Treatment Info

- Discharge Summaries
- Clinical Notes
- Progress Reports
- Consultation Reports
 - Facilities where treatment was performed
 - Types of treatment
 - Treatment plan
 - Contraindications or refusal of treatment

Where To Find Follow Up Info

- Follow up/Recurrence/Death
 - Discharge Summary
 - Doctors Final Notes
 - Nursing Final Notes
 - Chemotherapy Final Notes
 - Radiation Final Notes
 - Other Treatment Final Notes
 - Death Certificate

Web Plus Text Fields

- "Other Pertinent Info"
- "Other Primary Tumors"
- "Final Diagnosis"
- "Summary Stage Documentation"
- "Summary Stage Documentation-PE"

Web Plus Text Fields

- "Summary Stage Documentation-Xray/Scan"
- "Summary Stage Documentation-Scopes"
- "Summary Stage Documentation-Lab Tests"
- "Summary Stage Documentation-Op"
- "Summary Stage Documentation-Path"

Web Plus Text Fields

- "Rx Text-Surgery"
- "Rx Text-Radiation"
- "Rx Text-Chemo"
- "Rx Text-Hormone"
- "Rx Text-BRM Immunotherapy"
- "Rx Text-Other"

Other Pertinent Info

Text Field #2680

- Age, sex, and race
- Spanish/Hispanic Origin
- State and Country of Birth
- Insurance/primary payer information
- Name of Follow Up Physician
- Unknown demographic information
 - SS#, address at dx
- Overflow or problematic coding issues
- Family history/Smoking history

Other Primary Tumors Text Field #2220

- Other Primaries (current and past)
 - Date of dx
 - Site
 - Morphology
- Not for metastatic lesions
- Leave blank if the Sequence # is 00 or 60

Final Diagnosis

Text Field #2580 #2590

- Primary Site
- Laterality
- Histology
- Behavior
- Grade

Summary Stage Documentation #2600

- Date(s) of procedure(s)
 - Clinical bx., x-rays, etc. that provide diagnosis and staging
- Size of tumor
- Organs involved by direct extension
- Status of margins
- Number and sites of positive LN
- Metastatic sites
- Physician's comments
- SEER Summary

Summary Stage

Physical Exam #2520

- Date of Diagnosis
- Chief complaint (why the patient is there)
- Primary site, histology, tumor size (if previously dx prior to admission)
- Positive and negative findings
- Palpable Lymph Nodes
- Physician impressions

Summary Stage

X-ray/Scan #2530

- Date of each X-ray or scan performed
- Facility where performed
- Size of lesion
- Location of lesion
- Number of lesions
- Status of lymph nodes
- Positive and negative findings
- Extent of disease
- Metastasis

Summary Stage Scopes #2540

- Date of each endoscopic procedure
- Facility where performed
- Primary Site
- Histology
- Size of lesion
- Location of lesion
- Number of lesions
- Status of lymph nodes
- Positive and negative findings
- Extent of disease
- Metastasis

Summary Stage Laboratory Report #2550

- Dates performed
- Facility where procedure was performed
- Type of lab test/tissue specimen
- Tumor markers
- Serum and urine electrophoresis
- Special studies

Summary Stage Operative Report #2560

- Dates performed
- Facility where procedure was performed
- Name of the procedure
- Size of tumor
- Residual tumor
- Number of lymph nodes removed
- Extent of disease
- Metastasis

Summary Stage Pathology Report #2570

- Dates performed
- Facility where procedure was performed
- Anatomic source of specimen
- Tumor size
- Histology
- Grade
- Lymph node involvement
- Positive and negative findings
- Extent of disease
- Metastasis

Rx Text Surgery #2610

- Date and facility of each surgical procedure
- Type(s) of surgical procedure(s)
- Lymph nodes removed
- Regional tissue removed
- Metastatic sites
- Positive and negative findings
- Reason for no surgery
- Other treatment information

Rx Text Radiation

#2620

- Beam Radiation
- Brachytherapy
- Systemic Radiation Therapy
 - Date radiation treatment began and ended
 - Where treatment was given
 - Type(s) of radiation
 - Planned doses
 - Other treatment information
 - Treatment cycle incomplete

Rx Text Chemo

#2640

- Date when chemotherapy began and ended
- Where chemotherapy was given
- Type of chemotherapy and doses planned/received
- Other treatment information
 - Treatment cycle incomplete

Rx Text Hormone #2650

- Planned hormone treatment
- Date treatment was started
- Where treatment was given
- Type of hormone or antihormone
- Type of endocrine surgery or radiation
- Other treatment information
 - Treatment cycle incomplete

SEER Rx Drugs Database

<https://seer.cancer.gov/seertools/seerrx/>

Rx Text Immunotherapy #2660

- Date treatment began
- Where treatment was given
- BRM procedures
 - Bone marrow transplant
 - Stem cell transplant
- Type of immunotherapy given
- Other treatment information
 - Treatment cycle incomplete

Rx Text Other

#2670

- Date treatment was started
- Where treatment was given
- Type of other treatment
 - Blind clinical trials
 - Experimental treatments
- Other treatment information
 - Incomplete

Abbreviations

ABBREVIATION	DESCRIPTION
ADL	Activities of Daily Living
ADM	Admission
ADM	Admit
ADR	Adverse drug reaction
AFF	Afferent
AFF	Affirmative
AFP	Alpha-fetoprotein
AG	Atrial gallop
AG	Antigen
AG	Argentum (silver, chemical symbol for)
AGL	Acute granulocytic leukemia
A/G RATIO	Albumin-globulin ratio
AGNO3	Silver Nitrate
AIDS	Acquired immunodeficiency syndrome
AIL	Angioimmunoblastic lymphadenopathy
AILD	Angioimmunoblastic lymphadenopathy with dysproteinemia
AIN	Anal intraepithelial neoplasia
AK(A)	Above knee (amputation)
AKA	Also known as

Text Documentation

Example #1

Imaging Reports

2/18/18 VA Clinic:

CT Chest: Findings: Supraclavicular, axillary, and mediastinal structures unremarkable. No mediastinal or hilar adenopathy. There is a 2.8 x 2.4 x 4.8cm mass in the right lower lobe. The margins are well defined with minimal peripheral ground-glass opacity, probably some degree of obstructive pneumonitis. The remainder of the lungs is clear.

Impression: Lobulated soft tissue mass in the right lower lobe consistent with neoplasm. No evidence of adenopathy, mediastinal or hilar spread.

2/28/18 CT Brain Your Hospital:

Impression: No evident disease process.

Text Documentation Example #1

Pathology Report

2/28/18 Your Hospital:

Final Diagnosis: Fine Needle Aspirate, right lower lobe lung: positive for malignant cells

3/1/18 Your Hospital:

Final Diagnosis: Superior segment right lower lobe, resection: moderately differentiated squamous cell carcinoma, maximum tumor diameter 5.0cm, 2nd nodule in right lower lobe measures 0.5cm, resection margin free of tumor, peribronchial lymph node negative for tumor, right lower paratracheal lymph node negative for tumor, right pretracheal lymph node negative for tumor.

Text Documentation Example #1

Clinic Report

3/15/18: Oncologist recommended 4 cycles of adjuvant taxol and carboplatin. The patient would rather receive treatment closer to home and has been referred to an oncologist in that area.

Text Documentation Example #1 Solution

Summary Stage Documentation-Xray/Scan

2/18/18 VA Clinic: CT Chest: 4.8cm mass in RLL C/W
NEOPL, SCV, AX, and mediastinal structure unremarkable,
no mediastinal or hilar LAN, probably some obstructive
pneumonitis, remainder of lungs clear
2/28/28 CT Brain: no evident DZ process

Text Documentation Example #1 Solution

Summary Stage Documentation-Path

2/28/18 FNA RLL lung: positive for MAL cells

3/1/18 RLL RESEC: MD SCC, 2 nodules 5cm and 0.5cm,
margin free, 0/3 LN peribronchial, paratracheal, pretracheal

Text Documentation Example #1 Solution

Rx Text-Surgery

3/1/18 RLL lobectomy with mediastinal LN dissection

Rx Text-Chemo

3/15/18 Oncologist REC 4 cycles adjuvant taxol and carboplatin. PT wants TX closer to home, referred to oncologist in his area, UNK if chemo done.

Text Documentation

Example #2

IMAGING REPORTS

1/2/18 Mammogram: Left breast: No dominant masses, or suspicious calcifications, or architectural disturbances are present. In the right breast there is a 3.5 x 4.6cm irregular spiculated mass in the lower-outer quadrant.

Impression: Large mass in the lower-outer quadrant of the right breast, biopsy is recommended.

1/13/18 CT Chest: COPD with mild parenchymal scarring. No evidence of cardiomegaly. There is bone destruction of posterior ribs/spine. CT Abdomen and Pelvis no abnormal findings.

Impression: Bone destruction of posterior ribs/spine, probably mets from known breast cancer.

Text Documentation

Example #2

Pathology Report

1/10/18 Core biopsy right breast lower outer quadrant:
Final Diagnosis: Infiltrating ductal carcinoma, poorly
differentiated, ER and PR positive, HER2 ICH 0, negative.

Text Documentation

Example #2

CLINICAL REPORTS

1/15/18 Surgery consult: Patient noted a mass in the lower-outer quadrant of her right breast. There is marked lymphadenopathy in the right axilla. The left breast is within normal limits.

HEENT: Clear conjunctivae, pupils equal, round and reactive to light. Nasal passages clear without drainage.

Neck: Supple, full range of motion. No thyromegaly, trachea is midline.

Lungs: No wheezing or crackles. There are no bronchial breath sounds or pleural rub.

Abdomen: Soft, non-tender, non-distended without hepatosplenomegaly or masses. Normal bowel sounds.

Patient will be referred to Radiation Oncology for consideration of radiation therapy to known bony mets.

2/1/18 Oncology Note: Patient has decided to try alternative therapy and has declined radiation therapy and chemotherapy.

Text Documentation Example #2 Solution

Summary Stage Documentation-PE

1/15/18 Surg consult: marked lymphadenopathy in rt axilla
Patient referred to radiation oncology for consideration of
radiation therapy to bony mets.

2/1/18 Oncology note: Pt has decided to try alternative
therapy, declined radiation therapy and chemotherapy.

Text Documentation Example #2 Solution

Summary Stage Documentation-Xray/Scan

1/2/18 Mammogram: Lt breast no masses, Rt breast 4.6cm mass in LOQ, biopsy recommended.

1/13/18 CT Chest: Bone destruction posterior ribs/spine, probably mets from breast ca, CT Abdomen/Pelvis: no abnormal findings

Summary Stage Documentation-Lab Tests

1/10/18 ER and PR positive, HER2 IHC 0-Negative

Text Documentation Example #2 Solution

Summary Stage Documentation-Path

1/10/18 Bx rt breast LOQ infil ductal car, PD

Thank you
