

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

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

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

PHYSICAL EXAM/HISTORY

Include:

- **Demographics:** Age, sex, race, ethnicity of the patient.
- **Chief Complaint (CC):** Write a brief statement about why the patient sought medical care.
- **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.
- **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.

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 Work-Up**
 - **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.

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.

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.

LABS

Include:

- **Dates and Tests:** Relevant lab tests and dates. For example, pre-operative CEA, KRAS, DNA Mismatch Repair. Include lab value and lab value range of normal.

- **References:** Include reference: CS v02.05 (effective 1/1/14 CS Manual Part 1, Section 2.

Example: 5/17/14: CEA 6.18 (range 0-4.0).

DIAGNOSTIC PROCEDURES

Include:

- List procedure, including the date and location (if outside your facility).

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

PATHOLOGY

Include:

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

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 (-); pT4b, pN1c, M1.

PRIMARY SITE

Include:

- Identify the segment of colon involved by the tumor

Example: C18.7 Sigmoid colon.

HISTOLOGY

Include:

- Histology, differentiation, grade

Example: Moderately Differentiated adenocarcinoma, GR 2.

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.

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 dates, agents used. Indicate if adjuvant or neoadjuvant.

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

- **Radiation Treatment:** Start and stop dates; location of treatment, if administered by another facility; treatment modality; regional and boost dosages, where applicable; number of fractions; number of days of treatment. 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.

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

www.cancer.gov/tools/seerrx

Site-Specific Surgery Codes: FORDS Appendix B

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

Treatment for Colon

www.cancer.gov/cancertopics/pdq/treatment/colon/HealthProfessional/