

Gynecologic Advanced Case #2 Answer Sheet

FIELD#	FIELD NAME	CODE AND RATIONALE/DOCUMENTATION	
PATIENT IDENTIFICATION			
1	Medical Record #	666602	From record
2	Accession #	2007xxxxx	First contact in 2007
3	Sequence #	02	Ovary was seq 01 because of worse prognosis
4	Patient Name	Swift, Sally	From record
5	Race 1	02	African American per 1/13 Urology Consultation Report
6	Spanish Origin	0	No evidence patient is Hispanic
7	Sex	2	Female
CANCER IDENTIFICATION			
8	Class of Case	1	Dx and surgery at facility
9	DATE 1st Contact	01/10/2007	Admit date
10	DATE Initial Dx	01/10/2007	Surgery was first time referred to as cancer
11	Primary Site	C541	Endometrium
12	Laterality	0	Not a paired organ
13	Histology	8380	Endometrioid adenoCa
14	Behavior	3	Invaded endometrium but not myometrium (T1a tumor per pathologist)
15	Grade	2	Per comment CAP summary, final diagnosis path report
16	Diagnostic Confirmation	1	Histological exam of tissues
17	Ambiguous Terminology Dx	0	Definitive statement of cancer
18	Date of Conclusive Dx	88/88/8888	Dx made by definitive terminology
19	Date of Multiple Tumors	00/00/0000	Single tumor in primary site
20	Mult Tumors Reported as 1 Prim	00	Only single tumor in endometrium
21	Multiplicity Counter	01	Single tumor
STAGE OF DISEASE AT DIAGNOSIS			
22	DATE Surg Dx/Stage Procedure	00/00/0000	Exploratory laparotomy is part of resective surgery
23	Surg Dx/Stage Procedure Code	00	No procedure done strictly for dx or staging
24	Clinical T	X	
25	Clinical N	X	
26	Clinical M	X	
27	Clinical Stage Group	99	Incidental finding during surgery for ovarian cancer
28	Clinical Stage Descriptor	0	None of the descriptors apply
29	Clinical Staged By	0	No clinical staging was done
30	Pathologic T	1a	Confined to endometrial polyp
31	Pathologic N	X	Nodes were not identified or examined
32	Pathologic M	0	Extensive surgery did not find other endometrioid Ca; CXR not diagnostic of mets; pleural effusion cytol neg
33	Pathologic Stage Group	99	Examination of reg LNs required for AJCC staging
34	Pathologic Stage Descriptor	0	None of the descriptors apply
35	Pathologic Staged By	6	T from pathologist, the rest from registrar
36	SEER Summary Stage 2000	1	Lesion confined to endometrial polyp
COLLABORATIVE STAGING			
37	CS Tumor Size	999	Size not provided/not described as microscopic focus
38	CS Extension	11	Confined to endometrium
39	CS Tumor Size/Ext Eval	3	Pathologically examined
40	CS Lymph Nodes	00	Assume negative if exploration done
41	CS Reg Nodes Eval	1	Surgery observation (exploratory lap) without removing LNs
42	Regional Nodes Examined	00	None examined
43	Regional Nodes Positive	98	None examined
44	CS Mets at Dx	00	No distant endometrioid Ca
45	CS Mets Eval	1	Thoracentesis and cytology of pleural effusion negative

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46	CS Site-Specific Factor 1	888	Not applicable to this site
47	CS Site-Specific Factor 2	888	Not applicable to this site
48	CS Site-Specific Factor 3	888	Not applicable to this site
49	CS Site-Specific Factor 4	888	Not applicable to this site
50	CS Site-Specific Factor 5	888	Not applicable to this site
51	CS Site-Specific Factor 6	888	Not applicable to this site
FIRST COURSE OF TREATMENT (FCOT)			
52	DATE of FCOT	01/10/2007	Date of resection
53	DATE 1st Surgical Procedure	01/10/2007	Date of resection
54	DATE Most Definitive Surg Prim	01/10/2007	Date of resection
55	Surg Procedure Primary Site	50	TAH BSO
56	Surg Margins Primary Site	0	No residual per path report
57	Scope Regional LN Surgery	0	No nodes removed
58	Surg Procedure Other Site	0	No reg/dist sites removed for endometrial Ca
59	DATE Surg Discharge	99/99/9999	Not provided
60	Readmit Same Hosp w/in 30 Days	9	Unk if readmitted, info not provided
61	Reason No Surg Primary Site	0	Surg of primary site done
62	DATE Radiation Started	00/00/0000	No radiation therapy
63	DATE Radiation Ended	00/00/0000	No radiation therapy
64	Location of Radiation Treatment	0	No radiation therapy
65	Radiation Treatment Volume	00	No radiation therapy
66	Regional Treatment Modality	00	No radiation therapy
67	Regional Dose: cGy	00000	No radiation therapy
68	Boost Treatment Modality	00	No radiation therapy
69	Boost Dose: cGy	00000	No radiation therapy
70	Number Treatments per Volume	00	No radiation therapy
71	Radiation/Surgery Sequence	0	No radiation therapy
72	Reason No Radiation	1	Not part of treatment plan
73	DATE Systemic Therapy Started	01/18/2007	While not prescribed for the endometrial Ca, chemo for ovarian Ca could act as adjuvant chemo for this Ca
74	Chemotherapy Code	01	Chemotherapy, NOS
75	Hormone Code	00	No mention of any given or planned
76	Immunotherapy Code	00	Not part of treatment plan
77	Hematologic Trsplt & Endo Code	00	Not part of treatment plan
78	Systemic/Surgery Sequence	3	Systemic chemo given after surgery
79	DATE Other Treatment Started	00/00/0000	No other therapy given or planned
80	Other Treatment Code	0	None given
81	Palliative Treatment Code	0	None documented
RECURRENCE			
82	DATE 1st Recurrence	00/00/0000	No recurrence because no disease-free interval
83	Type 1st Recurrence	00	No recurrence
84	DATE Last Contact/Death	01/23/2007	Date of latest consult
85	Vital Status	1	Alive
86	Cancer Status	1	No evidence of cancer
CASE ADMINISTRATION			
87	Is Case Complete?	Yes	Entire treatment plan has been initiated and then some