

Advanced Abstracting Breast Cancer Case #05
Memorial General Hospital Cancer Registry Patient Abstract
Text Support of Codes Exercise

Patient Identification			
Med Rec No.:	99905	Patient Name:	Jane Smith
Accession Yr:	2007	Sex:	2
Sequence:	02	Race:	02
		Spanish Origin	0
Cancer Identification			
Text—Place of Diagnosis (50) [38 characters used--including spaces]			
Memorial General Hospital, Anytown, FL			
Primary Site:	<u>C 50.9</u>		
Text—Primary Site title (40) [38 characters used]			
Rt Breast, NOS 6:00; 12:00, 3:00, 9:00			
Histology/Behavior	<u>8500 / 3</u>		Grade <u>3</u>
Text—Histology Title (40) [40 characters used]			
Invas ductal CA poorly diff w/DCIS & LCIS			
Diagnostic Procedures			
Text—DX Procedures—PE (200) [173 characters used].			
4/16/07 PE: 4.0 cm palpable firm area at 6:00 position; 3.5 x 3.0 area of erythema of skin of rt breast w/rest of skin neg; nipple & areola neg; axilla negative when palpated.			
Text—DX Procedures—X-ray/Scan (250) [180 characters used]			
3/20/07 Screening mammogram: Multi areas microcalcifications & ill-defined mass LOQ Rt breast, BIRAD5; 3/29/07 U/S: 3.5 cm partially cystic mass at 6:00 Rt breast; 5/30/07 PET neg.			

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Diagnostic Procedures, continued Text—DX Procedures—Scopes (250)
N/A
Text—DX Procedures—Lab Tests (250) [74 characters used]
ER positive (80%); PR positive (90%), HER2/neu negative for overexpression
Text—DX Procedures—Op (250) [249 characters used]
4/16/07 Stereotactic core needle biopsy: 4 cores, all malig; 4/30/07 RMRM: 2 sentinel lymph nodes were identified in the lower axilla and resected separately for evaluation; breast was not fixed and no obviously enlarged lymph nodes were identified.
Text—DX Procedures—Path (250) [248 characters used]
4/16/2007 Core Bx: 6:00 - infiltr ductal ca, high grade, w/DCIS w/ features of comedonecrosis; 4/30/07 RMRM: 2.5 cm invas ductal CA, grade 3/3, margins neg, 2 sentinel axillary LNs & 2 non-sentinel axillary LNs positive of 26 nodes examined (4/26).
Stage of Diagnosis
SEER Summary Stage 2000 <u> 3 </u>
Text—Staging (300) [178 characters used]
2.5 cm invasive ductal CA w/associated DCIS & LCIS confined to breast, 2 sentinel LNS and 2 non-sentinel LNs positive, all axillary LNs, 4/26 LNs positive. PET neg for mets.
First Course Treatment
RX Text—Surgery (150) [113 characters used]
4/30/07 Rt Mod Rad Mastectomy, sentinel lymph node bx & Rt axillary lymph node dissection @ Memorial General Hosp

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First Course of Treatment, continued RX Text—Radiation (Beam) (150) [139 characters used]
Post-chemo beam radiation planned to Rt chest wall and axilla, supraclavicular and internal mammary nodal areas w/boost to mastectomy scar
RX Text—Radiation Other (150)
[leave blank -- no radiation other than beam]
First Course Treatment (cont'd)
RX Text—Chemo (200) [95 characters used]
5/30/07-11/8/07 AC + T regimen, completed full course of 4 cycles of AC and 4 cycles paclitaxel
RX Text—Hormone (200) [84 characters used]
11/15/07 Tamoxifen initiated; plan is for 5 yrs Tamoxifen followed by 5 yrs letrozole
RX Text—BRM (100)
[no BRM--leave blank or write none]
RX Text—Other (100)
[no Other treatment--leave blank or write none]
Additional Information
Text—Remarks (350) [343 characters used]
4/16/07 Stereotactic core needle biopsy pathology also showed 12:00 core -- DCIS, high grade w/features of comedonecrosis; 3:00 & 9:00 cores -- DCIS & LCIS, intermed to high grade. 4/30/07 RMRM path report also noted moderate component of high grade DCIS, solid and comedo type, and lymphovascular space involvement. Stage pT2N2aM0 per med onc.