Gynecologic Advanced Case #1 Answer Sheet

FIELD#	FIELD NAME	CODE AND RATIONALE/DOCUMENTATION	
PATIENT IDENTIFICATION			
1	Medical Record #	666601	From record
2	Accession #	2007xxxxx	First contact in 2007
3	Sequence #	00	No other primaries mentioned
4	Patient Name	Olmos, Olivia	From record
5	Race 1	99	Race not mentioned
6	Spanish Origin	7	Hispanic surname is only evidence pt is Hispanic
7	Sex	2	Female
CANCER IDENTIFICATION			
8	Class of Case	1	Dx and surgery at facility
9	DATE 1st Contact	03/21/2007	Sonogram date (some may select the admit)
10	DATE Initial Dx	03/22/2007	Surgery date; sonogram terms not included in ambiguous terms acceptable for dx
11	Primary Site	C569	Ovary
12	Laterality	4	Bilat reported as single primary
13	Histology	8460	Papillary serous cystadenocarcinoma
14	Behavior	3	Invasive tumor
15	Grade	2	Mod diff (from R ovary)
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	03/22/2007	Multi tumors in single primary site
20	Mult Tumors Reported as 1 Prim	40	Bilat ovarian tumors are single primary
21	Multiplicity Counter	02	Two tumors in primary, mets don't count
STAGE OF DISEASE AT DIAGNOSIS			
22	DATE Surg Dx/Stage Procedure	00/00/0000	None; Exploratory lap is part of surgical treatment
23	Surg Dx/Stage Procedure Code	00	No procedure done strictly for dx or staging
24	Clinical T	X	Frozen section L ovary establishes primary but all information is from surgical observation, which is included in pathologic staging for ovary.
25	Clinical N	X	
26	Clinical M	X	
27	Clinical Stage Group	99	
28	Clinical Stage Descriptor	0	None of the descriptors apply
29	Clinical Staged By	0	Case cannot be clinically staged
30	Pathologic T	3c	Diaphragm nodule 2.7 cm on path report
31	Pathologic N	X	Nodes were not identified or examined
32	Pathologic M	0	Mediastinal nodes not definitely dx'd as mets
33	Pathologic Stage Group	3C	Per AJCC table (same if LNs involved or not)
34	Pathologic Stage Descriptor	0	None of the descriptors apply
35	Pathologic Staged By	5	MD staging not available
36	SEER Summary Stage 2000	7	Implants beyond pelvis
COLLABORATIVE STAGING			
37	CS Tumor Size	110	11.0 cm from path report
38	CS Extension	72	Implants > 2 cm in abdom
39	CS Tumor Size/Ext Eval	3	Pathologically examined
40	CS Lymph Nodes	00	Assume neg if explor 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	Abnormal chest scans but not diagnostic of CA
45	CS Mets Eval	0	CT chest documents areas farther than exploratory laparotomy and supports assigning the 00 code

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46	CS Site-Specific Factor 1	999	Not documented in chart
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	03/22/2007	Date of resection
53	DATE 1st Surgical Procedure	03/22/2007	Date of resection
54	DATE Most Definitive Surg Prim	03/22/2007	Date of resection
55	Surg Procedure Primary Site	60	Debulking, cytoreduction implants, TAH BSO
56	Surg Margins Primary Site	3	Visible tumor left behind
57	Scope Regional LN Surgery	0	No nodes removed
58	Surg Procedure Other Site	0	Omentectomy, cytoreduction and debulking are all part of Surgery of Primary Site code
59	DATE Surg Discharge	99/99/9999	Not provided
60	Readmit Same Hosp w/in 30 Days	9	Unknown 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 (not standard for ovarian CA)
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	99/99/9999	Chemo is standard treatment for ovarian CA
74	Chemotherapy Code	99	Chemo unknown if given
75	Hormone Code	00	No hormones given, not standard treatment
76	Immunotherapy Code	00	Not part of treatment plan
77	Hematologic Trsplt & Endo Code	00	Not part of treatment plan
78	Systemic/Surgery Sequence	9	Unknown if 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 time
83	Type 1st Recurrence	70	Not disease-free since dx
84	DATE Last Contact/Death	03/24/2007	Date of latest CT chest
85	Vital Status	1	Alive
86	Cancer Status	2	Evidence of cancer
CASE ADMINISTRATION			
87	Is Case Complete?	No	Chemo info is missing; also date surg disch, readmit within 30 days