

Colorectal Advanced Case #2 Answer Sheet

FIELD#	FIELD NAME	CODE AND RATIONALE/DOCUMENTATION	
PATIENT IDENTIFICATION			
1	Medical Record #	234567	From record
2	Accession #	2007xxxxx	
3	Sequence #	00	No history other malignancies
4	Patient Name	Rogan, Barbara	From record
5	Race 1	01	White; Consult
6	Spanish Origin	0	No mention of Hispanic origin
7	Sex	2	Female
CANCER IDENTIFICATION			
8	Class of Case	1	Dx and Tx at this facility
9	DATE 1st Contact	02/09/2007	Date of colonoscopy w/biopsy . This is the first date that cancer is identified. Consult with earlier date does not suspect cancer.
10	DATE Initial Dx	02/09/2007	Colonoscopy w/biopsy
11	Primary Site	C209	Rectum
12	Laterality	0	Not paired organ site
13	Histology	8263	Biopsy path: invasive adenocarcinoma associated with stromal desmoplasia and a tubulovillous adenoma with a high grade dysplasia Per MPH "Other Sites" rule H3, code histology as adenocarcinoma arising in villous adenoma.
14	Behavior	3	Malignant, primary site
15	Grade	1	Path report read well differentiated
16	Diagnostic Confirmation	1	Path report
17	Ambiguous Terminology Dx	0	Definitive statement malignancy (path report)
18	Date of Conclusive Dx	88/88/8888	Dx made with definitive statement
19	Date of Multiple Tumors	00/00/0000	Single tumor
20	Mult Tumors Reported as 1 Prim.	00	Single tumor
21	Multiplicity Counter	01	1 tumor only
STAGE OF DISEASE AT DIAGNOSIS			
22	DATE Surg Dx/Stage Procedure	02/09/2007	Biopsy
23	Surg Dx/Stage Procedure Code	02	Biopsy
24	Clinical T	3	Staged by managing physician
25	Clinical N	0	Staged by managing physician
26	Clinical M	0	Staged by managing physician
27	Clinical Stage Group	2A	(T3N0M0)
28	Clinical Stage Descriptor	0	No descriptors
29	Clinical Staged By	6	Registrar and managing physician
30	Pathologic T	0	No residual tumor in resection specimen
31	Pathologic N	0	6 LNs removed and negative
32	Pathologic M	0	None
33	Pathologic Stage Group	99	ypT0 ypN0 cM0 – Unstageable
34	Pathologic Stage Descriptor	Y	Neoadjuvant treatment
35	Pathologic Staged By	5	Registrar
36	SEER Summary Stage 2000	2	Regional (Based upon MD AJCC staging)
COLLABORATIVE STAGING			
37	CS Tumor Size	040	Colonoscopy report states tumor 3-4 cm in size. Largest size 4.0 cm.
38	CS Extension	40	Extension at least through the wall since the managing physician staged as T3. Code to lesser code unless more info known.
39	CS Tumor Size/Ext Eval	5	Endoscopic findings
40	CS Lymph Nodes	00	Path report lists 00/06 lymph nodes positive
41	CS Reg Nodes Eval	6	Path surgical findings after neoadjuvant trtmnt

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42	Regional Nodes Positive	00	No LNs positive per path report
43	Regional Nodes Examined	06	06 LNs examined per path report
44	CS Mets at Dx	00	Scans negative
45	CS Mets Eval	0	Clinical evaluation prior to start of therapy
46	CS Site-Specific Factor 1	020	CEA 01.0 – considered negative
47	CS Site-Specific Factor 2	888	Not applicable
48	CS Site-Specific Factor 3	888	Not applicable
49	CS Site-Specific Factor 4	888	Not applicable
50	CS Site-Specific Factor 5	888	Not applicable
51	CS Site-Specific Factor 6	888	Not applicable

FIRST COURSE OF TREATMENT (FCOT)

52	DATE of FCOT	03/01/2007	Estimated start date of neoadjuvant chemoradiation
53	DATE 1st Surgical Procedure	05/17/2007	Low anterior resection
54	DATE Most Definitive Surg Primary	05/17/2007	Low anterior resection
55	Surg Procedure Primary Site	30	Low anterior resection
56	Surg Margins Primary Site	0	Path report showed negative proximal and distal margins
57	Scope Regional LN Surgery	5	06 LNs removed
58	Surg Procedure Other Site	0	Not done
59	DATE Surg Discharge	05/23/2007	Discharge
60	Readmit Same Hosp w/in 30 Days	0	No readmit documented
61	Reason No Surg Primary Site	0	Surgery done
62	DATE Radiation Started	03/01/2007	Estimated start date of RT
63	DATE Radiation Ended	99/99/2007	Date ended not provided but is in the year 2007 since the surgery took place after treatment completed in May 2007
64	Location of Radiation Treatment	9	Not provided in record
65	Radiation Treatment Volume	99	Not provided in record
66	Regional Treatment Modality	99	Not provided in record
67	Regional Dose: cGy	99999	Not provided in record
68	Boost Treatment Modality	99	Not provided in record
69	Boost Dose: cGy	99999	Not provided in record
70	Number Treatments per Volume	99	Not provided in record
71	Radiation/Surgery Sequence	2	RT then surgery
72	Reason No Radiation	0	Radiation given
73	DATE Systemic Therapy Started	03/01/2007	Estimated after port placement
74	Chemotherapy Code	01	Agents not known
75	Hormone Code	00	Not done
76	Immunotherapy Code	00	Not done
77	Hematologic Trspl & Endo Code	00	Not done
78	Systemic/Surgery Sequence	2	Chemo given before surgery
79	DATE Other Treatment Started	00/00/0000	No other treatment
80	Other Treatment Code	0	Not done
81	Palliative Treatment Code	0	Not done

RECURRENCE

82	DATE 1st Recurrence	00/00/0000	No recurrence documented
83	Type 1st Recurrence	00	No recurrence documented
84	DATE Last Contact/Death	06/22/2007	Follow-up visit
85	Vital Status	1	Pt alive
86	Cancer Status	1	No evidence disease, curative tx given

CASE ADMINISTRATION

87	Is Case Complete?	No	Attempt to get correct dates and additional details for the RT and chemo given prior to surgery.
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