

Colorectal Advanced Case #3 Answer Sheet

FIELD#	FIELD NAME	CODE AND RATIONALE/DOCUMENTATION	
PATIENT IDENTIFICATION			
1	Medical Record #	345678	From record
2	Accession #	2007xxxxx	
3	Sequence #	00	No history other malignancies
4	Patient Name	Scanlon, Scott	From record
5	Race 1	01	White; Op report 6/8
6	Spanish Origin	0	No mention of Hispanic origin
7	Sex	1	Male
CANCER IDENTIFICATION			
8	Class of Case	1	Dx and Tx at this facility
9	DATE 1st Contact	06/08/2007	Adm for definitive dx/tx 5/12 and 5/15 dates are not definite for malignancy.
10	DATE Initial Dx	06/08/2007	En bloc resection
11	Primary Site	C185	Splenic flexure (CT scan/Op report)
12	Laterality	0	Not paired organ site
13	Histology	8140	Path report mentions adenocarcinoma
14	Behavior	3	Malignant, primary site
15	Grade	4	Path report states high grade adenocarcinoma. Code high grade to undifferentiated.
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	00/00/0000	Not done
23	Surg Dx/Stage Procedure Code	00	Not done
24	Clinical T	X	Not enough info to stage clinically. Depth of tumor is not known.
25	Clinical N	X	Not enough info
26	Clinical M	X	Not enough info
27	Clinical Stage Group	99	(TXNXMX)
28	Clinical Stage Descriptor	0	No descriptors
29	Clinical Staged By	5	Registrar
30	Pathologic T	4	Tumor stated to invade pancreas and spleen
31	Pathologic N	2	16/16 LNs positive
32	Pathologic M	1	Liver mets based on clinical hx statement on 6/8. This case would most probably need additional info from MD or later admits to actually stage as distant.
33	Pathologic Stage Group	4	(T4N2M1)
34	Pathologic Stage Descriptor	0	No descriptors
35	Pathologic Staged By	6	Registrar and pathologist. Registrar provided M1 and stage grouping. The pathologist provided the T4 N2.
36	SEER Summary Stage 2000	7	Distant (liver mets)
COLLABORATIVE STAGING			
37	CS Tumor Size	130	Path report states tumor 13.0 x 5.0 cm
38	CS Extension	60	Extension to pancreas and spleen
39	CS Tumor Size/Ext Eval	3	Path report
40	CS Lymph Nodes	10	Path report reads 16/16 positive pericolic LNs
41	CS Reg Nodes Eval	3	Path report
42	Regional Nodes Positive	16	16 LNs positive per path report
43	Regional Nodes Examined	16	16 LNs examined per path report
44	CS Mets at Dx	40	Surg eval of liver described 2-3cm metastatic lesion

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45	CS Mets Eval	1	Surgical eval
			CEA not on the chart and not mentioned if performed pre-op or not, therefore coded 999 (Performed 8/1 CEA was ordered for baseline purposes and was 2.6)
46	CS Site-Specific Factor 1	999	
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	06/08/2007	Segmental resection w/contiguous organs
53	DATE 1st Surgical Procedure	06/08/2007	Segmental resection w/contiguous organs
54	DATE Most Definitive Surg Primary	06/08/2007	Segmental resection w/contiguous organs
55	Surg Procedure Primary Site	32	Segmental resect w/part excis pancreas and spleen
56	Surg Margins Primary Site	0	Marg negative
57	Scope Regional LN Surgery	5	More than 04 LNs removed
58	Surg Procedure Other Site	0	Not done
59	DATE Surg Discharge	06/14/2007	Discharge
60	Readm Same Hosp in 30 Days	0	No readmit documented
61	Reason No Surg Primary Site	0	Surgery done
62	DATE Radiation Started	00/00/0000	Not done
63	DATE Radiation Ended	00/00/0000	Not done
64	Location of Radiation Treatment	0	Not done
65	Radiation Treatment Volume	00	Not done
66	Regional Treatment Modality	00	Not done
67	Regional Dose: cGy	00000	Not done
68	Boost Treatment Modality	00	Not done
69	Boost Dose: cGy	00000	Not done
70	Number Treatments per Volume	00	None
71	Radiation/Surgery Sequence	0	Only surgery done
72	Reason No Radiation	1	Not part of FCOT
73	DATE Systemic Therapy Started	08/01/2007	FOLFOX therapy
74	Chemotherapy Code	03	Multiple agents
75	Hormone Code	00	Not done
76	Immunotherapy Code	00	Not done
77	Hematologic Trspl & Endo Code	00	Not done
78	Systemic/Surgery Sequence	3	Chemo given after 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	10/31/2007	Follow-up visit
85	Vital Status	1	Pt alive
86	Cancer Status	2	Follow-up note states that patient has progression of disease on FOLFOX as seen on the CT abdomen

CASE ADMINISTRATION

87	Is Case Complete?	Yes	
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