

## Lung Advanced Case #1 Answer Sheet

FIELD#	FIELD NAME	CODE AND RATIONALE/DOCUMENTATION	
<b>PATIENT IDENTIFICATION</b>			
1	Medical Record #	777701	From record
2	Accession #	2007xxxxx	
3	Sequence #	00	No history other malignancies
4	Patient Name	Lohan, Lucinda	From record
5	Race 1	01	White; Radiology consult
6	Spanish Origin	0	Non-Hispanic
7	Sex	2	Female; Radiology consult
<b>CANCER IDENTIFICATION</b>			
8	Class of Case	1	Dx and Tx at this facility
9	DATE 1st Contact	07/20/2007	Bone scan; Imaging
10	DATE Initial Dx	07/20/2007	Bone scan; Imaging
11	Primary Site	C34.1	Lung Upper Lobe
12	Laterality	1	Right
13	Histology	8140	Adenocarcinoma
14	Behavior	3	Malignant, primary site
15	Grade	3	Poorly differentiated
16	Diagnostic Confirmation	2	Cytology
17	Ambiguous Terminology Dx	0	Definitive statement malignancy (path report)
18	Date of Conclusive Dx	08/04/2007	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
<b>STAGE OF DISEASE AT DIAGNOSIS</b>			
22	DATE Surg Dx/Stage Procedure	00/00/0000	Not performed; per FORDS, fine needle aspirates are not coded to surgical diagnostic and staging procedure.
23	Surg Dx/Stage Procedure Code	00	Not performed; fine needle aspirates are not coded to surgical diagnostic and staging procedure
24	Clinical T	2	CT/Chest-4.1cm tumor
25	Clinical N	2	CT/Chest/Hilar and pre-carinal LNS
26	Clinical M	1	CT/Chest/Outpatient consult physician statement, Bone scan
27	Clinical Stage Group	4	(T2N2M1)
28	Clinical Stage Descriptor	0	No descriptors
29	Clinical Staged By	6	Registrar and managing physician
30	Pathologic T	X	Stage unknown (no surgery)
31	Pathologic N	X	Stage unknown (no surgery)
32	Pathologic M	X	Stage unknown (no surgery)
33	Pathologic Stage Group	99	(TXNXMX)
34	Pathologic Stage Descriptor	0	No descriptors
35	Pathologic Staged By	5	Registrar
36	SEER Summary Stage 2000	7	Distant
<b>COLLABORATIVE STAGING</b>			
37	CS Tumor Size	041	CT/Chest; Imaging
38	CS Extension	10	CT/Chest
39	CS Tumor Size/Ext Eval	0	CT/Chest; Imaging
40	CS Lymph Nodes	20	Precarinal and hilar lymphadenopathy; CT/Chest
41	CS Reg Nodes Eval	0	CT/Chest; Imaging
42	Regional Nodes Positive	98	No nodes examined
43	Regional Nodes Examined	00	No nodes examined

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44	CS Mets at Dx	40	Bone metastases on bone scan
45	CS Mets Eval	0	Clinical information
46	CS Site-Specific Factor 1	888	Not applicable
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
<b>FIRST COURSE OF TREATMENT</b>			
52	DATE of FCOT	08/08/2007	Chemotherapy given
53	DATE 1st Surgical Procedure	00/00/0000	No Surgery done
54	DATE Most Definitive Surg Primary	00/00/0000	No Surgery done
55	Surg Procedure Primary Site	00	No Surgery done
56	Surg Margins Primary Site	8	No primary site surgery
57	Scope Regional LN Surgery	0	No regional LN surgery
58	Surg Procedure Other Site	0	No other surgery
59	DATE Surg Discharge	00/00/0000	No Surgery done
60	Readmit Same Hosp w/in 30 Days	0	No readmit documented
61	Reason NO Surg Primary Site	1	Not recommended
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	No surgery done
72	Reason NO Radiation	1	Not recommended
73	DATE Systemic Therapy Started	08/08/2007	Chemotherapy given
74	Chemotherapy Code	03	Multiple agents per Oncology note
75	Hormone Code	00	Not done
76	Immunotherapy Code	00	Not done
77	Hematologic Trspl & Endo Code	00	Not done
78	Systemic/Surgery Sequence	0	No sequence
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
<b>RECURRENCE</b>			
82	DATE 1st Recurrence	00/00/0000	No recurrence documented
83	Type 1st Recurrence	70	Never disease free
84	DATE Last Contact/Death	08/08/2007	Oncology note
85	Vital Status	1	Pt alive
86	Cancer Status	2	Not free of disease
<b>CASE ADMINISTRATION</b>			
87	Is Case Complete?	Yes	