

Advanced Abstracting Breast Cancer Case #01
Memorial General Hospital Cancer Registry Patient Abstract

FIELD #	FIELD NAME	CODE	DESCRIPTION	RATIONALE
PATIENT IDENTIFICATION				
1	Medical Record #	99999901	Provided	Provided—pre-filled on the answer sheet to identify the case
2	Accession Year	2007	Provided	“
3	Sequence #	00	Provided	“
4	Last Name	Brown	Provided	“
5	Race 1	01	Provided	“
6	Spanish Origin	0	Provided	“
7	Sex	2	Provided	“
CANCER IDENTIFICATION				
8	Class of Case	1	Dx and first-course tx	Provided—pre-filled on the answer sheet to identify the case
9	DATE of 1st Contact	01/06/2007		Date of the core biopsy
10	DATE of Initial Dx	01/06/2007		Date of the core biopsy
11	Primary Site	C503	Breast, NOS	Gross description on path report states mass in lower medial portion (LIQ). Even though the pathologist does not use the term "quadrant" for the tumor site, the other three quadrants are named as intact, confirming LIQ as the location of the tumor that was further dissected (A2-A8) and confirming the pathologist knew the orientation of the specimen. C50.9 would also be appropriate because pathologist states only left breast in summary of findings.
12	Laterality	2	Left	Several references to left breast
13	Histology	8500	Infiltrating ductal carcinoma	The tiny core biopsy seemed to indicate lobular Ca, but the mastectomy, which examined the massive remaining tumor, found only ductal Ca. If established that a portion of the tumor was definitely lobular Ca, the code would be 8522. The comment states that final diagnosis was based on all the slides and did not mention the earlier focal lobular features, indicating a change in diagnosis to ductal Ca, not a mixed tumor (see path comment). In real life the abstractor should contact the pathologist to confirm the histology.
14	Behavior Code	3	Invasive	Description of the histology in the path report said invasive
15	Grade	1	Grade 1/3	Path reports gave several terms all of which convert to grade 1 using the BR conversion table in FORDS. The BR score takes priority, but it didn't make any difference in this case.
16	Diagnostic Confirmation	1	Histologic	Path reports report histology; tissues examined
STAGE OF DISEASE AT DIAGNOSIS				
17	DATE Surg Dx/Stage Procedure	01/06/2007		Date of diagnostic procedure was date of core biopsy

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18	Surg Dx/Stage Procedure Code	02	Incis bx of primary site	Core biopsy procedure
19	Clinical T	4b	Specified skin changes	The follow-up visit mentioned the cancer was ulcerating through the skin at initial presentation, which is clinical T4b
20	Clinical N	2a	Fixed or matted nodes	The follow-up visit mentioned matted axillary nodes at presentation. The N for matted nodes is N2, specifically N2a.
21	Clinical M	0	No evidence of distant extension or mets	Metastatic workup included a chest/pelvic/abdominal CT and a bone scan. The CT was negative except in the left breast and axilla which are not distant. The bone scan was questionable in a background of arthritis, but the report did not use a term we can accept as positive. The mammogram report was of the benign right breast.
22	Clinical Stage Group	3B		Per the AJCC breast ca stage table, T4, N2, M0 is stage 3B
23	Clinical Stage Descriptor	0	None	No prefix or suffix descriptors apply to the clinical stage.
24	Clinical Staged By	5	Ca Registrar	None of the physicians provided a clinical stage.
25	Pathologic T	2	More than 2 cm but not more than 5 cm	The pathologist's final diagnosis said T3 which means greater than 5 cm, but the description said the tumor was "at least 5 cm," not greater. A 5 cm tumor is T2. Margins may be microscopically involved when using a specimen for tumor size, but having microscopic tumor at the margins does not add to the size. The downstaging rule also applies (when in doubt, use the less extensive classification). The reference to T4a in the body of the path report and repeated by the following physician is a misleading error. The facts of the path report don't support a pathological T4a lesion, which is invasion of the chest wall. The tumor didn't invade even the pectoralis, which overlies the chest wall, so the tumor never extended to the chest wall. The deep dermal involvement of the skin of the breast is a result of direct extension, without the satellite skin nodules, ulceration or edema required for pT4b.
26	Pathologic N	3a	10 or more positive nodes or infraclavicular nodes	Path report states 10 of 32 axillary nodes were positive which is N3, specifically N3a.
27	Pathologic M	0	No distant extension or mets	When the primary tumor and nodes are evaluated pathologically, a clinical M can be used for pathological staging. No distant biopsies were taken, but M0 can be used for the pStage.
28	Pathologic Stage Group	3C		T2, N3, M0 is stage 3C. It didn't make a difference whether the primary tumor was T2 or T3, because any T with N3 and M0 is stage 3C.

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29	Pathologic Stage Descriptor	4	Staged during or following initial multi-modality therapy	Per the follow-up visit, the tumor had been down-staged by neoadjuvant hormone therapy, so the descriptor is "y". The medical record would have this information at the time of surgery.
30	Pathologic Staged By	6	Registrar and any of the specified physicians	Staged by the registrar and the pathologist. The registrar provided the T2, M0 and stage grouping. The pathologist provided the N3.
31	Managing Physician's Assigned Stage	None	Pathologist staged ypT3, N3, MX	The managing physician did not stage the case. The pathologist came closest but did not provide a group stage. This would not count at CoC survey as compliance. The registrar would follow up with the managing physician to get a complete stage documented in the medical record and update the abstract.
32	SEER Summary Stage 2000	4	Regional by direct extension and regional nodes	All the nodes mentioned were regional and the ulceration of the skin was regional extension in breast cancer summary staging. The summary stage is regional by node involvement and direct extension, code 4.
COLLABORATIVE STAGING				
33	CS Tumor Size	086	86 mm (8.6 cm)	The clinical size of 8.6 cm mentioned on the CT scan shortly after diagnosis would be used for CS tumor size because it is larger than the 5 cm tumor removed at surgery.
34	CS Extension	51	Extensive skin involvement w/o a dx of inflammatory carcinoma	Primary tumor extended to the skin with ulceration (code 51)
35	CS Tumor Size/Ext Eval	5	Clinical evaluation even though resection done after neoadjuvant tx	Tumor size was based on the clinical size from the chest CT instead of the pathology report from the resection, which was done after neoadjuvant therapy. Clinical size was used because it was larger than the pathological size.
36	CS Lymph Nodes	79	Staged as N3, NOS	The pathologic N3 for the 10 axillary nodes indicates more extensive involvement than the N2 for clinically matted nodes. There's no CS selection for 10 or more nodes, but the pathologist stated N3 disease. The code for N3 is 79.
37	CS Reg Nodes Eval	6	Nodes removed after pre-surgical tx; evaluation based on pathological exam	The nodes were removed and examined after neoadjuvant hormone therapy. Stage was selected using pathological information, so the code is 6.
38	Regional Nodes Positive	10	Number of nodes positive	The modified radical mastectomy path report said 10 regional nodes were positive.

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39	Regional Nodes Examined	32	Number of nodes examined	The path report said 32 regional nodes were examined.
40	CS Mets at Dx	00	No distant mets	An extensive metastatic workup was done without mets being diagnosed
41	CS Mets Eval	0	No pathology of distant sites, clinical evaluation of non-invasive evidence	The evaluation for mets was strictly clinical—all scans
42	CS Site-Specific Factor 1	010	Elevated ERA	ER was positive as mentioned in the path report and other places.
43	CS Site-Specific Factor 2	010	Elevated PRA	PR was also positive.
44	CS Site-Specific Factor 3	010	Number of positive axillary nodes	All 10 of the positive nodes were axillary.
45	CS Site-Specific Factor 4	888	Not applicable; nodes not neg	The SSF evaluates node-negative patients, This case wasn't node-negative, so the code is 888.
46	CS Site-Specific Factor 5	888	Not applicable; nodes not neg	Also targets node-negative patients, so this code is also 888
47	CS Site-Specific Factor 6	888	Clinical tumor size coded.	Asks if the tumor size includes a DCIS component. This is a pathological evaluation. When clinical size is used for the tumor, then the code is 888
FIRST COURSE OF TREATMENT (FCOT)				
48	DATE of FCOT	01/15/07 (est)		First treatment was the neoadjuvant hormone therapy started right after the 1/6/07 diagnosis, so an estimated date of 1/15/07 is reasonable.
49	DATE 1st Surgical Procedure	08/02/2007		The date of the modified radical mastectomy was 8/2/07 on the op report.
50	DATE Most Definitive Surg Primary	08/02/2007		Date of the most definitive surgical resection was also the date of modified radical 8/2/07
51	Surg Procedure Primary Site	51	Mod rad mastect w/o removal of uninvolved contralat breast	The modified radical mastectomy removed the left breast and left axillary contents. The right breast, which was uninvolved, was not removed.
52	Surg Margins Primary Site	0	Negative	Per the path report, some of the margins were very close but none were positive
53	Scope Regional LN Surgery	5	4 or more nodes removed	32 regional nodes were remove
54	Surg Procedure Other Site	0	None	No surgical procedure of a regional or distant site. The small amount of pectoralis muscle is included as part of the mod rad mastectomy and doesn't count as surgery to a regional site.

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55	DATE Surg Discharge	08/03/2007		Documented at the top of the discharge summary.
56	Readmit Same Hosp w/in 30 Days	0	None	No unplanned readmission was documented in the follow-up visit history of events.
57	Reason NO Surg Primary Site	0	Surgery done	Patient had a mod rad mastectomy of primary site.
58	DATE Radiation Started	01/15/08 (est)		Per 8/22/08 clinic note, radiation had been completed, but no date was provided. Assuming chemo would start a month after surgery and four cycles of chemo might take four months, a reasonable estimated radiation start date was five months after surgery or January 2008. Fifteen is used by some registrars for an unknown day. Other registrars use the 1st for an unknown day. Data standards manuals say to use 99 for an unknown date and to use eight 9's for an unknown date, although some software cannot handle 9's for dates. Any of these formats would be appropriate, although each registry should agree on one format.
59	DATE Radiation Ended	99999999	Unknown	An unknown date is eight 9's. This field is used to calculate numbers of days, so an estimated date here is not as appropriate as estimating start dates.
60	Location of Radiation Treatment	9	Unknown	The follow-up clinic visit mentioned radiation was completed but didn't say where it was done.
61	Radiation Treatment Volume	20	Chest wall	The follow-up visit stated the chest wall was irradiated
62	Regional Treatment Modality	20	Beam radiation, NOS	The details weren't given but beam radiation is fairly common for chest wall radiation. Code 20 is like radiation, NOS
63	Regional Dose: cGy	99999	Unknown cGy	Dose not documented. The code for unknown is five 9's.
64	Boost Treatment Modality	99	Unknown	Not documented. The code for unknown is five 9's.
65	Boost Dose: cGy	99999	Unknown	The definition for five 9's indicates a boost was given but dose is unknown; however this code is the only unknown offered
66	Number Treatments per Volume	99	Unknown	The number of visits was not documented.
67	Radiation/Surgery Sequence	3	After surgery	Radiation to the chest wall would have to occur after the mastectomy.
68	Reason NO Radiation	0	Given	Per follow-up clinic visit, patient completed left chest wall radiation.
69	DATE Systemic Therapy Started	01/15/07 (est)		Used same estimated date that was used for when neoadjuvant hormone therapy started.
70	Chemotherapy Code	03	Multiple drugs	The follow-up clinic visit stated patient received four cycles AC chemo.
71	Hormone Code	01	Given	The follow-up clinic visit stated patient was "placed back on Femara" indicating Femara was also given before surge
72	Immunotherapy Code	00	None	None documented as given
73	Hematologic Trspl & Endo Code	00	None	None documented as given
74	Systemic/Surgery Sequence	4	Pre & post surgery	Femara, a hormone, was given before surgery and Femara and AC chemo were given after surgery. The code for systemic therapy both before and after surgery is 4.
75	DATE Other Treatment Started	00000000		Did not get other treatment, so the date is eight 0's

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76	Other Treatment Code	0	None	None documented as given
77	Palliative Treatment Code	0	None	None given. The intent of the documented treatment was to cure or provide a long disease-free survival
RECURRENCE				
78	DATE 1st Recurrence	00000000	Provided	Patient was cancer-free at time of follow-up clinic visit.
79	Type 1st Recurrence	00	Provided	Patient was cancer-free at time of follow-up clinic visit.
FOLLOW-UP				
80	DATE Last Contact/Death	08/22/2008		The date of the follow-up visit.
81	Vital Status	1	Alive	The patient was alive at the follow-up visit.
82	Cancer Status	1	NED	The physician described an extensive physical exam and tests which showed the patient had no evidence of cancer
83	Follow-up Source	2	Clinical Visit	The follow-up information came from the patient's follow-up visit to the clinic which is code 2 (assumption that clinic is physician clinic)
84	Next Follow-up Source	1		Probably should be a letter to the doctor who is following her, the medical oncologist.
CASE ADMINISTRATION				
85	Abstracted by		Abstractor code	May be a code or initials to designate who abstracted the case
86	Date Abstracted	< 07/06/07	Within six months of date of first contact	The case is required to be abstracted by this date, which is earlier most of the treatment dates in the documentation for the case. The assumption is that the abstractor updated the abstract after the additional information became available. For the exercise, the information available should be abstracted.
87	Is more surgery info needed to complete 1 st course therapy for abstract?	No		Surgery information is complete
88	Is more radiation oncology info needed?	Yes		Radiation information is not complete. Suggest trying to get accurate dates and other details of treatment
89	Is more systemic therapy info needed?	Yes		Chemotherapy is not complete. Suggest getting accurate dates
90	Is case complete?	Yes No		Abstract is technically complete but not very accurate for doing analyses either at the hospital or the central registry levels.