

## Gynecologic Advanced Case #3 Answer Sheet

FIELD#	FIELD NAME	CODE AND RATIONALE/DOCUMENTATION	
<b>PATIENT IDENTIFICATION</b>			
1	Medical Record #	666603	From record
2	Accession #	2007xxxxx	First contact in 2007
3	Sequence #	00	No history other malignancies
4	Patient Name	Endota, Eve	From record
5	Race 1	02	African American per 2/15 Ambulatory Clinic Note
6	Spanish Origin	0	No evidence patient is Hispanic
7	Sex	2	Female
<b>CANCER IDENTIFICATION</b>			
8	Class of Case	1	Dx and surgery at facility
9	DATE 1st Contact	02/15/2007	Date of ambulatory clinic visit
10	DATE Initial Dx	02/21/2007	Endometrial biopsy
11	Primary Site	C541	Endometrium
12	Laterality	0	Not a paired site
13	Histology	8380	Endometrioid adenoCa in CAP section of final diagnosis of path report
14	Behavior	3	Invasive tumor
15	Grade	2	G2 per CAP summary
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	00/00/0000	Single tumor in primary site
20	Mult Tumors Reported as 1 Prim	00	Single tumor
21	Multiplicity Counter	01	Single tumor
<b>STAGE OF DISEASE AT DIAGNOSIS</b>			
22	DATE Surg Dx/Stage Procedure	02/21/2007	Date of endometrial biopsy
23	Surg Dx/Stage Procedure Code	02	Biopsy of primary site
24	Clinical T	X	Need depth of invasion, which requires resection
25	Clinical N	X	Not enough information for AJCC staging
26	Clinical M	0	Negative chest scan prior to surgery
27	Clinical Stage Group	99	Insufficient info for clinical staging
28	Clinical Stage Descriptor	0	None of the descriptors apply
29	Clinical Staged By	0	No clinical staging was done
30	Pathologic T	3b	Vaginal involvement per path report
31	Pathologic N	X	Nodes were not identified or examined
32	Pathologic M	X	No pathology of distant sites, can use clinical M only if pathological assessment of T and N
33	Pathologic Stage Group	99	AJCC Stage Group cannot be determined
34	Pathologic Stage Descriptor	0	None of the descriptors apply
35	Pathologic Staged By	3	TNM supplied by pathologist
36	SEER Summary Stage 2000	2	Direct extension to vagina (FIGO IIIB)
<b>COLLABORATIVE STAGING</b>			
37	CS Tumor Size	110	11 cm from CAP summary in path report
38	CS Extension	64	Extension to vagina
39	CS Tumor Size/Ext Eval	6	Pathologically examined after pre-op Megace
40	CS Lymph Nodes	00	Assume negative if exploratory lap done for inaccessible site
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	Distant mets (skin) but no distant LNs
45	CS Mets Eval	0	Chest x-ray negative; documents areas farther

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			away than surgery observation
46	CS Site-Specific Factor 1	888	Not applicable to this site
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
<b>FIRST COURSE OF TREATMENT (FCOT)</b>			
52	DATE of FCOT	04/04/2007	Date of resection
53	DATE 1st Surgical Procedure	04/04/2007	Date of resection
54	DATE Most Definitive Surg Prim	04/04/2007	Date of resection
55	Surg Procedure Primary Site	60	Radical TAH per path; sections of parametria removed
56	Surg Margins Primary Site	0	Margins uninvolved per path
57	Scope Regional LN Surgery	0	No nodes removed
58	Surg Procedure Other Site	0	No separate regional tissue removed (parametrium removed en bloc with uterus)
59	DATE Surg Discharge	99/99/9999	Not provided
60	Readmit Same Hosp w/in 30 Days	0	Readmit for renal failure 2 mos later
61	Reason No Surg Primary Site	0	Surg of primary site done
62	DATE Radiation Started	05/15/2007	Date estimated
63	DATE Radiation Ended	99/99/9999	Unknown date
64	Location of Radiation Treatment	4	No XRT sum in record, assume elsewhere
65	Radiation Treatment Volume	29	Not provided, assume pelvis, NOS
66	Regional Treatment Modality	20	Radiation therapy, NOS
67	Regional Dose: cGy	99999	Dose not provided
68	Boost Treatment Modality	99	Unk if boost was given
69	Boost Dose: cGy	99999	Unk if given; unk dose if given
70	Number Treatments per Volume	99	Unk number of treatments
71	Radiation/Surgery Sequence	3	After surgery
72	Reason No Radiation	0	XRT given
73	DATE Systemic Therapy Started	02/21/2007	Used bx date as estimated start date for Megace
74	Chemotherapy Code	00	No chemo
75	Hormone Code	01	Megace given pre-op for possibly a short time but it is indicated for endometrial cancer
76	Immunotherapy Code	00	None
77	Hematologic Trspl't & Endo Code	00	None
78	Systemic/Surgery Sequence	2	Megace given pre-op, unknown if given post-op
79	DATE Other Treatment Started	00/00/0000	No oth tx given or planned
80	Other Treatment Code	0	None given
81	Palliative Treatment Code	0	None documented
<b>RECURRENCE</b>			
82	DATE 1st Recurrence	00/00/0000	No recurrence documented
83	Type 1st Recurrence	00	No recurrence documented
84	DATE Last Contact/Death	08/22/2007	Ambulatory clinic visit
85	Vital Status	1	Alive
86	Cancer Status	1	No evidence of cancer
<b>CASE ADMINISTRATION</b>			
87	Is Case Complete?	No	Need start/stop dates of RT, date surg disch, and confirm why Megace was given pre-op. If not Ca tx, correct systemic tx and CS eval of size/ext coding