Advanced Abstracting Breast Cancer Case #03
Memorial General Hospital Cancer Registry Patient Abstract

FIELD #	FIELD NAME	CODE	DESCRIPTION	RATIONALE
	PATIENT IDENTIFICATION			
1	Medical Record #	999903	Provided	Provided—pre-filled on the answer sheet to identify the case
2	Accession Year	2007	Provided	"
3	Sequence #	00	Provided	"
4	Last Name	White	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	Patient was diagnosed and treated at the reporting facility and by staff physicians
9	DATE of 1st Contact	07/26/2007		The 07/26/2007 biopsy date is when patient first had contact with the facility for cancer. The 06/05/2007 mammo date is not appropriate because cancer was not suspected and the recommendation was simply a f/u mammo in 6 months.
10	DATE of Initial Dx	07/26/2007		Date of the biopsies
11	Primary Site	C509	Breast, NOS	The UOQ reference to a palpable lesion did not turn out to be definitive. The OP report mentioned removing an excisional biopsy from the nipple peri-areolar complex and core biopsies from multiple locations of the breast parenchyma, all of which were positive for cancer. Site is breast, NOS (C50.9).
12	Laterality	2	Left	Several references to left breast
13	Histology	8530	Inflammatory breast CA	The final diagnosis of the biopsy path report was consistent with inflammatory breast CA (8530). The MRM path showed no residual invasive tumor. The MRM path report was no longer the "most representative specimen" after neoadjuvant chemotherapy.
14	Behavior Code	3	Invasive	Inflammatory breast CA is invasive
15	Grade	3	Grade 3	The staging form section of the MRM path report gave the grade as G3 histologic grade. Histologic grade has the lowest priority for determining grade on the BR conversion table (FORDS p.15), but this is all that's provided for this case, so grade is 3.
16	Diagnostic Confirmation	1	Histologic	Histological diagnosis on the path report
	STAGE OF DISEASE AT DIAGNOSIS			
17	DATE Surg Dx/Stage Procedure	07/26/2007		Date of the incisional biopsies

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18	Surg Dx/Stage Procedure Code	02	Incisional bx of primary site	Diagnostic procedure was the incisional biopsies of the primary site. The subsequent CT was positive for residual breast tumor supporting the incisional nature of the biopsies.
19	Clinical T	4d	Inflammatory carcinoma	Based on observations by the surgeon on 7/25 of peau d'orange around the nipple and areola and the reddish discoloration in the intramammary fold (skin changes < 50% of breast or NOS) with the IBC pathology of the incisional biopsies; therefore cT is 4d.
20	Clinical N	1	Node involvement	Per the surgeon, the axillary PE did not show adenopathy; however, the CT of the chest mentioned prominent left axillary nodes suspicious for node involvement supporting cN
21	Clinical M	0	No distant metastasis	Metastatic workup consisted of a chest/pelvic/abdominal CT and a bone scan. Besides residual breast tumor w/ skin thickening and suspicious axillary nodes, the chest CT mentioned a non-specific 2 mm RLL lung nodule and recommended following for benign or malignant potential, but nodule was never worrisome in physicians' dictation. The bone scan was negative. Therefore cM0.
22	Clinical Stage Group	3B	Stage IIB	AJCC staged: T4 N1 M0 Stage IIIB
23	Clinical Stage Descriptor	0	None	There were no special circumstances to indicate a prefix or suffix.
24	Clinical Staged By	5	Cancer Registrar	Abstractor. No physician provided a clinical stage.
25	Pathologic T	Tis	In situ carcinoma, residual after neoadjuvant treatment	Pathological T in mastectomy path report was based on the incisional bx, which was prior to extensive neoadjuvant treatment. Mastectomy path report staging should reflect the status of the tumor at the time of mastectomy, in other words post-neoadjuvant treatment. Inflammatory breast carcinoma is classified in clinical stage.
26	Pathologic N	0	None	7 axillary nodes were removed and examined but no tumor remained after neoadjuvant chemotherapy (pN0).
27	Pathologic M	0	None	When the tumor and nodes are evaluated pathologically, a clinical M can be used for pathological staging (pM0).
28	Pathologic Stage Group	0	Stage 0	TNM "Staging Form" on last page is incorrect. Should be ypTis ypN0 cM0 Stage 0 with residual in situ cancer.
29	Pathologic Stage Descriptor	4	Classification after multimodal treatment	Tumor had been downstaged by neoadjuvant AC-T chemotherapy, so the descriptor prefix is "y"
30	Pathologic Staged By	5	Cancer Registrar	Pathologist's stage at mastectomy is incorrect. There is residual tumor that makes the case Stage 0, in situ. No stage was documented by a managing physician.
31	Managing Physician's Assigned Stage	None		None of the treating (managing) physicians documented stage; the pathologist documented T4, N0, M0, stage 3B, which is incorrect.

32	SEER Summary Stage 2000	4	RE and RN	Regional because of the skin involvement, plus clinically positive regional nodes is summary stage 4, regional by both direct extension and regional nodes.
	COLLABORATIVE STAGING			
33	CS Tumor Size	998	Diffuse involvement	No mass was identified or resected, but multiple incisional biopsies in various parts of the breast were all positive, so CS size is diffuse involvement.
34	CS Extension	71	Inflammatory carcinoma	Skin changes were described as being limited to peri-areolar area and inframammary fold. Inflammatory breast cancer skin changes of <50% of the breast or Inflammatory breast cancer, NOS is CS extension 71.
35	CS Tumor Size/Ext Eval	5	Pre-op systemic therapy; clinical information used.	Tumor was clinically evaluated prior to neoadjuvant therapy to reduce edema and peau d'orange. The fact that the patient received neoadjuvant treatment should be noted even though the assessment of tumor was done before the treatment started.
36	CS Lymph Nodes	60	Axillary lymph nodes, NOS	Clinical N1 is more extensive than the pathologically negative N0 after neoadjuvant chemo. The nodes were not palpable and were not stated to be N1 in the record but were identified on imaging, so CS node code 60, axillary nodes NOS is most appropriate.
37	CS Reg Nodes Eval	5	Clinical evaluation prior to neoadjuvant treatment	The nodes were only identified on the CT scan and not by biopsy, so evaluation would be CS code 5, clinical eval prior to neoadjuvant therapy.
38	Regional Nodes Positive	00	Lymph nodes positive	Path report said none were positive
39	Regional Nodes Examined	07	Lymph nodes examined	Path report said 7 nodes were examined
40	CS Mets at Dx	00	None	There was an extensive metastatic workup without mets being diagnosed (00)
41	CS Mets Eval	0	Clinical Evaluation	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	000	All ipsilateral axillary nodes examined negative	None of the 7 axillary nodes were positive
45	CS Site-Specific Factor 4	888	CS Lymph Nodes not coded as 00	Regional nodes were clinically positive prior to neoadjuvant therapy and modified radical mastectomy.
46	CS Site-Specific Factor 5	888	CS Lymph Nodes not coded as 00	Regional nodes were clinically positive prior to neoadjuvant therapy and modified radical mastectomy.

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 and there was no pathological size provided. When clinical size is used for tumor, then the code is 888.
	FIRST COURSE OF TREATMENT (FCOT)			
48	DATE of FCOT	08/02/2007		First treatment was neoadjuvant chemotherapy started on 08/02/2007, the same day the Medi-port was inserted.
49	DATE 1st Surgical Procedure	11/20/2007		Date of the modified radical mastectomy was 11/20/2007
50	DATE Most Definitive Surg Primary	11/20/2007		Date of the most definitive surgical resection was also the date of modified radical 11/20/2007.
51	Surg Procedure Primary Site	51	Mod rad mastect w/o removal of uninvolved contralat breast	Modified radical without removal of uninvolved contralateral breast
52	Surg Margins Primary Site	0	Negative	Per the MRM path report, there was no residual tumor
53	Scope Regional LN Surgery	5	4 or more nodes removed	7 regional nodes were removed
54	Surg Procedure Other Site	0	None	No regional or distant sites were surgically removed
55	DATE Surg Discharge	99999999		The H&P document for the MRM admit says a short stay is planned, but no documentation of actual discharge is provided. Unknown date is 99/99/9999
56	Readmit Same Hosp w/in 30 Days	0	None	No unplanned readmission was mentioned in the follow-up visit history of events
57	Reason NO Surg Primary Site	0	Surgery done	Surgery to the primary was done
58	DATE Radiation Started	88888888	Recommended	Radiation was planned after adjuvant chemo is completed
59	DATE Radiation Ended	88888888	Recommended	It hasn't happened yet but recommended so 88/88/8888 is appropriate
60	Location of Radiation Treatment	0	No radiation treatment	Radiation was not given yet
61	Radiation Treatment Volume	00	No Radiation	Radiation was not given yet
62	Regional Treatment Modality	00	Not done	Radiation was not given yet
63	Regional Dose: cGy	00000	None	Radiation was not given yet
64	Boost Treatment Modality	00	Not done	Radiation was not given yet
65	Boost Dose: cGy	00000	None	Radiation was not given yet
66	Number Treatments per Volume	00	None	Radiation was not given yet
67	Radiation/Surgery Sequence	0	No radiation	Radiation was not given yet
68	Reason NO Radiation	8	Recommended	Code 8 for radiation is planned
69	DATE Systemic Therapy Started	08/02/2007		Used the same date as the start of treatment (08/02/2007) which was the date neoadjuvant chemotherapy started.
70	Chemotherapy Code	03	Multiple drugs	Documented that patient received neoadjuvant four cycles of AC

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				followed by four cycles of Taxol with Herceptin planned after surgery. Multiple chemo drugs are code 03.
71	Hormone Code	88	Recommended	Planned after adjuvant chemo and radiation was completed; code as 88 is used for planned hormone therapy until actually given or not given, then update code.
72	Immunotherapy Code	00	None	None given
73	Hematologic Trsplt & Endo Code	00	None	None documented as given
74	Systemic/Surgery Sequence	2 vs. 4	Systemic therapy before surgery	Systemic therapy could be coded 2, before surgery and updated when patient actually started chemo after surgery. Alternatively, chemo was to be given before and after surgery (4), but at the time of abstracting, only pre-op chemo had been given and post-op chemo was planned. Based on the final general surgery note, it might be better to wait another month before abstracting this case so that all chemotherapy and radiation had been completed.
75	DATE Other Treatment Started	00000000	None	Didn't receive so the date is 00000000.
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	No recurrence so date is 00000000
79	Type 1st Recurrence	00	Provided	No recurrence is coded 00
	FOLLOW-UP			
80	DATE Last Contact/Death	12/15/2007		Date of the surgical follow-up visit 12/15/2007
81	Vital Status	1	Alive	Patient alive at the follow-up visit
82	Cancer Status	1	No evidence of this tumor	Patient had no evidence of disease at last contact
83	Follow-up Source	2	Clinic visit	Follow-up information came from the patient's follow-up visit to the surgeon
84	Next Follow-up Source	1	Physician	Should be a letter to the medical oncologist who is planning more therapy
	CASE ADMINISTRATION			
85	Abstracted by		Abstractor code	Needed to manage the database and report to the state.
86	Date Abstracted	< 1/26/2008	Within six months of date of first contact	The case is required to be abstracted by this date, although some of the treatment has not been started. Strictly speaking, the abstractor should update the abstract when the additional information becomes available. For the exercise, all information available should be abstracted.
87	Is more surgery info needed to complete 1st course therapy for abstract?	**No**		Surgery information is complete

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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**		Chemtherapy is not complete. Suggest getting accurate dates and type of post-op chemo
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 until the treatment info is complete.