Omega cancer registry Text Documentation guidelines

These guidelines are to be used when there is no hospital specific guidelines or state specific guidelines for text documentation. Text documentation is required to justify coded values and to supplement information not transmitted with coded values.

**Resources:**

* ***Abbreviations: Use NACCR Recommended Abbreviations for Abstractors*** (Appendix G) <http://datadictionary.naaccr.org/?c=17>
* ***NCRA Informational Abstracts*** (These site-specific abstracts provide an outline to follow when determining what text to include.) <http://www.cancerregistryeducation.org/rr>
* ***AJCC Cancer Staging Manual-Registry Data Collection Variables*** (Each Chapter in the AJCC has a list of Registry Data Collection Variables which should be documented in text if available.)
* ***Site-Specific Data Item (SSDI) Manual*** <https://www.naaccr.org/>
* ***College of American Pathology Cancer Protocol Templates*** <https://www.cap.org/>

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| Text Field  | Required Documentation in Field | Example |
| Physical Exam | Date case became analytic or date of first contract.Facility or LocationClass of CaseDemographics: Age, Sex, Race. Ethnicity, Marital Status, Reason for Admission to Your FacilityPertinent Findings from Physical Exam, Type and Duration of SymptomsVitals: Height, WeightPast Medical HistorySocial History: Smoking, Alcohol. Any Exposures to Carcinogens.Family History: Relation, Type of Cancer | 1/15/2023 @ Hospital XYZ. Class of Case 00. 70 YO non-Hispanic white married male presented to Hospital XYZ for lung bx after abn CXR. Pt transferred care to Hospital ABC.HT 5’10”. WT 180 LB. PMH of COPD, HTN.  SHX – current cigarette smoker 1 PPD x 50 yrs. Denies alcohol use. Vietnam Vet and shipyard worker. FHX – father with lung cancer, mother w/ breast cancer. |
| Path Text | Date(s) of ProcedureFacility or LocationPathology Accession NumberType of SpecimenFinal Diagnosis, Comments, Addenda, Supplementation InformationHistology, Behavior, Grade, Tumor Size, Tumor Extension, Lymph Nodes (removed/biopsied), Margins, LVI, etc. See CAP ProtocolsSpecial Histo Studies, Cytogenetic & Biomarkers if applicable | 2/5/2023 (Hosp xyz) – Path Acc # ‐ LUL wedge resection: LUL 3.5cm Invasive Adenocarcinoma, acinar predominant, G2 moderately differentiated pT2a pN0 6 Nodes (-) [Three from Level 5, One from Level 6, Two from Level 7] Margins (-), LVI (-) No visceral pleural involvement PDL1+ |
| Labs Text | Date/Test/Value/ and Unit of Measureexample 1-12-2017 Creatinine 1.2 mg/dlInclude all relevant lab tests whether indicated as an SSDI, Registry Data Collection Variable, etc. | 4/12/2023 (Hosp xyz) ER 90%+ Strong Intensity, PR 0% Negative, HER2 neg by IHC method, PSA 5.3 (elevated)  |
| Site Text | Site, Laterality if required, Size of Tumor | Breast RUQ 3.5 cm |
| Histology | Grade or Differentiation, Histology, Include Special Grade if Required by Site  | PD infiltrating Ductal ca, Nottingham 9  |
| Place of DX | Date, Facility or Location, How diagnosed | 1/15/2023 @ (Hospital XYZ) breast bx  |
| X-Ray | Date of ProcedureFacility or LocationType of Exam (wo/w contrast?)Pertinent Results to Support Primary Site & Stage Include adenopathy, lymphadenopathy, or if nodes are wnl or not mentioned in report. Include ascites, pleural or pericardial effusion. (Do not abstract from “impression” only, use the entire report.) | 1/15/2023@ Hospital XYZ, CT w/wo contrast: RUL lung nodule 3.5 cm. Hilar adenopathy, largest node 1.8 cm. No mention of mediastinal nodes in report. No pleural effusion. |
| Scope Text | DateFacility or LocationType of examPhysician Type conducting examPertinent results-*primary site, extent of tumor spread, satellite lesions), clinical assessment, positive/ negative results*Was bx done | 1/15/2023 @ Endoscopy Center XYZ, colonoscopy, per Surgeon – partially obstructing circumferential mass in sigmoid colon w/ bx. |
| OP Text | DateFacility or LocationPhysician Type Surgery PerformedFindings from the Surgery.Did Physician Type state no residual disease, enlarged liver, met deposits, seeding, etc. (Information that supports primary site, extent of disease, tumor size and/or stage.) | 1/17/2023 @ Hospital XYZ, per Surgeon, Right hemicolectomy. No other disease noted in abd.1/15/2023 @ Hospital XYZ, Dr South, Hysterectomy, BSO, tumor debulking. Seeding on diaphragm noted, less than 2 cm. not removed. Residual seeding in cul-de-sac. |
| Surgery Text | DateFacility or LocationPhysician Type Surgery performedInclude lymph node status | 1/17/2023 @ Hospital XYZ, per Surgeon, Right hemicolectomy. No nodes removed1/15/2023 @ Hospital XYZ, Dr South, Hysterectomy, BSO, tumor debulking. Retroperitoneal nodes, Para-aortic nodes removed |
| Remarks/Dx Comm | N/A or NoneUse this space for additional text documentation if you run out of room. Remember to state what you are continuing from.  | NoneN/APath 1/15/2023 continued – Etc. |
| Staging Text | Clinical stage by whom, what editionPathologic stage by whom, what editionUse the prefixes if applicableSEER Summary Stage 2018 EOD primary tumor, lymph nodes, mets (if applicable i.e. SEER States) | cT2 (size, extension) cN1 (nodes) cM0 (site of mets) Stage 2 by Dr XXX or CTR/AJCC 8th ed.pT2 (size, extension) pN1 (nodes) cM1 (liver) Stage IV by Dr XXX or CTR/AJCC 8th ed.SEER stage 7EOD Extension, nodes involved, metastatic sites |
| Radiation (Beam)Text | Used or external beam onlyStart date, End dateFacility or LocationPhysician Type Type of treatment (adjuvant, neoadjuvant, palliative)Volume(s) TreatedModalityPlanning TechniquecGy, fractions, dose per fraction, elapsed daysIf patient did not complete treatment state reason if known. | 1/1/2023 – 2/1/2023 @ 21st Century, per Med Onc, Adjuvant (or neoadjuvant) 6mv IMRT to Right breast for 5040 cGy in 33 fx over 30 elapsed days. 2/1/2023 – 2/7/2023 6mv IMRT Boost to rt breast for 1000 cGy in 5 fx over 5 elapsed days. |
| Radiation (Other) Text | Used for radiation treatment other than Beam.Start date, End dateFacility or LocationPhysician Type Type of treatment (adjuvant, neoadjuvant, palliative)Volume(s) TreatedModalityPlanning TechniquecGy, fractions, dose per fraction, elapsed daysIf patient did not complete treatment state reason if known. | 2/15/2023 (Hosp xyz) ‐ Rad Onc Note-radioactive seed implant, radioisotopes (I‐131) |
| Chemo Text | Start date, End date (if known)Facility or LocationPhysician Type Type of treatment (adjuvant, neoadjuvant, palliative)Agents usedNumber of cycles if knownIf patient did not complete treatment state reason if known.[**SEER\*Rx Interactive Drug Database**](http://seer.cancer.gov/tools/seerrx/index.html) | 1/5/2023 – 4/7/2023 @ Medical Oncology Office XYZ, Med Onc Note, adjuvant Carboplatin and 5fu completed 5/6 planned cycles due to neutropenia. |
| Hormone Text | Start dateFacility or LocationPhysician Type Type of treatment (adjuvant, neoadjuvant, palliative)Agents usedDuration if knownIf patient did not complete treatment state reason if known.[**SEER\*Rx Interactive Drug Database**](http://seer.cancer.gov/tools/seerrx/index.html) | 1/5/2023 @ Medical Oncology Office XYZ-Med Onc Note, adjuvant tamoxifen for planned 5+ yrs. Pt self d/c on 5/1/17 due to hot flashes, refused further horm. |
| Immuno/BRM Text | Start dateFacility or LocationPhysician Type Type of treatment (adjuvant, neoadjuvant, palliative)Agents usedDuration if knownIf patient did not complete treatment state reason if known.[**SEER\*Rx Interactive Drug Database**](http://seer.cancer.gov/tools/seerrx/index.html) | 1/5/2023 @ Medical Oncology Office XYZ- Med Onc Note, Neoadjuvant until surg and resumed adjuvant tx on 6/1/17 w/ Herceptin, planned to continue for 1 full year. |
| Hem/Other/Pall RX Text | Start dateFacility or LocationPhysician Type Type of treatment Duration if knownIf patient did not complete treatment state reason if known.If patient refused treatment record here. If patient was referred elsewhere for treatment, document here. | 1/1/2023 @ Hospital XYZ, Primary Care Physician Consult Note, Phlebotomy ongoing.  |
| Follow Up Comments | Date of infoWhere you found infoCancer status | 1/11/2023 @ Hospital XYZ, Cerner, OP Hospital XYZ – NED1/1/2023 @ Hospital XYZ, Cerner – ER Visit for Chest Pain, NED per last follow up. |