



IDEA – Single Entry Version 11.1

Presented by Gary Levin, BA, CTR

July 9th, 2007



Current Facility/Accession/Seq:

Selection Demographics Case DX C. Stage Text Treatment Historical

Show Incomplete Abstracts.

Show Completed Abstracts.

Click on the record you wish to Correct or Click New Abstract

Facility	Accession	Seq	Type	Status	Primary Site	Histology ICD02	Behavior ICD02	Histology ICD03	Behavior ICD03
2358	200500407	00	Abs	I	C619	8010	3		
1609	200509446	00	Abs	N	C503			8500	3
2358	200300769	00	Abs	N	C569			8010	3
2358	200400585	00	Abs	N	C421			9960	3
2358	200400586	60	Abs	N	C700			9530	0
2358	200400587	00	Abs	N	C509			8010	3
2358	200400587	60	Abs	N	C700			9530	0
2358	200400588	00	Abs	N	C772			9591	3
2358	200400589	00	Abs	N	C809			8000	3
2358	200400589	01	Hist	N	C569			8011	3
2358	200400590	00	Abs	N	C182			8263	3
2358	200400590	01	Hist	N	C569			8011	3
2358	200400590	02	Hist	N	C569			8011	3
2358	200400591	00	Abs	N	C180			8263	3
2358	200400592	00	Abs	N	C341			8046	3
2358	200400593	00	Abs	N	C161			9680	3
2358	200400594	00	Abs	N	C187			8010	3
2358	200400595	00	Abs	N	C421			9732	3
2358	200400596	00	Abs	N	C341			8070	3
2358	200400597	00	Abs	N	C180			8140	3
2379	200600000	01	Hist	N	C000	8010	3		
2379	200600000	02	Hist	N	C001	8030	3		
2379	200600000	03	Hist	N	C002	8050	3		
2379	200600000	04	Hist	N	C003	8070	3		

Correctable Abstract Count: 22

New Abstract

Submit

Reset

Delete

Selection

Incomplete

Current Facility/Accession/Seq: 2379-200600000-06

Selection Demographics Case DX C. Stage Text Treatment Historical

Medical Facility		Accession Number	Sequence Number
2379	LARKIN COMMUNITY HOSPITAL	200600000	06
Date of First Contact (YYYYMMDD)	20070101	Medical Record Number	12316546546
Date Abstracted (YYYYMMDD)	20070705	Abstracted By	XXX

Report Source	1 - Hospital Inpatient/Outpatient or Clinic
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Patient Demographics

Copy Prev	Patient Name			Alpha List	
Last	SMITH	First	JOHN	Middle	
Alias Name					
Maiden	NA	SSN	456546546	Date of Birth (YYYYMMDD)	19500101
Place of Birth	UNKNOWN			Sex	1 - Male

Race 1	White		
Race 2	NO FURTHER RACE DOCUMENTED		
Race 3	NO FURTHER RACE DOCUMENTED		
Race 4	NO FURTHER RACE DOCUMENTED		
Race 5	NO FURTHER RACE DOCUMENTED		
Hispanic Origin	0 - Non-Spanish/Non-Hispanic	Marital Status	2 - Married

New Abstract Submit Reset Delete Selection Incomplete

Current Facility/Accession/Seq: 2379-200600000-06

Selection Demographics Case DX C. Stage Text Treatment Historical

Race 3	NO FURTHER RACE DOCUMENTED	
Race 4	NO FURTHER RACE DOCUMENTED	
Race 5	NO FURTHER RACE DOCUMENTED	
Hispanic Origin	0 - Non-Spanish/Non-Hispanic	Marital Status 2 - Married

Address at DX	
Address	5465 NW 49 ST
Zip	33126
City	MIAMI
State	FLORIDA
County	DADE
Supplemental	
<input type="button" value="Copy to Address Current"/>	

Address Current	
Address	5465 NW 49 ST
Zip	33126
City	MIAMI
State	FLORIDA
County	DADE
Telephone	3054564987

Primary Payer at DX	Medicare with supplement, NOS	Managing Physician	LOPEZ
Usual Occupation	UNKNOWN	Usual Industry	UNKNOWN
Tobacco Use	0 - None	Class of Case	1 - Dx + Tx
Dx Confirmation	1 - Hist +	Place of DX	LARKIN
Date of Dx (YYYYMMDD)	20070101	FCDS County of Dx	DADE

Current Facility/Accession/Seq: 2379-200600000-06

Selection Demographics **Case DX** C. Stage Text Treatment Historical

Case DX on or after 1/1/2001

ICD-O-3 C	619	Histology Type ICD-O-3	8140
Behavior Code	3 - Malignant		
Grade	2 - Moderately Differentiated		
Laterality	0 - None		
Text-Primary Site	PROSTATE		
Text-Histology	ADENOCA		

New Abstract Submit Reset Delete Selection Incomplete

Last Record Selected		
Medical Facility	Accession Number	Sequence Number
2379	200600000	06

Current Facility/Accession/Seq: 2379-200600000-06

Selection Demographics Case DX C. Stage Text Treatment Historical

Collaborative Staging

Regional Nodes Positive	<input type="text" value="98"/>	00 - All nodes examined negative
		01-89 - 1-89 nodes positive (code exact number of nodes positive)
		90 - 90 or more nodes positive
		95 - Positive aspiration of lymph node(s)
		97 - Positive nodes-number unspecified
		98 - No nodes examined
		99 - Unknown if nodes are positive or negative, N/A

Regional Nodes Examined	<input type="text" value="00"/>	00 - No nodes examined
		01-89 - 1-89 nodes examined (code exact number of regional lymph nodes examined)
		90 - 90 or more nodes examined
		95 - No regional nodes removed, but aspiration of regional nodes performed
		96 - Regional lymph node removal documented as sampling and number of nodes unknown/not stated
		97 - Regional lymph node removal documented as dissection and number of nodes unknown/not stated
		98 - Nodes surg. removed-number unknown/not stated/not doc. as sampling
		99 - Unknown if nodes were examined; not applicable or negative; not documented in patient record

Tumor Size: <input type="text" value="999"/> <input type="button" value="List"/>	Extension: <input type="text" value="15"/> <input type="button" value="List"/>	TS/Ext-Eval: <input type="text" value="1"/> <input type="button" value="List"/>
Lymph Nodes: <input type="text" value="00"/> <input type="button" value="List"/>	Reg Node Evaluation: <input type="text" value="0"/> <input type="button" value="List"/>	Mets at DX: <input type="text" value="00"/> <input type="button" value="List"/>
		Mets at Eval: <input type="text" value="0"/> <input type="button" value="List"/>

Site Specific Factor					
1: <input type="text" value="050"/> <input type="button" value="List"/>	2: <input type="text" value="010"/> <input type="button" value="List"/>	3: <input type="text" value="097"/> <input type="button" value="List"/>	4: <input type="text" value="550"/> <input type="button" value="List"/>	5: <input type="text" value="034"/> <input type="button" value="List"/>	6: <input type="text" value="007"/> <input type="button" value="List"/>

New Abstract

Last Record Selected		
Medical Facility	Accession Number	Sequence Number
2379	200600000	06

Current Facility/Accession/Seq: 2379-200600000-06

- Selection
- Demographics
- Case DX
- C. Stage**
- Text
- Treatment
- Historical

LOV - Extension	
Extension Click on Code/Description	
Code	Description
00	In situ: noninvasive; intraepithelial
10	Clinically inapparent tumor, number of foci or percent involved tissue not specified Stage A, NOS
13	Incidental histologic finding in 5% or less of tissue resected (clinically inapparent)
14	Incidental histologic finding more than 5% of tissue resected (clinically inapparent)
15	Tumor identified by needle biopsy, e.g., for elevated PSA (clinically inapparent)
20	Involvement in one lobe, NOS (clinically apparent only)
21	Involves one half of one lobe or less (clinically apparent only)
22	Involves more than one half of one lobe, but not both lobes (clinically apparent only)
23	Involves both lobes (clinically apparent only)

Regional No

Tumor
Lymph No

1: 050

not stated
n/not stated
t record

List

List

- New Abstract
- Submit
- Reset
- Delete
- Selection
- Incomplete

Current Facility/Accession/Seq: 2379-200600000-06

- Selection
- Demographics
- Case DX
- C. Stage
- Text**
- Treatment
- Historical

Text - Dx Procedures - Physical Exam - PE

TEST PROSTATE CA

Text - Dx Procedures - X-ray/Scans

TEST

Text - Dx Procedures - Scopes

NA

Text - Dx Procedures - Lab Tests

PSA ELEV

- New Abstract
- Submit**
- Reset
- Delete
- Selection
- Incomplete

Current Facility/Accession/Seq: 2379-200600000-06

- Selection
- Demographics
- Case DX
- C. Stage
- Text**
- Treatment
- Historical

Text - Dx Procedures - Operative Report

NONE

Text - Dx Procedures - Pathology Report

PROSTATE ADENOCA GLEASON 7

Text - Staging

CONFINED TO THE PROSTATE

Text - Remarks

NO TEXT SUBMITTED

- New Abstract
- Submit**
- Reset
- Delete
- Selection
- Incomplete

Current Facility/Accession/Seq: 2379-200600000-06

Selection Demographics Case DX C. Stage Text **Treatment** Historical

Surgery (FORDS)

RX Summ-Surg Primary Site	19	List
RX Summ-Scope Reg LN Surg	0	List
RX Summ-Surg Other Reg/Distant	0	List

Rx Date - Surgery(YYYYMMDD)	20070101	Reason for No Surgery	0	List
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Rx Text - Surgery

TURP

	Tx Code	Date(YYYYMMDD)
Radiation	1 List	20070115
Regional Rx Modality	20 List	
Radiation Beam Text	RTX GIVEN	
Radiation Other Text		
Chemotherapy	00 List	00000000

New Abstract Submit Reset Delete Selection Incomplete

Current Facility/Accession/Seq: 2379-200600000-06

Selection Demographics Case DX C. Stage Text **Treatment** Historical

Chemotherapy	00	List	00000000
Chemotherapy Text	<input type="text"/>		
Hormone	01	List	20070115
Hormone Text	<input type="text" value="HORMONE GIVEN"/>		
BRM/Immunotherapy	00	List	00000000
BRM Text	<input type="text"/>		
Transplant/Endocrine	00	List	00000000
Other	0	List	00000000
Other Text	<input type="text"/>		
Surgery/Radiation Sequence	3	List	
Systemic/Surgery Sequence	3	List	

Follow-Up

Vital Status 1 - Alive Cancer Status 9 - Unknown Date of Last Contact (YYYYMMDD) 20070215

New Abstract Submit Reset Delete Selection Incomplete

Current Facility/Accession/Seq: 2379-200600000-06

Selection

Demographics

Case DX

C. Stage

Text

Treatment

Historical

Rx Text - Surgery

TURP

List of Values - Radiation

Radiation Click on Code/Description

Code	Description
0	None
1	Beam radiation
2	Radioactive implants
3	Radioisotopes.
4	Combinations of beam radiation, with radioactive implants, or radioisotopes (combination of 1 with 2 and/or 3)
5	Radiation therapy, NOS (method or source not specified)
7	Patient or patient's guardian refused
8	Radiation therapy recommended, unknown if administered
9	Unknown if radiation therapy administered

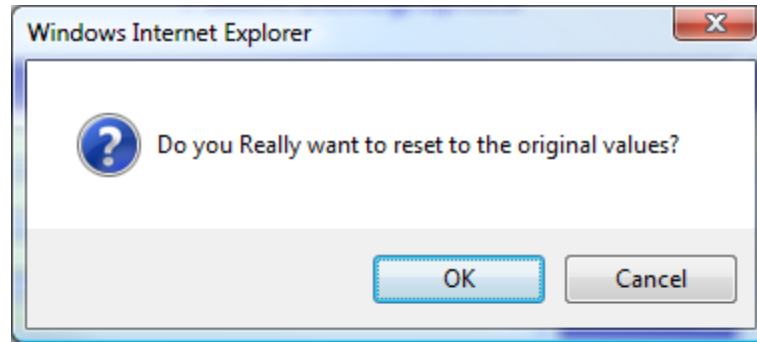
Current Facility/Accession/Seq: 2379-200600000-06

- Selection
- Demographics
- Case DX
- C. Stage
- Text
- Treatment
- Historical

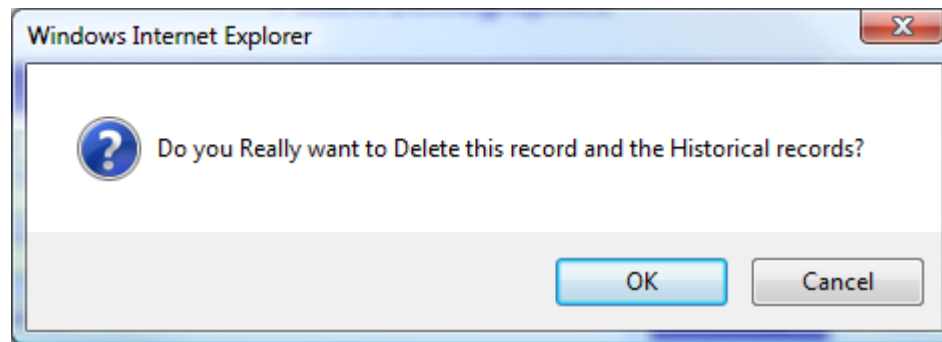
Class 3 Historical Minimal Information Abstracts

Click to	Seq	DX Date	Site	Morph	Behavior	Laterality	DX Sate	DX County
Delete	01	19810101	C 000	8010	3 - Malignant	0 - None	UNKNOWN	UNKNOWN
Delete	02	19850101	C 001	8030	3 - Malignant	0 - None	FLORIDA	UNKNOWN
Delete	03	19950201	C 002	8050	3 - Malignant	0 - None	FLORIDA	UNKNOWN
Delete	04	19960101	C 003	8070	3 - Malignant	0 - None	FLORIDA	UNKNOWN
Delete	05	19980101	C 004	8260	3 - Malignant	0 - None	FLORIDA	UNKNOWN

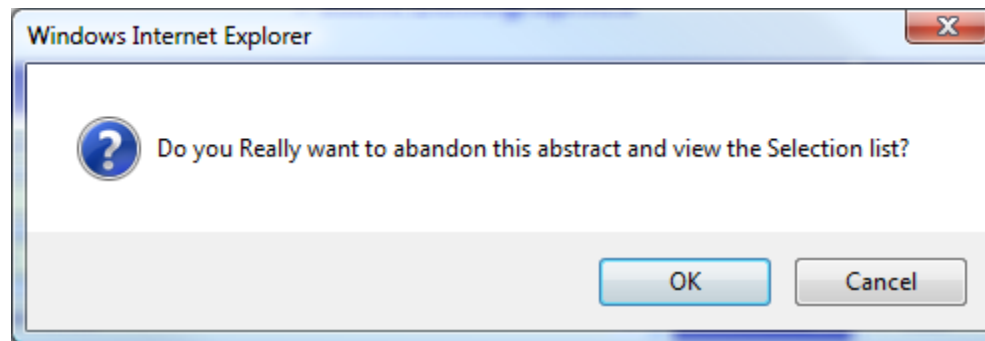
- New Abstract
- Submit
- Reset
- Delete
- Selection
- Incomplete



← Reset Button



← Delete Button



← Selection Button



Facility:1105 SHANDS ALACHUA GENERAL HOSPITAL!! Region:1 Option:4

Facility	Accession	Seq #	Patient	Site	Dx Date	Initials	Medical Record #	Social Security #	DOB
1105	200733333	02	LUCASEY, IRENE	C519	20030401	XXX	MR111111111	222112222	19011210

*** This case is a possible force. ***

*** Click the Hammer to Submit else click the Door to Review/Modify. ***

Edit:0190	ICD-O-3 Morphology not valid with Site or not reportable to FCDS	Force
Discrepant Data:	Primary Site=C519 ICDO3Morphology=8250	Y

Facility	Accession	Seq #	Patient	Site	Dx Date	Initials	Medical Record #	Social Security #	DOB
1105	200733333	03	LUCASEY, IRENE	C445	20060501	XXX	MR111111111	222112222	19011210

*** This case is a possible force. ***

*** Click the Hammer to Submit else click the Door to Review/Modify. ***

Edit:0190	ICD-O-3 Morphology not valid with Site or not reportable to FCDS	Force
Discrepant Data:	Primary Site=C445 ICDO3Morphology=8010	Y

Facility	Accession	Seq #	Patient	Site	Dx Date	Initials	Medical Record #	Social Security #	DOB
1105	200733333	06	LUCASEY, IRENE	C504	20070305	XXX	MR111111111	222112222	19011210

*** This case is a possible force. ***

*** Click the Hammer to Submit else click the Door to Review/Modify. ***