APPENDIX L FCDS TEXT DOCUMENTATION REQUIREMENTS

Text documentation is an essential component of a complete electronic abstract and is heavily utilized in quality control, to validate data at time of FCDS and NPCR Audits, and for special studies. Text **documentation is required to justify coded values** and to supplement information not transmitted with coded values. **FCDS recommends that abstractors print and post this document for easy reference.** Adequate text is a data quality indicator and will be major part of QC.

Below is a list of FCDS Required Data Items that carry an additional requirement of complete and accurate text documentation. See Table on Following Page for Specific Examples for each Text Area.

DATA ITEMS REQUIRING COMPLETE TEXT DOCUMENTATION	
Date of DX	RX Summ – Surg Prim Site
Seq No	RX Summ – Scope Reg LN Surgery
Sex	RX Summ – Surg Oth Reg/Distant
Primary Site	RX Date – Surgery
Subsite	RX Summ – Radiation
Laterality	Rad Rx Modality
Histologic Type	RX Date – Radiation
Behavior Code	RX Summ – Chemo
Grade	RX Date – Chemo
	RX Summ – Hormone
CS Tumor Size	RX Date – Hormone
CS Ext	RX Summ – BRM/Immunotherapy
CS Tumor Ext/Eval	RX Date – BRM/Immunotherapy
Regional Nodes Positive	RX Summ – Transplant/Endocrine
Regional Nodes Examined	RX Date – Transplant/Endocrine
CS LN	RX Summ – Other
CS LN Eval	RX Date - Other
CS Mets	
CS Mets Eval	Any Unusual Case Characteristics
All FCDS Req'd SSFs	Any Pertinent Patient/Family History

Text documentation should always include the following components:

- Date(s) – include date(s) references – this allows the reviewer to determine event chronology
- Date(s) – note when date(s) are estimated [i.e. Date of DX 3/15/2014 (est.)]
- Location – include facility/physician/other location where the event occurred (test/study/treatment/other)
- Description – include description of the event (test/study/treatment/other) – include positive/negative results
- Details – include as much detail as possible – document treatment plan even if treatment is initiated as planned
- Include "relevant-to-this-person/cancer" information only – edit your text documentation
- DO NOT REPEAT INFORMATION from section to section
- DO USE Standard Abbreviations (Appendix C)
- DO NOT USE non-standard or stylistic shorthand
- Enter "N/A" or "not available" when no information is available related to any specific text area.

APPENDIX L FCDS TEXT DOCUMENTATION REQUIREMENTS

Text Data Item Name **NAACCR Item #** **Field Length**	**Text Documentation Source and Item Description** *FCDS Required Text Documentation* **Example:**
Text - Physical Exam H&P NAACCR Item #2520 Field Length = 1000	Enter text information from history and physical exams. *History and physical examination findings that relate to family history or personal history of cancer diagnosis, physical findings on examination, type and duration of symptoms, reason for admission.* **Example: Hx RCC Rt Kidney – Dx 9/2011 in Georgia. Adm c/o fever and night sweats. Adm for w/u and found to have enlarged axillary nodes which on biopsy revealed diffuse B-cell lymphoma.**
Text - X-rays/Scans NAACCR Item #2530 Field Length = 1000	Enter text information from diagnostic imaging reports, including x-rays, CT, MRI, and PET scans, ultrasound and other imaging studies. *Date, facility where procedure was performed, type of procedure, detailed findings (primary site, size of tumor, location of tumor, nodes, metastatic sites), clinical assessment, positive/negative results* **Example: 4/12/14 (Breast Center xyz) Mammo - Rt Breast w/1.5cm mass at 12:00 o'clock**
Text - Scopes NAACCR Item #2540 Field Length = 1000	Enter text information from diagnostic endoscopic examinations. *Date of Procedure, facility where procedure was performed, type of procedure, detailed findings (primary site, extent of tumor spread, satellite lesions), clinical assessment, positive/ negative results* **Example: 4/12/13 (Endoscopy Ctr xyz) EGD: gastric mucosa w/ evidence of large tumor occupying half of the stomach. Numerous satellite tumors seen on opposite wall of the stomach**
Text - Lab Tests NAACCR Item #2550 Field Length = 1000	Enter text information from diagnostic/prognostic laboratory tests (not cytology or histopathology). **Text for Collaborative Stage Site Specific Factor or SSF documentation.** *Date(s) of Test(s), facility where test was performed, type of test(s), test results (value and assessment)* **Example: 4/12/14 (Hosp xyz) ER +, PR - , HER2 neg by IHC method, PSA 5.3 (elevated)**
Text - Operative Report NAACCR Item #2560 Field Length = 1000	Enter text information from surgical operative reports (not diagnostic needle, incisional biopsy). Include observations at surgery, tumor size, and extent of involvement of primary or metastatic sites. *Date of procedure, facility where procedure was performed, type of surgical procedure, detailed surgical findings, documentation of residual tumor, evidence of invasion of surrounding areas* **Example: 4/12/14 (Hosp xyz) right colon resection - Pt was found to have extensive disease in the pelvis (carcinomatosis) and resection was aborted, no biopsies were taken, no specimen obtained.**
DX Text - Pathology NAACCR Item #2570 Field Length = 1000	Enter text information from cytology and histopathology reports. *Date of specimen/resection, facility where specimen examined, pathology accession #, type of specimen, final diagnosis, comments, addenda, supplemental information, histology, behavior, size of tumor, tumor extension, lymph nodes (removed/biopsied), margins, some special histo studies* **Example: 2/5/14 (Hosp xyz) – Path Acc # - Rectum: Final Dx: adenoca, 2.5cm, ext. to pericolic fat. 1/22 lymph nodes + , margins neg, S100 stain is positive (melanoma, sarcoma), pT3N1Mx**
DX Text - Staging NAACCR Item #2600 Field Length = 1000	Enter **Details of Collaborative Stage** and other stage information not already entered in other text areas. Include specific information on Tumor Size, Extension of Primary Tumor, Metastatic Sites, etc. *Organs involved by direct extension, size of tumor, status of margins, sites of distant metastasis, special consideration for staging, overall stage, etc*. **Text for SSF documentation if not under Labs**. **Example: 2/15/14 - T2aN1a per path, distant mets in lungs, ER/PR neg, HER2 neg by IHC method**

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Text Data Item Name **NAACCR Item #** **Field Length**	**Text Documentation Source and Item Description** *FCDS Required Text Documentation* **Example:**
RX Text - Surgery NAACCR Item #2610 Field Length = 1000	Enter text describing the surgical procedure(s) performed as part of 1st course treatment. *Treatment plan, date surgery performed, type of procedure, facility where surgery was performed* **Example: 2/15/14 (Hosp xyz) - rt breast mrm w/ax ln dissection**
RX Text **Radiation (Beam)** NAACCR Item #2620 Field Length = 1000	Enter information regarding the treatment of the tumor being reported with radiation. *Treatment Plan (if no treatment given), date treatment initiated/completed, facility where treatment administered, type of radiation, dose (if known)* **Example: 2/15/14-3/15/14 (Hosp xyz) – 45 Gy orthovoltage with 20 Gy boost to tumor bed**
RX Text **Radiation (Other)** NAACCR Item #2630 Field Length = 1000	Enter information regarding the treatment of the tumor being reported with radiation. *Treatment Plan (if no treatment given), date treatment initiated/completed, facility where treatment was administered, type of radiation, dose (if known),* **Example: 2/15/14 (Hosp xyz) - radioactive seed implant, radioisotopes (I-131)**
RX Text - Chemo NAACCR Item #2640 Field Length = 1000	Enter information regarding the treatment of the tumor being reported with chemotherapy. *Date treatment initiated, facility/physician office where administered/prescribed, name of agent(s)/protocol, dose/cycle (if known), treatment plan(if known)* **Example: 2/15/14 (Dr Smith) – Start 6 cycles R-CHOP14 – standard dose at 2-week intervals**
RX Text - Hormone NAACCR Item #2650 Field Length = 1000	Enter information regarding the treatment of the tumor being reported with hormone. *date treatment initiated, facility/physician office where administered/prescribed, name of hormone/anti-hormone agent or procedure, dose (if known), Treatment Plan* **Example: 2/15/14 (Dr Jones) - tamoxifen (dose/duration not stated) or bilateral orchiectomy**
RX Text - BRM NAACCR Item #2660 Field Length = 1000	Enter information regarding the treatment of the tumor being reported with biological response modifiers or immunotherapy. *date treatment initiated, facility/physician office where administered/prescribed, name of BRM or immunotherapy agent or procedure, dose (if known), Treatment Plan,* **Example: 2/15/14 (Hosp xyz) - interferon or BCG (dose/duration not stated)**
RX Text - Other NAACCR Item #2670 Field Length = 1000	Enter information regarding treatment that cannot be defined as surgery, radiation, or systemic therapy. *Date treatment planned/initiated, name of other therapy, agent or procedure, dose (if known), facility where performed* **Example: 2/15/14 (Hosp xyz) - blinded clinical trial or hyperthermia (may include study number)**
Text - Remarks NAACCR Item #2680 Field Length = 1000	Document information not provided in any other text field or overflow from text fields. Document personal history of carcinogenic exposure (arsenic, drinking water, uranium, asbestos), other **Example: 40 year h/o of working in ship building and construction w/ lots of asbestos exposure**