

The abstract is the basis of all registry functions. It is a tool used to help accurately determine stage and to aid cancer research; therefore, the abstract must be complete, containing all the information needed to provide a concise analysis of the patient's disease from diagnosis to treatment.

To assist registrars in preparing abstracts, NCRA's Education Committee has created a series of informational abstracts. These site-specific abstracts provide an outline to follow when determining what text to include. The outline has a specific sequence designed to maximize efficiency and includes eight sections: Physical Exam/History; X-Rays/Scopes/Scans; Labs; Diagnostic Procedures; Pathology; Primary Site; Histology; and Treatment. A list of relevant resources is located at the end of each informational abstract. The sources of information noted in the various sections below are not all inclusive, but they are the most common. You may need to do additional research to complete the abstract.

When using the informational abstract, follow the outline and strive to complete all the sections. Be concise by using phrases, not sentences. Make sure to use text relevant to the disease process and the specific cancer site and to use NAACCR Standard Abbreviations. When the abstract is completed, review thoroughly to ensure accuracy.

PHYSICAL EXAM/HISTORY

Include:

- **Demographics:** Age, sex, race, ethnicity of the patient.
- **Chief Complaint (CC):** Write a brief statement about why the patient sought medical care.
- **Physical Examination (PE):** Date of the exam and documentation of information pertinent to the bladder cancer.
- **History:**
 - Personal history of any cancer
 - Family history of any cancer
 - Tobacco: type, frequency, amount
 - Alcohol: frequency, amount
 - Workplace exposures and/or relevant environmental factors
 - List significant, relevant co-morbidities, particularly those that impact treatment decisions.
- **Genetics:** List appropriate conditions as found in the patient's record or other information. If not applicable, state that.
- **Past Treatment:** If applicable, include previous chemotherapy or radiation therapy.

Where to Find the Information: H&P consultations, ER physician notes, nursing notes, physician progress notes, discharge summary, admission notes.

Note on Negative Findings: Include any **relevant** negative findings, such as urinalysis negative.

Example: 55-year-old black male who was having blood in the urine and painful urination. No family or past history of any cancer. He does not smoke or drink alcohol. He has had frequent urinary tract infections. He is an over-the-road truck driver and sits for very long durations without breaks. He has not been exposed to any chemicals or other irritants or cancer-causing agents.

X-RAYS/SCOPES/SCANS

Include:

- **Imaging Tests:** Date, name and brief summary of results of the test.
- **Cystoscopy:** Date, name and brief summary of results of the test.

Example: IVP, Retrograde Pyelogram, CT scan, MRI, U/S, chest x-ray and/or bone scan to check for spread of disease, if suspected.

LABS

Include:

- **Urine Cytology:** Date, name, and brief summary of the results of tests and any values (note if value is abnormal).
- **Urine Culture:** Date, name, and brief summary of the results of tests and any values (note if value is abnormal).
- **Urinalysis:** Date, name, and brief summary of the results of tests and any values (note if value is abnormal).
- **Urine Tumor Marker Tests:** Date, name, and brief summary of the results of tests and any values (note if value is abnormal).

DIAGNOSTIC PROCEDURES

Include:

- **Biopsy:** This is often done at time of cystoscopy. Look for statement of invasiveness and the grade, including how far the cancer has invaded. This information can help in deciding treatment.
 - **Low Grade:** Low grade looks more like normal bladder tissue (might be called well differentiated); patients with low grade cancers usually have a good prognosis.
 - **High Grade:** High grade looks less like normal bladder tissue (may be called poorly differentiated or undifferentiated); these are more likely to grow into the bladder wall and spread outside the bladder, making them more difficult to treat.
- **Spread of Cancer:** If suspected, a biopsy may be done—probably a needle biopsy.
 - The spread is suspected usually after imaging tests are done.
 - Note: If the biopsy is **excisional**, it belongs in the *Treatment* section.

For any of these diagnostic procedures—procedures that detect the cancer, but do not remove it—state the date, name of procedure, and brief description of findings.

Example: Incisional biopsy and cystoscopy done on 1/2/14. Lesion found in the dome of the bladder.

PATHOLOGY

Include:

- Summarize findings of all pathological studies and/or reports, especially the critical information listed below. Make sure to include dates and list chronologically from earliest to latest.
- Specific section of bladder
 - Cancer cell type
 - Grade of the tumor
 - Size of tumor (not specimen size)
 - Extent (extension) of the primary tumor. This information is usually found in the microscopic description of the pathology report.
 - Lymph node involvement (or lack of it). Make sure to state number of nodes examined and number of nodes that are positive for cancer.
 - Any evidence of further spread. This information is most likely probably found in the microscopic description of the pathology report.

PATHOLOGY *(continued)*

- Note any involvement of surgical margins.
- Note the number of tumor(s) involved with disease.

Example: 5/1/14 Transitional cell carcinoma of the dome of the bladder, grade 3, 1 cm in size, does not appear to extend to other parts of the bladder or nearby structures; there are no lymph nodes involved; the margins are clear with no further extension; only one tumor is apparent.

PRIMARY SITE

Include:

- The primary site where the cancer started

Example: Dome of the bladder.

Note: If the exact part of the bladder is not apparent, state as “Bladder, NOS”.

Where to Find the Information: Surgical report and diagnostic reports (imaging, biopsy).

HISTOLOGY

Include:

- The exact cell type of the cancer.

Example: Transitional cell carcinoma.

TREATMENT

Include:

- **Surgery:** Include type of surgery, date, and any relevant statement to describe important details. Definitive surgeries that remove the cancer are:

- TUR with fulguration
- Radical cystectomy
- Partial cystectomy
- Urinary diversion

- **Radiation:**

- External radiation
- Internal radiation (radioactive substances in needles, seeds, wires, or catheters placed directly into or near the cancer).
- Dates: beginning and ending dates of treatment, type of radiation, to what part of body it was given, dosage, and reaction to treatment, if noted. Include any boost dosages, date, and to where it was administered.

- **Chemotherapy:**

- Regional: may be intravesical (put into the bladder through a tube inserted into the urethra)
- Systemic: drugs taken by mouth or injected into a vein or muscle.

- Dates: Beginning and ending of chemotherapy, names of drugs, and route of administration. If available, include response to treatment.
- Drugs: Note if any changes in drugs. State new drug names and why the drug was changed and when the new drug was started.

- **Biologic Therapy:**

- Used to boost a patient’s immune system. It is also called biotherapy or immunotherapy. Bladder cancer can be treated with Bacillus Calmette-Guerin (BCG). It is given in a solution that is placed directly into the bladder using a catheter.
- Include dates, names, and routes of administration of drugs given. If noted, indicate response.

- **Clinical Trials:**

- Include the name and number of clinical trials in which patient is enrolled and any other available details, such as date of enrollment.

TREATMENT *(continued)*

- Notes on clinical trials:
- May include patients who have not as yet been treated.
- Some trials test treatments for patients who have not gotten better.
- Some trials test new ways to stop cancer from recurring or to reduce the side effects of cancer treatment.
- **Other:** Any other treatment that does not fit in one of the above categories.
- **Example:** TUR of bladder = 2/3/14
BCG given = 2/10/14
Radioactive seeds instilled = 1/27/14

RESOURCES

Abbreviations – Use NAACCR Standard Abbreviations

<http://naaccr.org/Applications/ContentReader/?c=17>

Evidence-Based Treatment by Stage Guidelines

http://www.nccn.org/professionals/physician_gls/f_guidelines.asp.

The NCCN Guidelines are most frequently used for treatment and for information on diagnostic workup.

Labs/Tests – NCI: Understanding Lab Tests/Test Values

<http://www.cancer.gov/cancertopics/factsheet/detection/laboratory-tests>

Multiple Primary & Histology Coding Rules

<http://seer.cancer.gov/tools/mphrules/>

NCI Physician's Data Query (PDQ)

<http://www.cancer.gov/cancertopics/pdq>

SEER Appendix C

<http://seer.cancer.gov/archive/manuals/2010/appendixc.html>

SEER RX Antineoplastic Drugs Database

<http://seer.cancer.gov/tools/seerrx/>

Site-Specific Surgery Codes: FORDS Appendix B

<https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals/fordsmanual>

Treatment for Bladder

www.cancer.gov/cancertopics/pdq/treatment/bladder/HealthProfessional/