



Informational Abstracts: A Guide to Quality Abstracting

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NCRA Education Committee

NCRA Strategic Planning and Education

Member CTRs dedicated to providing educational opportunities for NCRA members

Focus on abstracting





OBJECTIVES

- Learn the best way to approach the text section of an abstract and what information is important to include for each site;
- Learn the most effective way to use the informational abstract tool as a guide to what text needs to be included to help staging the case;
- Learn more about the variety of sites that have had informational abstracts developed.





GUIDE TO THE IA

After reviewing the medical record:

- Follow the outline and 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.**
- Review text to ensure accuracy when the abstract is completed.





REFER TO THE MEDICAL RECORD – BREAST





CASE: BREAST

PHYSICAL EXAM/HISTORY
This is a 71 year-old female who regularly checks her breasts. No abnormalities on self-exam. Doctor found mass in the UOQ of left breast. Mammo found suspicious mass-need follow up.

History:
She has had a benign meningioma in the past. Sister has had breast cancer. Non-smoker, denies use of recreational drugs. Alcoholic beverages on a daily basis.

X-RAYS/SCANS
4/30/20xx Bil. Diagnostic Mammo with U/S exam of left breast: new speculated mass in UOQ of left breast suspicious for malignancy. Mass is 1.5 by 1.3 by 1.4 cm in size- 1 o'clock position.
5/18/20xx Chest xray: no definitive acute cardiopulmonary disease.

LABS
ER + at 100% (5/24/20xx)

DIAGNOSTIC
5/16/20xx Left Breast Needle Core Bxs



CASE: BREAST

PATHOLOGY
 5/18/20xx #xx-02258SP:
 Left breast needle core bx: Infiltrative ductal carcinoma, Grade I, with associated low grade cribriform ductal carcinoma in situ (DCIS).

5/27/20XX #xx-02356SP:
 Infiltrating ductal carcinoma, well differentiated (Nottingham Grade I), with component of DCIS, cribriform pattern, low nuclear grade (about 15% of tumor), 1.9 cm, margins negative, 1 mitotic figure per 10 hpf, no angiolymphatic space invasion seen. Vascular microcalcifications present. 0/1 LNs (non-sentinel left axillary)

PRIMARY SITE
 Left Breast, UOQ




CASE: BREAST

HISTOLOGY
 Infiltrating ductal carcinoma with DCIS component, cribriform pattern.

TREATMENT
Surgery:
 5/24/20xx Left breast lumpectomy with sentinel axillary node dissection .

Radiation
 7/18/20xx to 8/28/20xx
 4500 cGy to left breast in 25 fxs of external beam radiation; followed by a cone down to tumor bed for an additional 10 fxs of an additional 1600 cGy via an electron boost.

Hormones:
 9/6/20xx Tamoxifen started, to continue for the next 5 years.

Chemotherapy: No recommendation.

Other: None.




**REFER TO THE
 MEDICAL RECORD –
 COLON**




CASE: COLON

PHYSICAL EXAM/HISTORY
Chief Complaint (CC): 56-year-old African American female teacher's assistant w/fatigue, low blood count, change in bowel habits & L sided abd pain.
History: FH: Mo-RCC. SH, ETOH: neg. PMH: PRIMARY 1 = MELANOMA. DM, HTN, hypercholesterolemia.
PE: 3-21-20xx PE neg.

X-RAYS/ SCANS
 3-29-20xx post-op CT chest, abd, pelv neg.

SCOPES
 PTA 3-3-20XX Colon-R sided colon ca.

LABS
 PTA CEA NR. 3-29-20XX CEA 26.4 (0-5)

DIAGNOSTIC PROCEDURES
 OP report: 3-22-20xx Exp lap Lge mass in R colon distal to IC valve. No other evid of tumor. Liver unremarkable. No obv palp LN.



CASE: COLON

PATHOLOGY
 PTA 3-3-20xx R colon bx-carcinoma NOS. 3-22-20xx TS 4 cm. R colon MD adenoca. Tumor penetrates thru musc propria into subserosal fibroadiposetiss. 0+/35 LN. Margins neg pT3 N0.

PRIMARY SITE
 Colon Ascending C18.2.

HISTOLOGY
 MD Adenocarcinoma 8140/32.

TREATMENT
 Surgery: Right Colectomy Code 30.

Radiation None

Chemotherapy
 Dr. Platin plans CPT-11 & 5-FU x 6 mo.

CLINICAL TRIALS None noted.

FINAL DX Colon cancer T3 N0 Mx per hem onc.



HELPFUL TIPS

Use your reference books and websites. Don't rely on your memory!

Do not leave blank spaces!

Try to do those that you consider the most difficult cases first, when your mind is fresh.

If you run out space in one section of the abstract (often the XR/scan section) put in an * & indicate where you will put the rest of the text, such as SCOPES. In the SCOPES section put *XRCONTD: It will make it easier for someone to follow the documentation.

It's okay to shorten words, BUT, make sure they are understandable. Use approved NAACCR abbreviations when possible.





HELPFUL TIPS

If your EMR allows it, try to complete one section of the abstract at a time. For example, do all the x-rays, then all the pathology, etc. If that is not possible, make notes so you can return to the correct section of the abstract to enter more text.

If possible, try to do a block of the same site at one time. It will make staging easier.

Are you comfortable asking questions of your doctors (pathologists, oncologists, etc)? Only do so with approval of supervisor (think: pecking order).

Working remotely? Build relationships with those who are on-site in the facility.





SUMMARY

We have discussed:

- Reviewing the complete record to get a 'big picture' before beginning an abstract.
- The best way to approach the text section of an abstract.

We have demonstrated:

- An acceptable way to enter text into an abstract that conforms to NAACCR standards for abbreviations.
- How and why we used the information we did.
- The most effective way to use the informational abstract tool.

We have shared:

- Helpful tips to ensure your abstracts meet the requirements for data submission.
- Ideas on where to find required material for the abstract.
- The variety of sites that have had informational abstracts developed.





NCRA Center for Cancer Registry Education



Registry Resources

In addition to online learning opportunities, NCRA offers a variety of resources that include publications and articles, and information pertaining to cancer registry operations. NCRA strives to deliver valuable information to enhance the registrar's knowledge and provide programs to help them to succeed in their profession. The Registry Resources section of the Center for Cancer Registry Education includes materials to assist registrars in their daily work. These items are complimentary and are designed to provide guidance on a variety of topics.

New Resource! Informational Abstracts

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.

Click on the links below to view, print or save the PDF copies of each informational abstract.

- Informational abstract: Bladder
- Informational abstract: Breast
- Informational abstract: Cervical
- Informational abstract: Colon
- Informational abstract: Endometrial
- Informational abstract: Esophy
- Informational abstract: Lung
- Informational abstract: Melanoma
- Informational abstract: Ovarian
- Informational abstract: Pancreas
- Informational abstract: Prostate (Updated 7/22/2016)
- Informational abstract: Rectal/Blow/Trachea

To test your knowledge of the Informational Abstracts and earn CE credits, go to Other CE Opportunities.




