

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, race/ethnicity, gender.
 - **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 cancer of the ovary, including signs and symptoms, such as abdominal bloating, weight loss, constipation, flatulence, nausea, edema, abdominal pain, abdominal masses, and ascites.
 - **History:**
 - Personal history of other cancer, particularly breast or endometrial.
 - Family history of cancer.
 - Precancerous conditions—ovarian tumors that are not invasive cancer (i.e. Bowen's disease).
 - Relevant comorbidities.
 - Tobacco: type, frequency, amount.
 - Exposure to any cancer-causing materials.
 - Nulliparity (with continuous ovulation)
 - **Genetics:** If applicable, list conditions as found in the patient's record or other information.
- Example:** Negative for BRCA 1 and BRCA 2.
- **Past Treatment:** If applicable, include previous chemotherapy or radiation therapy.
- Where to Find the Information:** Admission notes, discharge summary, consultations, ER physician notes, H&P in medical chart, nursing notes, and/or physician progress notes.
- Note on Negative Findings:** Include any relevant negative findings.
- Example:** A 57-year-old white female w/ severe abdominal pain and bloating. Physical exam in physician's office. Smoked half-pack of cigarettes per day for 20 years. Quit smoking five years ago. Physician palpitation of abdomen: lymph node with positive ascites and enlargement of abdominal organs.

X-RAYS/SCOPES/SCANS

Include:

- **Imaging tests:** Date, name, and brief summary of results of the tests.
- **Ultrasound:** Chest x-ray, abdominal or pelvic ultrasound (U/S), IVP, upper GI series, barium enema, scans of the abdomen/pelvis, liver/spleen, lung, bone brain. (Many of these organs could be involved as metastatic disease.)

- **Laparoscopy, cystoscopy, or proctosigmoidoscopy:** Date(s), brief summary of test(s). These are done to look at the abdominal and urinary organs for involvement.

Example: On 1/5/15: Ultrasound of the pelvis showed an irregular mass on the right side in the area of the ovary. A great deal of ascites was encountered. On the same day, laparoscopic examination confirmed a mass of the right ovary.

LABS

Include:

(Note: Not all of these tests may be performed.)

- **Alpha Fetoprotein (AFP):** A serum test used as a tumor marker for teratoma or embryonal carcinoma of ovary; record if there has been a pre-operative study only; (it is used postoperatively to monitor a residual tumor); normal range is: adults less than 15 ng/ml.
- **Cancer Antigen-125 (CA-125):** A tumor marker primarily used for monitoring recurrence of disease; normal range: 0-35 U/ml (levels above 35 suggest the presence of ovarian tumor); or HE-4 (newer tumor marker for ovarian cancer).
- **Carcinoembryonic Antigen (CEA):** A blood test which indicates the presence of malignancy, but does not identify a specific site (smokers may have an elevated CEA

without malignancy); Normal range: less than 2.5 ng/ml (levels greater than 10 ng/ml suggest extensive disease and levels greater than 20 ng/ml suggest metastatic disease).

- **Human Chorionic Gonadotropin (Beta HCG):** Serum test used as a tumor marker for germ cell ovarian carcinoma; also called beta chain HCG; record a pre-operative study only; (also used postoperatively to monitor residual tumor and the effectiveness of therapy and the possibility of further treatment). Normal range is 0 ng/ml.
- **Tissue Polypeptide Antigen (TPA):** Not specific to ovary, but to gynecologic sites in general. Elevated levels indicate presence of malignancy.

DIAGNOSTIC PROCEDURES

Include:

- Washings to obtain material for cytologic examination/evaluation.
- Intraoperative evaluation of diaphragm (usually during laparotomy).
- Pelvic and abdominal peritoneal biopsies.

- Pelvic and para aortic lymph node biopsies, peritoneal washings, biopsies of suspicious masses.
- Examination under anesthesia of the pelvis and abdomen.

Example: On 1/6/15 cytologic washings taken.

PATHOLOGY

Include:

- Cancer cell type
- Grade
- Extent of primary tumor
- Note lymph node involvement or lack of it (number excised and number positive)

- Note any involvement of surgical margins

Example: Embryonal teratoma, grade III, with extension to peritoneum; five regional lymph nodes involved out of 5 excised; margins are not clear.

PRIMARY SITE

Include:

- The primary site where the cancer started.

Example: Right ovary

HISTOLOGY

Include:

- Cell type of cancer.

Example: Embryonal teratoma

TREATMENT

Include:

- **Surgery:** Type, date, and any relevant statement to describe important details.
 - Debulking: (Reduces the size of the largest residual tumor so that the patient's total tumor mass is minimal.)
 - Subtotal/partial oophorectomy
 - Wedge resection without hysterectomy
 - Unilateral oophorectomy
 - Subtotal/partial oophorectomy with hysterectomy
 - Unilateral oophorectomy with hysterectomy
 - Bilateral oophorectomy with/without hysterectomy
 - Oophorectomy NOS
 - Omentectomy (partial/total/NOS) with bilateral/unilateral oophorectomy; unknown if hysterectomy performed
 - Omentectomy (partial/total/NOS) with bilateral/unilateral oophorectomy; with/without hysterectomy
 - Pelvic exenteration (partial), anterior includes bladder, distal ureters, genital organs, ligamentous attachments
 - Pelvic exenteration (partial), posterior includes rectum, rectosigmoid, ligamentous attachments
 - Pelvic exenteration, total includes all pelvic content listed in (11) and (12)
 - Pelvic exenteration, extended includes all pelvic content plus bony pelvis or pelvic blood vessels
 - Surgery of regional/distant sites/nodes only

Example: 01/27/15 Debulking was accomplished.

- **Radiation:** Beginning and ending dates of therapy, types of radiation, to which part of site, dosage, reaction(s) to treatment.
 - For epithelial ovarian cancers
 - For metastasis
 - For germ cell tumors
 - Prophylactic irradiation to mediastinal and supraclavicular lymph nodes
 - Radioactive phosphorous (P32) can control ascites (but causes complications)

Example: 03/02/15 to 04/03/15 prophylactic radiation to lymph nodes.

- **Chemotherapy:** Beginning and ending dates of chemotherapy, names of drugs, and route of administration. If available, include response to treatment.

- **Usual Drugs for Epithelial Tumors**

- Single agents:
 - » Taxol
 - » Ifosfamide (for recurrence)
 - » Hexamethylmelamine (for recurrence)
- Combinations: CAP; CP; CC; H-CAP or CHAD; AP; HEXA-CAF*

TREATMENT *(continued)*

- **Usual Drugs for Germ Cell Tumors**

- Combination agents:
 - » CP: Cytoxan, Cisplatin
 - » CC: Cytoxan, Carboplatin
 - » H-CAP or CHAD: Hexamethylmelamine, Cytoxan, Adriamycin, Cisplatin
 - » HEXA-CAF: Hexamethylmelamine, Cytoxan, Methotrexate, 5-FU
 - » Cisplatin, Etoposide, Bleomycin (BEP)
 - » Cisplatin, Vinblastine and Bleomycin (BVP)
 - » Etoposide and Cisplatin (VPP)
- Combinations: VAC; BEP; BVP; VPP**

*CAP: Cytoxan, Adriamycin, Cisplatin

**VAC: Vincristine, Dactinomycin, Cytoxan

Example: 05/04/15 to 05/28/15 Cytoxan, Cisplatin administered.

- **Biologic Therapy:**

- Biologic Response Modifiers (BRM): Autologous bone marrow transplant (may be adjunct to high dose chemotherapy)

- **Hormone Therapy:**

- Tamoxifen (for recurrence)

- **Clinical Trials:**

The name and number of the clinical trial in which the patient is enrolled, the date patient was enrolled, and any other details of the patient's experience in the trial that is available.

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 are also used 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 Ovarian Cancer

<http://www.cancer.gov/types/ovarian/patient/ovarian-epithelial-treatment-pdq>