



LTR TEXT DOCUMENTATION REMINDERS

Physical Exam:

Enter txt from H&P

- Exam date
 - Age, sex, & race/ethnicity
 - Foreign resident's country of origin
 - Hx of current cancer if dx'd prior to this adm—include place & date of dx, prim site & histology
 - Reason patient presents to your facility, including
- chief complaints or pertinent symptoms* related to cancer, ie B sxs
- Exam findings**, including tumor location/size, clinical LN status, etc
 - Hx of prior cancers, incld type & dx dates
 - MD's diagnostic impression & TX plan

EXAMPLE: 04/12/10 (facility) 54 YO BF pres w/ palp br mass x3mos. Palp 3cm RUL br mass w/ rt ax lad. Prior Hx Uterine ca 1996. Imp BRCA. Breast mass & LN bxs taken.

Xray/Scans:

Enter txt from Xray, US, CT/MRI/PET & other imaging rpts

- Test date & type (keep dates in chronological order)
- Size & locations of positive findings—including tumor size(s); ext of disease, LN status & met sites
- Record any ambiguous terms exactly as stated
- When **no** positive findings are found, state so.

EXAMPLE: 03/20/10: (facility) CXR: wnl 03/31/10 CT Chest: 4cm RUL lung mass which involves adj rib, possible hilar lad 03/31/10 CT Abd/plv: diffuse liver mets; rest wnl.

Scopes:

Enter txt from Endoscopic exm rpts

- Scope date & type of endoscopic exam performed
- Tumor location, size & involvement/extent
- Site & type of endoscopic bx(s) taken
- When **no** positive findings are found, state so

EXAMPLE: 04/12/10 (facility) EGD: 15cm tumor occupying half of stomach. Tumor appears to be arising from fundus. Numerous satellite nodules on opposite stomach wall.

Lab Tests:

Enter txt from lab/tumor marker rpts — excld cyto & histopath

- Rec all tests/pre-op tumor markers coded as SSFs
- Test date & type (keep dates in chronological order)
- Test results—include *value & if elevated or not*
- Lab's normal value reference range

EXAMPLE: 02/24/10 PSA 10.4 (H) [Ref 2.6] 03/04/10 CEA 4.0 (wnl) [Ref <6 for smoker]

Operative Report(s):

Enter txt from OP note or report

- Date of surgical procedure
 - Surgical observations*—including tumor size & extension, gross LN status & met sites
 - Note any residual tumor
- not fully excised and reason why
- Surgery to regional/distant sites & LNs
 - Reason primary surg could not be completed

EXAMPLE: 04/25/10 (facility) 12cm omental mass & tumor studding debulked w/ 3cm residual disease on diaphragm; all grossly involved lns removed; liver bx performed.

Pathology:

Enter txt from cytology &/or histopathology rpts

- Date of bx/procedure (keep dates in chronological order)
- Slide number(s)
- Type of bx/procedure
- Specimen/site & tumor sz
- Histology & behavior—include all modifying adj as stated, ie predominantly; w/ features of; w/ foci of; w/ ___ differentiation, etc
- Record all path info collected as SSFs**
- Grade value & system
- Extent of tumor spread
- Final margin involmmt
- Name of LNS (noted as excised &/or bxd)
- # LNS+/# LNS Exm
- Record + & - findings; w/+ stated **first**
- Note if slide sent for outside consult
- Record **Addendum** & any **Path Comments** re differential dx &/or any ruled out or favored dx

EXAMPLE: 03/20/10 (MD ofc) Sig bx: adenoca. 04/25/10 (facility) Sig colon: 2.3cm adenoca; gr 2/2; ext into pericolic fat; 0+/22 reg lns; tumor deposit/CRM/PNI/ final marg all neg

Staging:

- Clinical TMN & staging MD
- Path TNM & staging MD

EXAMPLE: CT1N0M0 Dr John Smith; PT2N1M0 per Dr Henry Jones

Surgery:

- Date & name of facility where performed
- Type of surgical procedure(s) performed & approach

EXAMPLE: 04/25/10 (facility) Robotic-assisted RRP w/BPLND

Radiation Beam & Other:

- Start/end dates
- Rad modality, dose, site(s) txd, number txs & tx days
- State if planned, palliative or incomplete
- Note any refusal of tx

EXAMPLE(1): 02/25/10 (facility) Thyroid: Radioactive I-131 ablation to residual tissue. **(2):** 03/20-04/25/10 (facility) Prost & Ins 5400cgy (6MV) Boost 1080cgy (6MV)

Chemotherapy Hormone & BRM

- Start date & name of agents &/or protocol administered
- Type of endocrine surg &/or radiation, ie orchiectomy
- BRM proc: BMT auto/allog, stem cell-transpl/harvst
- State if planned, palliative or incomplete
- Note any changes in agents/protocol adm & reason for change
- Note any refusal of tx.

EXAMPLE: Chemo: 03/02/10 (facility) CHOP; Hormone: 03/02/10 Prednisone (P in CHOP)

Other TX:

- Date & type of other tx (includes any experimental tx, double blind studies or unproven tx, ie herbal pills, etc)

EXAMPLE: 02/10/10 Selenium (for CAP tx) 03/15/10 Phlebotomy (for PCV control)

Remarks:

Optional—alcohol/smoking hx; family hx of cancer

- Coding problems; unavail records; demo, prim site/histo &/or ca dx controversies; unusual tx timing
- Ref to SEER SING, CoC's I&R and MP/H rules used

EXAMPLE: 01/15/10 Pt presented to ER vomiting blood. CT chest states LLL lung mass nos. Pt exp before bx or addl testing could be performed. D/C dx by MD was lung cancer.