

Appendix 3

Text Fields: Guidance on Entering Text into Specific Text Fields

Guidance below is excerpted from the NAACCR Data Standards and Data Dictionary, Version 11.1 available at <http://www.naacr.org/filesystem/pdf/Volume%20II%20Version%2011.1.pdf>.

Rationale:

“Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

The text field must contain a description that has been entered by the abstractor independently from the code(s). If cancer abstraction software generates text automatically from codes, the text cannot be utilized to check coded values. Information documenting the disease process should be entered manually from the medical record and should not be generated electronically from coded values.” p. 309-323

Description of the table:

- The following table gives the name of each text field, a description of what text should be entered in column 2, and, in the third column, suggestions and examples of text and abbreviations that can be entered.

Text Field	Description of Text to Enter	Suggestions for Text to Enter, and Examples
Required Fields for All Reporting Facilities		
Primary Site Title Text	Type in the primary site of the tumor being reported and the laterality (side of the body) if it is a paired site. (some sites are not paired such as the prostate, uterus, esophagus, pancreas, and colon)	<p>Suggestions for text:</p> <ul style="list-style-type: none"> ▪ Location of the primary site of the tumor ▪ Available information on tumor laterality (if paired site) <p>Examples:</p> <ul style="list-style-type: none"> ▪ Lung, L lower lobe ▪ Prostate ▪ Breast, R upper outer quadrant ▪ Sigmoid colon ▪ Left temporal lobe of brain

Text Field	Description of Text to Enter	Suggestions for Text to Enter, and Examples
Required Fields for All Reporting Facilities		
Histology Title (Morphology)	Review the pathology report and type in the histologic type (adenocarcinoma, squamous cell cancer, etc.), the “behavior” (malignant, in situ, benign), and the grade (differentiation) of the tumor being reported.	<p>Suggestions for text:</p> <ul style="list-style-type: none"> ▪ Histologic type and behavior ▪ Information on differentiation from scoring system such as Gleason score, Bloom-on tumor laterality (if paired site) <p>Examples:</p> <ul style="list-style-type: none"> ▪ Adenocarcinoma of transverse colon, invasive, grade III ▪ Adenocarcinoma of prostate, Gleason score 5, Grade 2 ▪ Melanoma skin right arm, in situ, grade 0 ▪ Melanoma skin left leg, in situ, grade not stated
Pathology	Review the pathology report and type in the text from cytology and histopathology reports.	<p>Suggestions for Text:</p> <ul style="list-style-type: none"> ▪ Date(s) of procedure(s) ▪ Type of tissue specimen(s) ▪ Tumor type and grade (include all modifying adjectives, i.e., predominantly, with features of, with foci of, elements of, etc.) ▪ Gross tumor size; Extent of tumor spread; Involvement of resection margins ▪ Number of lymph nodes involved and examined ▪ Record any additional comments from the pathologist, including differential diagnoses considered and any ruled out or favored <p>Examples:</p> <ul style="list-style-type: none"> ▪ 11/12/2006 colon polyp, 1.2x1.0x.0.8 cm. Adenocarcinoma contained within polyp showing invasion of submucosa. Stalk: no evidence of adenocarcinoma or dysplasia. ▪ 7/4/06 mastectomy of breast for R upper outer quadrant mass; 1.0 x 1.3 x .9 cm. Ductal carcinoma, infiltrating, Grade III. Margins clear; 12/12 lymph nodes negative for cancer; no metastasis noted; Positive histology; ERA negative.

Text Field	Description of Text to Enter	Suggestions for Text to Enter, and Examples
Other Text Fields Required or Required as Available for Certain Facility Types (See Appendix 2 for list)		
Text—Remarks	Type in more information that you have or use if you ran out of room in other text fields. Problematic coding issues can also be discussed in this section.	<p>Suggestions for Text:</p> <ul style="list-style-type: none"> ▪ Overflow of information from any other Text field ▪ Justification of over-ride flags ▪ Family and personal history of cancer ▪ Comorbidities ▪ Information on sequence numbers if a person was diagnosed with another cancer out-of-state or before the registry’s reference date ▪ Place of birth ▪ Smoking history <p>Example: Patient severely ill; could not undergo further surgery or staging; no treatment planned</p>
Laboratory Text	Text area for information from laboratory examinations other than cytology or histopathology. Data should verify/validate the coding of the following fields: Date of Diagnosis, Primary Site, Laterality, Histology ICD-O-3, Grade, Collaborative Stage variables, Diagnostic confirmation	<p>Suggestions for Text:</p> <ul style="list-style-type: none"> ▪ Type of lab test/tissue specimen(s) ▪ Record both positive and negative findings, record positive test results first. ▪ Information can include tumor markers, serum and urine electrophoresis, special studies, etc. ▪ Date(s) of lab test(s) ▪ Tumor markers included, but are not limited to <ul style="list-style-type: none"> ○ Breast Cancer: Estrogen Receptor Assay (ERA), Progesterone Receptor Assay (PRA), Her 2/neu. ○ Prostate Cancer: Prostatic Specific Antigen (PSA) ○ Testicular Cancer: Human Chorionic Gonadotropin (hCG), Alpha Fetoprotein (AFP), Lactate Dehydrogenase (LDH)

Text Field	Description of Text to Enter	Suggestions for Text to Enter, and Examples
Other Text Fields Required or Required as Available for Certain Facility Types (See Appendix 2 for list)		
Operations Text	Text area for manual documentation of all surgical procedures that provide information for staging. Data should verify/validate the coding of the following fields: Date of 1 st positive Bx; Date of Diagnosis; Rx Summary—diagnostic-staging procedures; Rx Summary—Surgery at primary site	Suggestions for Text: <ul style="list-style-type: none"> ▪ Dates and descriptions of biopsies and all other surgical procedures from which staging information was derived. ▪ Number of lymph nodes removed ▪ Size of tumor removed ▪ Documentation of residual tumor ▪ Evidence of invasion of surrounding areas
Physical Examination Text	Text area for the history and physical examination related to the current tumor and the clinical description of the tumor.	Suggestions for Text: <ul style="list-style-type: none"> ▪ Date of physical exam ▪ Age, sex, race/ethnicity ▪ History that relates to cancer diagnosis ▪ Primary site ▪ Histology (if diagnosis prior to this admission) ▪ Tumor location ▪ Tumor size ▪ Palpable lymph nodes ▪ Record positive and negative clinical findings. Record positive results first ▪ Treatment plan
Scopes Text	Text area for endoscopic examinations that provide information for staging and treatment.	Suggestions for Text: <ul style="list-style-type: none"> ▪ Date(s) of endoscopic exam(s) ▪ Primary site ▪ Histology (if given) ▪ Tumor location ▪ Tumor size ▪ Lymph nodes ▪ Record positive and negative clinical findings. Record positive results first.

Text Field	Description of Text to Enter	Suggestions for Text to Enter, and Examples
Other Text Fields Required or Required as Available for Certain Facility Types (See Appendix 2 for list)		
X-Rays and Scans Text	Text area for all X-rays, scan, and/or other imaging examinations that provide information about staging.	Suggestions for Text: <ul style="list-style-type: none"> ▪ Date(s) of X-ray/Scan(s) ▪ Age, sex, race/ethnicity (when given) ▪ Primary site ▪ Histology (if given) ▪ Tumor location ▪ Tumor size ▪ Lymph nodes ▪ Record positive and negative clinical findings. Record positive results first ▪ Distant disease or metastasis
Place of Diagnosis Text	Text area for the facility, physician office, city, state, or county where the diagnosis was made	Suggestions for Text: <ul style="list-style-type: none"> ▪ The complete name of the hospital or the physician office where diagnosis occurred. The initials of a hospital are not adequate. ▪ For out-of-state residents and facilities, include the city and the state where the medical facility is located.
Staging Text	Additional text area for staging information not already entered in the Test—Dx Proc areas	Suggestions for Text: <ul style="list-style-type: none"> ▪ Date(s) of procedure(s), including clinical procedures, that provided information for assigning state ▪ Organs involved by direct extension ▪ Size of tumor ▪ Status of margins ▪ Number and sites of positive lymph nodes ▪ Site(s) of distant metastasis ▪ Physician’s specialty and comments

Text Field	Description of Text to Enter	Suggestions for Text to Enter, and Examples
Other Text Fields Required or Required as Available for Certain Facility Types (See Appendix 2 for list)		
Treatment— Biologic Response Modifiers Text	Text area for information regarding the treatment of the tumor being reported with biological response modifiers or immunotherapy	Suggestions for Text: <ul style="list-style-type: none"> ▪ When Treatment was given, e.g., at this facility; at another facility ▪ Type of BRM agent, e.g., Interferon, BCG ▪ BRM procedures, e.g., bone marrow transplant, stem cell transplant ▪ Other treatment information, e.g., treatment cycle incomplete; unknown if BRM was given
Treatment— Chemotherapy Text	Text area for information regarding chemotherapy treatment of the reported tumor.	Suggestions for Text: <ul style="list-style-type: none"> ▪ Date when chemotherapy began ▪ Where treatment was given, e.g., name of agent(s) or protocol ▪ Other treatment information, e.g., treatment cycle incomplete, unknown if chemotherapy was given
Treatment-- Hormonal Text	Text area for information about hormonal treatment	Suggestions for Text: <ul style="list-style-type: none"> ▪ Date treatment was started ▪ Where treatment was given, e.g., at this facility, at another facility ▪ Type of hormone or antihormone, e.g., Tamoxifen ▪ Type of endocrine surgery or radiation, e.g., orchiectomy ▪ Other treatment information, e.g., treatment cycle incomplete; unknown if hormones were given.
Treatment— Other Text	Text area for information regarding the treatment of the tumor being reported with treatment that cannot be defined as surgery, radiation, or systemic therapy. This includes experimental treatments and blinded clinical trials.	Suggestions for Text: <ul style="list-style-type: none"> ▪ Date treatment was started ▪ Where treatment was given, e.g., at this facility, at another facility ▪ Type of other treatment, e.g., blinded clinical trial, hyperthermia Other treatment information, e.g., treatment cycle incomplete; unknown if other treatment was given.

Text Field	Description of Text to Enter	Suggestions for Text to Enter, and Examples
Other Text Fields Required or Required as Available for Certain Facility Types (See Appendix 2 for list)		
Treatment – Radiation Text	Text area for information regarding treatment of the tumor being reported with beam radiation.	Suggestions for Text: <ul style="list-style-type: none"> ▪ Date when radiation treatment began ▪ Where treatment was given, e.g., at this facility, at another facility ▪ Type(s) of beam radiation, e.g., Orthovoltage, Cobalt 60, MV X-rays, Electrons, Mixed modalities ▪ Other treatment information, e.g., patient discontinued after 5 treatments; unknown if radiation was given
Treatment— Surgery Text	Text area for information describing all surgical procedures performed as part of treatment.	Suggestions for Text: <ul style="list-style-type: none"> ▪ Date of each procedure ▪ Type(s) of surgical procedure(s), including excisional biopsies and surgery to other and distant sites ▪ Lymph nodes removed ▪ Regional tissues removed ▪ Metastatic sites ▪ Facility where each procedure was performed ▪ Record positive and negative findings. Record positive findings first