



INSTRUCTIONS FOR MEDICAL RECORD ABSTRACT

**Hardcopy Submissions of Information on Reportable Tumors
BLADDER CANCER**

February 2014

**PLEASE DO NOT EMAIL ANY CONFIDENTIAL
PATIENT INFORMATION**

MARYLAND CANCER REGISTRY**Instructions for Hard Copy Medical Record Abstracts****February 2014**

The Maryland Cancer Registry (MCR) of the Department of Health and Mental Hygiene contracts with Westat, Inc. to collect Medical Record Abstracts on tumors reportable by Maryland law (Health-General, Article §18-203, and 18-204) and Code of Maryland Regulations 10.14.01. For more information on reporting and reportable invasive, in situ tumors, and benign tumors, see http://phpa.dhmh.maryland.gov/cancer/SitePages/mcr_reporter.aspx.

The hardcopy abstract format allows a reporter to record the required information directly onto the Medical Record Abstract form. Please **attach a copy of the pathology or laboratory report** corresponding to the tumor being reported to the Medical Record Abstract and submit each Abstract to Westat, Inc. by fax or by mail:

Mail or Fax report to:
Westat, Inc., Maryland Cancer Registry
1500 Research Boulevard, TB 150F,
Rockville, MD 20850-3195
Fax: 240-314-2377

Questions? Call 1-888-662-0016 or 301-315-5990

DO NOT REPORT THESE TUMORS TO THE MCR:

If cytology is reported as *suspicious*, **do not** interpret it as a diagnosis of cancer. Abstract the case only if a positive biopsy or a physician's clinical impression of cancer supports the cytology findings.

If a final diagnosis is reported as *possible* carcinoma of the bladder, *possible* **is not** a diagnostic term for cancer.

INSTRUCTIONS FOR EACH FIELD

REPORTER IDENTIFICATION

FACILITY NAME: Enter the full name of your facility

ABTRACTOR INITIALS: Enter the initials of the person reporting the case.

FACILITY ID #: Enter your 10 digit facility identification number as assigned by the Maryland Cancer Registry. If unknown or your facility does not have one, leave blank.

PHYSICIANS NPI#: Enter your physician's NPI number. If unknown, leave blank.

MEDICAL RECORD #: Enter the medical record number assigned by your facility, if applicable. Leave blank if this does not apply.

PATIENT DEMOGRAPHICS

PATIENT NAME: Enter patient name, Last Name, First Name, MI

SOCIAL SECURITY #: XXX-XX-XXXX

DATE OF BIRTH: YYYY/MM/DD

PATIENT RESIDENTIAL ADDRESS: Enter the patient address ## and Street Name only.

PATIENT RESIDENTIAL ADDRESS: Include identifiers such as Apt #, RR # or PO Box #.

CITY/STATE/ZIP: Enter City/State (2 digit format)/ Zip Code (5 digit format)

COUNTY OF RESIDENTIAL: Please indicate county of residence if known, otherwise, leave blank.

GENDER (check one): Male Female Other

PLACE OF BIRTH (if known): Enter the patient's Country or U.S. State of birth if known. If not known, record as Unknown.

RACE: Check the appropriate code or codes to describe race, such as: White, Black, Native American, Asian (give country of origin, if known, for example, China, Japan, Asian Indian, Pakistani), Pacific Islander (give country of origin, if known, e.g., Tahiti, Samoa, Fiji), Other, or Unknown. If Multi-racial, please check/list as many boxes that may apply.

SPANISH/HISPANIC ORIGIN: If this information is available, please document as Hispanic, Latino, Non-Hispanic or Unknown, etc. If this is not documented, record as Unknown. . Please specify country of origin if known, otherwise, leave country of origin blank.

OCCUPATION: Please enter the information about the patient's usual occupation, also known as usual type of job or work. Do not record "Retired". If the information is not available or is unknown, check the box marked UNKNOWN.

DIAGNOSIS/TUMOR INFORMATION

DATE OF INITIAL DIAGNOSIS: YYYY/MM/DD Date of initial diagnosis by a recognized medical practitioner for the tumor being reported.

SITE OF TUMOR: This refers to the anatomic site (on the body) where the tumor being reported was found. Bladder tumors are delineated as follows:

Anterior Wall	Dome	Internal Urethral Orifice	Base
Lateral Wall	Trigone	Urachus	Floor
Posterior Wall	Neck	Urinary, NOS	Roof
Sidewall	Wall, NOS	Bladder, NOS	Overlapping

If you cannot tell the area of the bladder in which the biopsy was taken, please use Bladder, NOS (Not Otherwise Specified) as your choice.

SIZE OF TUMOR: Record in Centimeters in the following format XX.X. If a tumor is recorded in terms of millimeters, you may convert by moving the decimal for the number, for example: if a tumor is reported as 8mm, it would be recorded as 00.8cm. Conversely, 10mm would equal 01.0cm.

If tumor size is not stated, please leave blank.

TYPE OF TUMOR: Record the histology that best describes the type of tumor found. If unknown, please indicate as Unknown. For example:

Transitional Cell Carcinoma is the most common type of bladder cancer.

Other histologies include:

Transitional Cell Carcinoma, In-Situ
 Papillary
 Flat
 With squamous differentiation
 With glandular differentiation
 With squamous and glandular differentiation
 Squamous Cell Carcinoma
 Adenocarcinoma
 Undifferentiated Carcinoma

BEHAVIOR: Pathologists use these terms to describe the type of tumor.

Label	Definition
Benign	Benign.
Borderline	Uncertain whether benign or malignant.
	Borderline malignancy.

	Low malignant potential.
	Uncertain malignant potential
	Clark level 1 for melanoma (limited to epithelium).
Synonymous with in situ (non-invasive)	Confined to epithelium.
	Hutchinson melanotic freckle, NOS (C44.-).
	Intracystic, noninfiltrating.
	Intraepidermal, NOS.
	Intraepithelial, NOS.
	Involvement up to, but not including the basement membrane.
	Lentigo maligna (C44.-).
	Noninfiltrating.
	Noninvasive.
	No stromal involvement.
	Precancerous melanosis (C44.-).
Malignant (Invasive)	Invasive or microinvasive.

GRADE: Review the pathology report for reference to 'Grade'. Record either the terms or the number if available from the pathology report. If not documented, record as Unknown.

Description	Grade
Differentiated, NOS	I
Well differentiated	I
Fairly well differentiated	II
Intermediate differentiation	II
Low grade	I-II
Mod differentiated	II
Moderately differentiated	II
Moderately well differentiated	II
Partially differentiated	II
Partially well differentiated	I-II
Relatively or generally well differentiated	II
Medium grade, intermediate grade	II-III
Moderately poorly differentiated	III
Moderately undifferentiated	III
Pleomorphic	III
Poorly differentiated	III
Relatively poorly differentiated	III
Relatively undifferentiated	III
Slightly differentiated	III
Dedifferentiated	III
High grade	III-IV
Undifferentiated, anaplastic, not differentiated	IV
Unknown	Not stated

Additional Information (if available)

Referring or Managing Physician:

Medical Oncologist:

Radiation Oncologist:

**PLEASE ATTACH AND SEND A COPY OF THE PATHOLOGY/CYTOLOGY REPORT TO THIS
ABSTRACT FORM.**

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Rockville, MD 20850-3195

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