



# **INSTRUCTIONS FOR MEDICAL RECORD ABSTRACT**

**Hardcopy Submissions of Information on Reportable Tumors  
PROSTATE 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](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:**

**The following tumors are not reportable:**

**PIN: Prostatic Intraepithelial Neoplasm**  
**In-situ Tumors of the Prostate**

## 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

**SOC SEC #:** 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 RESIDENCE:** Please indicate county of residence if known, otherwise, leave blank.

**GENDER (check one):**  Male  Female  Other

**PLACE OF BIRTH** (if known): Enter the patients 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**

***PLEASE ATTACH A COPY OF THE PATHOLOGY OR CYTOLOGY REPORT***

**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.

**All Prostate Cancers are coded to C619.**

This is the anatomic site (on the body) where the tumor being reported was found.

**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:

Adenocarcinoma is the most common type of prostate cancer. You may abbreviate with 'Adenoca' if you prefer.

**Other histologies include:**

Squamous Cell Carcinoma  
 Neuroendocrine carcinoma  
 Small cell carcinoma  
 Mucinous adenocarcinoma  
 Signet ring cell adenocarcinoma  
 Ductal adenocarcinoma

**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

**METASTATIC DISEASE:** Check 'Yes' box if distant site metastasis was identified at diagnosis. If yes, please indicate the site of the distant mets, such as bone or liver. Check 'No' box if metastases was not identified or not stated. Check 'Unknown' box if metastases at diagnosis is unknown.

**AJCC STAGING:**

Indicate the T,N,M and Stage information if provided by the physician in the medical record information.

**Tumor Characteristics** (for Staging). Check 'Yes' box if condition is present and/or described in the pathology report. If Unknown, skip to the next selection and leave blank.

**DRE Performed:**  Yes  No Date: \_\_\_\_\_ Digital Rectal Exam, if performed, please provide date.

**Imaging Studies:**  Yes  No Date: \_\_\_\_\_ Describe: \_\_\_\_\_  
If any imaging studies were performed, please describe here. This would include a prostate ultrasound if known.

Enter the **Total Number of Core Needle Biopsies** taken and the **Total Number of Core Needle Biopsies** that turned out **Positive**. Please enter the numeric value.

Enter the numeric value of the laboratory test known as **PSA Level** that was determined PRIOR to the biopsy, if known. If unknown, please leave blank.

**Gleasons Score** XX + XX = XX  
**Pattern 1 + Pattern 2 = Score**

Usually prostate cancers are graded using Gleason's score or pattern. Gleason's grading for prostate primaries is based on a 5-component system (5 histologic patterns). Prostatic cancer generally shows two main histologic patterns. The primary pattern that is, the pattern occupying greater than 50% of the cancer is usually indicated by the **first number** of the Gleason's grade and the secondary pattern is usually indicated by the **second number**. **These two numbers are added together to create a pattern score, ranging from 2 to 10.** If there are two numbers, assume that they refer to two patterns (the first number being the primary and the second number being the secondary) and sum them to obtain the score. If only one number is given and it is less than or equal to 5, assume that it describes a pattern and uses the number as the primary pattern and code the secondary as 'unknown'. If only one number is given and it is greater than 5, assume that it is a score. If the pathology report specifies a specific number out of a total of 10, the first number given is the score. Example: The pathology report says "Gleason's 3/10". The Gleason's score would be 3.

Also indicate whether the Gleason score was provided by prostatectomy, autopsy, TURP, or needle core biopsy.

**Choose only one that best describes the tumor, then skip to TREATMENT INFORMATION.**

In situ: noninvasive; intraepithelial  Yes  No Date: \_\_\_\_\_  
***If the prostate cancer is considered "clinically Inapparent", choose the selection that best describes the tumor:***  
Number of foci or percent involved tissue not specified  Yes  No Date: \_\_\_\_\_  
Incidental histologic finding in **5% or less** of tissue resected  Yes  No Date: \_\_\_\_\_  
Incidental histologic finding **more than 5%** of tissue resected  Yes  No Date: \_\_\_\_\_  
Tumor identified by needle biopsy, e.g., for elevated PSA  Yes  No Date: \_\_\_\_\_

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