

Abstracting a Medical Record

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Objective

- **Develop an understanding of usual methods and procedures used to diagnose cancer**
- **Develop and understand of what should be recorded on your registry abstract**

Composition and organization of a medical record

- **May be simple: just a few pages**
- **May be extremely complex: containing a variety of reports and hand written notes**
- **All have characteristic in common**
- **Mastering medical terminology to best of your ability is imperative**

Why is medical terminology so important?

- You will encounter unfamiliar terms**
- It will be difficult to read the doctor's handwriting if you do not know the terms**
- Help give you a clue to what the incomprehensible term might be**
- Need to know what information may be missing or incomplete**
- A medical dictionary can help but knowing root words, prefixes, and suffixes most helpful**

Composition of a medical record (not necessarily in this order)

- **Patient identification**
- **Referral information**
- **Biographical information**
- **Medical history & Physical exam**
- **Diagnostic examination**
- **Pathology reports**
- **Treatment reports**
- **Progress notes (doctor and nurse)**

Composition of a medical record (continued)

- **Discharge summary**
- **Follow-up reports**
- **Autopsy reports**
- **Death certificate**
- **Reports from other facilities**

**Forms used to record
information in a medical
record
(handout)**

Clinical notes

- **S = Subjective: symptoms (what the patient says to the doctor)**
- **O = Objective (physical exam – what the doctors see, feel, hear)**
- **A = Assessment (the doctor takes the patient's complaints and add the information to what he/she has observed)**
- **P = Plan (what the doctor decides to do)**

How to abstract cancer registry information

- **Patient identification**
 - Name
 - Hospital medical record number
 - Local registry number
 - Address and phone number
 - Social security or country identification number
 - Spouse
 - Nearest relative or friend
 - Physicians
 - Employer

How to abstract cancer registry information

- **Biographical information**
 - **Sex**
 - **Age at diagnosis**
 - **Birthdate**
 - **Place of birth**
 - **Race/ethnic group**
 - **Marital status**
 - **Occupation history**
 - **Social history**

How to abstract cancer registry information

- **Medical history**
 - Previous diagnosis of this neoplasm
 - Previous treatment for this neoplasm
 - Other previous neoplasms
- **Admission date**
- **Diagnosis date**
- **Discharge date**

Abstracting diagnostic procedures

- **Always record certain basic information**
 - **Date of examination or procedure**
 - **Name of examination or procedure**
 - **Results of the examination or procedure**
 - **Any pertinent positive or negative information**
- **Document in text section**

Let's look at an X-ray Report

- **Handouts: Example E1**

Abstract X-ray as follows:

- **10/8/1991 2 to 3 cm mass in left midlung extending toward the left hilum, IMP: probably adenocarcinoma**

Let's look at another X-ray report

- **Handout: Example E2**

Abstract X-ray as follows

- **4/19/91 x-ray Lt femoral head, Lt ilium and skull: probable osteoblastic mets lesion**
- **Note: date, type of x-ray, pertinent findings are all recorded**

Let's look at an esophagram

- **Handout: Example E3**

Abstract Esophagram as follows

- **7/14/91 Esophagram: irreg narrow area 5.5 cm in length in midportion of esophagus at level of aortic knob, no obs. Imp: carcinoma of esophagus**

Let's look at an ultrasound

- **Handout: Example E4**

Abstract Ultrasound as follows

- **12/31/91 Uutrasound: mass lesion, superior & posterior portion lt kidney, not cystic. Rt kidney WNL**

Let's look at a mammogram

- **Handout: Example E5**

Abstract mammogram as follows

- **1/13/91 Mammogram rt breast: UOQ area of increased opacification, 2 opacities in rt axilla sugg lns; Imp: possible UOQ carcinoma suggest repeat mammogram**

Let's look at a CT scan

- **Handout: Example E11**

Abstract CT scan as follows

- **6/6/91 CT scan: no evidence of superior mediastinal mass, probable mets lesions in both upper lobes**

Manipulative Procedures

- **Diagnostic procedures that involve**
 - **Direct viewing**
 - **Direct feeling**
 - **Direct hearing**
 - **Direct smelling of body**
- **Often with special instrument devised to directly view interior of body (endoscope)**

Let's look at a proctoscopy

- **Handout: Example F1**

Abstract proctoscopy finding as follows

- **2/31/91 Procto: mass palpable posteriorly, feels fixed to sacrum. Multiple bx taken. Obstruction @ 8cm – could not examine above**

Let's look at a laryngoscopy

- Handout: Example F2

Abstract laryngoscopy findings as follows

- **8/17/91 Laryngoscopy: Fungating mass
It supraglottic area from false cord up
to aryepiglottic fold, does not pass the
midline; pyriform sinuses and glottis
free of dz. Cords moving normally, bx
taken**

Let's look at a cystoscopy

- **Handout: Example F3**

Abstract cystoscopy as follows

- **1/14/91 Cystoscopy: localized sessile lesion in rt superior lateral portion of bladder. No other overt lesions. Multi bx taken. Dx carcinoma of bladder**
- **Make note of other studies in specified place on abstract**
 - **X-ray section: Date: NIC (not in chart)**
Pyelogram: prob cyst upper pole rt kidney, lt nml, no ureteral defects
 - **Surgery section: Date NIC (not in chart) TURB done**

OPERATIVE PROCEDURES

Exploratory Surgery

- **Sometimes cancer of an internal organ may be suspected but the organ may be so located that direct access to it is possible only with surgery..**
- **Exploratory surgery may then be performed to determine whether or not a cancerous condition exists and the degree to which the cancer may have affected other organs and structure within the observed area. In most instances, biopsies will be performed and the material examined histologically**

Let's look at an operative report for a exploratory laparotomy

- **Handout: Example F15**

Abstract the exploratory laparotomy as follows:

- **3/11/91 Large fixed mass posterior wall of fundus of stomach invading spleen. Numerous nodes along lesser curvature of stomach. Some tumor studdings in left lobe of liver. Node bx. Post-op dx: carcinoma of the stomach**

PATHOLOGICAL EXAMINATIONS

- **Most accurate methods for diagnosing cancer – microscopic examination of tissue and cells**
 - **Cytological examination: study of cells**
 - **Histologic examination: study of tissue**
- **Purpose: determine characteristics of tissues and cells indicative of malignancy**

HISTOLOGIC EXAMINATION

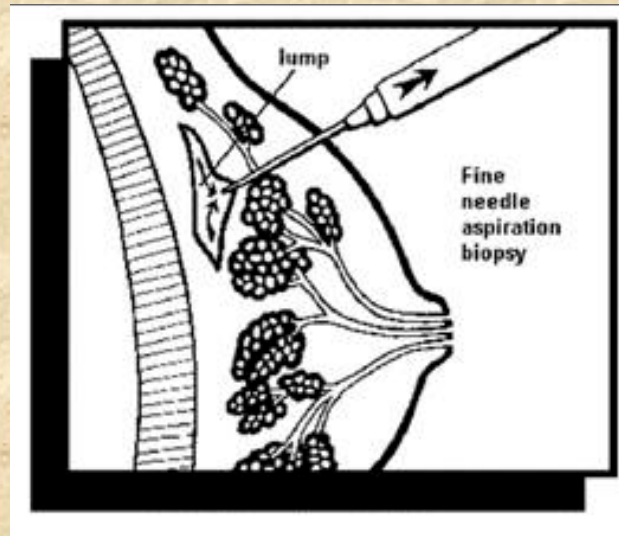
- **Best evidence regarding presence or absence of cancer**
- **May have more than one on path report in record**
- **Summarize each**
 - **Name and date of procedure**
 - **Slide number**
 - **Source of specimen**
 - **Pertinent positive and/or negative findings**

Types of histologic specimens

- **Biopsy specimens**
- **Surgical specimens**
- **Autopsy**

Types of biopsy reports

- **Aspiration: fluid, cell or tissue obtained by suction through a needle attached to a syringe**
- **Usually called a FNA (fine needle aspiration)**



Types of biopsy reports

- **Bone marrow biopsy: examination of piece of bone marrow by puncture or trephine (removing a circular disc of bone)**



Types of biopsy reports

- **Curettage: removal of material by scraping with a curette usually done in cervix**



Types of biopsy reports

- **Excisional biopsy (total):** the removal of a growth in its entirety and having a therapeutic as well as a diagnostic purpose

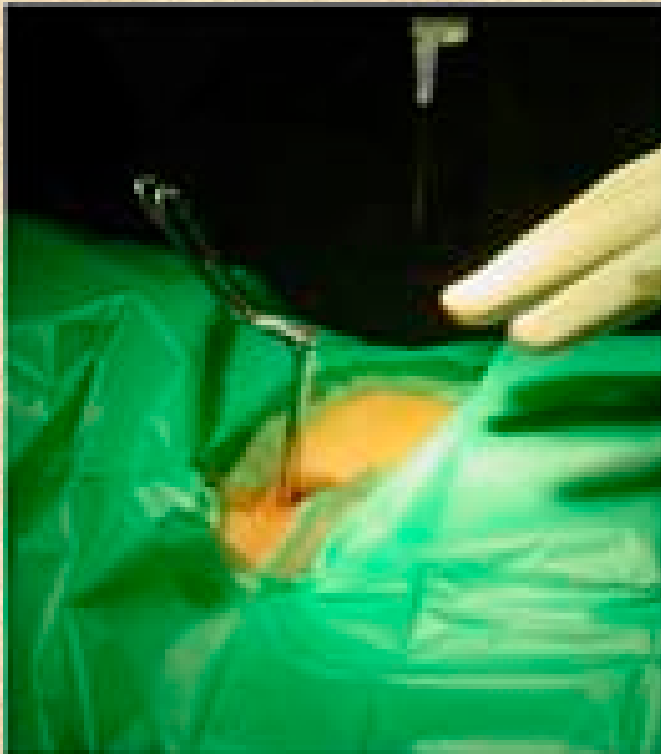


Types of biopsy reports

- **Incisional biopsy: incomplete removal of a growth for the purpose of diagnostic study**

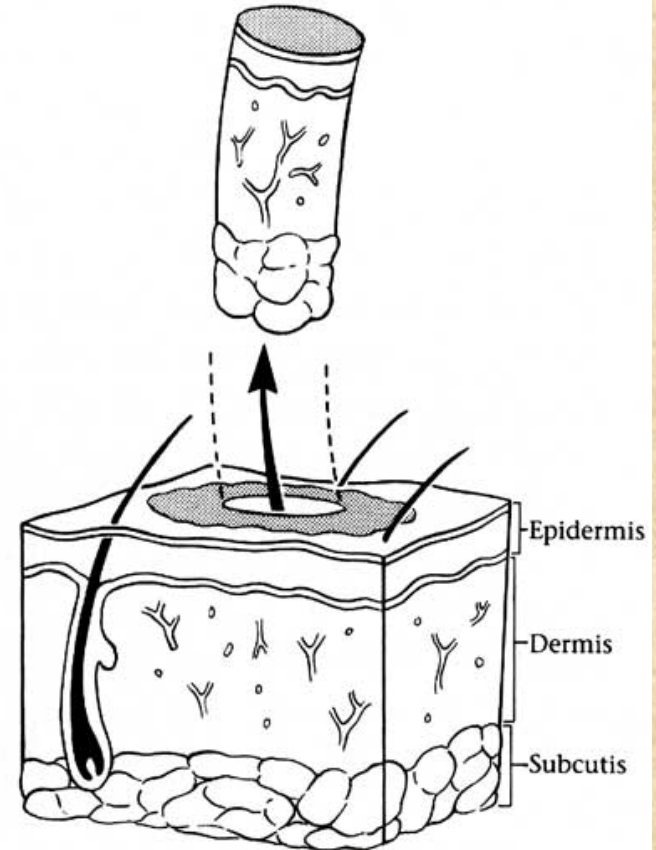
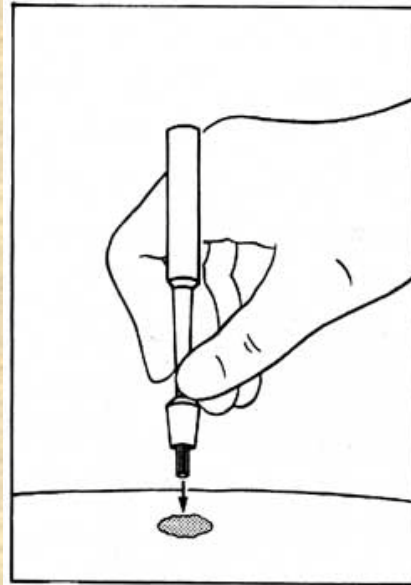
Types of biopsy reports

- **Percutaneous biopsy: a needle biopsy with the needle going through the skin**



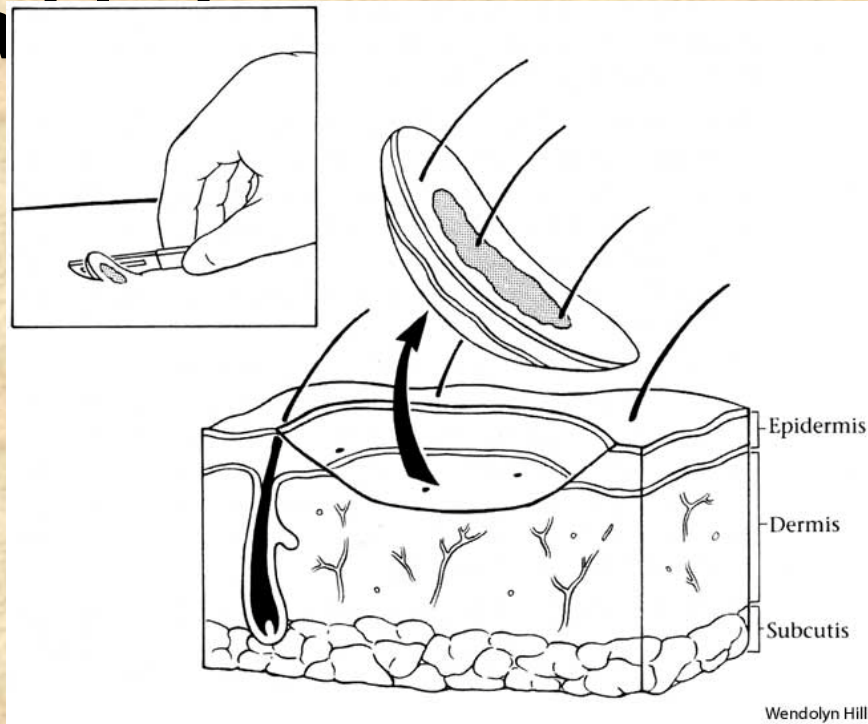
Types of biopsy reports

- **Punch biopsy: Biopsy of material obtained from the body tissue by a punch technique**



Types of biopsy reports

- **Shave biopsy:** biopsy of material obtained by shaving off a layer of tissue with a



Let's abstract multiple biopsies of bladder

- **Handouts: Example G1**

Abstract the multiple biopsies of bladder as follows:

- **3/31/91 Bx of bladder: rt anterior bladder wall—Pap trans cell carcinoma, gr III, invading into lamina propria but not muscularis. Other bx moderate atypea**

ANATOMY OF A PATHOLOGY REPORT

- **DATE OF REPORT:** Date should coincide with date of corresponding operative report, not the date the slides were received, read nor the date of dictation
- **CLINICAL HISTORY:** Brief information that describes the reason why the tissue was removed

ANATOMY OF A PATHOLOGY REPORT

- **PRE-OPERATIVE DIAGNOSIS OR CLINICAL DIAGNOSIS:** brief description of the diagnosis as based on the physical examination and/or a statement provided by a referring physician
- **CAUTION:** some physicians use a rule-out diagnosis
 - A rule out diagnosis is not a statement of diagnosis of cancer

ANATOMY OF A PATHOLOGY REPORT

- **GROSS DESCRIPTION: contains a description of the material received for examination and will include:**
 - **Source of specimen**
 - **Size of tissue fragments and how they are received**
 - **Size of surgical specimen**
- **Do not confuse the size of specimen with the size of the tumor**

ANATOMY OF A PATHOLOGY REPORT

- **MICROSCOPIC DESCRIPTION:**
 - Pathologist description of specimen examined
 - Total size of tumor
 - Were the tumor has extended or metastasized
 - Size usually reported in cm and length, breadth and thickness of tumor will be given
 - Registrar reports only the largest dimension of the tumor

ANATOMY OF A PATHOLOGY REPORT

- **FINAL DIAGNOSIS**
 - Summarizes the microscopic finding
 - Diagnosis confirms or denies gross finding of malignancy
 - Gives information on histologic type of cancer the grade and sometimes the extension, margins of tumor positive or negative
- **THE HISTOLOGY IS CODED FROM THE FINAL DIAGNOSIS**

ANATOMY OF A PATHOLOGY REPORT

- **COMMENTS:** Pathologist will comment or clarify information found on the pathology report and will sometimes offer an opinion on a more exact type of histology
- **Comments** offers pathologist to offer an opinion as to the characteristics of the tumor which are not included in the “official” part of the report

Example of a comment

FINAL DIAGNOSIS: Non-small cell carcinoma

COMMENTS: non-small cell carcinoma of the lung most consistent with Adenocarcinoma

In this case the registrar would code the histology to Adenocarcinoma NOT Non-small cell carcinoma

Let's abstract a biopsy of bladder with left scalene nodes

- **Handout: Example G2**

Abstract biopsy of bladder with left scalene nodes as follows

- **2/11/91 Bx bladder tumor (#S91-210):
Papillary transitional cell carcinoma, gr
II, no area of invasion identified. Lt
scalene node: neg**
- **TURB means transurethral resection of
bladder**
- **TCC means transitional cell carcinoma**

Let's abstract a left radical mastectomy path report

- **Handout: Example G3**

Abstract left rad mastectomy path report as follows

- **7/20/91 Lt Rad Mast (#S91-1700): 4 cm tumor infiltrates deep fatty tissue; no invasion of muscle, nipple, or lactiferous sinuses. Mets carcinoma 1/17 Lt axillary LN. DX: infiltrating duct carcinoma Lt breast**

Let's abstract a cancer of floor of mouth path report

- **Handout: Example G4**

Abstract cancer of FOM pathology report as follows

- **5/23/91 Floor of mouth contiguous with tongue and mandible plus lt rad neck dis (S91-0100): lesion 1.2x0.1 cm on lt side of FOM; extranodal fibrous connective tissue contains foci of squamous cell ca. All lymph nodes neg 0/19. Dx: Mod well diff. squamous cell ca of lt floor of mouth**

Let's abstract a vagotomy & subtotal gastrectomy path report

- **Handout: Example G5**

Abstract vagotomy & subtotal gastrectomy path report

- **9/11/91 Vagotomy & subtotal
gastrectomy (S91-999): Stomach—
tumor does not extend below mucosa
but a single nest of malignant cells is
seen in submucosal lymphatic space.
Surgical margins free. Perigastric
lymph nodes free. Dx: superficial
spreading carcinoma arising in margins
of chronic gastric ulcer**

THE AUTOPSY (NECROPSY POSTMORTEM) REPORT

- **FINAL DIAGNOSIS: most important part for registrar**
- **Can confirm dx of cancer made prior to death**
- **Can be incidental finding of cancer at time of autopsy**
- **Abstract same as you would a path report**
- **Can be a gross observation alone (no microscopic exam)**

CYTOLOGIC EXAMINATION

- **Study of cells**
 - **Shed from tissues**
 - **Floating in fluid and mucous material**
- **Examined microscopically to determine origin**

Cytologic Examination

- **Bronchial washing**
- **Sputum**
- **Breast secretions**
- **Gastric fluid**
- **Peritoneal fluid**
- **Pleural fluid**
- **Bone marrow aspirations**

Cytologic Examinations

- **Bronchial brushing**
- **Prostate secretion**
- **Spinal fluid**
- **Urinary sediment**
- **Cervical & vaginal smears**
- **Tracheal washing**

Let's abstract a bronchial washing cytology report

- **Handout: Example G 13**

Abstract a bronchial washing cytology report as follows

- **10/6/91 Bronchial washing (#03166):
Pap Class III very suspicious of
epidermoid carcinoma**

Let's abstract a cervical pap smear report

- **Handout: Example G14**

Abstract a cervical pap smear as follows

- **Fem. Gen. Tract (#01000) Pap Class V,
epidermoid carcinoma with atypical
glandular elements**

BREAK



TIME FOR PRACTICE

