**MARYLAND CANCER REGISTRY**

**INSTRUCTIONS FOR**

**MEDICAL RECORD ABSTRACT**

**Hardcopy Submissions of Information on Reportable Tumors**

**PROSTATE CANCER**

April 2019

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

**MARYLAND CANCER REGISTRY**

**Instructions for Hard Copy Medical Record Abstracts**

The Maryland Cancer Registry (MCR) of the Maryland Department of Health contracts with Myriddian, LLC. 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 Myriddian, LLC. by fax or by mail:

**Mail or Fax report to:**

**Myriddian, LLC., Maryland Cancer Registry**

**6711 Columbia Gateway Drive, Suite 475**

**Columbia, MD 21046**

**Fax: 240-833-4111**

**Questions? Call 1-866-986-6575 or 410-344-2851**

**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

**ABSTRACTOR 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. Conversly, 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 identfied 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 if 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 indicted 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 prostectomy, 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 les**s 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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**TREATMENT INFORMATION – First Course of Therapy**

**SURGERY –** Check the appropriate box that best describes the surgery performed. Check as many as apply. If the response is ‘Yes’, provide a date the procedure was performed.

If no surgery was performed, please check the appropriate box, state a brief reason why no surgery was performed and the Date that decision was made.

If Lymph Nodes were involved, please describe name of lymph nodes or area, total number examined, and total number positive.

Lymph node region: Describe the region of the body where the lymph nodes were examined.

Total Number Nodes Examined: ### (up to 3 numbers) Total Number Nodes Positive:### (up to 3 numbers)

Indicate whether pelvic lymph nodes dissection was performed.

**OTHER TREATMENT -** This category includes chemotherapy, radiation therapy, hormonal, immunotherapy (vaccine), or any other treatment the patient may have received for their diagnosis. Choose the response that best describes the treatment and date, if known.

Otherwise, mark as ‘Unknown’ and disregard the date field. Choose as many as may apply.

Please provide any additional information which may be important regarding the patient’s treatment/care. If no additional information is available, leave blank.

**Additional Information (if available)**

Referring or Managing Physician:

Medical Oncologist:

Radiation Oncologist:

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