

Arkansas Central Cancer Registry
Minimum Text Requirements

The Arkansas Central Cancer Registry (ACCR) requires all healthcare facilities who submit abstracted data to include text information. The required text fields are:

Physical exam

Scans/Scopes

Lab Results

Primary Site

Histology

Pathology

Surgery

Operative Report

Radiation Therapy

Chemotherapy

Hormone

BRM

Other Therapy

Remarks

Place of Diagnosis

Text is needed to justify codes used. Text is use to document supplemental information not transmitted within code fields. Text must contain a description that has been entered by the abstractor independently from the codes.

PE Text: Patient's age, sex and race. Date of admission, positive and negative clinical findings. History that relates to cancer diagnoses. Alcohol and smoking history.

X-ray/Scan/Scopes Text: Date(s) of x-ray/scan(s); tumor location, size and lymph nodes, distant disease or metastasis (if appropriate).

Lab Results Text: Date(s) of lab tests, type of lab test/tissue specimen, record positive and negative findings. Information can include tumor markers such as ERA, PRA, Her2/nue, PSA, hCG, AFP and LDH.

Primary Site Text: Location of tumor including laterality if appropriate.

Histology Text: Type of tissue specimen

Pathology Text: Date(s) of procedure(s), Tumor type and grade (include all modifying adjectives, i.e. predominately, with features of, with foci of, etc), tumor size, extent of tumor spread, involvement of resection margins, number of lymph nodes examined and involved. Record any differential diagnoses considered and ruled out, if appropriate.

Operative Report/Surgery Text: Dates and descriptions of biopsies and all other surgical procedures from which staging information was derived. **FIRST COURSE**

Radiation Therapy Text: Dates radiation started and ended, dose (cGy), modality (external beam, Gamma Knife, etc), boost location and amount, number of treatments. **FIRST COURSE**

Chemotherapy Text: Dates chemotherapy started and ended. Type of chemotherapy administered. **FIRST COURSE**

Hormone Text: Type of hormone and dates hormone administered. **FIRST COURSE**

Immunotherapy Text: Dates and type of immunotherapy administered, biological or chemical agents. **FIRST COURSE**

Other Therapy Text: Dates and type of other treatment at any facility related to this cancer.

Remarks: Family history of cancer. Work history, occupation and industry. Any other dates, treatment, information, not already recorded, that helps justify codes that were used in the abstract.

Place of Diagnosis: Name of facility where patient was diagnosed with cancer that is being reported.

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tcm