Name of Policy:	Abstracting	THE UNIVERSITY OF TOLEDO MEDICAL CENTER		
Policy Number:	3364-105-406			
Department:	Cancer Center			
Approving Officer:	Chief Executive Officer - UTMC			
Responsible Agent:	Chief Administrative Officer – Outpatient Integrated Clinical Operations	Effective Date:	03/1/2020	
Scope:	Cancer Center Administration	Initial Effective Date:	1/1979	
New policy proposal Minor/technical revision of existing policy Major revision of existing policy X Reaffirmation of existing policy				

(A) Policy Statement

The abstract is the main method which summarizes the pertinent information about the patient, cancer diagnosis and treatment, and patient follow-up.

(B) Purpose of Policy

Allocation of University of Toledo Medical Center's (UTMC) resources for the diagnosis and treatment of cancer ensures optimal planning by the Cancer Program and Administration. Accurate and complete data by the Cancer Registry must be maintained to aid in this planning. Other purposes of the Cancer Registry data collected can be used for research investigations, studies of quality and outcome evaluation.

(C) Scope

This policy applies to all cancer center employees. Mainly used by the cancer registry department in conjunction with the cancer committee.

(D) Procedure

- 1. An abstract must be completed for all reportable primaries diagnosed and/or initially treated at UTMC since the Cancer Registry's reference date (2004). An abstract must be completed for each primary if a patient has more than one primary as outlined in the Multiple Primary and Histology Coding Instructions (MP/H). The 2007 Multiple Primary and Histology Coding Rules present the first site-specific multiple primary and histology rules developed to promote consistent and standardized coding by cancer registrars.
- 2. Components of an abstract include patient identification, cancer identification, stage of disease at diagnosis, first course of treatment, outcomes, case administration descriptors and any other requirements of the American College of Surgeons/Commission on Cancer (ACS/CoC).
- 3. All records will be used in order to complete the abstract. This includes but is not limited to Inpatient, Outpatient, Clinic, Emergency Room, Radiology, Pathology, Radiation Therapy or Hematology/Oncology records.
- 4. For cases diagnosed elsewhere or referred elsewhere for treatment, completion is achieved through calling, writing, or faxing physicians, hospitals or other cancer registries to obtain the required information. This may need to be performed multiple times in order to ensure thoroughness of the data being recorded.
- 5. The rules and regulations outlined in the STandards for Oncology Registry Entry Manual. Released 2018. (STORE) will be followed for abstracting guidelines.

6. The Cancer Registry will abstract all reportable cases within six months of the date of first contact 90% of the time to be in accordance with the ACS/COC Standard 3.3

Approved by:		Review/R	Review/Revision Date:	
		9/86	10/12	
		4/87	11/13	
		6/88	03/14	
<u>/s/</u>	02/24/2020	8/91	3/2017	
Daniel Barbee, MBA, RN, BSN, FACHE	Date	2/94	3/2020	
Chief Executive Officer - UTMC		9/96		
		1/99		
		3/02		
<u>/s/</u>	02/24/2020	4/03		
Allen Seifert	Date	8/04		
Chief Administrative Officer – Outpatient Integrated		7/05		
Clinical Operations		5/06		
		11/07 4/08		
		3/09		
/s/	02/23/2020	4/10		
Carrie Andrews, BA, CTR	Date	4/10		
Cancer Registry		7/11		
	00/04/0000			
/s/	02/24/2020			
Krishna Reddy, MD, Ph.D.	Date			
Chairman, Cancer Committee				
		Next Rev	iew Date: 03/01/2023	
Policies Superseded by This Policy: 10-412				

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.