**MARYLAND CANCER REGISTRY**

**INSTRUCTIONS FOR**

**MEDICAL RECORD ABSTRACT**

**Hardcopy Submissions of Information on Reportable Tumors**

**TUMORS OF THE SKIN**

**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 write 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:

Skin primary (C440-C449) with any of the following histologies:

Malignant neoplasm (8000-8005) not otherwise specified

Epithelial carcinoma (8010-8046)

Papillary and Squamous cell carcinoma (8050-8084)

Basal cell carcinoma (8090-8110)

**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 or RECORD IDENTIFICATION NUMBER:**  Enter the medical record number or record identification number assigned by your facility. Leave blank if this does not apply.

**PATIENT IDENTIFICATION**

**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’s residential address at the time of diagnosis

**PATIENT RESIDENTIAL ADDRESS**: If additional space is needed for patient address, enter here.

**CITY/STATE/ZIP:** Enter City/State (2-digit format)/Zip Code (5-digit format)

**COUNTY**: Enter name of the county of residence at the time of diagnosis if known, otherwise leave blank.

**PATIENT DEMOGRAPHICS**

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

**PLACE OF BIRTH** (if known): Enter the patient’s 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**

**DATE OF INITIAL DIAGNOSIS:** YYYY/MM/DD Date of initial diagnosis by a recognized medical practitioner for the tumor being reported.

**SITE OF TUMOR:** Only the Skin sites are listed. Use C44.9 Skin, NOS (Not Otherwise Specified) if you cannot determine the exact site on the body or it is not specified on the pathology report. This is the anatomic site (on the body) where the tumor being reported was found.

| CODE | DESCRIPTION |
| --- | --- |
| C44.0 | **Skin of lip, NOS, Upper/lower** |
| C44.1 | **Eyelid, Upper/lower** |
| C44.2 | **External Ear -** Auricle, Ear lobe, Ear Canal, Skin of Ear, NOS. |
| C44.3 | **Skin of other and unspecified parts of face**Cheek, chin, face, forehead, jaw, nose, temple, eyebrow. |
| C44.4C44.5C44.6C44.7 | **Skin of scalp and neck**Skin of head, NOS, neck, scalp, cervical region, supraclavicular region.**Skin of trunk**Abdomen, abdominal wall, anus, under arm, back, breast, buttocksChest, chest wall, flank, groin, perineum, thoracic wall, thorax, trunk,Umbilicus, gluteal region, infraclavicular region, inguinal region, Sacrococcygeal region, scapular region (shoulder blade only), perianal.**Skin of upper limb and shoulder**Antecubital space, arm, elbow, finger, forearm, hand, palm, shoulder,Thumb, upper limb, wrist, finger nail, palmar skin.**Skin of lower limb and hip**Ankle, calf, foot, heel, hip, knee, leg, lower limb, popliteal space, thigh,Toe, plantar skin, sole of foot, toe nail. |
| C44.8 | **Overlapping lesion of skin**If the site of origin overlaps any of the above listed areas, use this category. |
| C44.9C51.0C51.1C51.2C51.8C51.9C60.0C60.1C60.2C60.8C60.9C63.0 | **Skin, NOS** *[Excludes skin of labia majora, skin of vulva, skin of penis,**And skin of scrotum].***Labium Majus****Labium Minus****Clitoris****Overlapping lesion of Vulva****Vulva, NOS****Prepuce****Glans Penis****Body of Penis****Overlapping lesion of Penis****Penis****Scrotum, NOS** |

**LATERALITY:** Check the appropriate box to indicate laterality. Choose the side of a paired organ, or the side of the body on which the reportable tumor was found.

Laterality must be recorded for the following list of paired organs. Non-paired organs (those not on this list and those explicitly excluded) are coded “Not a paired organ”. Midline origins are coded to “Paired site, but no information concerning laterality, midline tumor.”

|  |
| --- |
| **Laterality Site** |
| Skin of eyelid |
| Skin of external ear |
| Skin of other and unspecified parts of face |
| Skin of trunk |
| Skin of upper limb and shoulder |
| Skin of lower limb and hip |
| Connective, subcutaneous, and other soft tissues of upper limb and shoulder |
| Connective, subcutaneous, and other soft tissues of lower limb and hip |

**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.

**TYPE OF TUMOR (Histology):** Record the histology that best describes the type of tumor found. If unknown, please indicate as Unknown. For example:

Melanoma Malignant Desmoplastic Melanoma

Superficial Spreading Melanoma Malignant Neurotropic Melanoma

Nodular Melanoma Malignant Melanoma in a giant

Regressing Melanoma pigmented lesion

Melanoma in a Junctional Nevus Spindle Cell Melanoma

Lentigo Maligna Melanoma Malignant Blue Nevus

Acral Lentiginous Melanoma, Malignant Mixed Epithelioid and Spindle Cell

Malignant Melanoma Melanoma

Balloon Cell Melanoma

Amelanotic Melanoma Merkel Cell Carcinoma

Malignant Melanoma in a precancerous melanosis

Malignant Melanoma in a Hutchinson’s melanotic freckle

**BEHAVIOR**: Pathologists use these terms to describe the type of tumor.

|  |  |
| --- | --- |
| **Label** | **Definition** |
| Benign | Benign. |
| Borderline | Uncertain whether benign or malignant. |
| Borderline malignancy. |
| Low malignant potential. |
| Uncertain malignant potential |
| Clark level 1 for melanoma (limited to epithelium). |
| Synonymous with in situ (non-invasive) | Confined to epithelium. |
| Hutchinson melanotic freckle, NOS (C44.-). |
| Intracystic, noninfiltrating. |
| Intraepidermal, NOS. |
| Intraepithelial, NOS. |
| Involvement up to, but not including the basement membrane. |
| Lentigo maligna (C44.-). |
| Noninfiltrating. |
| Noninvasive. |
| No stromal involvement. |
| Precancerous melanosis (C44.-). |
| Malignant (Invasive) | Invasive or microinvasive. |

**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 |

**TREATMENT INFORMATION – First Course of Therapy**

**Tumor Characteristics** (for Staging). Check ‘Yes’ box if condition is present and/or described in the pathology report:

**Ulceration** [ ]  Yes [ ]  No **Mitotic Rate:** /mm2

**Regression** [ ]  Yes [ ]  No **Anatomic Clark’s Level:\_\_\_\_\_\_**(I, II, III, IV, greater)

**Clinical Lymph Node Breslow’s Thickness:** \_\_\_\_\_\_\_(mm)

**Involvement** [ ]  Yes [ ]  No **LDH Value** (prior to treatment or w/in 6 weeks of Diagnosis):

**Satellite Lesions Present** [ ]  Yes [ ]  No **Normal LDH Range Upper Limit:**

**Multiple Nodules** [ ]  Yes [ ]  No **Metastatic Disease**: [ ]  Yes [ ]  No [ ]  Unknown

**In-Transit Metastasis** [ ]  Yes [ ]  No **Describe Metastatic Site:**

**Level of Invasion** (describe with text):

**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)

**OTHER TREATMENT:** This category includes chemotherapy, radiation therapy, 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:

**PLEASE ATTACH AND SEND A COPY OF THE PATHOLOGY/CYTOLOGY REPORT TO THIS ABSTRACT FORM.**

**Mail or Fax (Do not email) report to:**

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

**6711 Columbia Gateway Drive, Suite 475**

**Columbia, MD 21046**

**Fax: 240-833-4111**

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