

Helpful Hints for Texting

<p>PE: Include remarks about why the patient came into the hospital and/or sought medical care. Include information about past history of cancer, either in the patient or in family members. Include information about risk factors: for example, is the patient a smoker? (Include patient gender, age, race and ethnicity—For example: 46-year-old white female presents with a right lung mass after experiencing coughing up blood. Patient is a long time smoker of 2 packs per day.)</p>
<p>XRAY/SCAN: Include the dates/names and brief impression of findings of all relevant xrays/scans/imagings.</p>
<p>SCOPES: Include the dates/names of any relevant scopes performed. Include a brief impression of findings.</p>
<p>LAB TESTS: Include the dates/names of any relevant lab tests performed. Include a brief description of values.</p>
<p>OP: Include the dates/names of any diagnostic procedure that helped to identify the cancer. Include a brief impression of findings.</p>
<p>PATH: Include dates, description of cancer cell types; any lymph node involvement; any information about disease extension and any other relevant pathologic information. Include tumor size and grade. Include any mention of spread of disease.</p>
<p>PRIMARY SITE TITLE: Name of the primary site; include laterality if relevant and other anatomic information.</p>
<p>HISTOLOGY TITLE: Name the cell type (as described on the pathology report).</p>
<p>STAGING: Verify the staging that was coded. Include tumor size, extension of disease, lymph node involvement (or lack of it) and metastatic involvement (or lack of it). Use of T, N and M designations will be helpful.</p>
<p>SURGERY: List dates/names of all relevant definitive surgery (surgery that removed the cancer).</p>
<p>RADIATION (BEAM): Include the start and end dates of radiation treatment. Include the type of beam radiation; include the doses (if available). Note if a boost was given.</p>
<p>RADIATION (OTHER): Include any other type of radiation given along with the date(s) administered. For example, “seed implantation” for prostate cancer.</p>
<p>CHEMOTHERAPY: Include start and end dates (if end dates are available) of any chemotherapy that was given. Include the name(s) of the drug(s) given.</p>
<p>HORMONE: Include start and end dates (if end dates available) of any hormone(s) given. Include the name(s) of the drug(s) given.</p>
<p>BRM: Include start and end dates (if end dates available) of any immunotherapy drug(s) given. Include the name(s) of the drug(s) given. (BRM=Biologic Response Modifiers—Immunotherapy.)</p>
<p>OTHER: Any other treatment that was given (with dates). For example, acupuncture or herbal treatment.</p>
<p>PLACE OF DIAGNOSIS: Full name of facility, city/town, state.</p>
<p>REMARKS: For use by the facility. Any relevant information not already texted in another section. Overflow of information from other sections may be placed in this section, if necessary.</p>