**Quality Control of Cancer Registry Abstracting**

**Compared to the Medical Record**

This tool is provided to document compliance with Standard 6.1

Month/Time Period of Audit:

Number of cases abstracted this period: Number of cases audited this period:

**Criteria:**

1. The text within the abstract allows for review of AJCC.

2. The documented histology is correct.

3. The documented primary site is correct.

4. The documented class of case is correct.

5. The documented grade is correct.

1. The documented first course of treatment is correct based on NCCN guidelines.
2. The documented demographic data are correct.
3. The documented AJCC staging information is complete and correct.
4. The documented follow-up physician(s) and/or follow-up contacts are correct.

**Criteria**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient ID** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |  |  | **Comments** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Directions:**

1. If the criterion is met, put an (X) in the appropriate box.
2. If the criterion is not met, put a zero (0) in the appropriate box.
3. If the criterion does not apply, put (NA) in the appropriate box.
4. Comment on all zero (0) responses.
5. Identify the follow-up action required, if any.

Results of Review:

Identified errors and proposed resolution:

Signature of auditor (physician) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Date presented to the cancer committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_