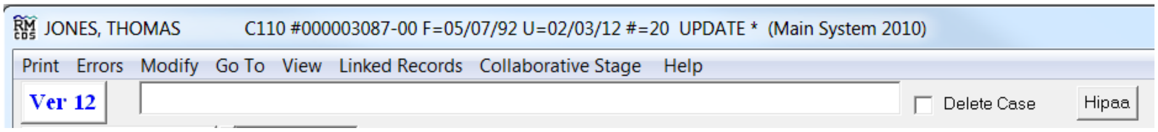
Abstracting Functions

The abstracting program has many functions. At the top of the abstract you will find information about the case.



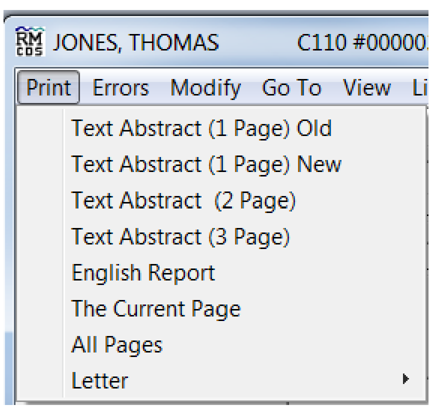
You will see: the patient's name, the primary site, the CTR (central tumor registry) number or Accession Number, the date the case was first put on the computer, the date the case was last updated, the number of updates to the case and the mode you are in, either abstract or update, and the name of the data system. The name of the data system is important if you are using a subsystem.

Under the menu is the prompt line where you will see data options that are short enough to fit on this line. Further look up options are discussed below.

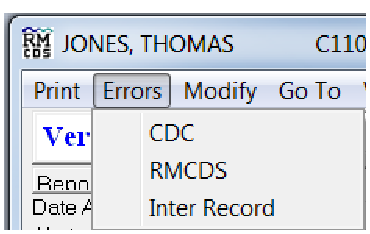
If you put a check mark in the box next to 'Delete Case', the cases will be deleted when you exit.

If you need to keep track of HIPAA information on a single case you can do so by clicking on the 'HIPAA' button.

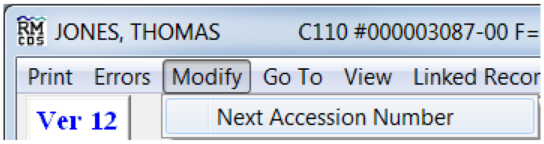
You also have several menus at the top of the abstract.

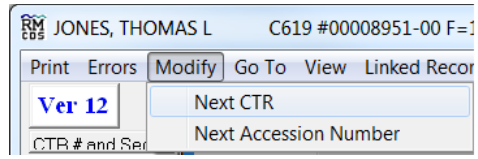


The print menu gives you the option to print several types of abstracts. The old 1 page and the new 1 page are currently the same. All pages will create a document of your entire abstract. The letter option allows you to print either a standard letter or a custom letter for the current case.



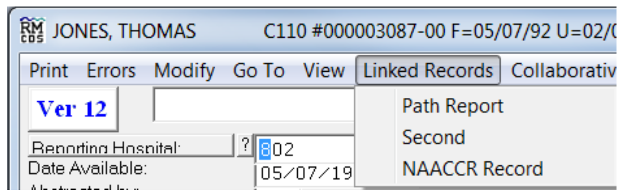
Under Errors, you have the option for either CDC EDITS or RMCDS errors. You will most commonly use the CDC EDITS. You can also check Inter Record errors to compare multiple sequences for demographic data items, which should be the same.



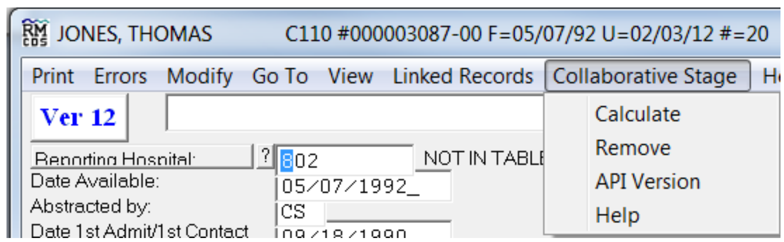


With the Modify option, you can choose to find the next available CTR number or the next available Accession Number for a hospital. The first picture is of the hospital system where only the option for the Next Accession Number is available.

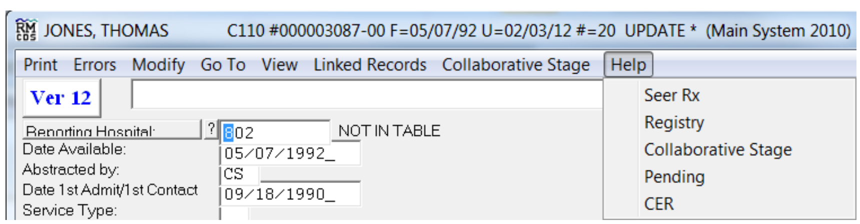
The option for Linked Records allows you to see linked path record or NAACCR record. The option 'second' is for expansion.



The Collaborative Stage option 'Calculate' allows you to see the derived values while in the record. If you do not calculate using this option, the derived values will be automatically calculated when you exit the case. The 'Remove' option removes all CS fields, including derived, from the case. The 'API version' will display the CS version number and date. The 'Help' under CS will bring up the CS help. It is best to have the site and histology already filled in so you will see the correct schema.



There are several options under the Help menu. The SEER RX is specific for SEER registries and needs to be loaded separately. The 'Registry' option brings up the Registry Plus help file from CDC. This file is not always updated since we get the file from CDC and have to wait for them to update the file. The Collaborative Stage help is the same help as under the CS menu. The pending option is for expansion. We will be adding information for the current EDITS metafile when it is available. The final option 'CER' is for those registries abstracting for the CDC Comparative Effectiveness Research Project.



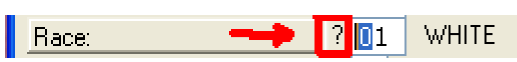
At the bottom of the abstract you have more options.

The top line has buttons which allow you to go to the ‘Previous Page’, and the ‘Next Page’. You have buttons for the ‘Next Page’ on either side of the screen. In the middle of the top line you can see which page of the abstract you are on and how many pages the abstract screen set has. If you know which page you want to jump to, you can type in the page number and click on 'Page' to change pages. You can also use the slider to change pages. The 'POS' box tells you the position of the case in your master file. Registrars do not normally need to know this information but we may ask you for the number if we are working on a problem with a particular case.

The bottom line also has buttons which allow you to ‘Save’ the case and an ‘Exit’ button. The box next to the ‘Exit’ button tells you how many characters you have available in the field where the cursor is. You also have information about which screen set you are using. If you which to change to a different screen set you can use the drop down at the side of the box to choose another screen set. Once you have chosen the screen you will need to click on the ‘Change’ button to see the new screen. When you change screen sets you will always be taken to the first field on the new screen.

Above it was mentioned that if a field only has a few data option they would be shown in the prompt line. So what if there are too many data options? There are two other ways you will see data options. They are both accessed in the same manner.

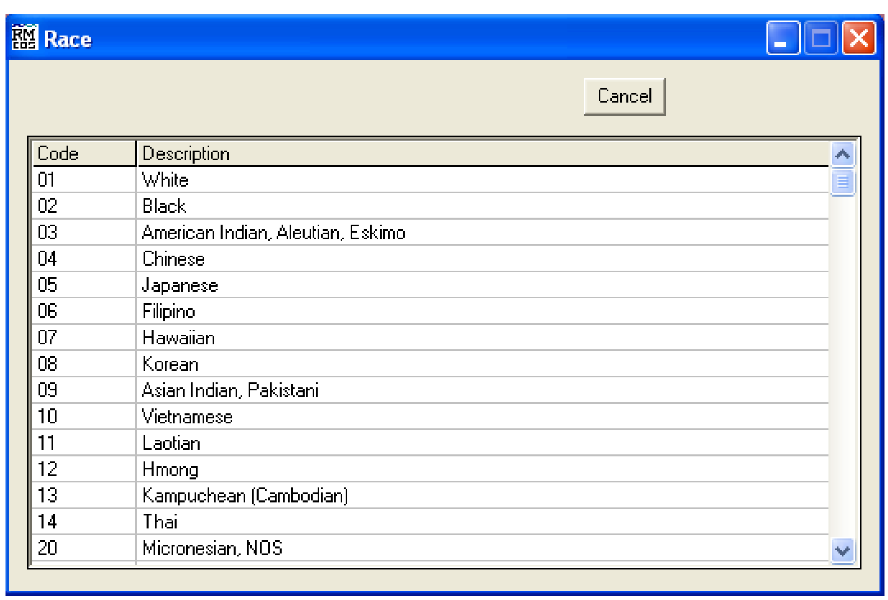
Next to all applicable fields you will see a box with a ‘?’.



If you click on the question mark you will see one of two options.

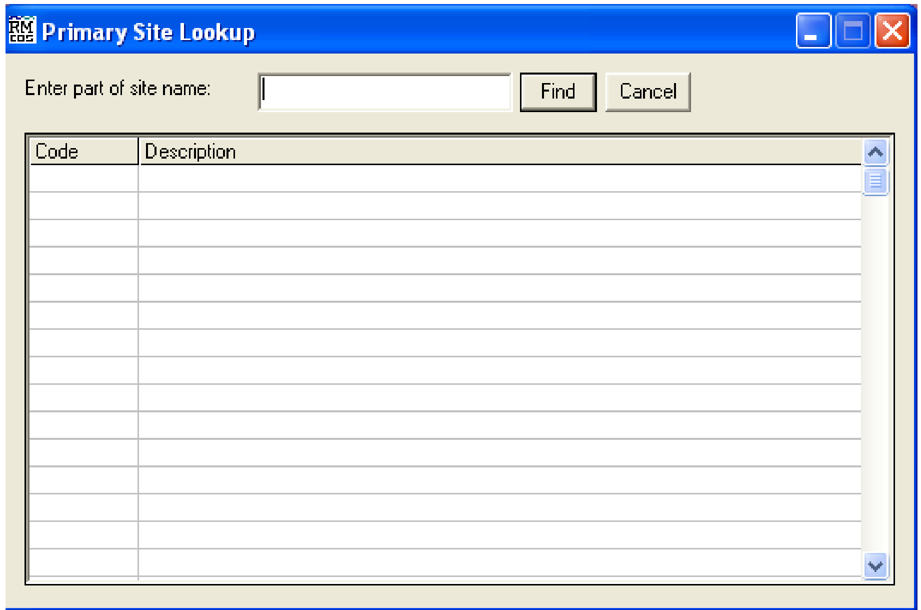
The first option shown is for data items that have less than a page of options.

To choose an option, double click on the code number. The code will be



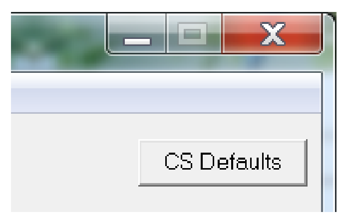
inserted into your abstract and you will see an English recode next to the data field.
If the data field that you are entering has more than one page of options you will see this look up:

To use this look up option type part of the word you are looking for in the box and then either hit <enter> or click on the 'Find' button.



The data options will show up in the table and you can double click on the code number. The code will be inserted into your abstract and you will see an English recode next to the data field.

There is also a button to add CS defaults to your case. You will not see this option until applicable fields have been entered. You will need to enter: dx date, primary site and histology. Once this information has been entered and you go to the next page, you will see the button in the upper right corner.



When you click on the button it will fill in any field which only has one code available. If the case is a DCO (death certificate only) all the appropriate codes will be generated if the system has been converted to CS 2.04.

This function only works on cases which have not had any CS coding entered.