Cancer treatment—surgical margin status, positive/negative/unknown code N

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Cancer treatment—surgical margin status, positive/negative/unknown code N

Identifying and definitional attributes

Metadata item type: Data Element

Short name: Surgical margin status

METEOR identifier: 587697

Registration status: Health, Standard 14/05/2015

Definition: The status of the closest surgical margin from the invasive or in situ carcinoma

after surgical treatment for cancer, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept: Cancer treatment—surgical margin status

METEOR identifier: 587695

Registration status: Health, Standard 14/05/2015

Definition: The status of the closest surgical margin from the invasive or in situ carcinoma after

surgical treatment for cancer.

Object class: <u>Cancer treatment</u>

Property: <u>Surgical margin status</u>

Source and reference attributes

Submitting organisation: Cancer Australia

Value domain attributes

Identifying and definitional attributes

Value domain: Positive/negative/unknown code N

METEOR identifier: 564702

Registration status: Health, Standard 14/05/2015

Definition: A codeset representing whether an entity has a value that is positive, negative, or

unknown.

Representational attributes

Representation class: Code

Data type: Boolean

Format: N

Maximum character length: 1

Value Meaning

Permissible values: 1 Positive

2 Negative

Supplementary values: 8 Unknown

Data element attributes

Collection and usage attributes

Guide for use: Surgical margins represent sites that have either been cut or bluntly dissected by

the surgeon to resect the specimen.

Record whether the surgical margin to the invasive or in situ carcinoma was positive, negative or unknown as described in the pathology report. Where two or more margins are reported, only the closest should be recorded (ie if any margin is

reported positive, positive should be recorded).

Record only for the most definitive surgical procedure performed. For instance, if a surgical procedure to remove a portion of tumour at the primary site is followed by additional surgery to remove the remainder of the tumour at that site, code the

distance of the margin for the final surgical procedure.

Record for the primary tumour site only, not for metastatic sites.

Negative (also outlined as clear) should be recorded when no cancer cells are seen at the outer edge of the tissue that was removed. Positive should be recorded when cancer cells come right out to the edge of the removed tissue. Unknown should be

recorded when the pathology report does not define the surgical margin.

Collection methods: This information should be sought from the patient's pathology report under

microscopic findings.

Comments: The distance of the closest margin is useful for surgical audit and for assessing the

completeness of surgical resection. Margin involvement may influence treatment

decisions and is a prognostic indicator.

Source and reference attributes

Submitting organisation: Cancer Australia

Reference documents: Royal College of Pathologists of Australasia 2010. Lung cancer structured

reporting protocol. 1st Edition (Version 1.0). Surry Hills, NSW: Royal College of

Pathologists of Australasia

American College of Surgeons 2002. Facility Oncology Registry Data Standards

(FORDS), 2011 revision. Commission on Cancer, page 211

Relational attributes

Related metadata

references:

See also Cancer treatment—lung cancer surgical margin qualifier, code N[N]

Health, Standard 08/05/2014

Health, Standard 14/05/2015

Specifications:

Implementation in Data Set Prostate cancer (clinical) NBPDS

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