

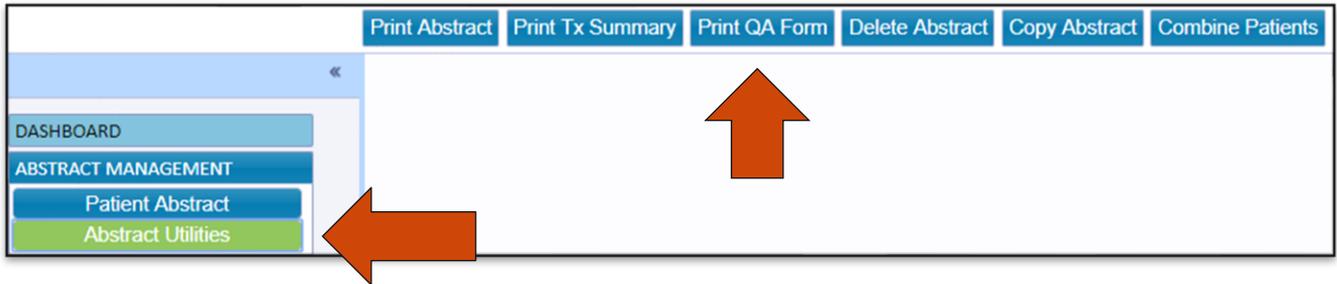


# CRStar Insights

## QA Form

This document provides instructions for using the CRStar QA “form”. The form has been added to the Abstract Utilities section under Abstract Management.

Please also see the CRStar “Short Take” video posted on the CRStar Resource Page.



To access the QA form, from the main menu. Click Abstract Management, Abstract Utilities, and Print QA Forms. The functionality is the same as the other forms, i.e. Print Abstract, Print Tx Summary, etc.

**Print QA Form**

Patient Name:

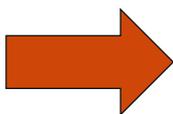
Site:

Sequence:

Hospital:

Med Rec Nbr:

Population Label:



- The QA form can be printed or saved as a PDF document.
- Completed example on page 3.

Patient Information			
Med Rec Nbr:	1258457	Accession Number:	01201800155
Patient Name:	Victoria Crown	Facility:	ERS Hospital Systems
Address:	205 Juniper Gate	Sequence:	00
City:	HOUSTON	Date of Birth:	02/19/1956
State:	TX	Age at Diagnosis:	63
Zip:	77035	Gender:	Female
Race:	White	Ethnicity:	Non-spanish

Case Information			
		Met / Not Met	Should Be
Class of Case:	1st Dx at Your Hosp or an Office of a Physician with Admitting Privileges and Part or All of 1st Course Rx Or a Decision Not to Treat at Your Hosp Nos	<input type="checkbox"/> <input type="checkbox"/>	
Casefinding Source:	Reporting Hospital Nos	<input type="checkbox"/> <input type="checkbox"/>	
Site:	34 - BRONCHUS & LUNG	<input type="checkbox"/> <input type="checkbox"/>	
Topography Code:	C349 - Lung , NOS	<input type="checkbox"/> <input type="checkbox"/>	
Histology Code:	81403 - Adenocarcinoma, NOS	<input type="checkbox"/> <input type="checkbox"/>	
SEER Summary Stage:	Localized only (localized, NOS)	<input type="checkbox"/> <input type="checkbox"/>	
Clinical Stage:	T:cT1 N:cN0 M:cM0 Group:1A1	<input type="checkbox"/> <input type="checkbox"/>	
Clinical Grade:	G1: Well differentiated	<input type="checkbox"/> <input type="checkbox"/>	
Pathologic Stage:	T:pT0 N:pN0 M:cM0 Group:1A1	<input type="checkbox"/> <input type="checkbox"/>	
Path Grade:	G1: Well differentiated	<input type="checkbox"/> <input type="checkbox"/>	
Post Therapy Stage:	T: N: M: Group:	<input type="checkbox"/> <input type="checkbox"/>	
Post Therapy Grade:		<input type="checkbox"/> <input type="checkbox"/>	
Ped Stage:		<input type="checkbox"/> <input type="checkbox"/>	
CAP Guidelines Followed:		<input type="checkbox"/> <input type="checkbox"/>	
Rx Guidelines Followed:		<input type="checkbox"/> <input type="checkbox"/>	

First Course Treatment Information															
Date 1st Course Treatment:	06/10/2019	Treatment Summary Status:	Treatment Given												
<table border="1"> <thead> <tr> <th>Surgery</th> <th>Surgery</th> <th>SLNS LNR SORS</th> <th>Facility</th> </tr> </thead> <tbody> <tr> <td>06/01/2019</td> <td>A biopsy (incisional, needle, or aspiration) was done to the primary site.</td> <td></td> <td>ERS Hospital Systems</td> </tr> <tr> <td>06/10/2019</td> <td>Wedge resection</td> <td></td> <td>ERS Hospital Systems</td> </tr> </tbody> </table>				Surgery	Surgery	SLNS LNR SORS	Facility	06/01/2019	A biopsy (incisional, needle, or aspiration) was done to the primary site.		ERS Hospital Systems	06/10/2019	Wedge resection		ERS Hospital Systems
Surgery	Surgery	SLNS LNR SORS	Facility												
06/01/2019	A biopsy (incisional, needle, or aspiration) was done to the primary site.		ERS Hospital Systems												
06/10/2019	Wedge resection		ERS Hospital Systems												
Reason No Surgery:	Cancer Directed Surgery Performed														
Reg LN Dissection Date:		Sentinel LN Positive:													
Sentinel LN Bx Date:		Sentinel LN Examined:													
Surg Margins:	No Residual Tumor	Surg Approach 2010:	Robotic Assisted												
Surgery Text:	06/10/2019 - Surgery was performed as a wedge resection														

Print 2 sheets of paper

Destination HPE92C4D (HP ENVY) ▾

Pages All ▾

Copies 1

Layout Portrait ▾

Color Color ▾

More settings ▾

Print Cancel

The QA form contains fields necessary for QA. These fields include:

- More patient demographic information
- Clinical, Path and Post therapy grade
- Post Therapy Stage
- Pediatric Stage
- The treatment section displays all first course of treatment for all treatment modalities, all treatment text as well as other important supplemental treatment fields.

## Example of Completed QA Form

### Patient Information

<b>Med Rec Nbr:</b> 1258457	<b>Accession Number:</b> 01201800155
<b>Patient Name:</b> Victoria Crown	<b>Facility:</b> ERS Hospital Systems
<b>Address:</b> 205 Juniper Gate	<b>Sequence:</b> 00
<b>City:</b> HOUSTON	<b>Date of Birth:</b> 02/19/1956
<b>State:</b> TX	<b>Age at Diagnosis:</b> 63
<b>Zip:</b> 77035	<b>Gender:</b> Female
<b>Race:</b> White	<b>Ethnicity:</b> Non-spanish

### Case Information

		Met / Not Met	Should Be
<b>Class of Case:</b> 1st Dx at Your Hosp or an Office of a Physician with Admitting Privileges and Part or All of 1st Course Rx Or a Decision Not to Treat at Your Hosp Nos	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Casefinding Source:</b> Reporting Hospital Nos	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Site:</b> 34 - BRONCHUS & LUNG	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Topography Code:</b> C349 - Lung , NOS	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Histology Code:</b> 81403 - Adenocarcinoma, NOS	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SEER Summary Stage:</b> Localized only (localized, NOS)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Clinical Stage:</b> T:cT1 N:cN0 M:cM0 Group:1A1	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Clinical Grade:</b> G1: Well differentiated	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Pathologic Stage:</b> T:pT0 N:pN0 M:cM0 Group:1A1	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Path Grade:</b> G1: Well differentiated	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Post Therapy Stage:</b> T: N: M: Group:	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Post Therapy Grade:</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Ped Stage:</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CAP Guidelines Followed:</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Rx Guidelines Followed:</b>	<input type="checkbox"/>	<input type="checkbox"/>	

### First Course Treatment Information

**Date 1st Course Treatment:** 06/10/2019      **Treatment Summary Status:** Treatment Given

#### Surgery

		Surgery	SLNS	LNR	SORS	Facility
06/01/2019	A biopsy (incisional, needle, or aspiration) was done to the primary site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ERS Hospital Systems
06/10/2019	Wedge resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ERS Hospital Systems

<b>Reason No Surgery:</b> Cancer Directed Surgery Performed	
<b>Reg LN Dissection Date:</b>	<b>Sentinel LN Positive:</b>
<b>Sentinel LN Bx Date:</b>	<b>Sentinel LN Examined:</b>
<b>Surg Margins:</b> No Residual Tumor	<b>Surg Approach 2010:</b> Robotic Assisted
<b>Surgery Text:</b> 06/10/2019 - Surgery was performed as a wedge resection	

**Radiation**

<b>Phase 1:</b>	07/01/2019	<b>Hospital:</b>	ERS Hospital Systems
<b>Rad Modality:</b>	External Beam, Photons	<b>Nbr Fractions:</b>	8
<b>Ext Tech:</b>	External Beam, NOS	<b>Dose/Fraction:</b>	200
<b>Primary Volume:</b>	Lung or bronchus	<b>Total Dose:</b>	1200
<b>Draining LN:</b>	Thoracic Lymph Node Regions		
<b>Rad End Date:</b>	08/15/2019	<b>Nbr Phases to this Volume:</b>	01
<b>Total Dose Summary:</b>	1200	<b>Reason No Rad:</b>	Radiation Rx Performed
<b>Rad Discontinued Early:</b>	Radiation treatment completed	<b>Rad Location:</b>	All Radiation Treatment at this Facility
<b>Rad Seq Surg:</b>	Radiation After Surgery		
<b>Radiation Text:</b>	07/01/2019 - 1200 CGY/8Fxs to RT LUNG		
<b>Other Radiation Text:</b>			

**Chemotherapy**

	Treatment	Facility
09/12/2019	Chemotherapy Single Agent As First Course Rx	ERS Hospital Systems
<b>Systemic Seq with Surg:</b>	Systemic Therapy After Surgery	
<b>Chemo Text:</b>	09/12/2019 - Alectinib administered	

**Hormone**

Treatment

Facility

Hormone Text:

**Immunotherapy**

Treatment

Facility

Immuno Text:

**Hematopoietic**

Treatment

Facility

Hema / Pall / Other Tx Text:

**Palliative**

Treatment

Facility

**Other Treatment**

Treatment

Facility

**Outcomes Information**

<b>Date of Last Contact:</b>	02/25/2020	<b>Cancer Status:</b>	No Evidence of this Cancer
<b>Patient Status:</b>	Alive	<b>Recurrence Type:</b>	None, Disease Free
<b>Recurrence Date:</b>		<b>Date Abstracted:</b>	02/25/2020
<b>Abstractor's Initials:</b>	MGG		
<b>Days to Complete Abstract:</b>	273		

**Follow Up Action Required**

Follow Up Action and Proposed Solutions:

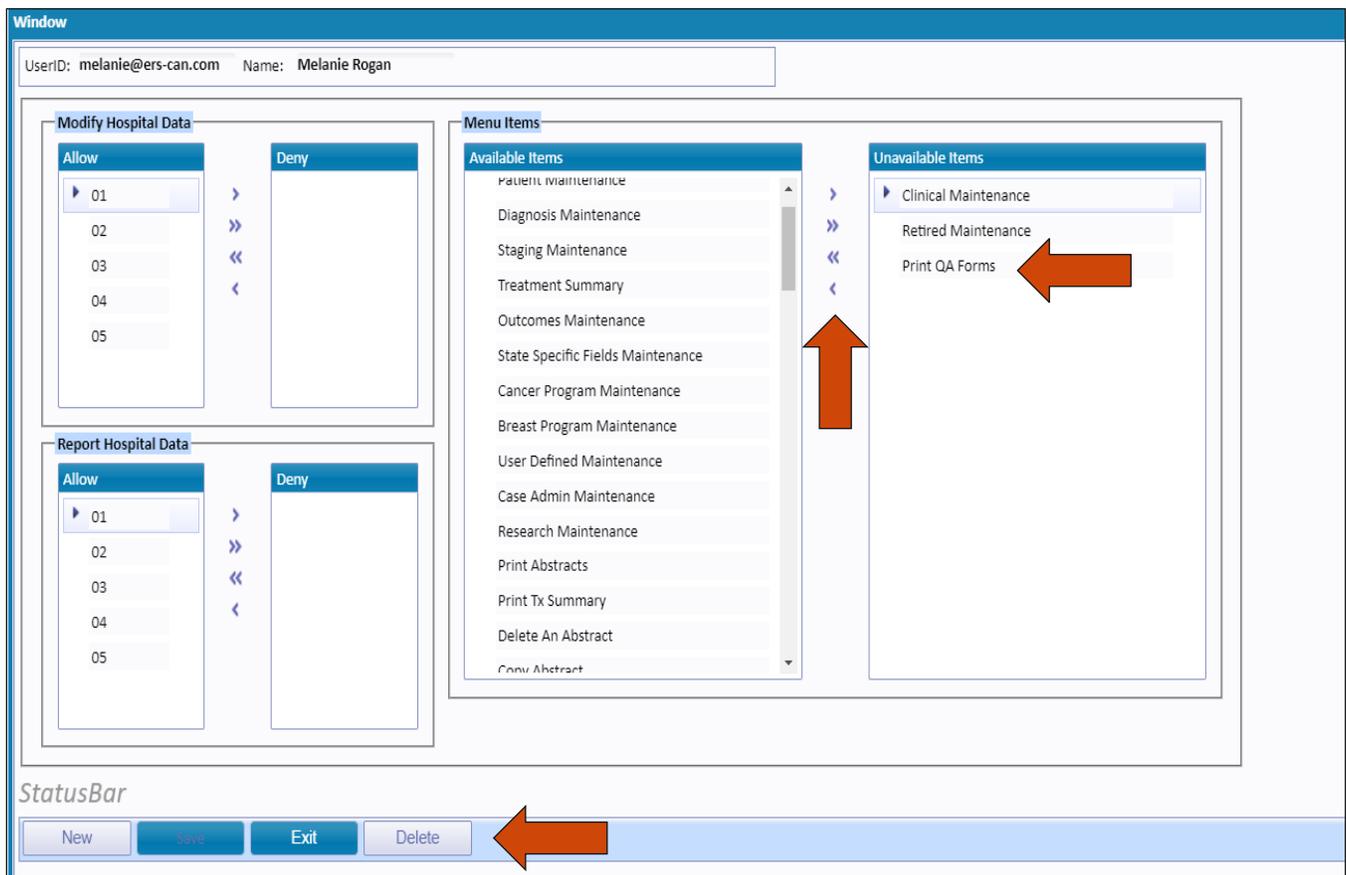
QA Reviewer: (Print Name) \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Important: If users have their user security set to hide menu items, The QA form will not automatically show up as a tab under Abstract Utilities until it has been added as an available menu item.

1. As a System Administrator, go to System Admin, Security Maintenance and User Security.
2. Select the username to check.
3. Highlight Print QA forms.
4. Click the left single arrow to move to the Available Item side.
5. Click Save.

Note: This will need to be done for each user who has set up custom menu items.



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