

QOPI Gyn/Onc Abstraction Sheet

Patient Name		QOPI ID #		MRN		PHYSICIAN:		
Date of Birth	Patient Alive or Deceased	Date of Death	Patient died from cancer or complications from treatment/disease Y / N		Gender M / F	ICD-10		
Diagnosis Date		AJCC Stage		Tobacco Status While Patient Under Care of Practice:		If Current: Was Tobacco Cessation discussed? Y / N		
Pathology Date		FIGO Grade		Never <input type="checkbox"/> Former		Most current date discussed:		
Cytology Date		Metastasis noted Y / N		Current <input type="checkbox"/> Current/Former Not Documented		Cessation Assistance Offered? Y / N Last cessation assistance date:		
Resection (cytoreduction) performed? Y / N  If Yes, what was Date of Resection Surgery	Surgery Start Time	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other <input type="checkbox"/> Not Reported <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Not Reported <input type="checkbox"/> Unknown	Practice initiated cancer care for patient? Y / N		Patient transferred care to participating practice after initiating treatment elsewhere? Y / N		
	Surgery End Time			Did patient leave the practice before initiating proposed treatment (surgery and/or chemotherapy)? Y / N				
Residual Disease >1cm?	Operative Note Signed Y / N			Chemo Recommended Y / N Chemo Received for this diagnosis Y / N Chemo Administered at Participating Practice Y / N				
Date Signed:								
Chemo start date (if patient received neoadjuvant and adjuvant treatment, please indicate start date of adjuvant chemo):  Most recent chemotherapy date:	Chemo consent documented? <input type="checkbox"/> In practitioner note <input type="checkbox"/> Scanned copy in EMR <input type="checkbox"/> Both in practitioner note and scanned copy in EMR <input type="checkbox"/> No consent	Route chemotherapy was administered? <input type="checkbox"/> IV (intravenous) <input type="checkbox"/> Oral <input type="checkbox"/> IP (intraperitoneal) <input type="checkbox"/> IT (intrathecal) <input type="checkbox"/> Other <input type="checkbox"/> Unknown  For Oral Chemo – did patient adhere to taking oral chemo? Y / N		Was antiemetic prescribed with chemo? Y / N  Was it administered to patient? Y / N  If not, was reason documented? Y / N  Was Zyprexa prescribed/administered? Y / N  If no, is there documented reason why not?				
If patient is deceased, was chemotherapy administered in 6 months prior to death? Y / N	If chemo was high emetic risk, was NK1 prescribed? Y / N				Patient of Reproductive Age? <input type="checkbox"/> Infertility risks associated with chemotherapy discussed? <input type="checkbox"/> Fertility preservation options discussed? <input type="checkbox"/> Referral to fertility specialist prior to treatment? <input type="checkbox"/> Patient declined fertility discussion? <input type="checkbox"/> None of the above.			
Chemo drug(s) emetic risk (all that apply)  High Risk    Moderate Risk    Low Risk	Was it given to patient? Y / N							
		If not, was reason documented? Y / N						
Chemo Drugs/Antiemetic/NK1 given during chemotherapy:								
Patient received counseling or referral for counseling for Genetic Testing? Y / N			Who ordered the referral?		Patient received counseling or referral for counseling for Genetic Testing >365 days or >365 days of most recent office visit?			
1st Visit Date		Pain Score at 1 <sup>st</sup> Visit		Pain Addressed? Y / N	Dyspnea documented? Y / N	Dyspnea Addressed? Y / N		
2 <sup>nd</sup> Visit Date		Pain Score at 2 <sup>nd</sup> Visit		Pain Addressed? Y / N	Dyspnea documented? Y / N	Dyspnea Addressed? Y / N		
Most Recent Visit Date		Pain Score at Most Recent Visit		Pain Addressed? Y / N	Dyspnea documented? Y / N	Dyspnea Addressed? Y / N		
2 <sup>nd</sup> Most Recent Visit Date		Pain Score at 2 <sup>nd</sup> Most Recent Visit		Pain Addressed? Y / N	Dyspnea documented? Y / N	Dyspnea Addressed? Y / N		
Did patient receive Palliative care? o Palliative care provided by practice o Patient referred to palliative care service o Palliative care discussed but patient did not receive palliative care. o Palliative care not discussed. o Other		Was patient enrolled in Hospice care? o Patient enrolled in hospice. o Hospice care discussed but patient did not enroll. o Patient/family declined. o Hospice care not discussed.		If patient was enrolled in hospice indicate date patient was enrolled.		Misc. Notes:		