

BEST PRACTICES FOR DOCUMENTING TUMOR AND NODAL STAGING IN EPIC

INSTRUCTIONS

This guide provides information on documentation best practices for entering staging information into the Epic electronic health record (EHR). Discrete documentation is strongly recommended to facilitate care coordination, enhance reporting capabilities, and use other advanced features. If cancer staging documentation is unavailable in your EHR system, please work directly with your help desk to gain access.

Standardized Cancer Staging Fields

The screenshot shows the Epic Clinical form for Breast, AJCC 8th Edition staging. The form is titled "Clinical" and includes a "+ New" button. The "Classification" is set to "Clinical" and the "Form" is "Breast, AJCC 8th Edition". The "Stage date" is 5/6/2025. The "Histopathologic type*" field is empty. The "Additional Histology Information" section is expanded. The "Stage timing (y/r/a)" section has buttons for "Initial Diagnosis", "Post-therapy", "Recurrence", and "Autopsy". The "Primary Tumor (T)" section has buttons for "cT0", "cTis (DCIS)", "cTis (Paget)", "cT1", "cT1 mi", "cT1a", "cT1b", "cT1c", "cT2", "cT3", "cT4", "cT4a", "cT4b", "cT4c", "cT4d", and "cTX". The "Regional Lymph Nodes (N)" section has buttons for "cN0", "cN1", "cN1mi", "cN2", "cN2a", "cN2b", "cN3", "cN3a", "cN3b", "cN3c", and "cNX". The "Method of assessment" section has buttons for "Axillary lymph node dissection", "Clinical", "Core biopsy", "Fine needle aspiration", "Other", and "Sentinel lymph node biopsy". The "Distant Metastasis (M)" section has buttons for "cM0", "cM0 (i+)", "cM1", and "pM1". The form includes a "Sign" button and a "Sign & Accept" button. The "Save & Close" and "Cancel" buttons are also present.

This image is intended for illustrative purposes only.

BEST PRACTICES FOR DOCUMENTING TUMOR AND NODAL STAGING IN EPIC (continued)

- Ensure staging information is entered using the American Joint Committee on Cancer (AJCC) or Tumor, Node, Metastasis (TNM) staging system.
- Enter the **Primary Tumor (T)**, **Regional Lymph Nodes (N)**, and **Distant Metastases (M)** accurately.
- Document **Grade, Histology, and Biomarkers** in structured fields when available.
- It is highly encouraged to document staging information over time:
 - Document **Clinical Staging (cTNM)** before treatment.
 - Update with **Pathologic Staging (pTNM)** after biopsy/surgery.
 - Include **Restaging (rTNM)** and **Post-Treatment Staging (ypTNM)** when needed.

Breast cancer (CMS/HCC)

Clinical Pathologic + New

Classification: Histologic Form: Breast, AJCC v

Breast. AJCC v8
With additional staging content based on the 8th Edition of the AJCC Cancer Staging Manual. Includes updated criteria for tumor size, lymph node involvement, and distant metastases, integrating biologic factors relevant to breast cancer staging

Staged by: Dr. Smith, Oncologist Stage date: 07/03/2025

Diagnostic confirmation: Histology

Type of specimen*: Core needle biopsy

Histopathologic type: Invasive ductal carcinoma

Modifier: Initial diagnosis Post-therapy Recurrence ☐ Multiple tumors

Tumor size (mm): 22

☒ Tumor confined to breast and/or regional lymph nodes

☒ Sign ☒ Sign & Accept

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- Problem List Updates: Ensure the cancer diagnosis and staging are updated in the Problem List to maintain visibility across encounters.

Clinical Note Documentation:

History of Present Illness:

Jane Doe is a 54-year-old female with a history of invasive ductal carcinoma of the right breast, initially diagnosed 10/2023, clinical stage IIIB (cT4bN2MO) at presentation. She completed neoadjuvant chemotherapy (AC-T regimen), followed by right modified radical mastectomy in 5/2024. Surgical pathology revealed residual viable disease with pathologic staging ypT2N1a.

Her tumor was estrogen receptor (ER)-negative, progesterone receptor (PR)-negative, and HER2-positive (3+ by immunohistochemistry). Postoperative radiation therapy to the chest wall and regional lymph nodes was completed in 9/2024.

She subsequently progressed with biopsy-proven hepatic metastases in 1/2025. Molecular profiling of metastatic tissue confirmed persistent HER2 overexpression.

Given progression following standard HER2-directed therapies (trastuzumab, pertuzumab, T-DXd), patient was evaluated for clinical trial enrollment. Based on HER2 expression, she qualifies for radioligand therapy.

Patient completed necessary PET imaging confirming uptake of the investigational HER2-targeted radioligand. She meets eligibility criteria.

Today's visit is to review final pre-therapy labs, assess readiness, and consent for treatment.

✓ Accept

✗ Cancel

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- The use of SmartPhrases (TNMSTAGING) is highly encouraged to facilitate streamlined documentation of staging information. Additionally, creating custom SmartText templates can help with documentation efficiency and can include SmartPhrases.

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