

# American Board of Ophthalmology Office Record Review Module

## Diagnosis/Case: Retinoblastoma

**Module Definition:** A child presenting prior to the age of seven years and examined by you at least once in the past 24 months for suspected retinoblastoma in one or both eyes.

### History (Positive or Negative Findings)

| Recorded | Not Recorded | Not Applicable | Item   |
|----------|--------------|----------------|--|
| ®        | ⊗            |                | 1. Reason for visit/chief complaint  |
| ®        | ⊗            |                | 2. Duration of the problem   |
| ®        | ⊗            |                | 3. Current medications<br>(ocular or systemic)                                     |
| ®        | ⊗            |                | 4. Systemic health, including developmental abnormalities, 13q-syndrome            |
| ®        | ⊗            |                | 5. Drug reactions/allergies/reactions to anesthesia                                |
| ®        | ⊗            |                | 6. Family history of retinoblastoma, sarcoma, other cancers, eye loss or blindness |
| ®        | ⊗            |                | 7. Prenatal history/birth weight   |

### Examination and Diagnostic Procedures

| Recorded | Not Recorded | Not Applicable | Item  |
|----------|--------------|----------------|---|
| ®        | ⊗            |                | 1. Vision (age-appropriate)                       |
| ®        | ⊗            |                | 2. Lids, adnexa, orbit, lymph nodes               |
| ®        | ⊗            |                | 3. Corneal diameters, anterior chamber lens, iris |
| ®        | ⊗            |                | 4. Motility                                       |
| ®        | ⊗            |                | 5. Pupils   |
| ®        | ⊗            |                | 6. Intraocular pressure                           |
| ®        | ⊗            |                | 7. Dilated fundus examination                     |
| ®        | ⊗            |                | 8. Examination under anesthesia                   |
| ®        | ⊗            |                | 9. Retinal drawing or fundus photography          |
| ®        | ⊗            |                | 10. Ultrasound                                    |
| ®        | ⊗            |                | 11. CT or MRI scan, brain and orbits              |

### Assessment and Management

| Recorded | Not | Not | Item |
|----------|-----|-----|------|
|----------|-----|-----|------|

|   | Recorded | Applicable |   |
|---|----------|------------|---|
| ® | ⊗        |            | 1. Consideration of differential diagnosis                      |
| ® | ⊗        |            | 2. International classification group provided                  |
| ® | ⊗        |            | 3. Therapy recommended  |
| ® | ⊗        | n/a        | 4. Consultation with pediatric oncology arranged.               |
| ® | ⊗        |            | 5. Complications of therapy discussed with parents and recorded |
| ® | ⊗        |            | 6. Follow-up exam under anesthesia arranged                     |
| ® | ⊗        |            | 7. Compliance to management                                     |

| <b>Management Techniques</b> |              |                |   |
|------------------------------|--------------|----------------|---|
| Recorded                     | Not Recorded | Not Applicable | Item  |
| ®                            | ⊗            |                | 1. Cryotherapy  |
| ®                            | ⊗            |                | 2. Laser ablation or diode hyperthermia                   |
| ®                            | ⊗            |                | 3. Chemoreduction with local therapy (laser, cryotherapy) |
| ®                            | ⊗            |                | 4. External beam radiation therapy                        |
| ®                            | ⊗            |                | 5. Enucleation  |
| ®                            | ⊗            |                | 6. Brachytherapy  |

| <b>Follow-Up</b> |              |                |   |
|------------------|--------------|----------------|---|
| Recorded         | Not Recorded | Not Applicable | Item  |
| ®                | ⊗            |                | 1. Right eye disease controlled or normal eye |
| ®                | ⊗            |                | 2. Left eye disease controlled or normal eye  |
| ®                | ⊗            |                | 3. Siblings screened                          |
| ®                | ⊗            |                | 4. Follow-up scheduled                        |
| ®                | ⊗            |                | 5. Pathology reviewed if patient enucleated   |

| <b>Safety and Environment</b> |              |                |  |
|-------------------------------|--------------|----------------|--|
| Recorded                      | Not Recorded | Not Applicable | Item   |
| ®                             | ⊗            |                | 1. If non-enucleation therapy is conducted, the involved eye must be periodically examined indefinitely. |