

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 48 months for retinoblastoma in one or both eyes.

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

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

Assessment and Management			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Consideration of differential diagnosis
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. International classification group provided
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Therapy recommended
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Consultation with pediatric oncology arranged

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Complications of therapy discussed with parents and recorded
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Follow-up exam under anesthesia arranged
<input type="radio"/>	<input type="radio"/>		7. Compliance to management

Management Techniques			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Cryotherapy
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Laser ablation or diode hyperthermia
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Chemoreduction with local therapy (laser, cryotherapy)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. External beam radiation therapy
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Enucleation
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Brachytherapy
<input type="radio"/>	<input type="radio"/>		7. Genetic evaluation

Follow-Up			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Right eye disease controlled or normal eye
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Left eye disease controlled or normal eye
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Parents and siblings screened
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Follow-up scheduled
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Pathology reviewed if patient enucleated
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Genetic screening and counseling are discussed

Safety and Environment			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. If non-enucleation therapy is conducted, the involved eye must be periodically examined indefinitely
<input type="radio"/>	<input type="radio"/>		2. Appropriate measures with radiation and chemotherapy agents
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Safety eyewear recommended for all functionally monocular patients