

DELAWARE CANCER REGISTRY



DELAWARE HEALTH
AND SOCIAL SERVICES
Division of Public Health

NEWS

SUMMER 2007

"To know that we know what we know, and that we do not know what we do not know, that is true knowledge."

-Henry David Thoreau

Perhaps Thoreau would agree that in the increasingly complex field of Cancer Registry, to know that we know what we know, we need to exchange our knowledge of cancer information as well as the many policies, procedures, rules and coding schemas that undergo frequent change.

Thanks to all who contributed creative ideas, exercises and editing to this summer issue, as well as to all who are taking the time to read it!

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The Delaware Cancer Registry Advisory Committee (DCRAC)

Strategic plan guides our state's central registry

The Delaware Cancer Registry Advisory Committee was formed in 2005 to guide improvements in our state's central cancer registry. Since then, this 12 member group, which includes CTRs, cancer care providers, DE DPH staff members, health policy makers and representatives of cancer-concerned, non-profit organizations, has created a strategic plan to focus its efforts. The DCRAC is collaborating with the Delaware Cancer Consortium to accomplish the following key strategies:

- 1) Improve timeliness/completeness of data collection, through technological improvements, and by increasing reporting by non-hospital reporting sources such as ambulatory surgery centers.
- 2) Improve data quality, including staging and treatment data.
- 3) Provide more support to cancer registries/cancer registrars and other reporting facilities in Delaware.
- 4) Increase use of data to answer research questions.
- 5) Change the Delaware Cancer Control Act to eliminate occupation/residency data collection requirement.
- 6) Develop routes of efficient and effective communication between the Registry and its stakeholders, especially healthcare practitioners and facilities, interested agencies and organizations, and the public.
- 7) Close gap between timely reports of data.

Updates on DCRAC activities will be provided in future issues of DCR News.

DID YOU KNOW?



- ❖ **“Suspicious for neoplasm” is only considered a diagnostic term for brain and CNS tumors**
(source: *Commission on Cancer Inquiry & Response System*:
<http://web.facs.org/coc/default.htm>)
- ❖ **Quality assurance tip: It’s a good practice to gather all cases by gender & review a listing of first names to validate correct sex coding.**
- ❖ **T, N, M, stage group & physician signature are ALL required to meet the standard for 90% physician staging of analytic cases.** (source: *Commission on Cancer Cancer Program Standards 2004 Revised Edition: Standard 4.3*)
- ❖ **Per the Multiple Primary and Histology (MP/H) Coding Rules (effective with cases dx 1/1/2007 forward): If there is an invasive tumor following an in-situ tumor more than 60 days after diagnosis, the invasive tumor is abstracted as a subsequent primary.-----A purpose for this rule is to ensure the case is counted as an incident (invasive) case when incidence data is analyzed. This helps to assure that we don’t have survival graphs showing people dying of in-situ disease.**
(source: *Michigan Cancer Surveillance Program April 2007 Update*)
- ❖ **MP/H Coding Rules, FAQ:**
Q: What if the clinician and pathologist do not agree on the diagnosis?
A: Use the priority lists provided in the rules to determine which diagnosis is the most appropriate to use with the new rules. (source: <http://www.seer.cancer.gov/tools/mphrules>)

Do you have information that you would like to share with other Delaware Cancer Registrars? This could be a fact for “Did You Know?” (please cite resource used), or a “best practice” in cancer registry work, news about your registry, etc.

Please submit to DCR by September 1st for inclusion in the fall newsletter.

DCRA

Delaware Cancer Registrars
Association
Quarterly Meetings, 2007

JULY 2007

Date: Monday, July 16th, 2007

Time: 9:30 a.m. - 3:30 p.m.

Where: Kent General Hospital

Dover, DE

Please join us for DCRA’s regular business meeting with viewing of a webinar from NAACCR “Abstracting Lung Cancer” to follow.

Lunch will be on your own. CE hours will be awarded from NCRA.

OCTOBER 2007

Date: Wednesday, October 14th, 2007

Time: 9:30 a.m. – 3:30 p.m.

Where: TBA

NAACCR’s “Abstracting Head & Neck Cancer” webinar will be shown following the regular business meeting. Lunch on your own. CE hours will be awarded from NCRA.

NCRA 2007 Annual Conference CD

The CD has been ordered and will be available to those who would like to view the presentations. Please contact DCR to reserve it.

DCR Requests Reporting of Class of Case 3 Cases

To assure complete case finding as a population-based central cancer registry, DCR requests that Delaware hospital cancer registries submit Class of Case 3 cases, as defined in the Commission on Cancer FORDS manual revised for 2007, p. 6. Please submit cases to DCR that meet the following criteria:

Diagnosis and all of the first course of treatment was performed elsewhere.

- Patients treated at the accessioning facility for whom no information on first course of treatment is available
 - Example: a patient with active cancer admitted for other medical conditions
- Patients for whom the accessioning facility developed a treatment plan or provided “second opinion” services, but the diagnosis and treatment was provided elsewhere.
- Patients treated for recurrence or progression for a previously diagnosed malignancy.
 - Example: A patient was diagnosed and treated several years prior to presenting to your facility for treatment of recurrent or progressive disease

Not required to be reported:

- **A patient with only a history of cancer admitted to facility for other medical conditions**

DCR requests that these cases be reported:

- By contacting DCR before submitting – if a case is already in DCR database, only follow-up data is needed: date of last contact, vital status, cancer status, data on recurrence

OR

- By submitting cases with regularly scheduled data submissions



IT Focus Group Held in April

A focus group was conducted on April 10th with cancer registrars in Delaware by Macro International on behalf of the Delaware Division of Public Health. The goal of this focus group was to investigate the needs of cancer registrars who report data to the Delaware Cancer Registry.

During this lively session, registrars contributed many opinions about current challenges in their work, as well as ideas and suggestions for improvements in data exchange with the central registry. The results will be used by the IT Task Force of the Delaware Cancer Registry Advisory Committee (DCRAC) to develop a set of systems requirements for a unified, secure IT system for exchanging data between hospitals, the central registry and non-hospital cancer reporters.

We appreciate your help in the planning of our new IT system.

Please contact DCR with questions about reporting requirements

MEET A REGISTRAR.....



INTERVIEW WITH ROBERT MCBRIDE, CTR
DATABASE SPECIALIST, CHRISTIANA CARE HEALTH SYSTEMS

DCR: Bob, tell us about your cancer registry work... when did you first know that you wanted to work in the Cancer Registry field? What did you do before working in cancer registries?

Bob: In 1994 I landed in the registry field completely by accident, when I applied for a medical records position with the DCR. Prior to that I had several different careers including chef, pastry chef, retail, and medical records coordinator, to name a few.

DCR: What are the most interesting aspects of the job from your perspective?

Bob: For me, ensuring and evaluating data integrity is the most interesting aspect. It's my chance to be a data detective.

DCR: What do you see as the biggest challenges currently facing hospital cancer registries and cancer registrars?

Bob: Firstly, registrars face constant changes to the cancer program standards and coding rules. Secondly, advocating for cancer registries' needs to hospital administrators and directors can be a real challenge for a great number of registries.

DCR: Tell us something about yourself that might surprise your Delaware colleagues.

Bob: Prior to adopting my two beautiful children, I was a foster parent to 13 children.

DCR: What things are on your wish list, in terms of changes you would love to see in the Cancer Registry profession in the future?

Bob: For one, changing the CTR credential to something that is more comprehensive and reflective of our profession. Secondly, an interactive statewide cancer data repository with data from

McBride, Continued:

reporting sources. Thirdly, reporting of treatment data from physicians offices.

DCR: Bob, thank you so much for talking with us today.

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Delaware Cancer Registry's Data Earns Gold

DCR's 2004 incidence data received the Gold standard for Quality, Completeness and Timeliness from the North American Association of Central Cancer Registries (NAACCR).

Additionally, DCR's 1997-2005 incidence data met all criteria for Quality, Completeness and Timeliness from the CDC's National Program for Cancer Registries (NPCR).

DCR would like to acknowledge Delaware hospital cancer registrars for their help with these achievements. By sending data of excellent quality in a timely manner to our state database, you are making a valuable contribution to our state and national cancer surveillance systems.

Thank You!

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