# ONCOLOGY 101

Understanding the Value of YOUR Cancer Registry

Toni Hare, RHIT, CTR

Vice President, CHAMPS Oncology

**CHAMPS** Oncology

# OBJECTIVES

**CANCER REGISTRARS**

Understand the role and responsibilities of your cancer registrars and the impact they can have on your cancer program.

**REGISTRY OPERATIONS**

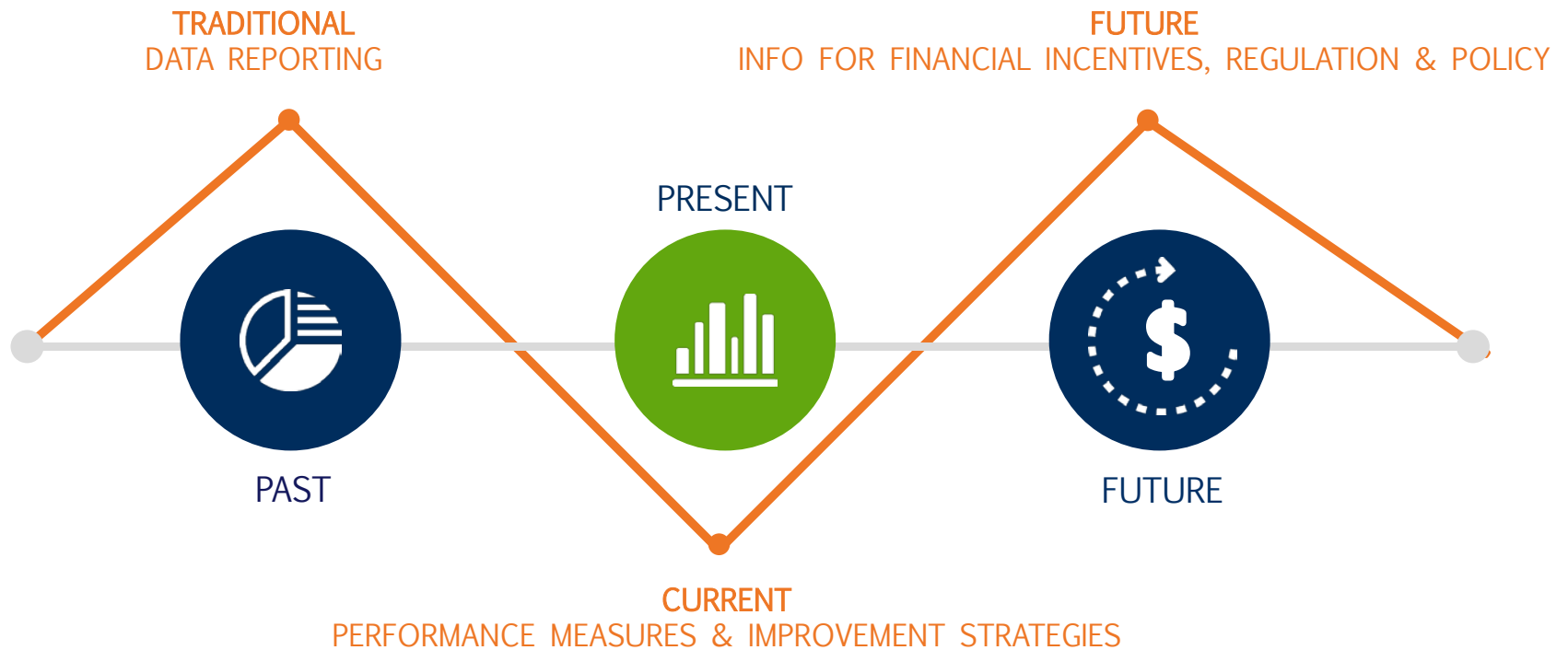Recognize operational functions of your cancer registry, including casefinding, abstracting, follow-up and more.

**CANCER REGISTRY DATA**

Understand the importance and value of your cancer registry data to support your cancer program's care initiatives.

# THE EVOLUTION OF CANCER REGISTRY DATA



**TRADITIONAL**
DATA REPORTING

PRESENT

PAST

**FUTURE**
INFO FOR FINANCIAL INCENTIVES, REGULATION & POLICY

FUTURE

**CURRENT**
PERFORMANCE MEASURES & IMPROVEMENT STRATEGIES

# WHAT IS THE CANCER REGISTRY?

Information system
designed for the collection,
management and analysis
of data on persons with
a cancer diagnosis.

# 3 TYPES OF CANCER REGISTRIES

**HOSPITAL-BASED REGISTRY**

Maintain data on all patients diagnosed and/or treated for cancer at their facility.
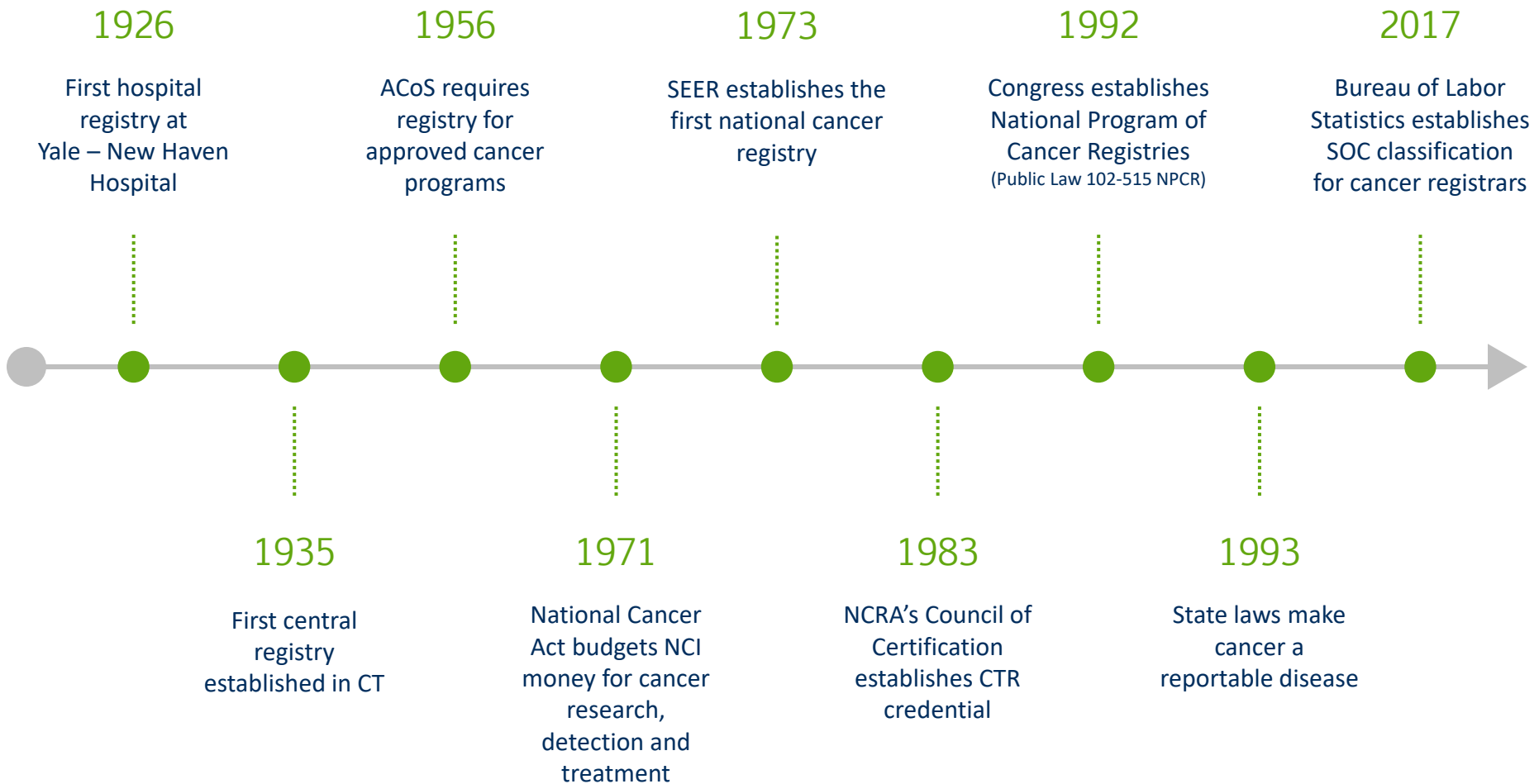
**CENTRAL OR POPULATION-BASED REGISTRY**

Maintain data on all cancer patients within certain geographical areas.

**SPECIAL-PURPOSE REGISTRY**

Maintain data on a particular type of cancer or tumors.

# CANCER REGISTRY MILESTONES

**1926**

First hospital registry at Yale – New Haven Hospital

**1956**

ACoS requires registry for approved cancer programs

**1973**

SEER establishes the first national cancer registry

**1992**

Congress establishes National Program of Cancer Registries
(Public Law 102-515 NPCR)

**2017**

Bureau of Labor Statistics establishes SOC classification for cancer registrars

**1935**

First central registry established in CT

**1971**

National Cancer Act budgets NCI money for cancer research, detection and treatment

**1983**

NCRA's Council of Certification establishes CTR credential

**1993**

State laws make cancer a reportable disease

# WHO ARE THE STANDARD SETTERS?

| | | | |
|---|---|---|---|
|  |  |  |  |
| NORTH AMERICAN ASSOCIATION CENTRAL CANCER REGISTRIES (NAACCR) | COMMISSION ON CANCER (COC) | NATIONAL PROGRAM OF CANCER REGISTRIES (NPCR) | SURVEILLANCE, EPIDEMIOLOGY & END RESULTS PROGRAM (SEER) |

**⬅ STANDARD-SETTER ORGANIZATIONS ➡**

# DATA FIELDS COLLECTED IN THE CANCER REGISTRY

| Patient ID | Cancer ID | Stage at Diagnosis | First Course of Treatment | |
|---|---|---|---|---|
| Last Name | Date of Diagnosis | Regional Nodes Positive | Surgical Approach at RX Hospital | RX Summary – Treatment Status |
| First Name | Date of 1st Contact | Regional Nodes Examined | Surg Primary Site done at RX Hospital | Surgical Margins |
| Accession # | Primary Site | TNM Path T, N, M | Scope Regional LN Surgery Type | Reason for No Surgery |
| Sequence Number | Laterality | TNM Path Stage Group | RX Hospital – Surg Oth Reg/Dis | RX Summary – Radiation to CNS |
| Medical Record Number | Grade | TNM Path Descriptor | RX Hospital – Reg LN Removed | Sequence of Surgery and Radiation |
| Patient ID Number | DX Confirmation | TNM Path Staged By | RX Hospital – Surg Timing | Reason for No Radiation |
| Address at DX | Casefinding Source | TNM Clinical T, N, M | RX Hospital – Radiation | Reason for No Chemo |
| County at DX | Histologic Type ICD-O-3 | TNM Clinical Stage Group | RX Hospital – Chemo | Reason for No Hormone |
| Zip code at DX | Behavior Code ICD-O-3 | TNM Clinical Staged By | RX Hospital – Hormone | Radiation – Regional Dose: CGY |
| Marital Status at DX | Class of Case | Lymph - Vascular Invasion | RX Hospital – BRM | Radiation – # of Treatments |
| Race | DX Treatment | Tumor Size | RX Hospital – Other | Radiation – Treatment Site |
| Spanish/Hispanic Origin | Comorbidities/ Complications | Extension | RX Hospital – DX/Sta Proc | Radiation – Facility of RX |
| Sex | | Lymph Nodes Status | Date of 1st Positive BX | RX Summary – Systemic Therapy/Surgery Sequence |
| Age at DX | | Mets at DX Status | Date and Type of Surgery | Physician – Managing |
| Date of Birth | | CS Site-Specific Factors 1-25 | Date and Type of Radiation | Physician – Follow-Up |
| Birthplace | | Pediatric Staging System | Date and Type of Chemo | Physician – Primary Surgeon |
| Text – Usual Occupation | | Pediatric Stage | Date and Type of Hormone | Treatment Text |
| Text – Usual Industry | | Pediatric Stage By | Date and Type of BRM | Readmission Same Hospital 30 Days |
| Tobacco History | | | Facility Referred To | Facility Referred From |
| Alcohol History | | | | |
| Family History of Cancer | | | | |
| Primary Payer at DX | | | | |

| Outcomes | Case Admin. |
|---|---|
| Date of Last Contact | Reporting Facility |
| Vital Status | Abstracted By |
| Cancer Status | |
| Recurrence Type | |

# WHY MAINTAIN THE CANCER REGISTRY?

IDENTIFY CANCER INCIDENCE TRENDS

EVALUATE EFFECTIVENESS OF TREATMENT

DETERMINE SURVIVAL OUTCOMES

DEVELOP EDUCATION & SCREENING PROGRAMS

CONDUCT CANCER STUDIES ON EPIDEMIOLOGY, DX & TX

# WHO UTILIZES CANCER REGISTRY DATA?

**GOVERNMENT & FEDERAL AGENCIES**

**HEALTHCARE PROVIDERS**

**NATIONAL ORGANIZATIONS**

# WHAT IS A CERTIFIED TUMOR REGISTRAR?

A CTR is a data information specialist that captures a complete history, diagnosis, treatment and health status on patients with a cancer diagnosis.

# CANCER REGISTRY'S ROLE IN CoC ACCREDITATION

# CoC-ACCREDITED CANCER PROGRAM VALUE

DEMONSTRATES an organizational model for the delivery of comprehensive, multidisciplinary cancer care.

REQUIRES participation in the National Cancer Database and provides access to numerous quality reporting tools.

PROVIDES data on patients treated within the facility to use for internal quality improvement, administration and research.

OPPORTUNITY for Participant User File participation in CoC special studies developed to address important issues in cancer care.

# CoC DATA QUALITY REQUIREMENTS & STANDARDS

☑ CANCER REGISTRY POLICY & PROCEDURES (ER 5)

☑ CASEFINDING (ER 5)

☑ ABSTRACTING (ER 5)

☑ FOLLOW- UP (STANDARDS 5.3 & 5.4)

☑ CANCER REGISTRAR CREDENTIALS (STANDARD 5.1)

☑ RAPID QUALITY REPORTING SYSTEM (RQRS) PARTICIPATION (STANDARD 5.2)

☑ DATA SUBMISSION (STANDARD 5.5 & 5.6)

☑ COMMISSION ON CANCER SPECIAL STUDIES (STANDARD 5.7)

# CoC STANDARDS THE CANCER REGISTRY SUPPORTS

- ☑ CANCER COMMITTEE MEMBERSHIP (STANDARD 1.2)

- ☑ QUALITY CONTROL OF REGISTRY DATA (STANDARD 1.7)

- ☑ CANCER REGISTRY EDUCATION (STANDARD 1.11)

- ☑ ACCOUNTABILITY MEASURES (STANDARD 4.4)

- ☑ QUALITY IMPROVEMENT MEASURES (STANDARD 4.5)

- ☑ STUDIES OF QUALITY (STANDARDS 4.7)

- ☑ QUALITY IMPROVEMENTS (STANDARD 4.8)

# THE VALUE OF THE CANCER REGISTRY DATA

# WHAT IS CANCER DATA USED FOR?
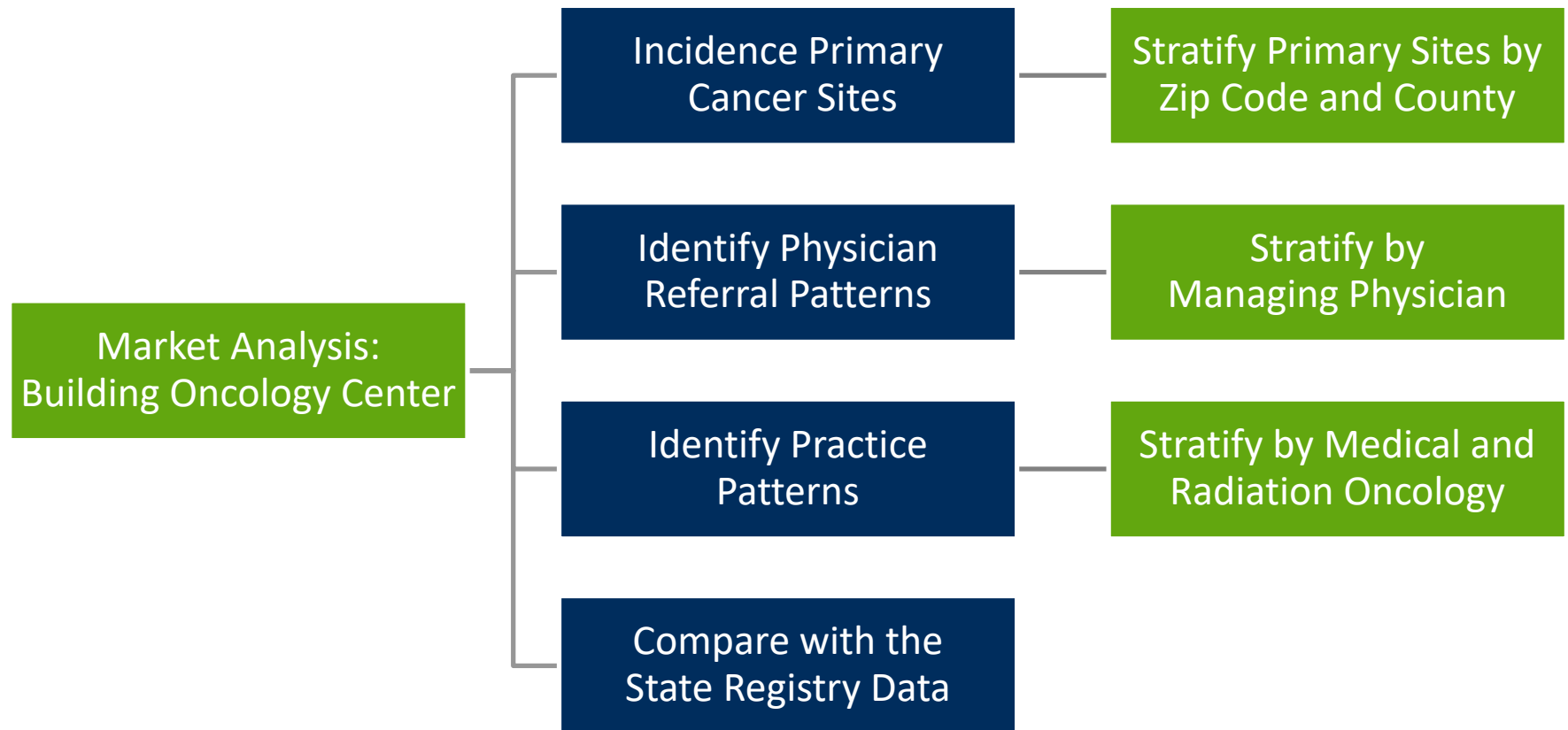
ADMINISTRATIVE PLANNING AND MARKETING

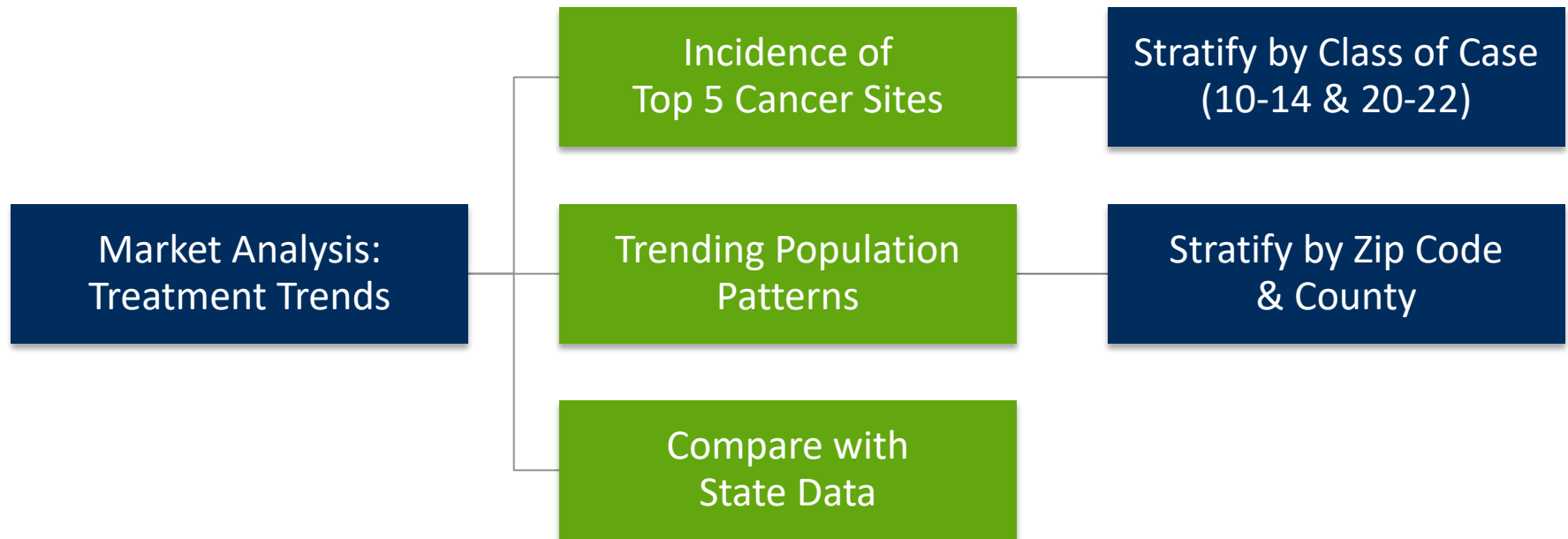FINANCIAL ANALYSIS

CLINICAL CARE PERFORMANCE

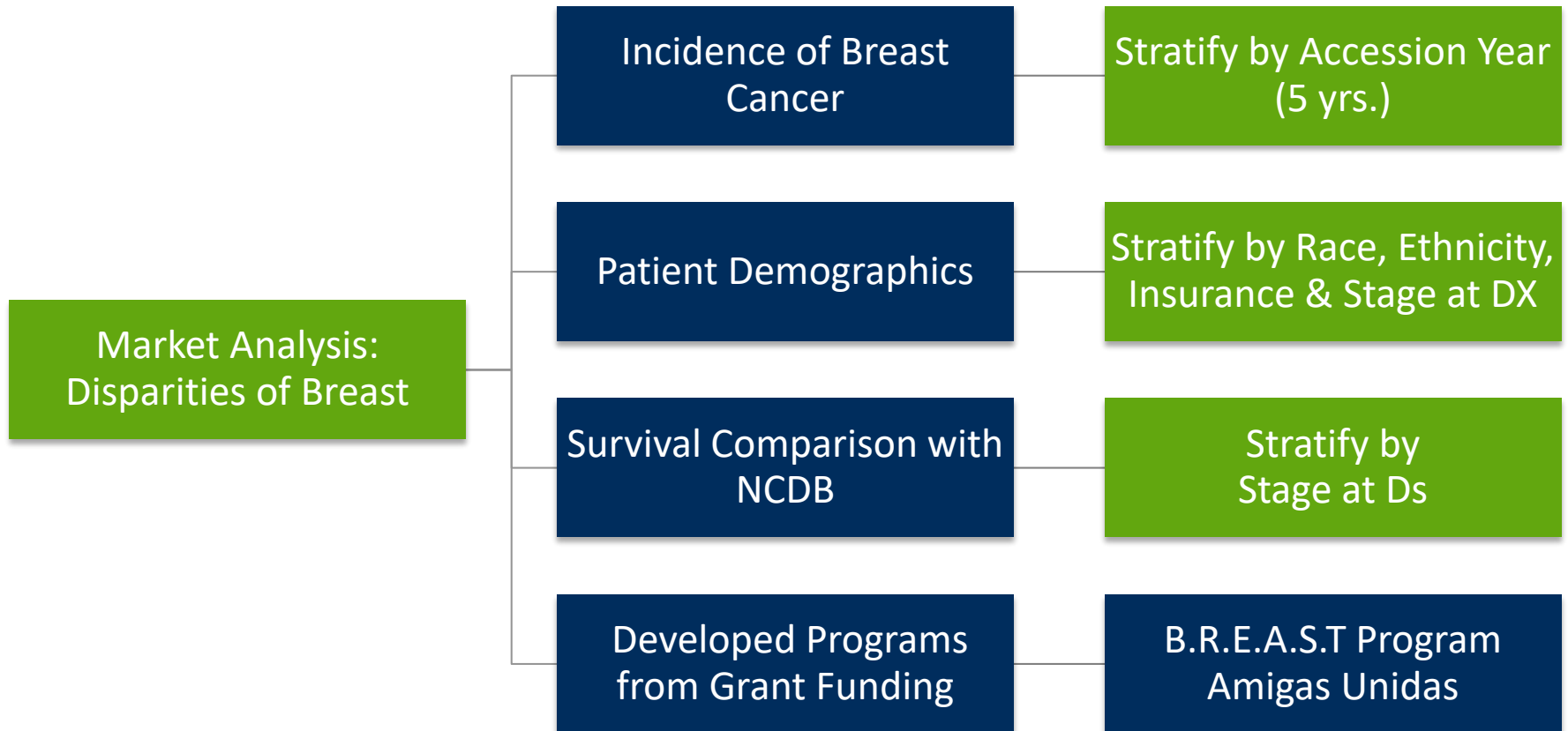CANCER RESEARCH & OUTCOMES

COMMUNITY USES

# ADMINISTRATIVE PLANNING & MARKETING

Market Analysis: Building Oncology Center

- Incidence Primary Cancer Sites → Stratify Primary Sites by Zip Code and County
- Identify Physician Referral Patterns → Stratify by Managing Physician
- Identify Practice Patterns → Stratify by Medical and Radiation Oncology
- Compare with the State Registry Data

# POPULATION TRENDS & REFERRAL PATTERNS

**Market Analysis: Treatment Trends**

- **Incidence of Top 5 Cancer Sites** → **Stratify by Class of Case (10-14 & 20-22)**
- **Trending Population Patterns** → **Stratify by Zip Code & County**
- **Compare with State Data**
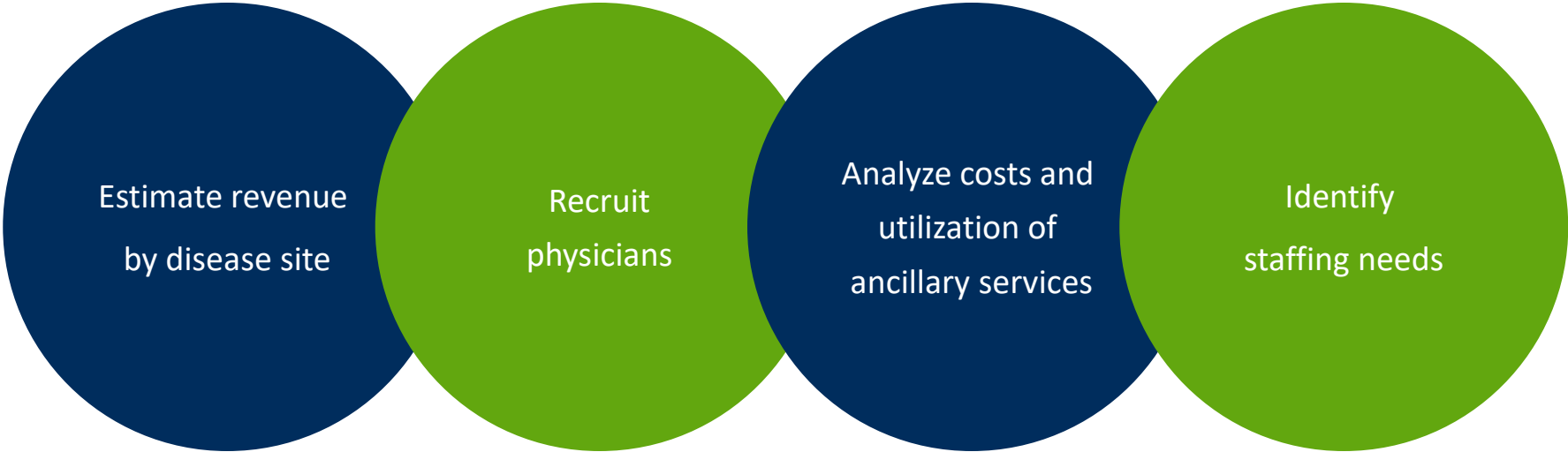
# APPLYING FOR FUNDING & GRANTS

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Market Analysis:          Incidence of Breast        Stratify by Accession Year
Disparities of Breast          Cancer                       (5 yrs.)

                         Patient Demographics        Stratify by Race, Ethnicity,
                                                       Insurance & Stage at DX

                        Survival Comparison with          Stratify by
                               NCDB                        Stage at Ds

                          Developed Programs           B.R.E.A.S.T Program
                          from Grant Funding             Amigas Unidas
```

*MetroHealth Breast Center*
*http://www.metrohealth.org/body.cfm?id=3522&oTopID=3522*

# LINK CANCER REGISTRY DATA WITH FINANCIAL DATA

TO...

Estimate revenue by disease site

Recruit physicians

Analyze costs and utilization of ancillary services

Identify staffing needs

# BREAST CANCER PERFORMANCE MEASURES

| PERFORMANCE MEASURES | BENCHMARK | REFERENCE | RESPONSIBILITY |
|---|---|---|---|
| **Surgery**: Mastectomy vs. breast conservation surgery rate - to ensure that women with stage 0-II BC are offered BCS | >50% | CoC CP$^3$R measure<br>NAPBC standard 2.3 | CANCER REGISTRY |
| **Surgery**: Needle biopsy vs open biopsy rate | >74.2% | CoC CP$^3$R measure<br>NAPBC standard 2.9<br>NQF #0221 | CANCER REGISTRY |
| **Med Onc**: combo chemo given within 120 days of dx for pt <70 with AJCC T1cN0M0, or stage II or III, ER/PR - (CP3R) | 100% | 100% for CoC<br>CMS proposed reporting this quarterly<br>NQF #0559 | CANCER REGISTRY |
| **Med Onc:** Tamoxifen or AI tx is initiated within 365 days of dx with AJCC T1cN0M0, or stage II or III, ER/PR + (CP3R) | 97% | 95% CoC<br>NQF #0220<br>CMS has proposed reporting | CANCER REGISTRY |
| **Rad Onc:** Is Rad. Tx administered within 365 days of dx for <70 receiving BCT (C3PR) | 98% | 95% CoC<br>NQF #0219 | CANCER REGISTRY |
| **Surgery:** Mastectomy vs. breast conservation surgery rate - ensure stage 0-II are offered BCT | >50% | NAPBC standard 2.3 | CANCER REGISTRY |

# COC QUALITY REPORTING TOOLS

**NATIONAL CANCER DATABASE (NCDB)**

Nationwide oncology database w/34 million cancer cases.

Data on all cancers are tracked and analyzed.

Explore trends in care, use for treatment quality, create benchmarks.

**HOSPITAL COMPARISON BENCHMARK REPORTS**

Data reported to the NCDB from the cancer registry.

Aggregated data by hospital system, state, region or national level.

Cases submitted to NCDB by various programs.

**CANCER PROGRAM PRACTICE PROFILE (CP³R)**

Web-based quality reporting tool.

Identify problems in practice and delivery.

Assess adherence standard of care and implement best practices.

# COC QUALITY REPORTING TOOLS

**RAPID QUALITY REPORTING SYSTEM (RQRS)**

Clinical tool to access real-time performance rates.

Alert clinical staff to prevent patients from experiencing delays.

Timely and accurate collection of treatment.

**CANCER QUALITY IMPROVEMENT PROGRAM (CQIP)**

Data-driven process and outcomes-based QI initiative.

Data includes: compliance with CoC-adopted quality measures, survival data, volume of complex surgeries and administrative data.

**PARTICIPANT USER FILE (PUF)**

Provide a researcher w/data to review and advance quality of care.

HIPAA-compliant data file containing cases submitted to CoC's NCDB.

Application only available to researchers in a CoC-accredited program.

# BECOMING FAMILIAR WITH YOUR CANCER REGISTRY

**OBTAIN COPY OF FORDS MANUAL**

Patient / Cancer Identification

Stage of Disease

First Course of Treatment

Outcomes

**REVIEW REQUEST LOG TO IDENTIFY**

Data Requested

Date Request was Fulfilled

Intended Use of Data

**PERFORM CANCER REGISTRY ASSESSMENT**

Operations

Workflow / Productivity

Quality of Data

# CANCER REGISTRY RESOURCES

**FORDS 2016** *PLEASE NOTE THAT STORE MANUAL IS SET TO COME OUT IN EARLY 2018 AND WILL REPLACE FORDS.*
https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/fords%202016.ashx

**International Classification of Diseases for Oncology (ICD-O)**
http://codes.iarc.fr/

**SEER CODING & STAGING MANUAL (EFFECTIVE WITH CASES DX'D 1/1/16 AND FORWARD)**
https://seer.cancer.gov/manuals/2016/SPCSM_2016_maindoc.pdf

**SEER HEMATOPOETIC & LYMPOHOID NEOPLASM CODING MANUAL (EFFECTIVE 1/1/10 & FORWARD)** https://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules.pdf

**SEER SUMMARY STAGING MANUAL (EFFECTIVE FOR CASES DX'D 1/1/01 & FORWARD)**
https://seer.cancer.gov/tools/ssm/SSSM2000-122012.pdf

**MULTIPLE PRIMARY & HISTOLOGY RULES (01/01/07)**
https://seer.cancer.gov/tools/mphrules/2007_mphrules_manual_08242012.pdf

**COC STANDARDS MANUAL (2016 EDITION)**
https://www.facs.org/~/media/files/quality%20programs/cancer/coc/2016%20coc%20standards%20manual_interactive%20pdf.ashx

# STOP BY AND SEE US WITH ANY QUESTIONS



TONI HARE, RHIT, CTR



KAREN SCHMIDT, CTR



AMY WITZIGREUTER



JOSEPH CASTELLANO



MIA SALVANO