### **ONCOLOGY 101**

Understanding the Value of YOUR Cancer Registry

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#### **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.



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

### THE EVOLUTION OF CANCER REGISTRY DATA



#### 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

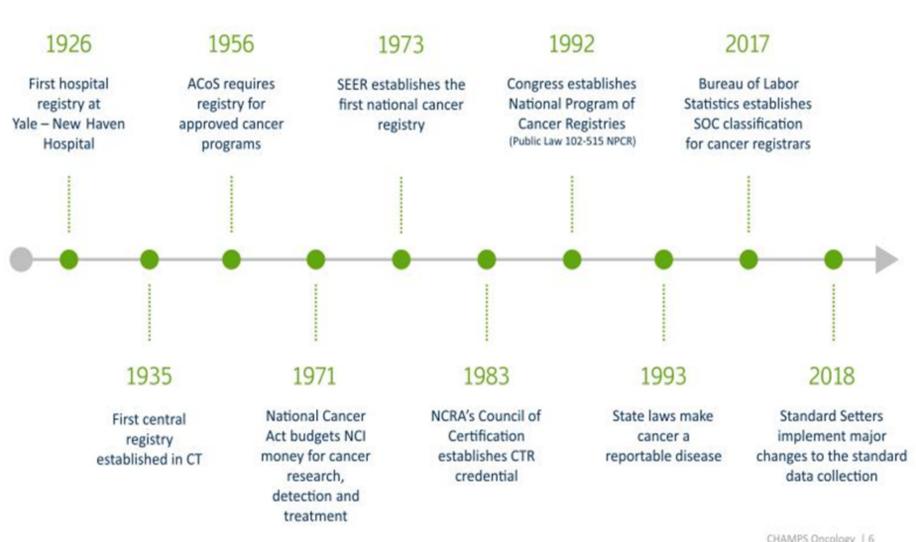
Maintain data on all patients diagnosed and/or treated for cancer at their facility. CENTRAL OR POPULATION-BASED REGISTRY

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



#### WHO ARE THE STANDARD SETTERS?



# 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	DK 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	FOX 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	Turnor 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	
Yext - 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	

#### **NEW DATA FIELDS COLLECTED FOR 2018**

#### DATA ITEMS IN STANDARDS for ONCOLOGY REGISTRY









New Case Administration Data Item

See Appendix A of STORE Manual for List of Changes



## WHY MAINTAIN THE CANCER REGISTRY?



IDENTIFY CANCER INCIDENCE TRENDS



OF TREATMENT



OUTCOMES



DEVELOP EDUCATION & SCREENING PROGRAMS



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 C oC 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)

# 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

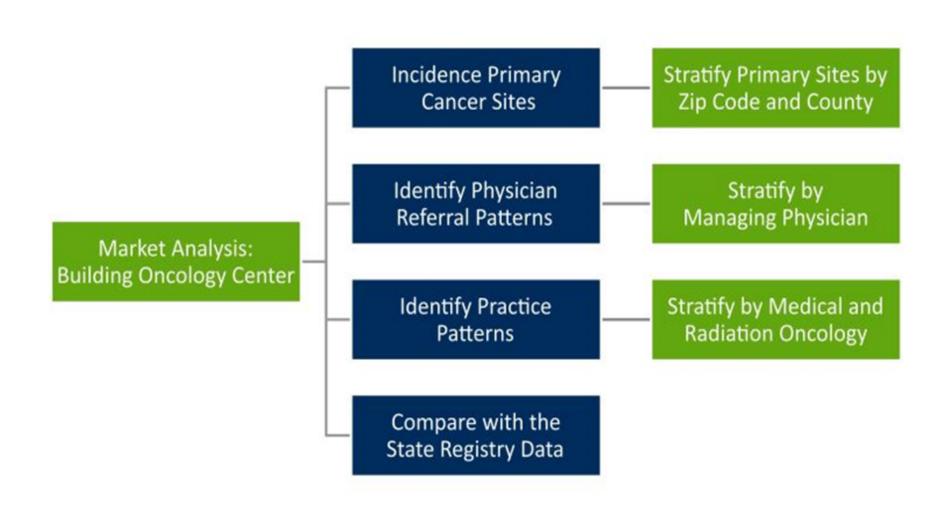
FINANCIAL ANALYSIS

CLINICAL CARE PERFORMANCE

CANCER RESEARCH & SUTESIMES

COMMUNITY

#### **ADMINISTRATIVE PLANNING & MARKETING**



#### **MIGRATION ANALYSIS**



Time Period Selected: January 2016 to December 2016



#### POPULATION TRENDS & REFERRAL PATTERNS

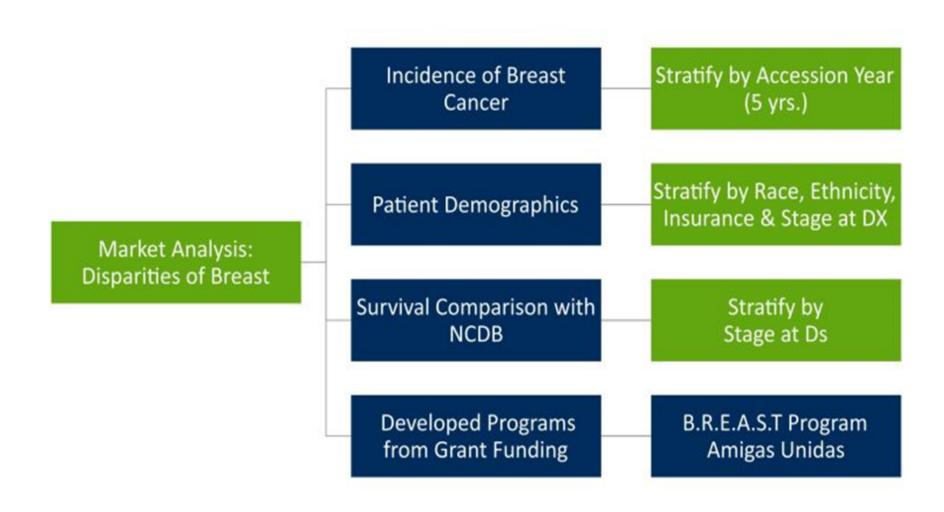


## SNAPSHOT OF MARKET SHARE REPORT

Total Market Share 20.87 %

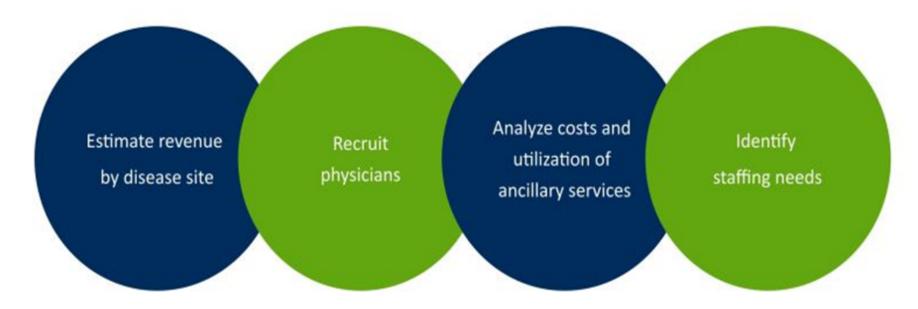
Primary Site	County	Newly Registered Patients (Analytic) †	State Totals*	Market Share
<b>+</b> Bladder	Site Total	68	408	16.67 %
<b>■</b> Brain	Site Total	51	194	26.29 %
<b>♣</b> Breast	Site Total	475	1,512	31.42 %
E Cervix Uteri	Site Total	17	64	26.56 %
<b>■</b> Colon	Site Total	96	502	19.12 %
± Endocrine Benign	Site Total	49	0	N/A
<b>■</b> Endocrine Malignant	Site Total	5	10	50.00 %
<b>±</b> Esophagus	Site Total	13	67	19.40 %
Eye and Orbit	Site Total	10	23	43.48 %
Hodgkin Lymphoma	Site Total	9	67	13.43 %

#### APPLYING FOR FUNDING & GRANTS



# LINK CANCER REGISTRY DATA WITH FINANCIAL DATA

#### TO...



# 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 <sup>3</sup> R measure NAPBC standard 2.3	CANCER REGISTRY	
Surgery: Needle biopsy vs open biopsy rate	>74.2%	CoC CP <sup>3</sup> R measure NAPBC standard 2.9 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 CMS proposed reporting this quarterly 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 NQF #0220 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 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 (CP<sup>3</sup>R) 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.



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 STORE MANUAL

REVIEW REQUEST LOG TO IDENTIFY

PERFORM CANCER REGISTRY ASSESSMENT

Patient / Cancer Identification

Stage of Disease

First Course of Treatment

Outcomes

Data Requested

Date Request was Fulfilled

Intended Use of Data

Operations
Workflow / Productivity
Quality of Data

#### CANCER REGISTRY RESOURCES

#### Standards for Oncology Registry Entry (STORE):

https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/store manual 2018.ashx

International Classification of Diseases for Oncology (ICD-O)

http://codes.iarc.fr/

Grade: https://www.naaccr.org/SSDI/Grade-Manual.pdf

SEER SITE/HISTOLOGY VALIDATION LIST <a href="https://seer.cancer.gov/icd-o-3/">https://seer.cancer.gov/icd-o-3/</a>

Site-Specific Data Items (SSDIs): https://apps.naaccr.org/ssdi/list/

#### SEER HEMATOPOETIC & LYMPOHOID NEOPLASM DATABASE:

https://seer.cancer.gov/tools/heme/

SEER\*RX Interactive Drug Database: https://seer.cancer.gov/seertools/seerrx /

SUMMARY STAGING 2018: https://seer.cancer.gov/tools/ssm/

2018 SOLID TUMOR RULES: https://seer.cancer.gov/tools/solidtumor/

#### **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



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