News from

The North Carolina Central Cancer Registry

Summer 2011

The CCR collects, processes, and analyzes data on all cancer cases diagnosed among North Carolina residents. All health care providers are required by law to report cases to the CCR, but the primary data source is the hospitals of the state. The CCR supplements hospital data with reports from physicians who diagnose cases that are not seen in a hospital. Death certificates and pathology laboratory reports are used to help identify cases that are missed in routine reporting. Duplicate reports are consolidated in the data editing process. This is primarily a cancer surveillance activity, monitoring the incidence of cancer among the various populations of the state.

Interim Director's Notes

Chandrika Rao, Interim Director

Greetings from the North Carolina Central Cancer Registry (NC CCR)! I hope everyone had a great spring and enjoyed the sunny days.

I'm very happy to announce that NC CCR was recognized by the Centers for Disease Control and Prevention (CDC) for 17 years of participation in the National Program of Cancer Registries (NPCR). We would like to share this recognition with all of you as this would not have been possible without your dedicated efforts to submit timely and complete data. These data are not only used in national surveillance, publications, and research but also for program evaluation and national surveillance. In addition, these data are used to update and publish statistical reports for the state and counties posted on the CCR website at www.schs.state.nc.us/SCHS/CCR.

The CCR successfully submitted cases diagnosed in 1995–2009 to both the CDC's NPCR and the North American Association of Central Cancer Registries (NAACCR). The CCR resumed reporting from all the four Veterans Affairs (VA) facilities and in December 2010, signed a Memorandum of Understanding with the Department of Defense, Manpower Data Center (DMDC) and received data from three North Carolina military hospitals for 2008 and 2009 diagnosis years. We are now looking forward to collecting and processing all cases diagnosed in 2010.

I'm pleased to let you know that North Carolina was one of 10 states to be selected by CDC to enhance the existing cancer registry database for Comparative Effectiveness Research (CER) by collecting additional data items. Here's a snapshot of progress since January 2011.

- All seven CER positions have been filled and training of the new staff is underway in Raleigh.
- A Unified Provider Database has been created to assist in the identification of non-reporting facilities and practices.
- Medical Doctor Office (MDO) recruitment has expanded. Currently three CCR MDO Coordinators are conducting site visits to enlist new MDO practices. Urology and surgical practices are being targeted for inclusion.
- ePath – Activities focus on working with the state and national laboratories to implement electronic reporting of pathology reports. Ten laboratories are now submitting electronic path reports in the required HL7 format. A dozen more have been contacted and the CCR is working with them to bring them on board with electronic reporting.
- MDO Pilot Project – Medical oncology office billing information has been used to identify reportable cases and obtain additional treatment data from four large practices in North Carolina.
- Data linkages are planned with N.C. Voter Registration, SSDI/NDI, hospital discharge, BCCEDP, North Carolina Department of Motor Vehicles Drivers License data, North Carolina Vital Records, and Nielsen Claritas demographics.
- CSv2 Training – Two webinars have been presented and four more are planned for 2011. The two North Carolina Education and Training Coordinators (ETC)—Sharon Labbate and Melissa Pearson—will be presenting at the ANCCR Annual Meeting on September 15, 2011 as well as at the North Carolina Workshop "Training in Cancer Data Collection" on August 23, 2011.
- Targeted collection of non-NAACCR standard data items for breast, colorectal, and CML cases diagnosed January 1, 2011 through December 31, 2011 is underway. ERS, Elekta, OncoLog, and AbstractPlus cancer registry software vendors anticipate having the CER data entry screens ready by the end of July 2011.
- Training of cancer registrars and data reporters in the collection of these additional non-NAACCR standard data items will be done via webinars.

If you have any questions or comments, please send an e-mail to chandrika.rao@dhhs.nc.gov and we will be happy to assist you.

North Carolina Central Cancer Registry: 2010 Case-finding Audits

Dianna Stucky, CTR and Sandra Morgan, CTR

The North Carolina Central Cancer Registry (NC CCR) is partially funded by the National Program for Cancer Registries (NPCR) and is governed by its program standards. These standards require that the NC CCR have a comprehensive quality assurance program in place that includes the conducting of re-abstracting and/or case-finding audits from an assortment of source documents from each reporting facility in North Carolina at least once every five years.

In 2010, the NCCCR conducted case-finding audits on nine different facilities throughout North Carolina which included all reportable cases required by the state as outlined in the *Cancer Collection and Reporting Manual*. The majority of these hospitals were incidence facilities or non-ACOS approved facilities that are working towards their certification. Depending on the types of services provided by the hospital or physician's office, one or more of the following documents were reviewed to ascertain case completeness: pathology reports, disease indices, chemotherapy logs, and radiation logs.

There were a total of 161 cases that were found to be missing after review by NC CCR staff and hospital reconciliation. The graph demonstrates the percentage of cancer cases missed by source documents.

The yearly caseload (pre-audits) for each of the nine facilities total approximately 699 cases. Adding the 161 cases found to the overall sum, the total caseload increases by 23 percent.

Based on the results of this audit, the NCCCR recommends that facilities use multiple case-finding methods to ensure capture of all reportable cancer cases. The Disease Index is an important tool that should be reviewed as it identifies patient discharge codes utilizing other documents that would include the diagnosis and/or treatment of cancer, but would not have necessarily been found from pathology review only. This method of case ascertainment would identify potential reportable cases from imaging studies, clinical findings, and treatment codes, as well as patients seen in the facility for conditions unrelated to cancer, but were found to have active disease.

The North Carolina Central Cancer Registry would like to thank all of the hospitals who participated in the facilitation of these case-finding audits last year. We appreciate and acknowledge your active involvement in helping North Carolina achieve the highest standard goal for completeness.

Percentage of Cancer Cases Missed by Source Documents

- Radiation Log 0%
- Pathology 28%
- Chemo Log 5%
- Disease Indices 67%
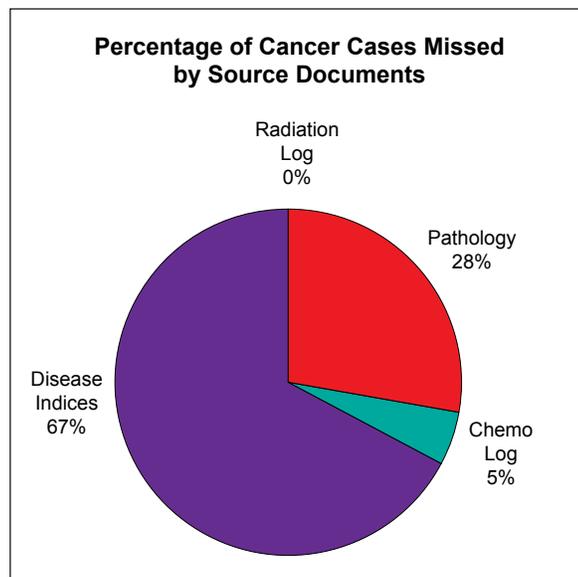
Update From the North Carolina Education and Training Coordinators

Sharon Labbate, CTR and Melissa Pearson, CTR
North Carolina's NPCR Education and Training Coordinators

NC CCR will soon be hosting a series of educational training webinars for North Carolina cancer registrars and cancer data reporters during 2011. There will be several different webinars offered in the initial series. Learn how to apply the rules and instructions for the Collaborative Stage Data Collection System (CSv2) and the SEER Hematopoietic and Lymphoid Neoplasm Rules, Manual and Database to your 2010 cases and enhance your understanding of the 2010 data collection requirements. We will also be providing an eight week CTR Prep Series training webinar. We encourage North Carolina registrars and cancer data reporters to plan to participate in these webinars.

2011 NC Central Cancer Registry Educational Web Conferences

Date	Time	Presentation Title	Speaker
8/16/2011	11 AM–1 PM	"Hematopoietic/Lymphatic Diseases—NC Central Cancer Registry Reporting Requirements"	Melissa Pearson Sharon Labbate
9/20/2011	11 AM–1 PM	"CSv2: Breast and Lung—NC Central Cancer Registry Reporting Requirements"	Melissa Pearson Sharon Labbate
10/18/2011	11 AM–1 PM	"CSv2: Prostate, Bladder, Kidney—NC Central Cancer Registry Reporting Requirements"	Melissa Pearson Sharon Labbate

2011 NCCCR CTR Exam Prep Study Group
Agenda Topics and Dates
• June 23: Highlights of Staging (CSv2 and AJCC 7th)
• July 5 or 7: Highlights of Abstracting and Coding Rules

NAACCR CTR Readiness Webinar Series
Tuesdays from 1 PM to 3 PM
July 19, 2011–September 06, 2011

Welcome to New Staff

Kathryn Jordan Bostic

Luis E. Carrasco

Shelly Duffy

Gary Leung

Sumana Nagaraj

Cheryl Schilens

Mimi Sheerin

Joanie Smothers

Emily Urban

Raj Varadarajan

Dianne Waggoner

Farewell and Best Wishes to April Alston and Seth Tyree

April began work with the CCR in November 2009.
She joined a research group at the Surgical Review Corporation.

After working with the CCR for about four years,
Seth joined the ICISS Project as a Research Associate
at the UNC Lineberger Cancer Center.