BACKGROUND

The Canadian Cancer Registry (CCR) at Statistics Canada collects cancer data from the nation’s 13 Provincial and Territorial Cancer Registries (PTCRs). The CCR collects data on all tumours using the International Classification of Diseases for Oncology, Third Edition (ICD-O-3) and, since 2007, the SEER Multiple Primary-Histology (MPH) rules for determining multiple primaries. The CCR determined its existing improbable site/histology combinations not found on the SEER Site/Histology Validation List. The CCR System Guide 2012 Edition (ICD-O-3) and, since 2007, the SEER Multiple Primary/Histology (MP/H) rules for determining multiple primary/histology combinations within the CCR were verified using the 2009 SEER Validation List.

OBJECTIVES

To replace the obsolete CCR improbable site/histology combination table with the SEER Site/Histology Validation List.

To incorporate the SEER Site/Histology Validation List with behaviour 1 codes (found in the ICD-O-3 and falling within the CCR scope – see table) and the high grade dysplasia codes effective for 2012 forward.

To thoroughly review CCR data with site/histology combinations not found on the CCR Site/Histology Validation List.

To create an automated feedback process allowing PTCR for reporting changes to standards are consistently applied.

To detect potential issues related to reporting by PTCRs and CCR data collection.

To detect national concerns and/or provincial/territorial-specific issues in coding standards practice.

METHOD

Restricted to those cases in the CCR diagnosed between 2001-2010 and further limited to cases diagnosed since 2007 for issues related to MPH changes.

A site/histology combination for behaviour 1 was only added to the SEER Site/Histology Validation List if the histology was considered improbable, or incorrectly coded, were recorded to the SEER Site/Histology Validation List if the histology was considered improbable, or incorrectly coded, were recorded to the SEER Site/Histology Validation List.

Errors were grouped for analysis according to site, behaviour, histology and MPH issues.

Primary focus was on identifying inconsistencies with the following:

Application of histology coding changes in ICD-O-3.

Adoption of behaviour coding changes in ICD-O-3.

Changes with the implementation of 2007 MP/H rules.

RESULTS

The SEER Site/Histology Validation List (containing 10,453 lines) was expanded to include behaviour 1 site/histology combinations (representing an addition of 645 lines).

A total of 55 different site/histology/behaviour coding issues were identified.

A total of 7,871 cases had one of these coding issues.

Percentage of Acinar Adenocarcinoma Prostate Cases (C61.9) Incorrectly Coded as 8550/3 vs 8140/3 from 2007-2010

Percentage of Papillary Carcinoma Kidney Cases (C64.9) and Thyroid Cases (C73.9) Incorrectly Coded using 8050/3 vs. 8260/3

Data Quality Improves: An Evaluation of Canadian Data Using the SEER Site/Histology Validation List

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OUTCOMES

Incorporating the customized SEER Site/Histology Validation List into the data verification process will result in improved data quality, accuracy and comparability across Canada.

Improvements to formal communication and education processes are necessary.

Examples of Coding Issues

Histology, Behaviour, MP/H Coding

Examples:

ICD-O-3: 8050/3 was used for coding papillary carcinomas for kidney and thyroid vs. 8260/3.

Coding of splenic marginal zone lymphoma for spleen using 8550/3 vs. 8050/3.

ICD-O-3: 8050/3 was added for coding parathyroid carcinoma vs. 8050/3.

ICD-O-3: 8050/3 was used for coding parathyroid cancer vs. 8050/3.

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