Feasibility and Utility of Processing Pathology Reports in eMaRC Plus: Missouri Cancer Registry (MCR) Management's Perspective on a Pilot Study Conducted by a Graduate Research Assistant (GRA)

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Background: In 2012, MCR lost funding for 3.5 of 4 non-hospital unit positions. In 2015, MCR management designed a pilot study and employed a Graduate Research Assistant (GRA) to assess melanoma path reports accumulated in eMaRC.

Purpose: Explore costs and benefits of processing ePath reports.

Methods

1. We identified 2013 melanoma path reports stored in eMaRC.
2. A CTR (QA staff member) checked each case for reportability and made quality corrections to eMaRC auto-coding of cases vs. text.
3. Reportable cases were exported from eMaRC and compared to cases in our incidence database (CRS Plus) using Link Plus.
4. Our GRA used the multiple primary/histology rules matrix as a guideline to assess true and possible matches.
5. Her work was reviewed by a CTR (operations manager) who assessed possible matches using text from both eMaRC and CRS cases.
6. Yield of new cases or new information, time spent and barriers encountered were recorded at each step of the process.

Results

Of 631 path reports identified/reviewed, 48% were reportable and not reported from other sources; 32% were non-reportable; 16% were reportable but already captured; and 3% yielded more specific information. Staff spent 62.5 hours (3% of an FTE) processing cases. We identified >200 unique incidence cases not previously reported and 20 unique reported cases whose quality could be improved.

Impact on Central Registry Management

Use of a GRA gave us the incentive and time to pursue this project. It also allowed MCR management to expand the scope with the following applications:

- **eMaRC was a useful tool for identifying 8 new dermatology reporters to recruit.**
- **eMaRC will be screened at regular intervals in the future to identify new dermatology practices that need to report melanoma cases to MCR.**
- **eMaRC was a useful tool for auditing 4 of the current dermatology reporters who had missed reporting some cases. We are attempting to load eMaRC cases into Web Plus for physician follow back to collect additional information since these cases would enhance annual incidence statistics.**

Discussion

- Incomplete demographics on path reports limited precise identification of patient matches.
- Experience gained helped refine guidelines for identifying linkage matches by patient, diagnosis date, site, histology and laterality.
- Providers were identified who do not directly report melanoma cases or do not perform adequate case-finding.
- Time spent to identify cases that yielded only more specific details may not be cost-effective.
- We inadvertently overlooked use of the eMaRC "flag for review" feature which may have reduced the effort and number of reports reviewed by 50%. It is unclear how its use would have impacted other findings. An additional project is proposed to assess its accuracy and benefit.

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