**Background:**
- Diagnosis and management of cancer is occurring more frequently in outpatient settings.
- Inconsistent reporting by non-hospital (outpatient) entities prompted NHSCR to focus on capturing underreported cases.
- CDC-NPCR requires states to increase physician reporting by 10% each year for physician specialties, as well as reporting from Surgery Centers, Nursing Homes, and Hospice facilities.

**Purpose:**
- Increase overall cancer reporting by non-hospital sources and meet NPCR’s standard of 10% increase or more per year.

**Methods**

**Physicians**
- A letter detailing the importance of reporting cancer cases to the NH State Cancer Registry was sent to specialty practices in New Hampshire.
- Practice contact information, reporting methods, pathology labs used, hospital affiliations and EHR utilization were collected. (Table 1)
- Through discussions with each practice, we identified their preferred mode of reporting.
- Subsequently, we ensured cancer reporting was implemented by tracking physician reporting.
- On-site audits were performed, beginning with the largest practices serving the state.

**Hospice Facilities**
- Presented at a meeting of NH Hospice Administrators to ask for assistance in reporting cancer cases to the NHSCR.
- One of the attendees agreed to send their facility’s data to NHSCR.
- It consisted of admissions in 2014 with a cancer diagnosis.
- We compared their patient list against our registry to identify missing cancers.

**Results**

**Physician Reporting**
- Some physicians retrospectively submitted cases starting with year 2013.
- Cancer reporting directly from physician offices increased (see Figure 1)
  - 13% from year 2012 [n=476] to year 2013 [n=538]
  - 3.3% the next year [n=558]*
- Average 8.2% from year 2012 to 2014 thus far
- Reports from other facilities are expected, and we anticipate a growing trend in non hospital reporting in future years.
- *Since diagnosis year 2014 is not complete yet, we anticipate those figures to increase.

**Table 1: Number of targeted physicians by specialty.*

<table>
<thead>
<tr>
<th>Physician Specialty</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenterology</td>
<td>82</td>
<td>25.0</td>
</tr>
<tr>
<td>Urology</td>
<td>71</td>
<td>21.6</td>
</tr>
<tr>
<td>Dermatology</td>
<td>68</td>
<td>19.2</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>22</td>
<td>6.7</td>
</tr>
<tr>
<td>Hematology</td>
<td>16</td>
<td>4.9</td>
</tr>
<tr>
<td>Hematology/Oncology</td>
<td>30</td>
<td>9.1</td>
</tr>
<tr>
<td>Medical Oncology</td>
<td>32</td>
<td>9.8</td>
</tr>
<tr>
<td>Gynecology/Oncology</td>
<td>5</td>
<td>1.5</td>
</tr>
<tr>
<td>Radiation Therapy</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>Surgical Oncology</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>Total</td>
<td>328</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Physician licensing information from NH Board of Medicine as of 12/31/2013 (https://www.nh.gov/medicine/)

**Figure 1: Number of physician cases reported directly from physician office**

*Does not include physician-only cases reported by hospital registries or those identified by pathology review.

**Hospice Reporting**
- We received a comprehensive list with eighty-three (83) patients from one hospice as a pilot test.
- The majority of the facility admission dates were in late 2014.
- Diagnoses included malignancies of the breast, pancreas, lung, liver, GI tract, brain, prostate, ovary, as well as several leukemia and lymphoma cases.
- The age range of the unreported patients was between 55 to 95 years old.
- 73 of the 83 patients listed had already been reported.
- Of the 73 reported, 10 were marked as “ALIVE” in NHSCR database.
- Of the 10 “new” cases reported to us, it is important to note that they had not been previously reported by another source despite being NH residents.
- There were 3 ME residents.
- At the time the list was provided, 6 months had not elapsed since the date of service at the hospice and so these cases might still be reported through another mechanism. This question will be pursued later in 2015.

**Table 2: Physician reporting after implementation of physician outreach.**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology</td>
<td>51</td>
<td>14.0</td>
</tr>
<tr>
<td>Urology</td>
<td>151</td>
<td>46.7</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>76</td>
<td>20.1</td>
</tr>
</tbody>
</table>

*Does not include new physician-only cases reported by hospital registries or those identified by pathology review.

**Discussion**

- Began with Dermatology in year 2014.
- Currently pursuing Urology reporting. Changes in their administrative personnel/reference labs have affected reporting.
- Gastroenterology reported mostly by hospital or ambulatory surgical centers.
- We found that many of physicians in the targeted specialties already have a reporting mechanism in place.

**Future Steps**

- Ongoing identification of new physicians via NH Board of Medical Examiners and Hospital Medical Staff Services Departments.
- Encourage other specialties to report.
- Target ambulatory surgery centers.
- Continue efforts with hospice reporting.
- Implement reporting by nursing homes.

**Acknowledgments**

We acknowledge the Centers for Disease Control (CDC) and Prevention’s National Program of Cancer Registries for its support of NHSCR. Development of this project was supported in part by cooperative agreement U58/DP003930 awarded to the NH Department of Health and Human Services (NH DHHS), Division of Public Health Services, Bureau of Disease Control and Health Statistics, Health Statistics and Data Management Section. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or NH DHHS.

We thank NH physician office reporters for diligence in assisting with reporting cancer cases. We also acknowledge the staff of NHSCR for abstracting and data collection efforts.