

NON-HOSPITAL REPORTING IMPACT ON CANCER STATISTICS IN MARYLAND

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Background

The Maryland Cancer Registry (MCR) has undertaken various tasks to enhance reporting by non-hospital reporters, including, physician offices, laboratories, and radiation therapy centers. With limited resources, the Maryland Cancer Registry has implemented processes which have improved the completeness and quality of reporting.

The MCR utilizes the CDC Registry Plus Software Suite of products. With annual overall case submissions of over 45,000 tumors (excluding non-reportable abstracts), there are minimal resources for expanded case recruitment opportunities. The MCR has implemented a few simple processes which have proven successful as well as expedient to reach our goals.

Site Specific Abstract Forms

Page 1 of the hardcopy abstract form focuses on the usual patient demographic and diagnostic information. These forms were created for general use as well as targeted reporting by dermatology and urology practices.

However, page 2 provides more specific data fields for complete Collaborative Staging data collection and treatment information.

The reporting requirements for Maryland allow for hardcopy submissions if the facility has less than 100 cases per year. The MCR has developed site specific forms for Skin, Prostate and Bladder tumors.

Page 1 of the abstract form includes sections for: REPORTER IDENTIFICATION, PATIENT DEMOGRAPHICS, and DIAGNOSIS/TUMOR INFORMATION. It contains fields for facility name, patient name, date of birth, gender, race, and tumor details.

Page 1

Page 2 of the abstract form includes sections for: TUMOR CHARACTERISTICS (for Staging), TREATMENT INFORMATION, and OTHER TREATMENT. It contains detailed checkboxes for surgical procedures, drug therapy, and radiation therapy.

Page 2

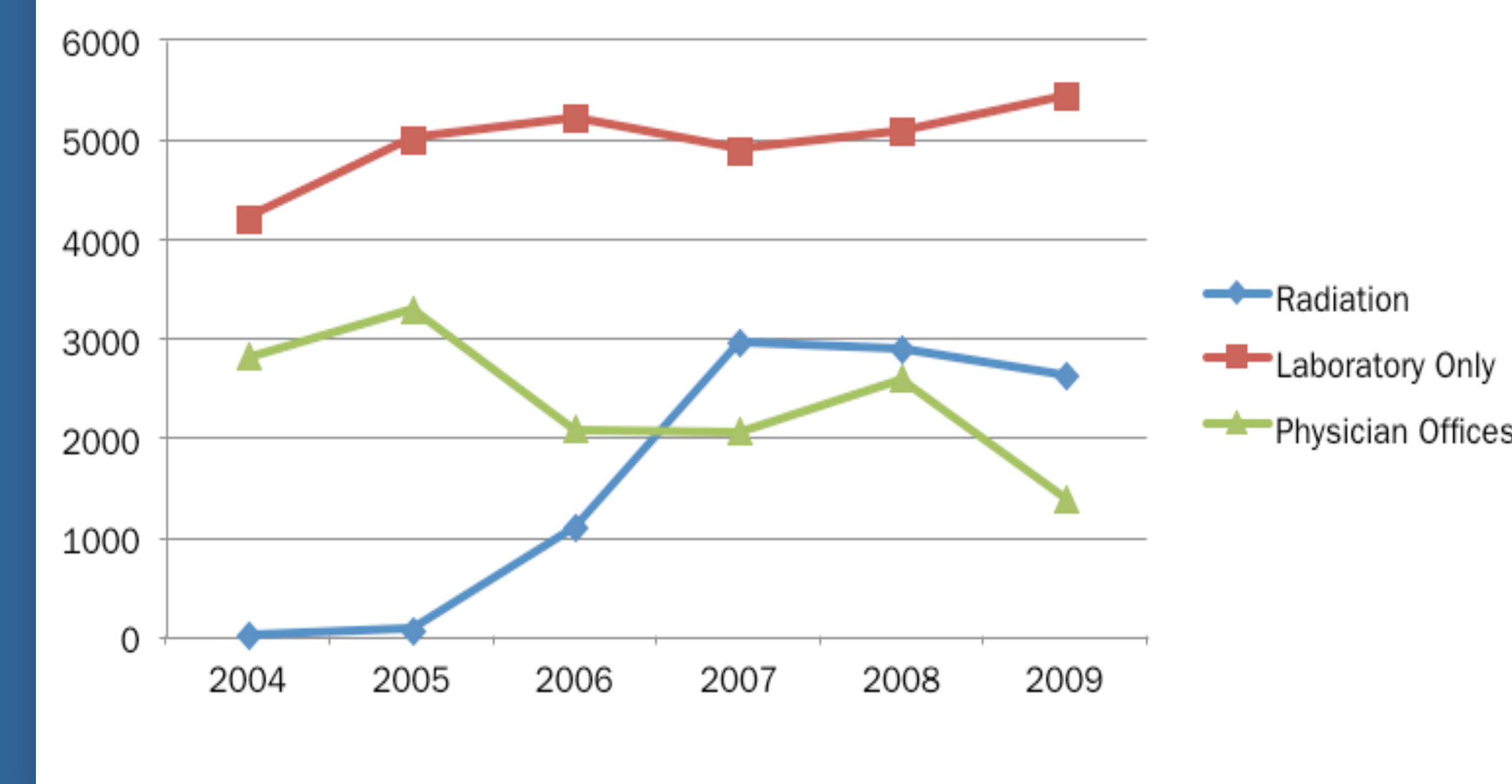
Education and Training

For those facilities who utilize electronic reporting, we provide one-on-one tutorials for orientation to electronic reporting via Web Plus. After a non-hospital facility is functional and reporting tumors, a quality review of their data is completed with feedback to the reporter. Having timely feedback has proven beneficial for the reporter and promotes positive working relationships with our reporters.

Outreach

Whenever possible, our staff attend professional organization meetings, such as the Maryland Nursing Managers meeting or present reporting requirements to the Maryland Dermatologic Medical Society meeting. Presenting the Rules and Regulations for reporting cancer data and conducting face-to-face meetings, again, promotes positive working relationships with various groups across the state.

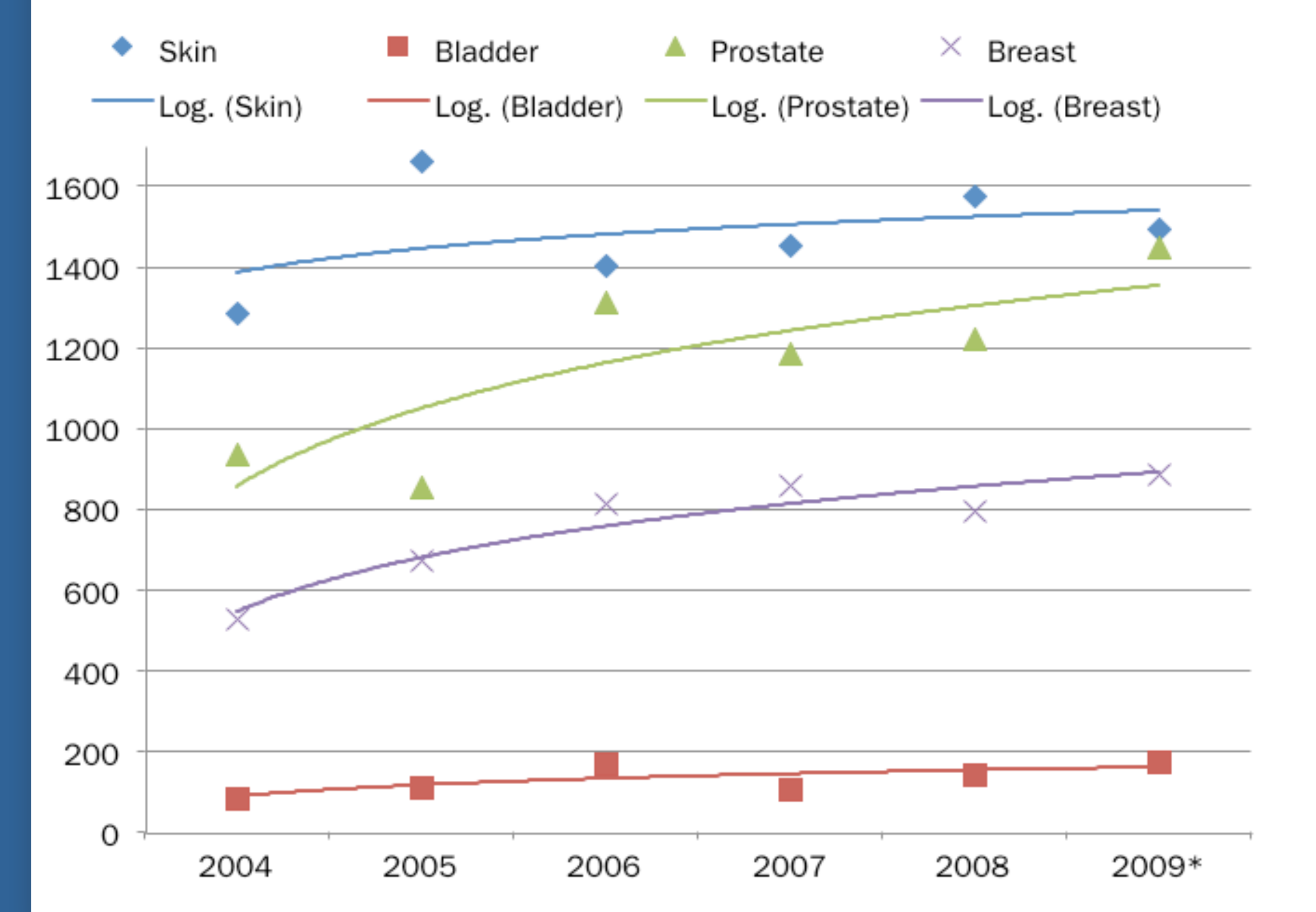
Total Abstracts Reported by Type Reporting Source - All Sites Combined



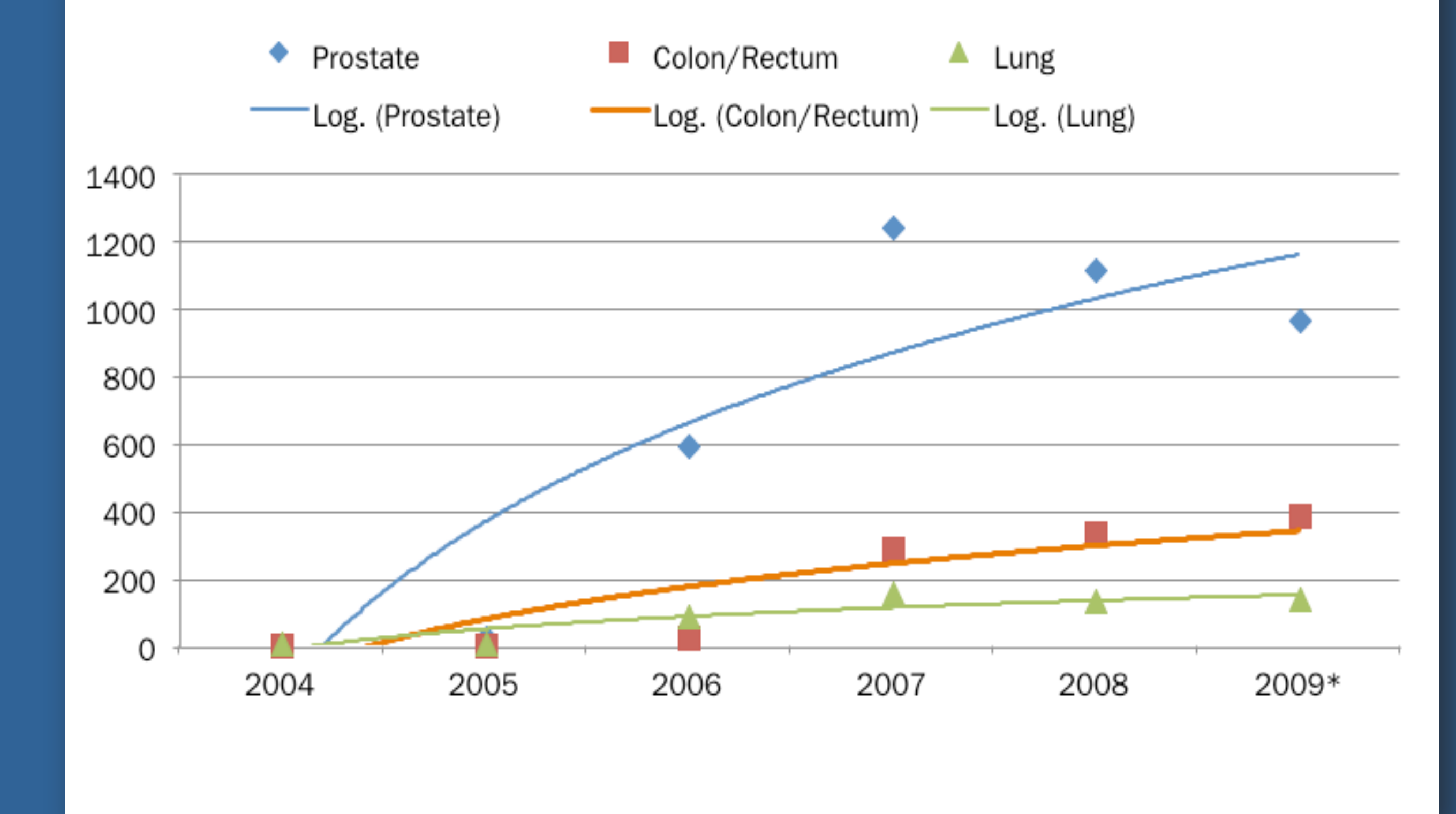
Analysis shows a significant increase in the total number of tumors reported by Radiation facilities. The trend also shows a positive impact on Laboratory cases.

Overall, the trend is moving in the right direction, however, physician office cases appear to be dropping off. According to national trends in physician practices, independent practices are aligning themselves more and more with hospitals or forming 'group' practices. It is not surprising to see the data submissions from physician practices declining as we continually re-direct independent practices to other reporting facilities.

Laboratory Abstracts



Radiation Therapy Abstracts



Results: A comparative analysis by source and cancer type shows trending data on an incline since 2004. Trending data shows the effect on tumors and specific sites impacted by the various, newly developed, activities of the Maryland Cancer Registry. The increase in tumor reporting varies by type reporting source and primary site, however, overall, the total numbers of tumors reported has increased significantly with the enhanced processes implemented by the Maryland Cancer Registry.

*2009 follow-back activities have not been completed at the time of this poster presentation

Physician Office Abstracts

