

## 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.

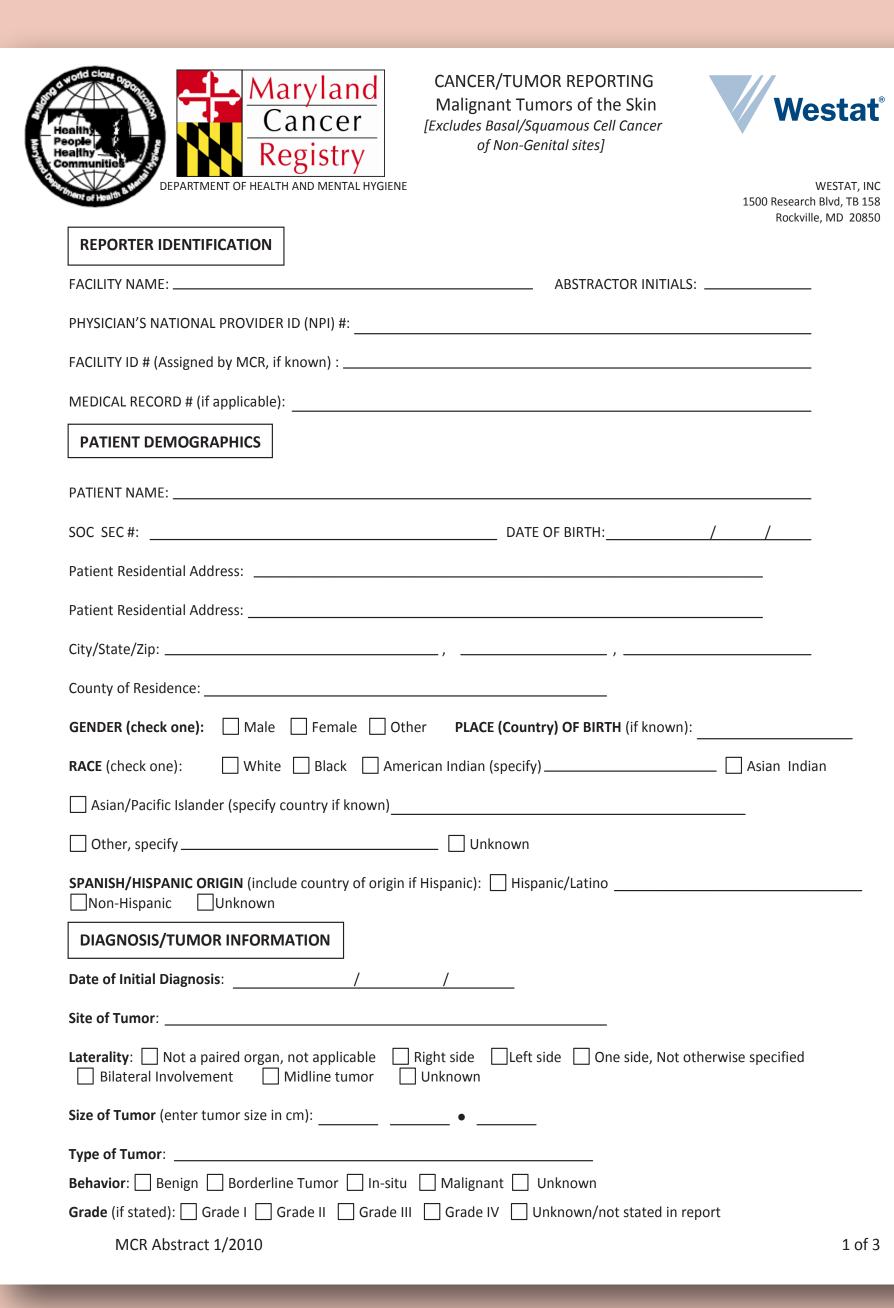
The MCR utilizes the CDC Registry Plus Software Suite of products. With annual overall case submissions of over 45,000 tumors (excluding non-reportable abstracts), there are minimal resources for expanded case recruitment opportunities. The MCR has implemented a few simple processes which have proven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



PLEASE DO NOT EMAIL CONFIDENTIAL PATIENT INFORMATION	
<u>Tumor Characteristics</u> (for Staging). Check 'Yes' box if condition if	
	tic Rate ( /mm²)
Lymph Node Involvement Yes No	
	ow's Thickness (mm)
	static Disease Yes No Unknown
In-Transit Metastasis Yes No Descr	ribe Metastatic Site:
Level of Invasion (describe with text):	
TREATMENT INFORMATION	
Check response to indicate which procedures were performed. C <b>SURGERY</b>	check a many as apply. If response is 'Yes' please indicate date.
None; no cancer-directed surgery of primary site	Yes No Date:
Local tumor destruction, NOS (without pathology specimen)	Yes No Date:
Local tumor excision, NOS (with pathology specimen)	Yes No Date:
Photodynamic therapy (PDT)	Yes No Date:
Cryosurgery	Yes No Date:
Laser ablation	Yes No Date:
Laser excision	Yes No Date:
Polypectomy	Yes No Date:
Excisional biopsy	Yes No Date:
Biopsy of primary tumor followed by a gross excision of the lesion	n 🔲 Yes 🔲 No Date:
Shave biopsy followed by a gross excision of the lesion	Yes No Date:
Punch biopsy followed by a gross excision of the lesion	Yes No Date:
Incisional biopsy followed by a gross excision of the lesion	Yes No Date:
Wide excision or re-excision of lesion	Yes No Date:
[NOTE: Margins of excision are 1 cm or more. Margins may be mid	croscopically involved.]
Radical excision of a lesion, NOS	Yes No Date:
[NOTE: Margins of excision are greater than 1 cm and grossly tum	nor free. The margins may be microscopically involved.]
Sentinel Lymph Node Biopsy/Mapping	Yes No Date:
Lymph Node Dissection	☐ Yes ☐ No Date:
If Lymph Nodes were involved, please describe name of lymph nodes or a	area, total number examined, and total number positive
Lymph node region: Total Number N  OTHER TREATMENT	Iodes Examined: Total Number Nodes Positive:
Drug Therapy	
Interferon-alpha/Interferon	☐ Yes ☐ No ☐ Unknown Date:
Interleukin-2	Yes No Unknown Date:
Dacarbazine (also called DTIC)	Yes No Unknown Date:
Cisplatin, Vinblastine, and DTIC (This is known as CVD)	Yes No Unknown Date:
Temozolomide (Temodar)  Paclitaxel	
Radiation Therapy Yes No Unknown Date:	Describe:
Other Therapy	Describe:
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Page 1

Page 2

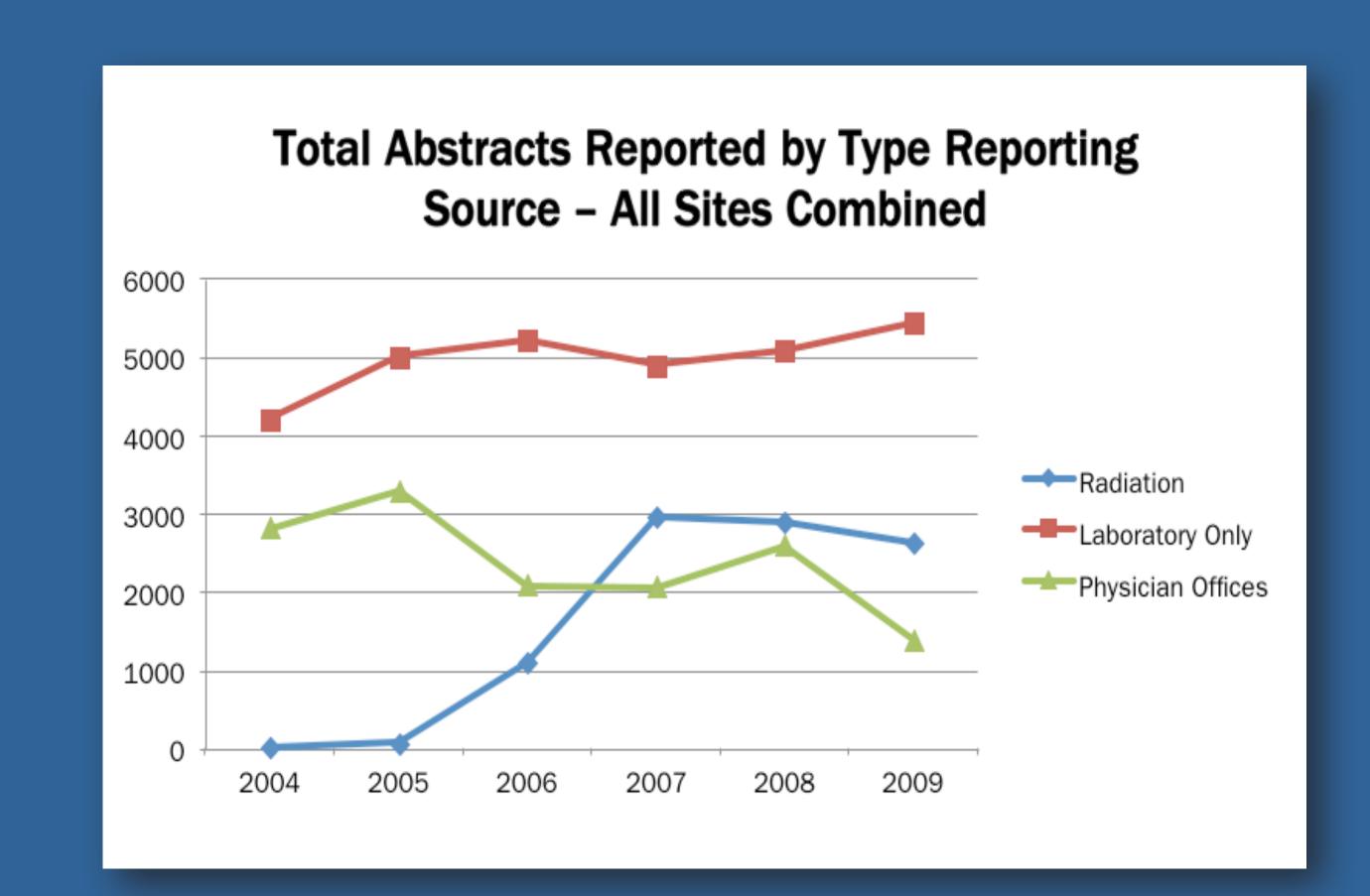
The abstract forms are accompanied by an instruction manual which provides specific information about each data variable and the correct manner to report.

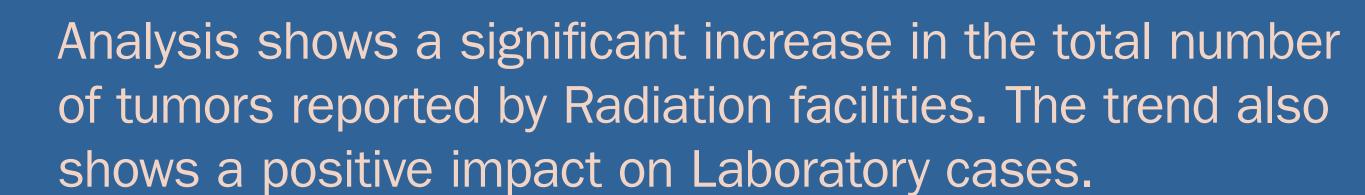
## **Education and Training**

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.

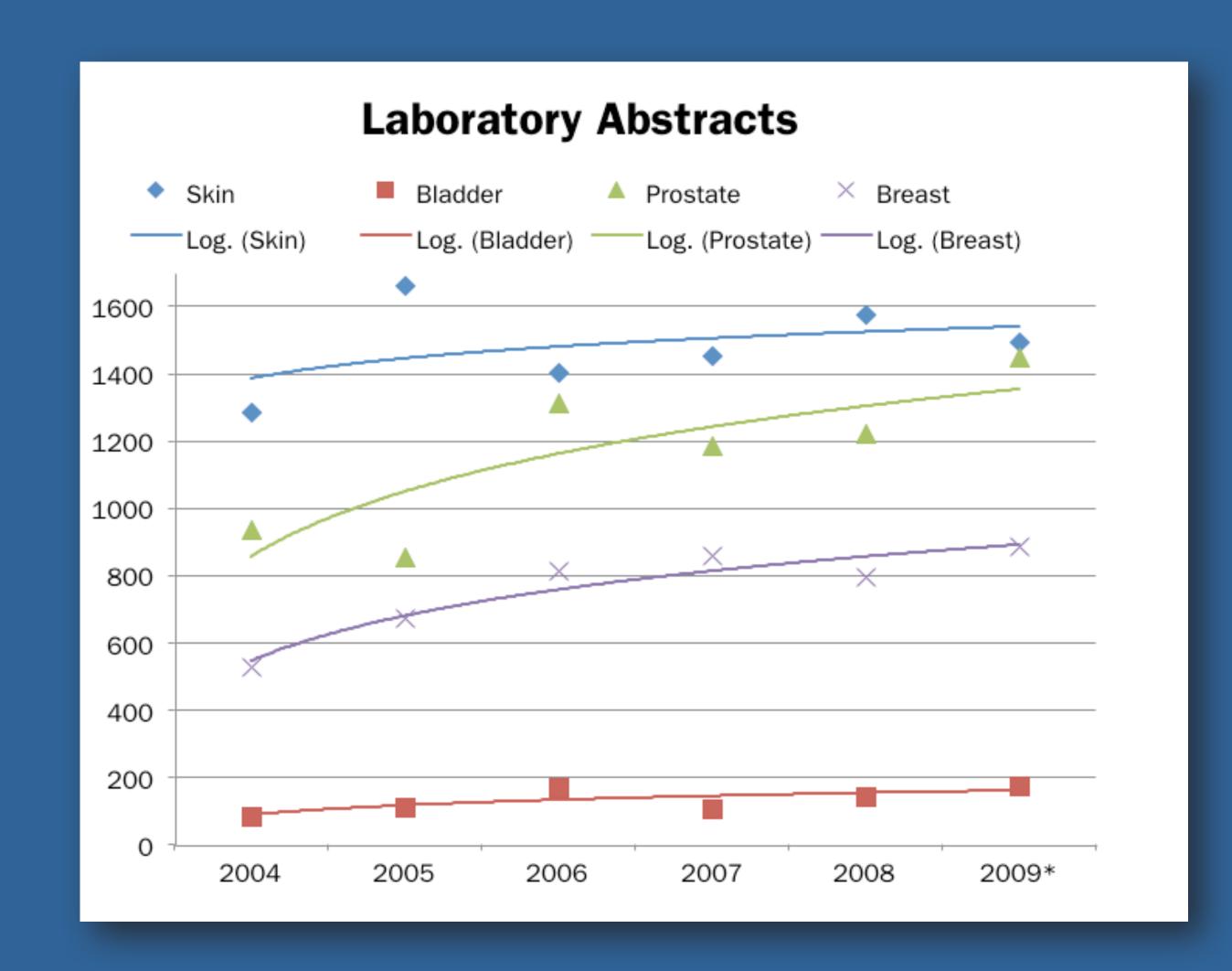
## Outreach

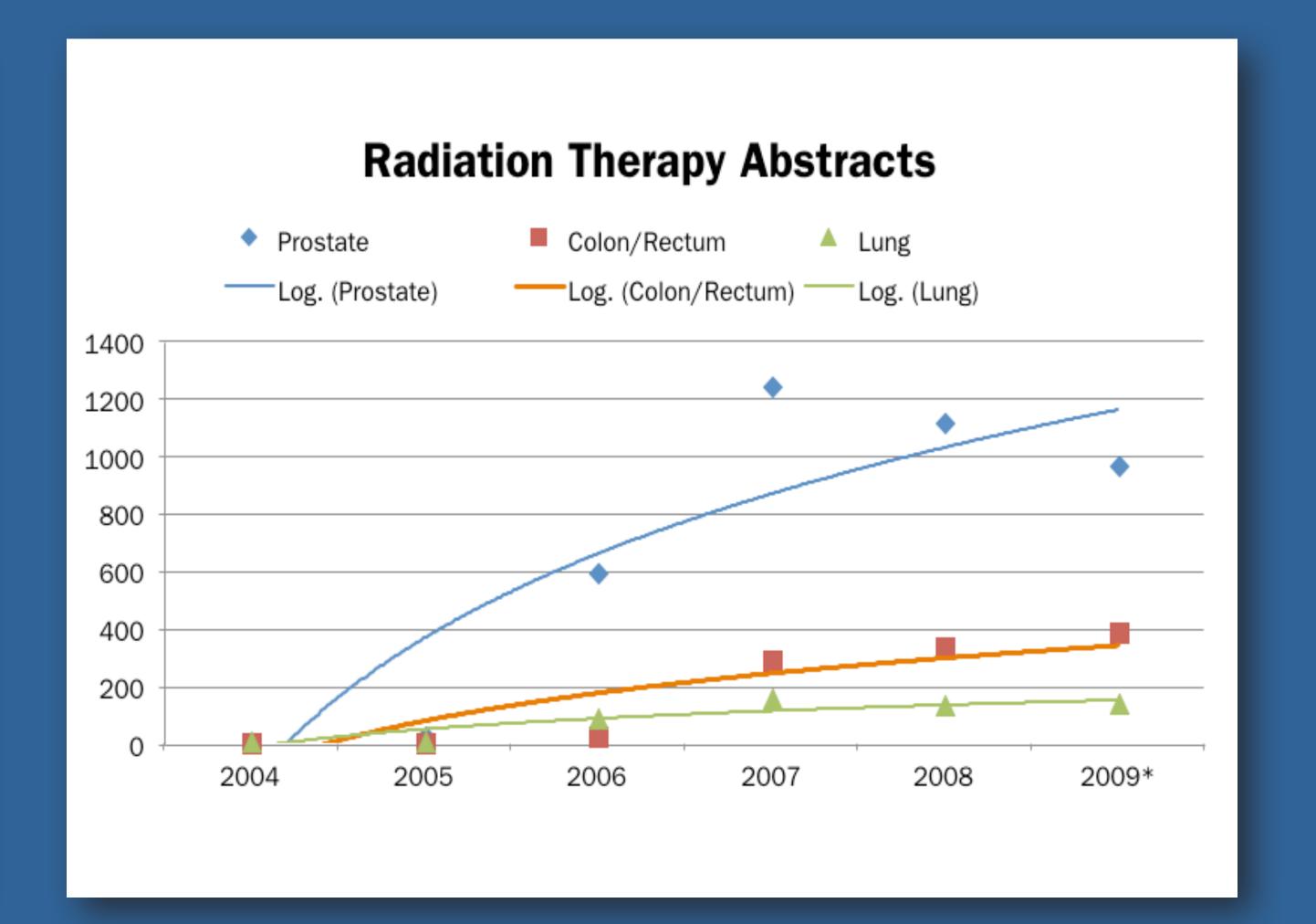
Whenever possible, our staff attend professional organization meetings, such as a the Maryland Nursing Managers meeting or present reporting requirements to the Maryland Dermatologic Medical Society meeting. Presenting the Rules and Regulations for reporting cancer data and conducting face-to-face meetings,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

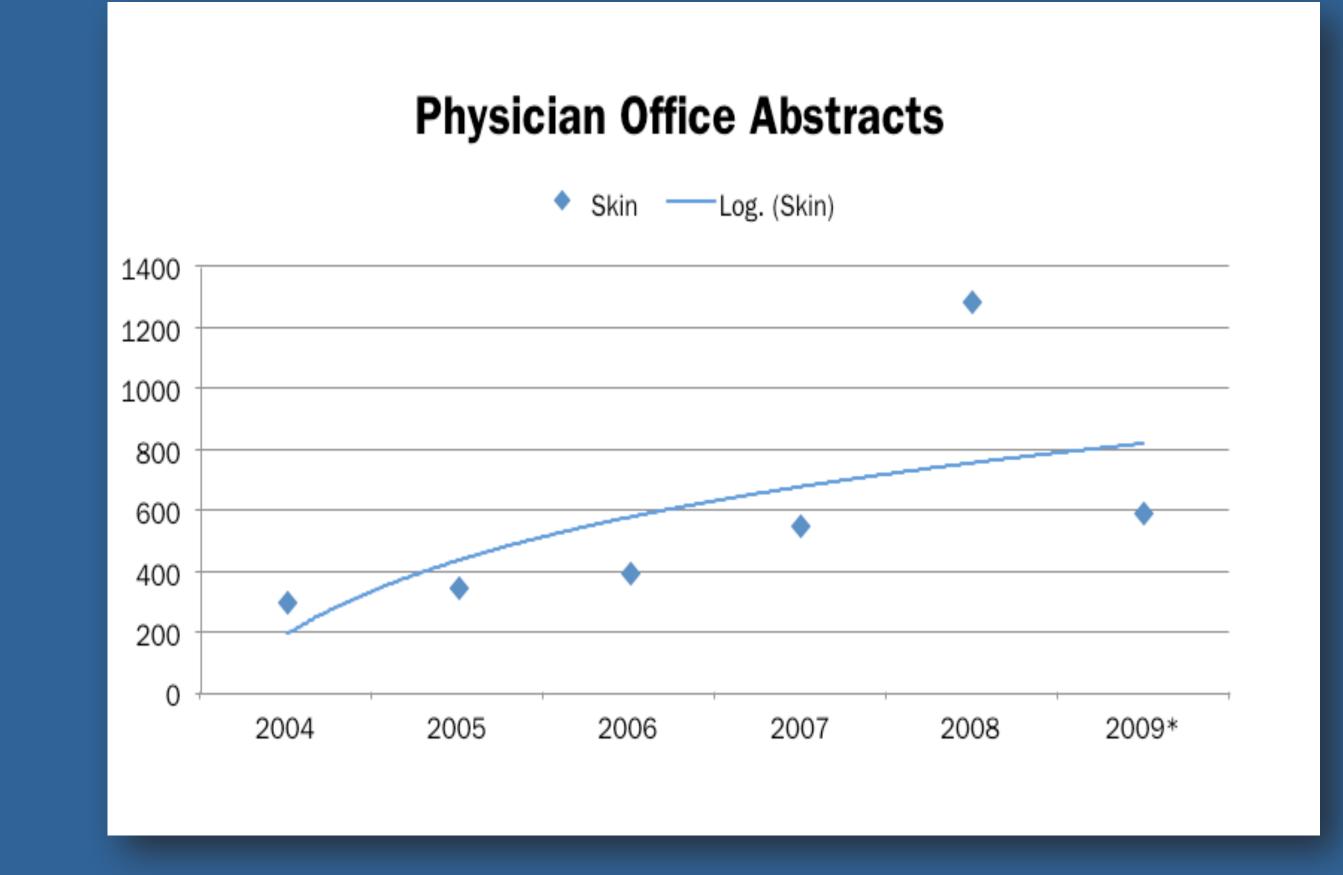




Overall, the trend is moving in the right direction, however, physician office cases appear to be dropping off. According to national trends in physician practices, independent practices are aligning themselves more and more with hospitals or forming 'group' practices. It is not surprising to see the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







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