

Evaluation of 'Likely Deceased' for Improving Follow-Up in Metropolitan Detroit SEER Data, 1973-1994

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BACKGROUND AND PURPOSE

Background:

- SEER evaluates registries' follow-up completeness by the Data Quality Profile (DQP), which requires 90-95% follow-up of cases diagnosed 1995+.
- SEER requires registries to maintain follow-up for all cases from a registry's 1st year of data collection. For Metropolitan Detroit this is 1973.
- Maintaining follow-up for cases diagnosed 1973-1994 is challenging, but essential for calculation of long-term survival trends.
- We investigated cost effectiveness of intensive active follow-up of 'likely deceased' cases in this earlier timeframe.

Purpose: Decrease burden of follow-up for earlier diagnosed cases

METHODS

Criteria:

- Cases diagnosed 1973-1994 in Metropolitan Detroit SEER data
- Did not have a follow-up date of 2013 or later when evaluated in mid-2014

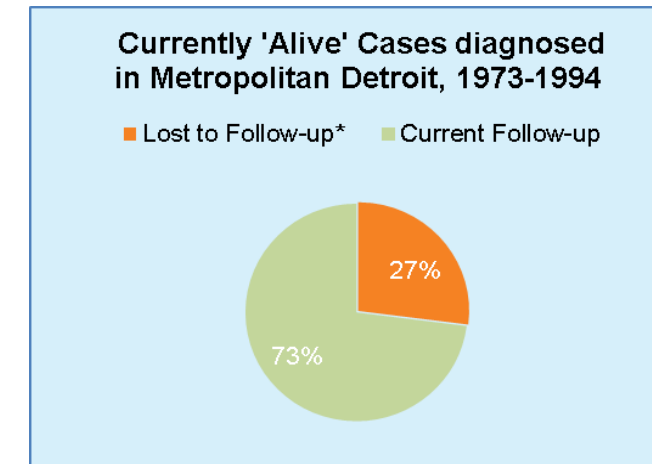
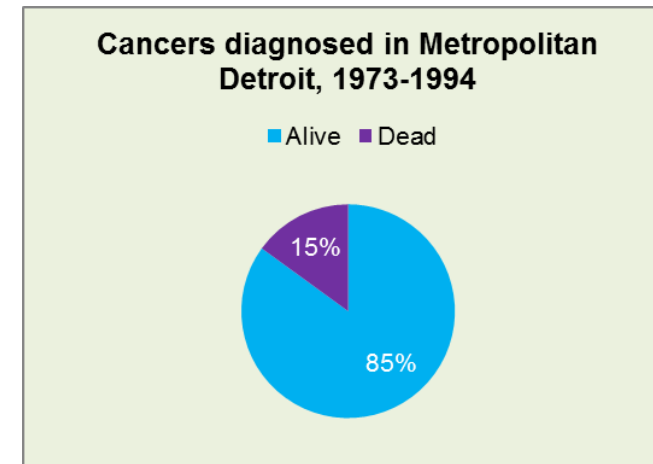
Analysis:

- Evaluated by age, race, cancer site and stage
- To determine categories of 'likely deceased' individuals
- Where more intensive follow-up methods might find vital status
- Intensive follow-up included:
 - reviewing the central cancer registry database (DB) for death certificates
 - researching cases on Lexis-Nexis© and
 - calling patients' last known phone number

Outcome:

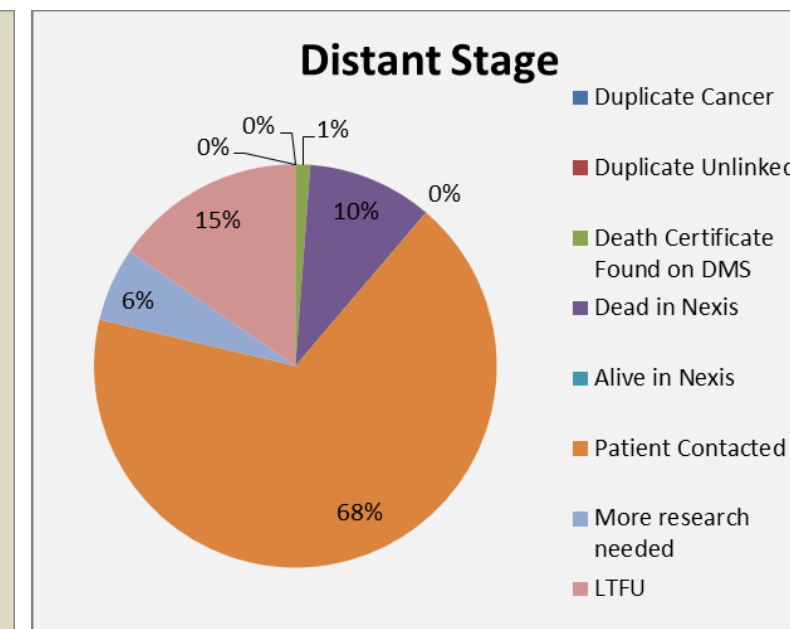
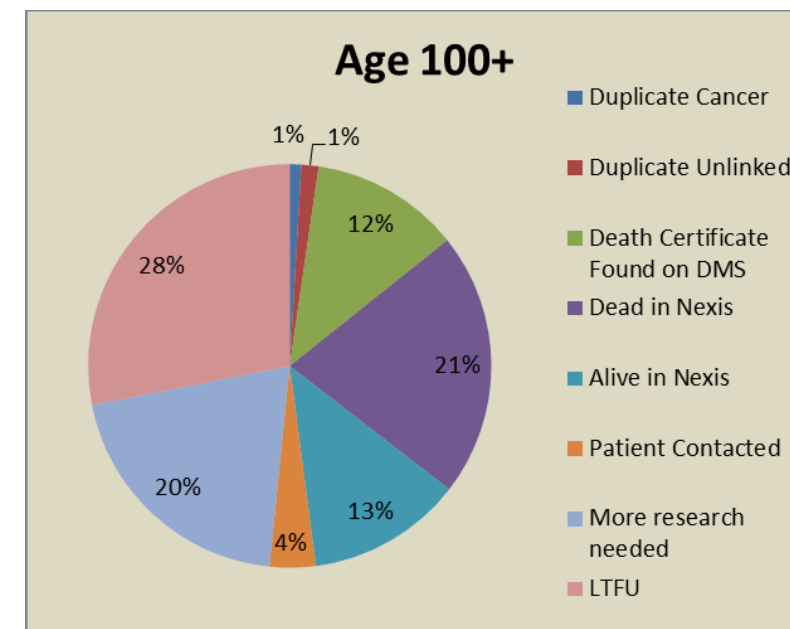
- Staff time in hours tracked to measure cost effectiveness

RESULTS

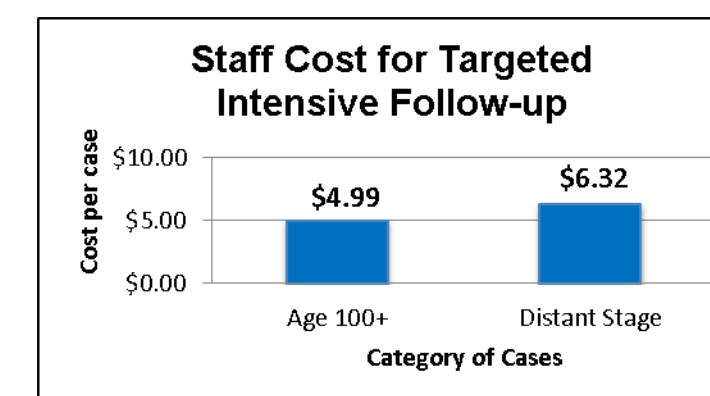
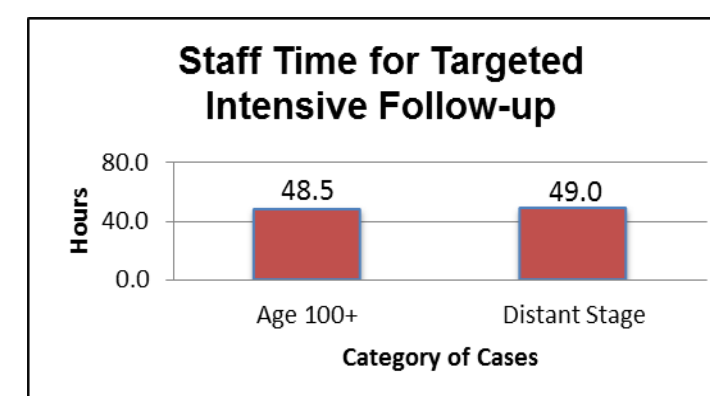


Lost to Follow-up		
Age 100+	217	0.2%
Distant Stage	169	0.2%
Other LTFU	90,539	99.6%

Small, but low hanging fruit



COST ANALYSIS



RESULTS

- Of 396,187 total cases,
 - 85% were deceased, 15% alive.
- 27% of living cases had no follow-up after 2012
- 212 cases were age 100 or older (Elderly) and 169 were distant stage (Distant) for selected cancer sites.
- 48.5 hours to investigate Elderly and 49.0 hours for Distant cases.
- After intensive follow-up, results were:
 - Death Certificate found on database management system (DMS) (Elderly: 12%, Distant: 1%),
 - Death found in Lexis-Nexis (Elderly: 21%, Distant: 10%),
 - Alive found in Lexis (Elderly: 13%, Distant: 0%),
 - Lost to Follow Up (LTFU) (Elderly: 28%, Distant: 15%),
 - Patient found Alive via phone call (Elderly: 4%, Distant: 68%), and
 - Case needs further research after more intensive follow-up methods, therefore perhaps not time effective (Questionables) (Elderly: 20%, Distant: 6%).

CONCLUSIONS

- Intensive follow-up in 1973-1994 diagnosed cases targeted to:
 - ages >= 100 years old at diagnosis and
 - distant stage at diagnosis cases
- Improved follow-up in cases diagnosed 20+ years ago
- These more focused methods for selected cases appear to be cost effective.