Introduction
Death clearance is defined as the process of matching registered deaths in a population against reportable conditions in the central cancer registry database in efforts to reduce the Death Certificate Only (DCO) case for which the Death Certificate is the only source of information. Death clearance efforts, to be successful, process in to identify all deaths with a reportable condition mentioned as a cause of death which are not found in the cancer registry called death follow back. NCHS states registries to have the following two death clearance. The Maryland Cancer Registry (MCR) conducted an extensive follow back to facilities and non-hospital facilities, including nursing homes, hospitals, and physician offices as a means of more complete reporting for Maryland.

Aims
This study aims to assess the reporting practices of non-hospital reporters because they are less likely to have training in cancer registration.

Methods
Westat conducted the death clearance process in accordance with the NACCR Death Clearance Manual. Patients and tumor registries of Maryland residents who were either removed from the MCR database of reported cancers using SAS programming. Facilities and physicians were followed back to identify the reportable tumors listed on the death certificate but not found in the central registry. This proved true with the Death Clearance process. The return rate for hospital registrars was 1500 Research Boulevard, TB 150F, Rockville, MD 20850.

Results
Across many facilities, there was a misunderstanding of how to complete deaths clearance forms to physicians is returned unopened mail due to a incorrect address or wrong address. The challenge of sending Death Clearance follow back cases to the central registry. The return rate for hospital registrars was 1500 Research Boulevard, TB 150F, Rockville, MD 20850.

Conclusion
Hospital registrators are trained and experienced in reporting cancer cases to the central registry. This proved true with the Death Clearance process. The return rate for hospital registrars was 100 of 372 cases with a DCO clearance rate of 63%. This rate was double the rate of non-hospital registrators and physicians. Although hospitals had a 2.5% reporting issues rate, no consistent issues were noted across the 372 data collection form returned. Hospital registrators were most likely to attach medical documentation and respond with the necessary information to clear a case from DCO. Hospital registrators were the least likely to follow back cases among which 35.5% were found to be non-reportable.

Lessons Learned
Since there were interpretation issues among Nursing Homes/Hospice/Assisted Living personnel, we will create a new form to be sent to these facilities. The new form will be more sensitive to persons not trained or experienced in cancer reporting. For example, Class of Case is a term particular to the cancer registry field. Therefore, we will review the question of Class of Case to the MCR.

Table 2 – Revised Class of Care Question for Followed Back Data Forms sent to Nursing Homes/Hospice/Assisted Living Facilities

<table>
<thead>
<tr>
<th>Class of Care</th>
<th>Question</th>
<th>Revised Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH/HC/Hospice</td>
<td>?</td>
<td>“Has the person ever had cancer?”</td>
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To address the challenges of physicians completing follow back information on the instruction packet versus the data collection form, we will add a worksheet stating “INSTRUCTIONS” to each instruction page.

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