Improving Cancer Case Ascertainment

Enhancing methods of ensuring complete and accurate counts of cancer cases diagnosed in Connecticut

Plan

1. Identify the Problem

Current annual cancer case count is less than predicted by estimates from the National Cancer Institute (NCI); source case submissions are below anticipated.

2. Assemble the Team

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3. Examine the Current Approach

Multiple sources for case reports; difficult to quantify and define challenges to timely reporting.

4. Identify Potential Solutions

- Research and identify possible non-hospital case reporting sources.
- Identify cases possibly dropped during transmit between electronic hospital submission file and CTR receipt.
- Identify and compile pathology reports received electronically that do not have matching case reports.
- Ascertain physician reporting of cancers diagnosed in the office and determine use of out-of-state pathology laboratories.
- Match hospital discharge indices (CHIME) with existing case reports to investigate cancers diagnosed by methods other than tissue examination.
- Validate the usefulness of resource commitment to audit hospital casefinding procedures.

Plan

5. Develop an Improvement Theory

- Completeness will improve if all existing sources are validated for completeness.
- Completeness will improve if new reporting sources are identified and reported.
- Completeness will improve if sources of non-tissue diagnosis are identified and reported.
- Completeness will improve if current internal workflows are revised.

6. Test the Theory

- Survey ambulatory surgery, radiation and oncology centers to determine awareness of reporting requirements, and to determine use of diagnostic laboratory facilities.
- Survey physicians for laboratory referrals.
- Match hospital annual case listing against cases received by the CTR (electronic linkage).
- Assess and validate benefit of hospital pathology casefinding audits.
- Analyze workflow of electronic pathology reports.
- Assess potential benefit of matching CTR cases with hospital discharge indices.

7. Study the Results

- Pursue matching hospital discharge indices (CHIME) to CTR cases.
- Investigate benefit of exploring identification of non-tissue diagnoses.
- Analyze and improve electronic pathology report case matching.
- Brainstorm to consider additional potential casefinding sources.

Do

Test the Theory for Improvement

- Possible Improvements

- Physician referral of specimens to 10 out of 37 labs (16%) detected. 3/37 report pathology results only to physicians (8%).
- 6/7 send specimens to Conn. hospitals (16%) and laboratories (91%).
- 25/37 send specimens to Conn. hospitals (68%).
- 5/7 (71%) report pathology results only to physicians.

- New Case Reports

Primary Reasons for Missed or Delayed Cancer Case Reports:

- Overlooked hospital pathology cases (missed reports).
- Incomplete transmission of hospital electronic files to CTR.
- Independent (non-hospital) cancer treatment centers.
- Cases diagnosed at out-of-state laboratories not reporting to the CTR.
- Primary site of cancer does not appear to effect reporting.

Act

Standardize the Improvement and Establish Future Plans

- Annual report of cancer case counts.
- Establish protocol to identify and report non-hospital treatment center cases.
- Survey physician specialty groups.
- Continue casefinding audits.

Adapt:

- Provide more detailed case receipts: add totals by diagnosis year.
- Establish reporting timetables for hospital case reports.

Adapt:

8. Standardize the Improvement or Develop New

- Improved accuracy of cancer incidence statistics.

9. Establish Future Plans

- Do

Use Data to Study Results of the Test

- Study

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- *Determined to be beyond project scope

- Ambulatory Treatment Center Survey:

- Survey sent to medical and radiation oncologists.
- 110/239 surveys returned (46%).

- Physician referral of specimens to 10 out of state laboratories ascertained.

- Substantially Valuable QI Project!

- 1,857 previously unreported cancer cases were identified (168% of original goal).
- New case reports represent 8% of total current annual cancer case count.
- Improved accuracy of cancer incidence statistics.

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Connecticut Tumor Registry, Hartford, CT
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The Connecticut Tumor Registry is a population-based resource for investigating cancer patterns in Connecticut. The registry's comprehensive data base includes all reported cancers diagnosed in Connecticut residents from 1935 to the present, as well as follow-up, treatment, and survival data on reported cases. All hospitals and private pathology laboratories in Connecticut are required by law to report cancer cases to the registry.