Cancer Reporting from Radiation Treatment Centers

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The Issues - 1

- Standard cancer reporting from hospital facilities assumes that all state-required information is readily available to the abstractor.
- Standard hospital-based reporting has
  - Well-defined coding schemes.
  - Flat file layouts.
  - Standard edits.
  - Readily available software for reporting and receiving case data.

The Issues - 2

- More recently, electronic reporting from pathology labs has been introduced for case finding and state reporting
  - Non-flat but standardized file format (HL7) allows for multiple instances of data elements.
  - Synoptic coding for some fields.
  - Allows for direct importing of data and text into registry case records (new or existing).
  - Software exists for receiving case data from path labs.

The Issues - 3

- For stand-alone treatment centers, neither current model might apply, specifically:
  - Certain required fields may not be available without extraordinary effort.
  - Multiple instances of treatment cannot be summarized into a single code.
  - Some edits may not be applicable.
  - Interfaces to the electronic health record may not be available.

Information Gathering

- Questionnaire to New York state radiation treatment center (RTC) staff
- Questionnaire to radiation treatment software vendors and facility RTC IT staff

Responses: RTC Staff - 1

- 28 responses received
- Services provided ranged from radiation therapy only to comprehensive care:
  - Medical oncology
  - Nutritional counseling
  - Genetic counseling
  - Social work
  - Massage therapy

Responses: RTC Staff - 2

- Equal numbers of facilities have and do not have electronic medical records.
- Three of those without EMRs are in the process of obtaining them.
- Eight have remote access to other offices and/or hospitals' records.
- None have automatic feeds that can import data into a reporting abstract.

Responses: RTC Staff - 3

- All facilities receive FAX reports; some also receive electronic docs (PDFs).
- Abstractors include radiation technicians, RNs, office managers, medical assistants, secretaries, college students, and a few CTRs.
- Abstracting time ranged from 10 minutes to 1.5 hours per abstract (mode 15-20 minutes).
- Prostate cancers were noted as taking the least amount of time to abstract.

Responses: RT Centers - 1

Available data may include:

- Patient identifiers
- Current address
- Description of cancer (site, histology)
- Detailed treatment information provided by the center
- Some staging information

Not available data may include:

- Address at diagnosis
- Race/ethnicity, patient and family history
- Comorbid conditions
- Staging information
- Treatment delivered elsewhere
- Follow-up

Responses: RT Centers - 2

- Real time electronic interfaces are limited or non-existent
  - Limited HL7 message types (ORU, A04)
  - Flat file exports
  - Backend queries
  - Outputs to registrars may be PDFs or faxes

Recommendations

1) Define a standardized data exchange format for stand-alone treatment centers
   - By taking a proactive stance, we create a standard for all vendors to support
   - With the requirement that all facilities must report to the central registry, vendors will have to provide the capability to serve their clients.

Recommendations

2. Use HL7 or XML format (see *Development of a NAACCR XML Data Exchange Standard*), for example.
   - Allows for multiple treatments, expanded text.
   - Examine options for EDITS Tools to be able to process non-flat file records.