

Tips to Improve Electronic Pathology Reporting to the Central Cancer Registry

Although software programs for processing electronic pathology reports differ, registries can implement some strategies to make the most efficient use of this important resource. Registries have reported that as much as 5 percent of the annual caseload may come from laboratories as the only reporting source.



Screening

- Screen for reportability and code electronic pathology reports as they are received
- Analyze the accuracy of automated screening and coding by cancer site; prioritize manual review of sites with the highest error rate from automated processes



Processing

- Wait to import pathology reports into the registry database until most hospital cases have been processed
- Work with vendor staff to make use of available auto-consolidation routines in the registry software
- If electronic pathology reports cannot be imported directly into the registry, use an external linking software, such as Link Plus or Match Pro to identify new cases



Follow-Back

- Review electronic pathology reports to identify referring physicians; contact these physicians to enroll them in electronic reporting using Web Plus or Abstract Plus
- Make use of linkages with hospital discharge data, health information exchanges, and other sources to supplement demographic data



This tip sheet was developed based on contributions from central registries throughout North America. It is not meant to lay out a specific methodology, but rather as a starting point for more in-depth discussions, development of tools, and the establishment of new processes or practices within individual registries as appropriate.

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