

Cancer Registry Newsletter

November 2023

Registry Updates

The Indiana State Cancer Registry (ISCR), established in 1985, is part of the CDC-funded National Program of Cancer Registries and collects data for approximately 40,000 cancer cases each year. Due to staff turnover, ISCR did not have a registry director for more than eight months until May 2023 and has retained only one full-time state employee CTR, increasingly relying on contracted CTRs from vendors. Despite not meeting CDC's call for data completeness standards in 2022 (less data was collected and submitted than expected) and the accumulated data backlog, with expanded funding from the state, ISCR is diligently working toward a more effective registry by taking the following steps:

- ISCR increased funding for CTR vendors by 28% to help curb data backlog. As of Oct. 18, the number of outstanding cases assigned to our vendor was 98,769, of which 35,806 were 2021 cases graded (evaluated) in this year's call for data. ISCR faces the risk of not meeting the call for data this year again with the sheer volume of cases accumulated throughout several years. The good news is data completion rate for 2021 cases jumped from 29.2% to 45.5% in from July to October.
- With valuable input from our vendor, ISCR revised and partially automated its operations so that time spent per case in quality review decreased threefold from about 21 to approximately seven minutes per case
- In mid-October, the Cancer Registry director reached out to leadership at 24 facilities that were more than six months behind and non-compliant with state rules in data submission, 410 IAC 21-1 Indiana Administrative Code. ISCR is helping these facilities get back on track.
- ISCR has decided to adopt a new registry software that can minimize manual processes and hired a second full-time IT programmer in June 2023 to assist with software transition
- We value all our reporters from facilities who work arduously to ensure that cancer cases are submitted to ISCR in a timely manner

Test your knowledge!

Class of Case

Question: A patient presents to the reporting facility for a TURBT due to a possible "bladder tumor" seen on cystoscopy at urology office (not affiliated). Specimen reveals non-invasive TCC with a foci of invasive urothelial carcinoma. Patient is recommended for re-TURBT and presents to an outside facility for the procedure. The patient goes on to receive BCG at the Urology office (not affiliated). What is the class of case for the reporting facility?

Answer: Class 13, the TURBT is a surgical treatment (just not definitive surgery) which diagnosed the patient. The "Re-TURBT" and "BCG immunotherapy" are additional treatments completed elsewhere. See STORE 2023 for class of case coding guidelines. ([Reference](#))

Date of first contact

Question: A patient presents to endoscopy suite for screening colonoscopy (not affiliated) Aug. 1, 2023. Pathology was sent to the reporting facility for evaluation Aug. 2. On scope, a polyp was identified at the sigmoid colon and polypectomy was performed. Path returned intramucosal adenocarcinoma. The patient was referred to the reporting facility for segmental resection of sigmoid colon. On Aug. 20, a sigmoidectomy was completed. No additional treatment recommended. What is the date of first contact for the reporting facility?

Answer: Aug. 20, 2023, the date of first treatment at the reporting facility, is the date of first contact. Even though the path was reviewed on Aug. 2, this is a class 43 (nonanalytic). Once the case becomes analytic the date of first contact updates. See STORE 2023 for date of first contact coding guidelines. ([Reference](#))

Follow-up

Question: A patient presents to the reporting facility with history of prostate adenocarcinoma diagnosed May 2, 2018 and is status post-prostatectomy June 15. All imaging NED since 2018. Patient then complains of severe back pain. Imaging reveals metastatic bone lesions. A biopsy on June 20, 2023 confirms metastatic prostate adenocarcinoma. What is the cancer status and recurrence type/date?

Answer: Cancer Status 2 - Evidence of this tumor; Recurrence type 55-distant recurrence of an invasive tumor in bone only/06.20.2023. See STORE 2023 for cancer status/recurrence coding guidelines. ([Reference](#))

For more training on class of case, date of first contact, and follow-up, join the IDOH monthly webinar!

Upcoming Training

Sign Up for IDOH Monthly Webinar Series Bootcamp: Class of case, date of first contact, and follow-up

When is it? Noon EST, Nov. 28

What is it? Upon completion of this course, the attendee will be able to accurately code the class of case, date of first contact, and patient follow-up items. The attendee will demonstrate understanding of these items through case examples and quizzes and will use the resources available to assign the appropriate codes. The attendees will leave this presentation with a newfound confidence for coding these three, often challenging, data items

Where do I sign up? [CLICK THIS LINK](#)



To promote, protect, and improve the health and safety of all Hoosiers