Effectively Managing Cancer Registries Amid 2018 Data Transitions

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Executive Overview

Each new year brings new changes and advancements in the world of cancer registry abstraction, and 2018 is no different. Examples of high-priority updates coming in 2018 include: the *8th Edition American Joint Committee on Cancer Cancer Staging Manual, 2018 Summary Stage and Extent of Disease, Standards for Oncology Registry Entry (STORE), and the Hematopoietic and Lymphoid Neoplasm Coding Manual and Database*. The changes prioritize data collection and management within cancer registry software. Effectively managing the registry function and staff will be critical during this time of complex change.

Complicating matters, most of the resource materials for these updates are currently unavailable to users. This paper seeks to highlight areas where cancer registries will face challenges in submitting cases due to inabilities in data mapping between v16 and v18 of the North American Association of Central Cancer Registries (NAACCR) format. Additionally, this document recommends how to effectively manage discrepancies while validating and editing cases amid the numerous data transitions scheduled for 2018. Finally, it provides a strategic work plan for your highly skilled staff to minimize backlog, maintain productivity, and balance workflow.

Rapid Quality Reporting System (RQRS) and Concurrent Abstraction

The National Cancer Data Base (NCDB) recommends that 2018 cases eligible for reporting via Rapid Quality Reporting System are reported in a timely manner using the NAACCR v16 format software product available to your registry. However, there are data fields that may be best served by defaulting to blank, not applicable or unknown. These fields, and the rationale behind not completing them in v16 format are listed below.

GRADE – A new grading system will be unveiled starting with 2018 data. Rather than recording outdated grade information in the data field, record the text for grade in the appropriate text field. This will allow for easy retrieval of the information from which the new grade code could be entered in the data field after the upload of the NAACCR v18 compatible software.

> *Keeping current with the 2018 NAACCR change implementation will also help mitigate losses. This is the time to evaluate processes and make temporary changes where needed and permanent ones when warranted.*

AJCC TNM STAGE – 7th Edition Stage could be coded into the stage data fields or unknown default codes assigned. Either way, these data fields will need to be revised after the NAACCR V18 format is uploaded. It is not recommended to enter 8th Edition codes in the data fields as some of these codes are not available in V16 format. Recording of the 8th Edition compatible cT, cN, cM, cStage, and pT, pN, pM, pStage or ypT, ypN, ypM, ypStage in the appropriate text field should be included. Also, recording the rationale for the stage codes for verification after the uploading the v18 format is required.

CS SITE SPECIFIC FACTORS (SSF) – SSF will be replaced by Site Specific Data Items (SSDI). Some SSF will be "retired" and not translated into SSDI, while some SSDI do not exist as SSF. These data elements will have to be researched and added to abstracts after the v18 format upgrade. However, there are some so familiar to the registrar that these may be recorded in text fields. Examples are ERA, PRA, PSA, etc.

RADIATION TREATMENT – Complete radiation treatment fields as they currently stand. Some of these data elements may be translated into the new data fields for radiation and some may not. Be very clear and concise in the Radiation Treatment Text Field as far as dosages, modalities, and other radiation treatment details to allow for easier retrieval of information. Please note that due to the complexity of some of these changes, re-abstraction of radiation treatment may be necessary.

Upon the uploading of v18 format, the following codes should be verified by a Certified Tumor Registrar (CTR). They are Histology, AJCC TNM Stage, some SSDI and Radiation Treatment.

Additionally, there will be data fields that will have to be completed due to new fields not previously available in v16. Grade will have to be coded, although preferably the information will be available in the text fields. The 2018 Summary Stage and Extent of Disease fields will need to be completed by the abstractor and not automatically generated by the software. Some SSDI fields that were previously SSF and recorded in text fields will need to be coded, as well. Other SSDI will be completely new and will therefore require chart review and coding.

2018 Cases Not Eligible for RQRS Reporting

Once 2017 cases are abstracted, 2018 abstraction should be started. Due to the extensive programming required to incorporate all the impending changes, the release of NAACCR v18 compatible software may be delayed. Holding off abstraction until that release could lead to a large backlog.

The management of 2018 routine abstracting could mirror the handling of the RQRS abstraction. The same guidelines should be used for histology, grade, AJCC TNM Stage, 2018 Summary Stage and Extent of Disease, SSF/SSDI, and Radiation Treatment. The new Solid Tumor Rules, replacing the Multiple Primary and Histology Rules, should be available shortly. If the revised Hematopoietic and Lymphoid Neoplasm Data Base has not been released, those cases could remain in a suspense status until release, but only if there is a small caseload of blood-borne malignancies.

Case Validation and/or Edit Resolution

All abstracts, whether RQRS eligible or "routine" abstracts, should not be processed through the case validation or edit resolution process in the v16 format. There will be many validation issues and edits due to blank fields, default codes, and other incompatibilities. Cases being reported to RQRS should be submitted as is. Once v18 format compatible software is loaded, all cases must be reviewed, revised and/or completed if needed, and run through the validation or edit resolution process. Once an abstract is validated and all edits are resolved, that abstract can be queued for resubmission to RQRS. Please see "State Reporting" for non-RQRS eligible cases.

State Reporting

State reporting requirements during this transition period will vary from state to state. It is recommended to reach out to the central registry or registries for their requirements concerning reporting. There will be some states that will accept data in v16 format until v18 format is available. There will be some states that will want all cases held until v18 is available for reporting.

National Cancer Database (NCDB) Call for Data

The 2018 NCDB Call for Data is extensive as the NCDB merges the RQRS database with the NCDB database. Since most software vendors have the NCDB Call upgrade available, processing the data elements now allows the team to be proactive prior to the v18 updates and required June completion. By making the NCDB call a priority over routine abstraction, a registry may eliminate a backlog of work and the stress of doing the call for data at the same time the v18 software upgrade comes in. Additionally, if staff time is being utilized to resolve NCDB edits, there will be less 2018 routine abstraction that is partially completed prior to the release of v18. That also means that the caseload of abstraction review and validation will be minimized. This may be a good way to leverage staff time during the transition.

Special Projects, Reports, Etc.

During this time of transition, special projects could be completed. New manuals for all the revisions will be made available between now and the release of the v18 format. Staff need to become familiar with all the changes and the implications. This is also an opportune time to have a physician-based quality assessment of the 2017 abstracts processed and

reports generated for Cancer Committee and administration. Any reports or projects should be planned and balanced with the release of v18. Once v18 is released, staff will be very busy revising and validating all the RQRS cases and the other 2018 abstracts that were processed. Concurrently, continued progress on new 2018 abstracts will still need to go forward.

Remember that case finding and follow-up should continue to be done on a routine basis, no matter what is happening with abstraction. This is not the time to "fall behind" in these two functions. The worst-case scenario is a backlog in abstraction, case finding and follow-up all happening when v18 is released.

Alleviating Downtime

Since there are multiple changes to data collection and abstraction, there may be some inclination to abstain from 2018 abstraction until v18 is released. A complete stop in abstraction could lead to a great number of cases in a backlog situation. If v18 release is delayed, there may not be enough work to sustain your staff. Furloughs or lay-offs may be instituted. During periods of furlough or lay-offs, valuable and trained staff may be lost to other employment opportunities. Lack of adequate staff may even further the backlog and put the database and registry in jeopardy of recovery.

Conclusion

With any process change made, there is undoubtedly a learning curve which can initially produce a decrease in productivity and abstraction backlog.

Planning ahead, evaluating processes and setting up workarounds will assist in identifying opportunities to reduce a potential backlog. Keeping current with the 2018 NAACCR change implementation will also help mitigate losses. The next update of the Implementation is expected on March 1, 2018 and will be posted on NAACCR's website, www.naaccr.org.

For more information on optimally managing cancer registries during 2018 data transition, please visit www.cioxhealth.com.

This plan was developed using the information found in the NAACCR Website in the 2018 Implementation Information, https://www.naaccr.org/2018-implementation/, 2018 Implementations and Guidelines Update Version 1.5, released on 12/15/17.

CIOX HEALTH

925 North Point Parkway, Suite 350
Alpharetta, GA 30005

cioxhealth.com