

## The Patterns of Care Project

By Michael Goodman, Rollins School of Public Health at Emory University

After several months of preparation, a three-year study evaluating patterns of care for prostate cancer and breast cancer in Georgia is about to get off the ground.

The work on this project began in April 2005, when the Centers for Disease Control and Prevention in Atlanta issued a request for proposals to examine patterns of care using existing cancer registry data. In June, the Georgia Comprehensive Cancer Registry, in collaboration with researchers from the Emory University Rollins School of Public Health, submitted an application to serve as one of the study sites.

After reviewing more than 15 applications the CDC finally announced in October that Georgia along with California, Kentucky, Louisiana, North Carolina, Minnesota and Wisconsin were selected for the study.

The new study has several important aims. It will describe patterns of care for female breast cancer and for prostate cancer among residents of the State of Georgia, and compare how breast cancer and prostate cancer care vary across racial/ethnic (e.g., Caucasian and African-American) and socio-demographic (e.g., rural and urban) population strata.

It will also examine disease-, patient-, provider-, and health system-related factors influencing treatment choice. Finally the study will investigate the degree to which breast cancer and prostate cancer treatment in Georgia is guideline-concordant.

The Georgia project includes an outstanding team of researchers, which will benefit from a close working relationship between the Georgia Comprehensive Cancer Registry and the Emory University.

The project principal investigator Dr. Joseph Lipscomb is Professor in the Department of Health Policy and Management at the Rollins School of Public Health at Emory University, and Georgia Cancer Coalition Distinguished Cancer Scholar. He is an economist whose research and policy applications span several related fields, including outcomes research (with a focus on cancer), quality of care assessment, cost-effectiveness analysis, health workforce planning, and decision modeling.

Dr. Lipscomb arrived at Emory in Fall 2004 from the National Cancer Institute in Bethesda, where he had been chief of the Outcomes Research Branch since it was established in 1999. The project co-investigator is Rana Bayakly the Director/Epidemiologist for the Georgia Comprehensive Cancer Registry (GCCR).

The actual work on the project includes several steps. Cases will be randomly selected from the GCCR data in a way that will ensure representation of Caucasians and African-Americans from both rural and urban areas of the state.

The current plan is to select 2,500 eligible cases of prostate cancer (all stages) and 2,500 cases of female breast cancer (stages I-III) that occurred among residents

of Georgia over the two-year period from January 1, 2002 through December 31, 2003. Based on the 2001 data, this sample will represent approximately 25% of all potentially eligible cases.

The entire study will span three years between October 1, 2005 and September 30, 2008.

Trained abstractors will receive lists of cases selected for review; visit all participating hospitals, physicians' offices, and other facilities; and abstract medical information about treatment received by each patient. The abstractors will pass the information about each case on to an Emory-based data manager, who will then merge the abstracted information with the data available from the registry.

The Georgia research team along with their colleagues from other states and the CDC study coordinators view this study as part of the long-term effort towards improving the completeness, timeliness, quality, and usefulness of cancer surveillance aimed at monitoring and improving the quality of cancer care.

This goal is consistent with recommendations from the recently published "National Framework for Cancer Surveillance," produced by representatives from the Centers for Disease Control and Prevention, National Cancer Institute, American Cancer Society, and the North American Association of Central Cancer Registries.

## Special Bulletins

**Unites States Cancer Statistics: 2002 Incidence and Mortality** is now available on the CDC website at <http://www.cdc.gov/cancer/npcr/uscs/index.htm>.

**South Atlantic Division: Cancer Facts & Figures 2005** is an American Cancer Society (ACS) publication containing cancer incidence, mortality, and risk behavior data for Georgia and the rest of the

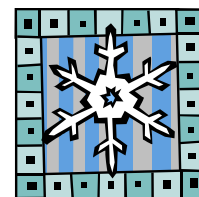
ACS South Atlantic Division. This report can be found on the ACS website at [http://www.cancer.org/downloads/COM/ACS\\_SouthAtlanticF&F2005.pdf](http://www.cancer.org/downloads/COM/ACS_SouthAtlanticF&F2005.pdf).

**Colorectal Cancer in Georgia, 1999-2002** is now available on the GCCR website. Please check the website regularly for the latest reports and data tables. <http://health.state.ga.us/programs/gccr/data>.

**Between July and November 2005**, twelve hospitals received a letter from the Department of Community Health/Medicaid Program. Six hospitals received the letter for not submitting data on a monthly basis, while the other six received it for not meeting 95% completeness for the 2003 diagnosis year.



# Happy Holidays!



## Welcome Wagon

I would like to welcome Carly Ellenberg who has recently joined the staff at South GA. Medical Center in Valdosta.

Carly was previously enrolled in the cosmetology program at Valdosta Technical College and was working in the cancer center clerical services. She had also been able to help in the registry on occasion with follow up and accessioning new cases.

When Sherry Lietha announced her retirement, Carly was hired as Sherry's replacement working with LaQuita Johnson in the Tumor Registry. LaQuita is very excited to have Carly working with her.

Carly and her husband, Patrick, enjoy spending time with their two daughters, Alyssa and Alexis. Carly is

already doing a fantastic job in the Registry and anxious to learn more.

We were all sad to see Sherry leave and certainly wish Sherry all the best in her retirement.

Carol Crosby, CTR  
Southwest Regional Coordinator  
Albany

## Celebrating Five Years!

This is the fifth anniversary issue of GCCR Register! For five years, we have been reporting cancer registry news to hospital registrars and independent contractors across the state. We have celebrated three gold certifications from NAACCR, welcomed many new registrars to the field, and recognized numerous individual accomplishments. Thank you for reading and we welcome any suggestions you might have to make this an even more useful tool during the next five years and beyond.



## New CTRs

The following candidates successfully passed the CTR Exam in 2005 and formally became Certified Tumor Registrars:

- Lynne Faulkner – Fort Gordon
- Susanne Jonas – Savannah
- Jeannie Ray – Macon
- Gina Wanko – Atlanta
- Linda Whigham – Atlanta
- Nancy L.G. White – Atlanta

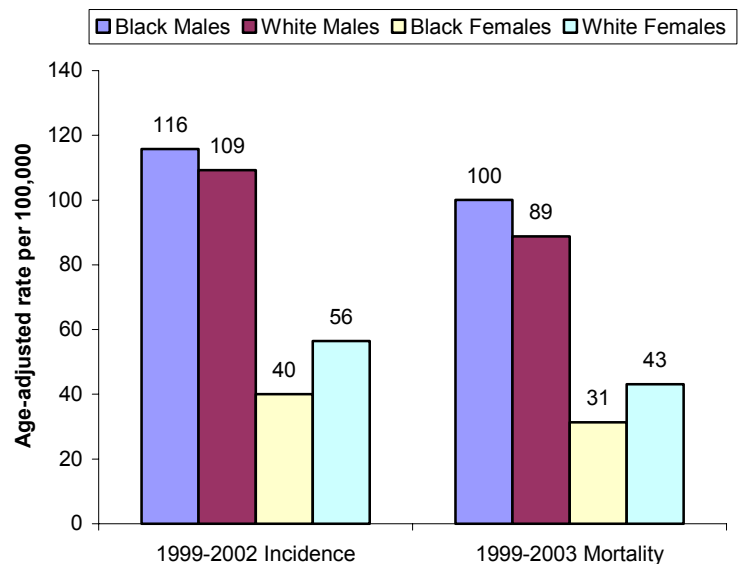
## Congratulations!

## Cancer Stat Bite

By Chrissy McNamara, GCCR Epidemiologist

- Smoking causes lung cancer. Tobacco use accounts for 87% of all lung cancers. The longer a person has been smoking and the more packs per day smoked, the greater the risk. Stopping smoking at any age lowers the risk of lung cancer.
- Each year from 1999-2002, over 5,200 lung cancers were reported to the Georgia Comprehensive Cancer Registry. The overall age-adjusted lung cancer incidence rate in Georgia is 76 per 100,000.
- Males are more than twice as likely to be diagnosed with lung cancer than females. Black males were more likely than white males to be diagnosed with the disease, while white females were more likely than black females to be diagnosed.
- Each year from 1999-2003, over 4,100 Georgians died from lung cancer. The overall age-adjusted lung cancer mortality rate in Georgia is 61 per 100,000.
- Males are more than twice as likely to die from lung cancer than females. Mortality rates are higher among black males than white males and among white females than black females.

### Lung and Bronchus Cancer in Georgia



## FAQ's

**Q:** We know the state wants quality abstracts. What we don't know is what is your target for accuracy. Are we looking at 95% or above, or below? What is the threshold?

**A:** The GCCR policy on data accuracy states that 100% of submitted data should pass Georgia Edits. Hospitals are required by GCCR to run the Georgia Edits software before data are submitted to GCCR. Georgia Edits software can be requested from your regional coordinators or from GCCS. Please note that GCCR will submit a list of hospitals to the Department of Community Health/Medicaid program if more than 2% of submitted data for an entire diagnosis year are rejected.

**Q:** A clinical prostate cancer patient had an unknown clinical apex status. TURP was the only treatment, no prostatectomy performed. What is the code for Site-Specific Factor 4 since we cannot use 999?

**A:** Code Site-Specific Factor 4 to 550 (*Clinical apex involvement: Unknown* and *Prostatectomy apex involvement: Unknown*). *Prostatectomy apex involvement: Unknown* can be used for cases in which a prostatectomy was NOT performed.

**Q:** Why is marital status in the text necessary?

**A:** It's not necessary. It is useful for data linkages. Knowing whether a woman may have changed her name is sometimes an important clue when determining a match.

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## Mark Your Calendars...

### **GCCR Spring Training**

May 24-26, 2006

Holiday Inn Jekyll Island Oceanside  
Jekyll Island, Georgia

*Check with your regional coordinator to learn how to qualify for free registration and lodging.*

### **NCRA 32nd Annual Educational Conference**

*Monumental Achievements through Advocacy and Education*  
May 5-8, 2006  
Arlington, Virginia

### **NAACCR Cancer Surveillance Institute I**

*Principles & Public Health Applications*

January 23-27, 2006

Tampa, Florida

### **NAACCR CTR Exam Readiness Institute**

February 9-10, 2006

Double Tree Hotel  
Little Rock, Arkansas

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Georgia Comprehensive Cancer Registry  
Georgia Department of Human Resources  
2 Peachtree St NW 14<sup>th</sup> Floor  
Atlanta, GA 30303-3142

# Thank You Note from the Georgia Comprehensive Cancer Registry

GCCR thanks the following hospitals for submitting cancer data at least two months out of three (September, October, and November 2005).

<b>Hospitals Reported Three Months Out of Three</b>		
Appling Health Care System	Fairview Park Hospital	Peach Regional Medical Center
Athens Regional Medical Center	Fannin Regional Hospital	Perry Hospital
Atlanta Medical Center	Flint River Community Hospital	Phoebe Putney Memorial Hospital
Augusta Plastic Surgery Assoc, PC	Floyd Medical Center	Phoebe Worth Medical Center
Bacon County Health Services	Grady General Hospital	Piedmont Hospital
Barrow Community Hospital	Grady Health System	Polk Medical Center
Berrien County Hospital	Gwinnett Health System	Radiation Oncology Services
BJC Medical Center	Habersham County Medical Ctr	Redmond Regional Medical Ctr
Bleckley Memorial Hospital	Hamilton Medical Center	Rockdale Hospital
Brooks County Hospital	Harbin Clinic	SE Georgia Health Sys – B'wick
Burke County Hospital	Hart County Hospital	SE Georgia Health Sys – Camden
Calhoun Memorial Hospital	Hillandale Hospital	Smith Northview Hospital
Candler County Hospital	Houston Medical Center	South Fulton Medical Center
Candler Health System	Irwin County Hospital	South Georgia Medical Center
Cartersville Medical Center	Jasper Memorial Hospital	Southern Regional Medical Center
Central State Hospital Med Surg	Jefferson County Hospital	Spalding Regional Hospital
Chatuge Regional Hospital	Jenkins County Hospital	St Joseph's Hospital – Atlanta
Chestatee Regional Hospital	John D. Archbold Memorial Hosp	St Joseph's Hospital – Augusta
Children's Healthcare of Atlanta	Kindred Hospital	St Joseph's Candler Health Sys
Clinch Memorial Hospital	McDuffie Regional Medical Center	St Mary's Health Care System
Cobb Memorial Hospital	Meadows Regional Med Center	Stephens County Hospital
Coffee Regional Medical Center	Medical Center of Central Georgia	Sumter Regional Hospital
Coliseum Health System	Medical College of Georgia	Tanner Health System
Coliseum Northside Hospital	Memorial Health Univ Med Ctr	Tattnall Memorial Hospital
Colquitt Regional Medical Center	Memorial Hospital and Manor	Taylor Regional Hospital
Crisp Regional Hospital	Memorial Hospital of Adel	Telfair Regional Medical Center
Decatur Medical Center	Miller County Hospital	The Medical Center
DeKalb Medical Center	Minnie G Boswell Memorial Hospital	Tift Regional Medical Center
Doctor's Hospital Augusta	Mitchell County Hospital	Union General Hospital
Dodge County Hospital	Monroe County Hospital	University Hospital
Donalsonville Hospital	Morgan Memorial Hospital	VA Medical Center – Atlanta
Dorminy Medical Center	Mountainside Medical Center	VA Medical Center – Dublin
Early Memorial Hospital	NE Georgia Medical Center	Walton Medical Center
Effingham County Hospital	Newnan Hospital	Warm Springs Medical Center
Elbert Memorial Hospital	Newton General Hospital	Washington County Reg Med Ctr
Emanuel Medical Center	North Fulton Regional Med Ctr	Wayne Memorial Hospital
Emory Adventist Hospital	Northlake Medical Center	Wellstar Health System
Emory Crawford W Long Hospital	Northside Hospital	West Georgia Health System
Emory Dunwoody Medical Center	Northside Hospital - Cherokee	Wheeler County Hospital
Emory Eastside Medical Center	Oconee Regional Medical Center	Wildwood Lifestyle Center & Hosp
Emory University Hospital	Palmyra Medical Center	Wills Memorial Hospital
Evans Memorial Hospital		
<b>Hospitals Reported Two Months Out of Three</b>		
Doctor's Hospital Columbus	Louis Smith Memorial Hospital	Stewart Webster Hospital
Gordon Hospital	North Georgia Medical Center	SW Georgia Regional Med Ctr
Hutcheson Medical Center	Screven County Hospital	Sylvan Grove Hospital
Jeff Davis Hospital	St Francis Hospital	VA Medical Center – Augusta
Liberty Regional Medical Center		