

## GCCR Journey to Completeness

By: Rana Bayakly, MPH

The Georgia Comprehensive Cancer Registry (GCCR) evaluated data completeness in December of 2001; cancer-reporting completeness was 83% and 74% for 1999 and 2000 respectively. This evaluation incited an increased effort by GCCR to improve reporting completeness. GCCR set a deadline for accomplishing 95% completeness by December 2002. Since January of this year, GCCR has launched several efforts to accomplish this goal.

The first effort was to conduct case finding audits at selected hospitals. The purpose of the case finding audits is to determine the number of cases to be reported by the hospital and to find missed cases. Selection of hospitals targeted for 1999 or 2000 audits was based on inconsistency in cancer reporting and a considerable difference between the number of cases reported and the number of cases expected (based on number of acute beds). As of September 2002, 20 hospitals have been audited by

the GCCR regional cancer registry coordinators and six more are currently being audited. All cases that were found during the audits have been abstracted by GCCR and/or hospital staff. The case finding audits will continue until all hospitals have had the chance to be audited.

The second effort was to abstract the backlog of photocopy records at the central cancer registry office. With additional funds from the Georgia Cancer Coalition, GCCR hired qualified certified tumor registrars in each of the five GCCR cancer regions for the purpose of abstracting the central cancer registry backlog. In addition, GCCR assisted hospitals throughout Georgia in abstracting their backlog of cases. This effort was completed on July 31, 2002.

The third effort was to match the GCCR database with the Georgia Hospital Discharge (GAHD) database 1999 and 2000. Hospitals are required by law to report all their discharges to the state

of Georgia since 1998. GCCR selected hospitals that reported all their discharge data for 1999 and 2000 as well as hospitals that were in the process of being audited and were willing to participate. Eighteen hospitals were selected; as of today, ten hospitals completed their evaluation of the GAHD matching results, and eight hospitals are currently reviewing their list of cases. From the ten hospitals that are complete, 393 cases have been identified as not reported to the GCCR. GCCR and the hospitals will be working together to assure that these cases are submitted.

This year has been a very busy year for all of us. I am glad to see continuous support from the hospitals for the GCCR in the various efforts to achieve our goal by December 2002. There is still a lot more to do. We will continue our efforts to improve our completeness, so that you will all be proud next year when GCCR becomes a certified registry. Keep up the good work!

### Special Bulletins

**Implementation of the Collaborative Staging System** has been delayed until January 1, 2004. This will not impact the January 1, 2003 implementation date for the Commission on Cancer's FORDS manual or the TNM manual 6<sup>th</sup> edition. The delay will allow time for adequate training to be done, so stay tuned for announcements.

**Electronic Hospitals** received a letter and guidelines in June regarding text documentation for breast tumor size. The Georgia Center for Cancer Statistics is charged with recoding all breast cases with tumor size code 999 and extension code 10, 20, or 30 using your text. Your enhanced pathology text documentation for breast tumor

size will assist GCCS in this effort plus prepare you for the coding changes that will take place when the Collaborative Staging System is implemented. If you did not receive a copy of the letter and guidelines, please contact your regional coordinator.

## FAQ's

**Q:** In a case where **only** a regional lymph node is aspirated, how would you code the surgery fields?

**A:** See ROADS page 192 (Revised 8/00) first paragraph, last sentence.

Surgery of Primary Site	00
Scope of Reg LN Surgery	1 (reg LNs removed, NOS, except for breast where code could be 1, 2, or 3)
# Reg LNs Examined	95 (no reg LNs removed but aspiration of reg LNs performed)
Surg of Oth/Reg/Dist	0
<b>Additional fields related to surgery:</b>	
Reason for No Surgery	0 (surgery performed)
Date of Surgery	Date of the regional lymph node aspiration.

**Q:** If a patient is initially diagnosed with cancer elsewhere and is admitted to my facility with cancer, do I report the case?

**A: Yes.** Report cancer cases **IF**:

- Diagnosis date is 1/1/95 or later or unknown.
- Patient has documented active cancer (review all documents for active cancer, including x-rays, paths, etc.) while an inpatient or outpatient.
- Cancer directed therapy (surgery, radiation, chemotherapy, etc.) is given or planned for the patient while an inpatient or outpatient.
- Your facility has **not** previously reported the case.

**Q:** My facility receives a pathology specimen from a doctor's office with a reportable diagnosis, but no other information, such as demographic information, is available. Do I report the case?

**A: Yes,** the case must be reported even with the limited information.

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## Mark Your Calendars...

### **GATRA Fall Meeting**

November 11-13, 2002

Unicoi State Park  
Helen, GA

Education opportunities will include:

Complex Histologies, FORDS Update, AJCC 6<sup>th</sup> Edition Staging, and other treatment and cancer related topics by physician speakers

*For more information, please contact  
Penny Goodell at 770-443-9660.*

### **Cancer Registry Training**

*Principles and Practice of Cancer  
Registration, Surveillance, and Control  
November 4-8, 2002*

Complete details are available at <http://cancer.sph.emory.edu>.  
Financial assistance is available. Contact your regional coordinator.

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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

## Star Reporters

GCCR will not be publishing a list of star reporters in this issue. It was very difficult to assess completeness of hospital reporting due to the various activities implemented this year. Results of the casefinding audits and the match against the hospital discharge database have not yet been finalized. GCCR will publish the new criteria for star reporter in the next issue.

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### Welcome Wagon

Currently residing in Thomaston, Georgia, Michelle Cleveland hails from Florida, but was born a Georgia Peach. She has worked at Upson Regional Hospital for nine years as a phlebotomist and decided to make a change to cancer registry.

Michelle stated that she does miss the patient contact. She occasionally assists in phlebotomy as some of the patients still request Michelle specifically.

Adjusting to the migration to cancer registry, Michelle is learning a lot about cancer. One of the most interesting features to her is how people live with cancer and continue to go on while others are not as fortunate, as some types of cancer are very aggressive.

When she is not working, Michelle plays her flute or plays with her two girls, Cymberlee, 10 and Stevi Gail, 6. Dancing

is also a hobby of Michelle's, although she hasn't been out dancing now for two months, which seems like a long time for her. Her favorite food is macaroni and cheese, she has a hearty laugh, and she celebrated her birthday August 2<sup>nd</sup>.

Let's all welcome Michelle to the field of cancer registry and demonstrate to her the great friendships and camaraderie in this family of cancer registrars.

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### Blue Ribbon Award

I would like to recognize all of the reporting facilities in the Southwest Region for doing a great job by consistently reporting their cancer cases in a timely manner. I really appreciate the hard work and dedication of each of the registrars! All deserve a special recognition. However, I would like to focus on one person that I think has shown exceptional skills and outstanding accomplishments.

When I think of all the qualities of an excellent registrar - organized, determined, persistent, self-motivated, detail oriented, willingness and eagerness to learn; plus the "extras" - kind, considerate, helpful, pleasant - I think of one registrar in particular. This lady had a medical records

background, but no previous experience in the cancer registry field when she came into the registry on April 23, 2001. She took the initiative to read manuals and reference books on her own, ask questions, and search for answers. After only 10 days on the job, being so eager to learn she attended her first training, the GCCR Spring Workshop in Decatur. Just two months later, she tackled the Principles and Practice of Cancer Registration 5-day workshop at Emory. She was then well on her way! She has continued to progress at an amazing speed, not only in fulfilling the state requirements for reporting, but also in coordinating efforts in preparing her facility to seek approval from the American College of

Surgeons, Commission on Cancer. This lady has been an inspiration to me and is always a joy to work with. If you have not had the pleasure of meeting and knowing Vicki Bennett from Colquitt Regional Medical Center, you've missed a blessing. I must also give credit to Faye Kelley, HIM Director, for recognizing Vicki's abilities and having faith in her to conquer this challenging task. It's people like Vicki that help keep me motivated and focused and I feel fortunate to be working with her.

Carol Crosby, CTR  
SW Regional Coordinator/GCCR  
Albany

## 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 (June, July, and August 2002).

<b>Hospitals Reported Three Months Out of Three</b>		
Athens Regional Medical Center	Gordon Hospital	Phoebe Putney Memorial Hospital
Atlanta Medical Center	Grady General Hospital	Piedmont Hospital
Bacon County Health Services	Grady Health System	Polk Medical Center
Baptist Medical Center	Gwinnett Medical Center	Putnam General Hospital
Barrow Medical Center	Habersham County Medical Ctr	Rabun County Memorial Hospital
Berrien County Hospital	Hamilton Medical Center	Redmond Regional Medical Ctr
Brooks County Hospital	Hart County Hospital	Rockdale Hospital
Calhoun Memorial Hospital	Henry Medical Center	Satilla Regional Medical Center
Camden Medical Center	Houston Medical Center	Screven County Hospital
Candler County Hospital	Hutcheson Medical Center	SE Georgia Regional Medical Ctr
Candler Hospital – Savannah	Irwin County Hospital	South Fulton Medical Center
Central State Hospital	Jefferson County Hospital	South Georgia Medical Center
Chatuge Regional Hospital	Jenkins County Hospital	Southern Regional Medical Center
Children’s Healthcare of Atl at Egleston	John D. Archbold Memorial Hosp	Southwest GA Regional Med Ctr
Children’s Healthcare of Atl at Scottish Rite	Louis Smith Memorial Hospital	Southwest Hospital & Medical Ctr
Cobb Memorial Hospital	Macon Northside Hospital	Spalding Regional Hospital
Coffee Regional Medical Center	Meadows Regional Medical Ctr	St Francis Hospital
Coliseum Medical Center	Medical Center of Central Georgia	St Joseph’s Hospital – Atlanta
Colquitt Regional Medical Center	Medical College of Georgia	St Joseph’s Hospital – Augusta
Crawford Long Hospital	Memorial Health Univ Med Ctr	St Joseph's Candler Health Sys
Crisp Regional Hospital	Memorial Hospital and Manor	St Mary’s Healthcare System
DeKalb Medical Center	Memorial Hospital of Adel	Stephens County Hospital
Doctor’s Hospital Columbus	Middle Georgia Hospital	Sumter Regional Hospital
Dodge County Hospital	Minnie G Boswell Mem Hospital	Tanner Health System
Dorminy Medical Center	Mitchell County Hospital	Tattnall Memorial Hospital
Early Memorial Hospital	Monroe County Hospital	The Medical Center
East Georgia Regional Medical Center	Mountainside Medical Center	Tift General Hospital
Effingham County Hospital	Murray Medical Center	Union General Hospital
Elbert Memorial Hospital	NE Georgia Medical Center	University Hospital
Emanuel Medical Center	Newnan Hospital	Upson Regional Medical Center
Emory Cartersville Medical Center	Newton General Hospital	VA Medical Center – Atlanta
Emory Dunwoody Medical Center	North Fulton Regional Hospital	VA Medical Center – Dublin
Emory Eastside Medical Center	North Georgia Medical Center	Walton Medical Center
Emory Northlake Reg Med Ctr	Northside Hospital	Washington County Reg Med Ctr
Emory University Hospital	Northside Hospital - Cherokee	Wayne Memorial Hospital
Evans Memorial Hospital	Oconee Regional Medical Center	Wellstar Health System
Fairview Park Hospital	Palmyra Medical Center	West Georgia Health System
Flint River Community Hospital	Peach Regional Medical Center	Wildwood Lifestyle Center & Hosp
Floyd Medical Center	Peachtree Regional Hospital	Wills Memorial Hospital
Georgia Baptist Meriwether Hosp		
<b>Hospitals Reported Two Months Out of Three</b>		
Appling Health Care System	Emory Adventist Hospital	Phoebe Worth Medical Center
Augusta State Medical Prison	Fannin Regional Hospital	Smith Hospital
Bleckley Memorial Hospital	Fayette Community Hospital	Stewart Webster Hospital
Burke County Hospital	Jeff Davis Hospital	Sylvan Grove Hospital
Clinch Memorial Hospital	Kindred Hospital	Taylor Regional Hospital
Decatur Hospital	McDuffie Regional Medical Center	Taylor-Telfair Regional Hospital
Doctor’s Hospital Augusta	Miller County Hospital	Wheeler County Hospital
Donalsonville Hospital	Morgan Memorial Hospital	