GEORGIA DEPARTMENT OF PUBLIC HEALTH

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June 2020

Georgia Cancer Registry COVID-19 Abstraction Guidance

Background and Rationale

As the coronavirus 2019 (COVID-19) pandemic continues, people with compromised immune systems are at an increased risk for infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19. Based on the National Cancer Institute (NCI), more than 15,700,000 people are estimated to be living with cancer in the United States [1]. Incidence of COVID-19 has been reported to be higher among cancer patients than in the general population [2]. Additionally, recent studies have shown patients with cancer had higher observed death rates, higher rates of ICU admission, and higher risk of complications when compared to non-cancer patients [3-9]. Radiotherapy, chemotherapy, and immunotherapy may be postponed in order to decrease the risk of infection of COVID-19 or increase in treatment co-morbidity. A technical report stated that 8% of cancer patients had alterations in treatment plans due to COVID-19 [10]. These patients had delays in treatment and for almost half of these patients, treatment was indefinitely delayed or stopped entirely due to confirmed COVID-19 infections [10]. Even with the small sample sizes of these studies, the COVID-19 pandemic has observable and potentially long-lasting effects on cancer outcomes. It is imperative to collect SARS-CoV-2 infection status and modifications to treatment for both incident and prevalent cases at the population-level, using the existing cancer surveillance infrastructure and standards. (see https://seer.cancer.gov/tools/covid-19/ for references page 13)

General Instructions for Documenting COVID-19 as Part of Regular Case Abstraction

Following the above rationale, the COVID-19 Data Abstraction Guidance (Guidance v1.0. available at https://seer.cancer.gov/tools/covid-19/COVID-19-Abstraction-Guidance.pdf) provides directions for using NAACCR text data items and standards to collect information on cancer patients' SARS-CoV-2 laboratory tests, infection status, and delays or modifications of the treatment plan (**Page 4-12, 14-15).** The implementation of this guidance will take advantage of existing data items and text blocks, with minimal additional efforts for collection of COVID-19 information. Meanwhile, the abstraction of COVID-19 information will not require changes to case ascertainment, reportability rules, list of required data items, modifications of edits metafiles, or other alterations of the current data acquisition process. In the application of directions listed in the Guidance, there is no expectation that registrars seek medical documents beyond the sources they currently use routinely for case abstraction and coding.

Abstracting Instructions

The following directions for recording COVID-19 information in the required NAACCR text data items are applicable to **cases diagnosed January 1st, 2020 or later and completed on or after June 1st, 2020.** COVID-19 Information must be entered in the text fields **shown below** to facilitate data retrieval. Entering text in a way that is different from this guidance (page 4-12 and

as available on https://seer.cancer.gov/tools/covid-19/COVID-19-Abstraction-Guidance.pdf) will make the information useless. Please follow the instructions for entering COVID-19 information in the following eight required NAACCR text data items.

TEXT	DX PROC--LAB TESTS	(NAACCR # 2500)
TEXT	REMARKS	(NAACCR # 2680)
RX TEXT	SURGERY	(NAACCR # 2610)
RX TEXT	RADIATION (BEAM)	(NAACCR # 2620)
RX TEXT	RADIATION Other	(NAACCR # 2630)
RX TEXT	CHEMO	(NAACCR # 2640)
RX TEXT	HORMONE	(NAACCR # 2640)
RX TEXT	BRM	(NAACCR # 2640)

If you have any questions please do not hesitate to contact Judy Andrews at jandr04@emory.edu or your regional coordinators: Robin Billet rbillet@emory.edu, Debbie Chambers Debbie.Chambers@dph.ga.gov, Sheree Holloway Sheree.Holloway@dph.ga.gov, or LeRue.Perry@dph.ga.gov.

Sincerely,

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