

Collaborative Stage Quality Control Policy

Policy

The cancer committee will ensure the accuracy of staging data gathered from the medical record and recorded in the Collaborative Stage (CS) data elements and the CS derived stage by performing a quality control review of 10% of the annual analytic cases.

Background

The Collaborative Staging system consists of 15 data items that collect information on the extent of disease at diagnosis, how the information was obtained (clinical or pathologic), and defined site specific prognostic factors. These data elements are recorded on the cancer registry abstract for each analytic case. Through the 94 schemas, CS can be used for all sites and schemas that have been developed for selected histologies. A computer algorithm evaluates the information recorded in the CS data items and determines the AJCC TNM stage and the Summary Stage 1977 and 2000. This is known as the CS derived stage.

Procedure:

1. 90% of the CS derived stage recorded for the annual analytic cases will be accurate when compared to the extent of disease information recorded in the medical record. If appropriate, staging information from outside sources such as offices of the staff physicians or the radiation oncology center may be incorporated into the CS data elements and will affect the CS derived stage. The source of this staging information will be documented text fields of the cancer registry abstract. The cancer committee will annually review this accuracy rate.
2. All physician members of the cancer committee will participate in the QC review of the CS derived stage compared to extent of disease information recorded in the medical record. The cancer registrar will assign each member to a month for QC review and distribute these assignments to all members of the cancer committee.
3. The registrar will randomly select 10% of cases abstracted during the previous month for the CS QC review.
4. For each case identified for CS QC review, the registrar will print the abstract, including the definitions for each of assigned codes for CS data items, for the cases identified for CS QC review. The registrar will highlight the CS derived stage and the CS data items on each abstract.
5. The registrar will provide the highlighted cancer registry abstracts, the corresponding medical records, and the CS QC form to the assigned committee member for review.
6. The assigned committee member will record the CS derived stage for each case from the abstract onto the CS QC form and will either determine the AJCC stage based on the extent

of disease information recorded in the medical record and record this on the CS QC form or will locate the AJCC stage recorded in the medical record and record this on the CS QC form.

7. The assigned committee member will compare the two stages to determine if they match. If the stages match, the assigned committee member will review the next case.
8. If the stages do not match, the assigned committee member will review the text fields to confirm if additional staging information was obtained from outside sources. If the information from outside sources confirms that the stages should be different, then the assigned committee member will review the next case.
9. If the differences between the CS derived stage and the AJCC stage that is based on information in the medical record cannot be explained, then the registrar and the assigned committee member will review the codes for the CS data elements (CS Tumor Size/Evaluation, CS Lymph Nodes, and CS Metastasis at Diagnosis) that are recorded on the abstract to make changes to the CS element(s).

Note that the registrar should pay close attention to the footnotes that follow the code tables for each of these CS fields to determine if site specific factors (SSF) are used to derive the stage.

10. Following corrections, the assigned committee member calculates the percentage of cases with correct CS derived stage and records this information on the CS QC form.
11. CS QC activity and results are reported to the cancer committee at each meeting by the Registry Data Quality Coordinator.

