

Physician Abstract Review Policy

Reviewed and Approved: 4/2008

Purpose:

To review Cancer Registry Abstracts for completeness of treatment, accuracy of the coded data as well as TNM Staging (clinical and pathological) by the physician, Collaborative Derived Staging and CAP protocols from the Pathology Reports.

Procedure:

Quality Control of Registry Data Coordinator

- At least quarterly, identify abstracts completed from the current abstracting year.
- Randomly select 10% of these cases for review by a physician(s)
- Request from medical records these selected charts.
- Obtain charts and attach a registry abstract and analysis form. Flag the pathology report and TNM staging form in the medical record. Highlight both TNM staging elements (clinical and pathological) and all of the Collaborative Staging elements on the patient abstract.
- Bring charts to the cancer committee meeting for review.
- Items for review are:
 - Primary site
 - Histology
 - Tumor Size
 - Lymph nodes removed/positive
 - CS extension, lymph nodes and mets at diagnosis and evaluation methods
 - Derived Collaborative Stage
 - TNM staging
 - CAP protocols
 - Treatments coded and/or missing

Physician Reviewers:

- Review the chart for completeness of abstract and accuracy. Review especially derived collaborative stage and elements, site and histology coding, and completeness for the first course of treatment.
- Review for completion and accuracy of TNM by the managing physician.
- Review for completion and accuracy of the Collaborative Derived Stage.
- Review for presence and completion of CAP summary on the pathology report.
- Complete the analysis form for each case.
- Discuss any discrepancies with the registrar.

After the review, the Quality Control of Registry Data Coordinator will:

- Make any necessary revisions in the appropriate fields of the cancer registry database.
- Summarize the physicians review, in particular, the Collaborative Derived Stage accuracy and submit both a written and oral report to the cancer committee at the quarterly meetings. Annually, at the first meeting of the year, the committee will evaluate the accuracy of the Collaborative Derived Stage.
- Discrepancies will be trended and monitored by the registry data coordinator and shared with the Cancer Committee.
- The initial benchmark of accuracy of the Collaborative Derived Stage will be 90%. This will be adjusted as needed as the staging system is learned.
- Cancer Committee members will make recommendations as necessary regarding cancer registry abstracting, TNM staging and treatment planning, Collaborative Derived Staging, and CAP protocols.

**Inova Mount Vernon Hospital
Quality Review of Patient Abstracts**

Medical Record # _____ Accession Number _____

Abstract Review	Correct?		Comments
	Yes	No	
Collaborative Derived Stage			
1. Is the tumor sized correctly coded?			
2. Are the number of lymph nodes removed and positive correctly coded?			
3. Is the CS extension, lymph nodes and mets and Site Specific Factors coded correctly?			
4. Is the Collaborative Derived Stage Correct?			
AJCC TNM Form			
1. Were the T-N-M components and Stage group completed by the managing physician? Are both the clinical and pathological stage (if applicable) present?			
2. Was the form signed by the managing physician?			
3. Was the stage group accurate and does the TNM match the derived TNM CS?			
Pathology Report			
1. Cancer diagnosis on the report?			
2. Scientifically validated components (CAP) are completed?			
Abstract Review			
1. Class of Case			
2. Primary Site			
3. Histology			
4. Documented Diagnosis is correct			
5. First Course of Treatment is documented correctly or is treatment missing?			

Signature of Reviewing Physician _____ Date _____