

CentraState Medical Center		Oncology Data Center	Policies & Procedures
Quality of Cancer Registry Data			
Date of Approval: January, 1995	Policy #		Page: 1

Purpose: To ensure compliance with the American College of Surgeons' (ACoS) Commission on Cancer standard 2.10

Standard

2.10: The cancer committee, or other appropriate leadership body, establishes and implements a plan to evaluate the quality of cancer registry data on an annual basis. **QUALITY REVIEW INCLUDES THE ACCURACY OF THE COLLABORATIVE STAGE**, case finding, accuracy of data collection, abstracting timeliness, follow-up, and data reporting

Definition of

CS: Collaborative Staging is derived from clinical and pathologic information.

Accuracy

Rate: The Cancer committee decided that the accuracy rate for CS should be 90% or more.

Policy: The Cancer Committee will conduct quality review of cancer registry data by reviewing the abstracts with comparison to Medical Records. The Cancer Committee Physicians are assigned to perform Quality Activities in analytical cases (Class 1 and 2). A Non committee physician can also be involved in the QI activities depending upon the need.

Procedure:

Review by cancer committee

- Quality review of randomly selected abstracts of the top five sites in the cancer database will be compared to the documentation in the medical record. A minimum of 10% of analytic cases will be reviewed annually by the physician members of the Committee. During the same time the QI physicians will also review physicians compliance with Standard 4.3 and TNM staging and standard 4.6 CAP compliance for applicable pathology reports.
- The Cancer Registrar randomly selects 4 to 5 cases and prints the copies of abstract using registry software, "print standard abstract" option and attach to Quality Review Form.
- The Cancer Registrar will bring these charts to the Tumor Board Conference for cancer committee members to review once the conference is over or schedule a time with the physician for quality review.

- Cancer Registry abstracts will be reviewed for compliance with the following indicators:
 - 1. The abstract is completed within six months of initial contact.
 - 2. The documented demographic data are correct
 - 3. The documented case finding source is correct.
 - 4. The documented histology is correct.
 - 5. The documented primary site is correct.
 - 6. The documented class of case is correct.
 - 7. The documented diagnosis is correct.
 - 8. The documented first course of treatment is correct.
 - 9. The documented residual tumor is correct.
 - 10. The documented collaborative staging information is complete and correct.
 - 11. The documented follow-up physician(s) and/or follow-up contacts are correct.

REVIEW BY CANCER REGISTRY COORDINATOR

The Coordinator will provide periodic quality review of the cases abstracted by the staffed cancer registrar and outside consultants.

REPORTING TO CANCER COMMITTEE: The Quality Assurance Coordinator for cancer registry along with the QI Physician report at least annually to the cancer committee regarding Std 2.10 compliance.

Revised: November 2003, January 2004, March 2005, December 2005, Revised 2007, Revised 2008
Reference: American College of Surgeons, Commission on Cancer Standards

Chairman Cancer Committee

Patient Services

CoC Coordinator