

Who  
What  
When  
Where  
Why

# Case Finding – 5 W's

NAACCR 2010-2011 Webinar Series

Presented by:  
Joyce L. Jones, CTR  
Professional Registry Services, LLC

# Agenda

- Case Finding Purpose
- Reportable lists
- Benign intracranial and CNS tumors
- Class of case overview
- Ambiguous Terminology
- Case Finding Sources
- Suspense File uses
- Other helpful tips

# Case Finding

- One of the more important functions of a hospital based cancer registry.
  - Provides an accurate account of the cancer experience in that hospital.
  - Identifies the cases to be included in the registry.
  - Can help to identify service needs.
  - Can be used in determining staffing needs within the registry.

# Case Finding

- Identify who you are required to report cancer data to.
  - Commission on Cancer – CoC Accreditation
    - NCDB
  - State Public Health Department – State Cancer Registry
    - NPCR & NAACCR
  - SEER – Surveillance, Epidemiology and End-Results
  - Cancer Committee
  - Hospital Administration

# Case Finding

- Establish a Reportable List for your facility
  - Reportable Lists should contain all diagnosis to be included or exclude from your registry database'
  - This will vary depending upon the people and agencies that use the registry data.
    - NCDB – CoC Accredited program
    - State Cancer Registry – Public Health Department
    - SEER – National Cancer Institute
    - Cancer Committee at your facility

# Case Finding

- Requirements change over time
  - Cervix in-situ –
    - Previously collected by SEER & CoC until Jan. 1, 1996
  - Skin cancers (Basal & Squamous Cell) with Stage II or high
    - Previously collected by CoC until Jan. 1, 2003
  - Non-malignant intracranial & CNS
    - Not required before Jan. 1, 2004.
  - Hematopoietic diseases – Jan. 1, 2010 changes

# Current Reporting Requirements

## Commission on Cancer -CoC

### Malignancies with an ICD-O-3 behavior code 2 or 3

EXCEPTION: Juvenile astrocytoma, listed as 9241/1 in ICD-O-3, is required and should be recorded as 9421/3.

EXCEPTION: Malignant skin cancers with histology codes 8000/3-8110/3 are not required. Previously abstracted skin cases (prior to 1993) with 8000-8110 must remain in registry and followed.

EXCEPTION: Carcinoma in-situ of cervix (CIS) and intraepithelial neoplasia grade III (8077/2) of cervix, prostate, vulva, vagina and anus are not required.

- 5<sup>th</sup> Digit Behavior Code for Neoplasms
  - /0 Benign
  - /1 Uncertain whether benign or malignant
    - Borderline malignancy
    - Low Malignant potential
    - Uncertain malignant potential
  - /2 Carcinoma in situ
    - Intraepithelial
    - Noninfiltrating
    - Noninvasive



- 5<sup>th</sup> Digit Behavior Code for Neoplasms
  - /3 Malignant, primary site
  - /6 Malignant, metastatic site  
Malignant, secondary site
  - /9 Malignant, uncertain whether  
primary  
or metastatic site

ICD-O

International  
Classification  
of  
Diseases for  
Oncology

Third Edition  
U.S. Interim Version 2000

Editors

April Fritz  
Constance Percy  
Andrew Jack  
Kanagaratnam Shanmugaratnam  
Leslie Sobin  
D. Max Parkin  
Sharon Whelan



World Health Organization  
Geneva

# Current Reporting Requirements

## Commission on Cancer -CoC

### Non-Malignant primary intracranial and CNS tumors

Diagnosed on or after Jan. 1, 2004 with ICD-0-3 behavior code 0 or 1 are required for following sites:

Meninges – C70.\_

Brain – C71.\_

Spinal cord, cranial nerves and other parts of CNS – C72.\_

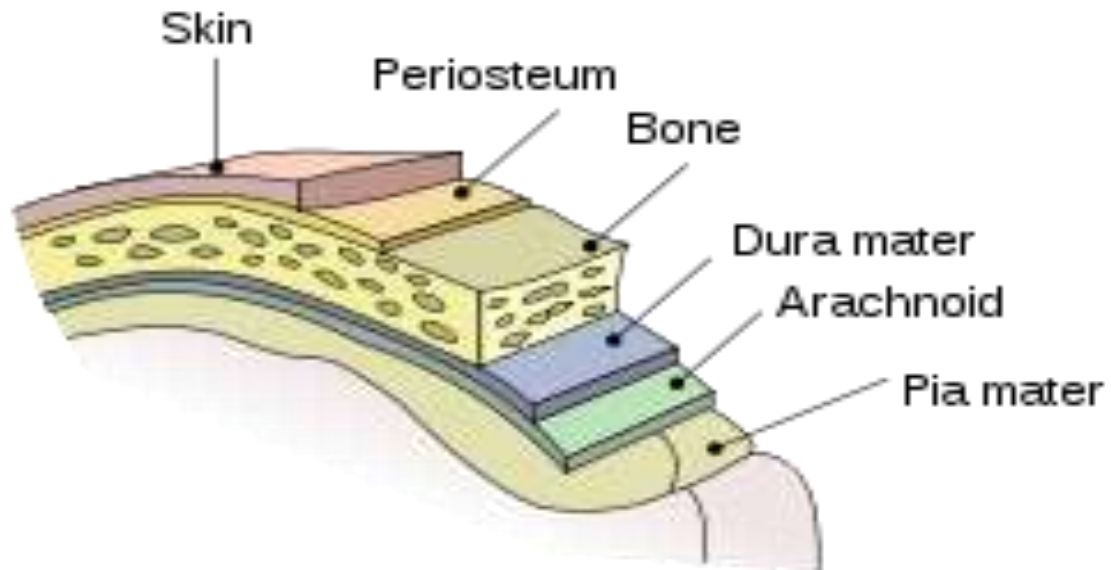
Pituitary gland – C75.1

Craniopharyngeal duct – C75.2

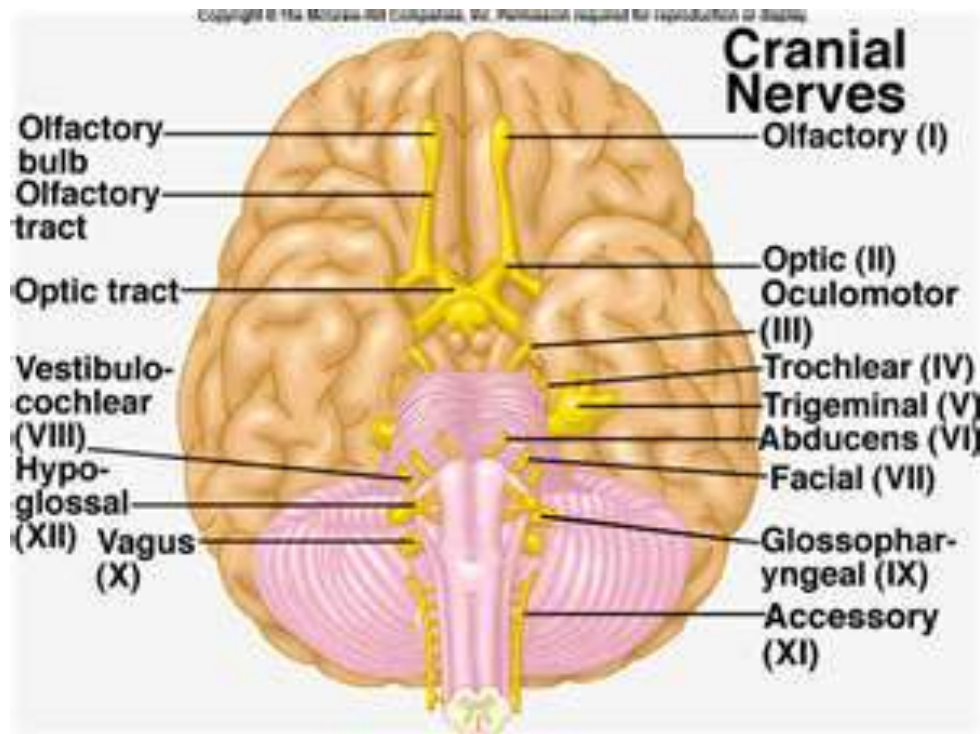
Pineal gland – C75.3

WHY - collect Non-malignant intracranial and CNS tumors?

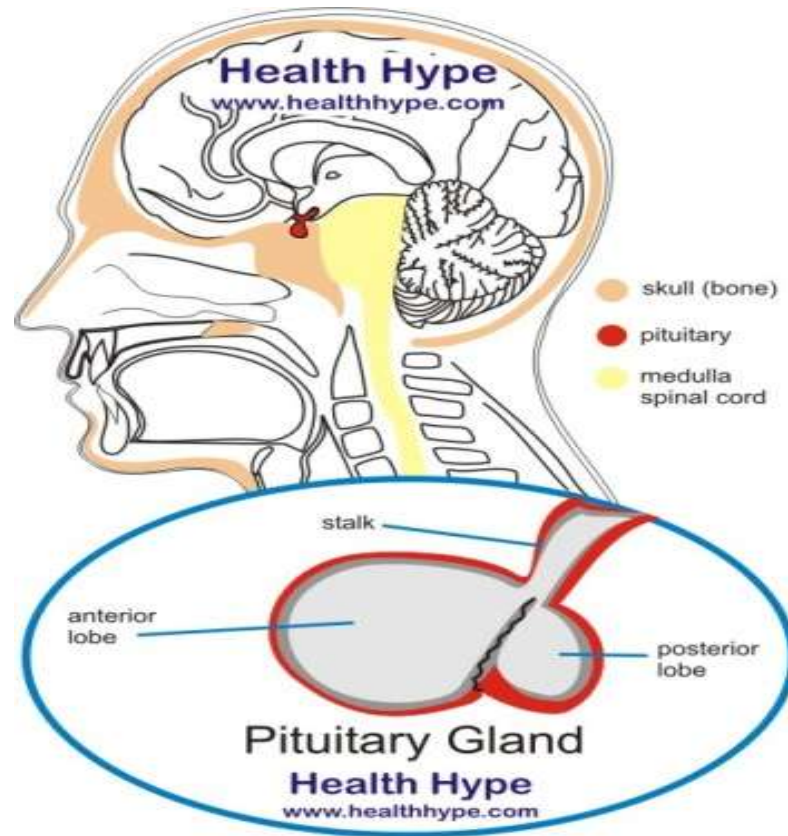
# Meninges



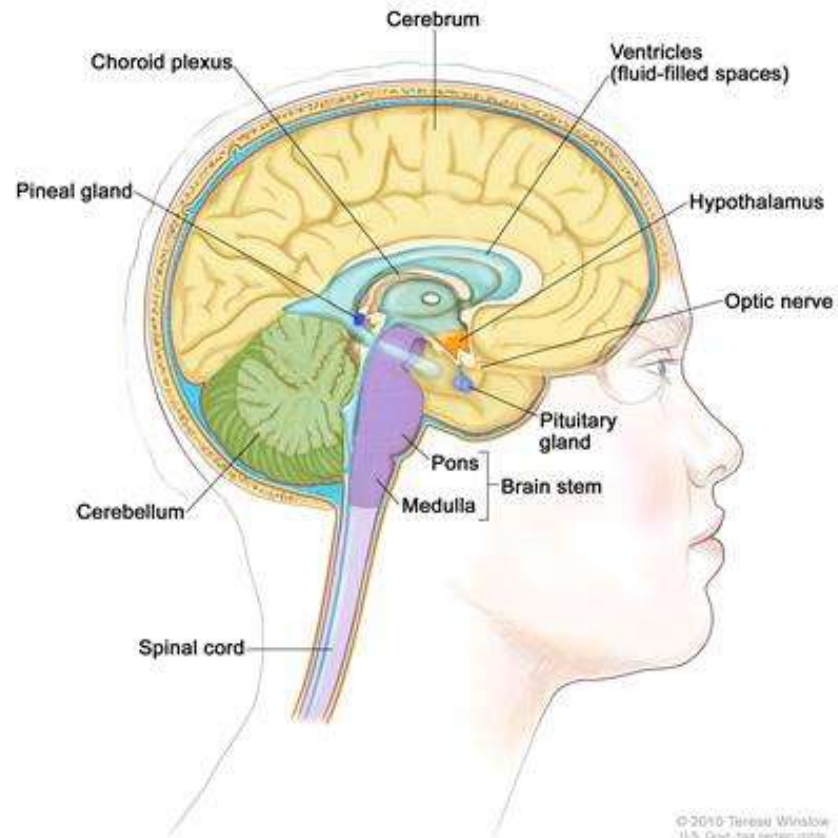
# Cranial Nerves



# Pituitary Gland



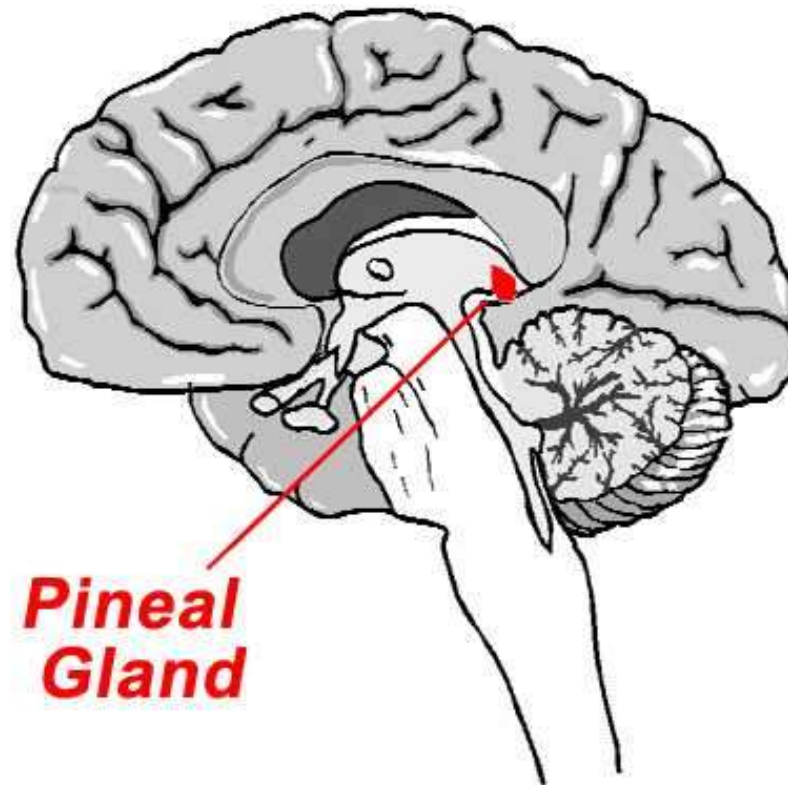
# Pituitary Gland



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# Pineal Gland



**Pineal  
Gland**

# Non-malignant primary intracranial & CNS tumors

- Diagnosis are often clinical - radiograph only
  - There is no AJCC staging schema
  - CS does have coding instructions
  - Treatment is often focused on symptom management
- It is estimated that approximately \$3.7 billion<sub>2</sub> is spent in the United States each year on brain cancer treatment.

# Hematopoietic Disease

2010 changes

<b>Table 2-1</b>	
<b>2008 WHO Classification of Tumors of Hematopoietic and Lymphoid Tissues</b>	<b>ICD-O Code</b>
<b>Newly Reportable Terms and Codes – Numerical Order</b>	
Primary cutaneous follicle centre lymphoma	9597/3
T-cell/histiocyte rich large B-cell lymphoma	9688/3
Intravascular large B-cell lymphoma	9712/3
Systemic EBV positive T-cell lymphoproliferative disease of childhood	9724/3
Hydroa vacciniforme-like lymphoma	9725/3
Primary cutaneous gamma-delta T-cell lymphoma	9726/3
Plasmablastic lymphoma	9735/3
ALK positive large B-cell lymphoma	9737/3
Large B-cell lymphoma arising in HHV8-associated multicentric Castlemans disease	9738/3
Fibroblastic reticular cell tumor	9759/3
Mixed phenotype acute leukemia with t(9;22)(q34;q11.2); BCR-ABL1	9806/3
Mixed phenotype acute leukemia with t(v;11q23); MLL rearranged	9807/3
Mixed phenotype acute leukemia, B/myeloid, NOS	9808/3
Mixed phenotype acute leukemia, T/myeloid, NOS	9809/3
B lymphoblastic leukemia/lymphoma, NOS	9811/3
B lymphoblastic leukemia/lymphoma with t(9;22)(q34;q11.2); BCR-ABL1	9812/3
B lymphoblastic leukemia/lymphoma with t(v;11q23); MLL rearranged	9813/3
B lymphoblastic leukemia/lymphoma with t(12;21)(p13;q22); TEL-AML1 (ETV6-RUNX1)	9814/3
B lymphoblastic leukemia/lymphoma with hyperdiploidy	9815/3
B lymphoblastic leukemia/lymphoma with hypodiploidy (hypodiploid ALL)	9816/3
B lymphoblastic leukemia/lymphoma with t(5;14)(q31;q32); IL3-IGH	9817/3
B lymphoblastic leukemia/lymphoma with t(1;19)(q23;p13.3); E2A PBX1 (TCF3 PBX1)	9818/3
T lymphoblastic leukemia/lymphoma	9837/3
Acute myeloid leukemia with t(6;9)(p23;q34) DEK-NUP214	9865/3
Acute myeloid leukemia with inv(3)(q21q26.2) or t(3;3)(q21;q26.2); RPN1EV11	9869/3
Myeloid leukemia associated with Down Syndrome	9898/3
Acute myeloid leukemia (megakaryoblastic) with t(1;22)(p13;q13); RBM15-MKL1	9911/3
Myeloid and lymphoid neoplasms with PDGFRB rearrangement	9965/3
Myeloid and lymphoid neoplasms with PDGFRB arrangement	9966/3
Myeloid and lymphoid neoplasm with FGFR1 abnormalities	9967/3
Polymorphic PTLD	9971/3
Refractory neutropenia	9991/3
Refractory thrombocytopenia	9992/3




# Hematopoietic Disease

2010 changes


<b>Table 2-2 Histologic Terms and Codes with Changes in Case Reportability (Newly Reportable Conditions)</b>	
<b>Name</b>	<b>Proposed ICD-O-3 Code</b>
Chronic lymphoproliferative disorder of NK-cells	9831/3
T-cell large granular lymphocytic leukemia	9831/3
Langerhans cell histiocytosis, NOS (9751/1)	9751/3
Langerhans cell histiocytosis, unifocal (9752/1)	9751/3
Langerhans cell histiocytosis, multifocal (9753/1)	9751/3
Myelodysplastic/Myeloproliferative neoplasm, unclassifiable	9975/3
Myeloproliferative neoplasm, unclassifiable	9975/3

Hematopoietic Database Version 1.6.2, Data updated: 10/20/2010

File Display Help



# Hematopoietic Database



Enter search term or code (xxx/x):

[Search](#) [Clear](#)

[Display Codes...](#) [Multiple Primaries Calculator...](#) [Hemato Manual](#)

**Search Results**

File Help

Your search for "MDS" found 7 results.  
Select your disease of interest

Matched Term	ICD-O-3 Code	Reportable
MDS	9989/3	Yes
MDS with 5q deletion	9986/3	Yes
t-MDS	9920/3	Yes
t-MDS	9987/3	Yes
Secondary myelodysplastic syndrome (secondary MDS)	9987/3	Yes
t-MDS/MPN	9920/3	Yes

**ICD-O-3 Code:** 9989/3      **Preferred Term:** Myelodysplastic syndrome, unclassifiable

**Definition**

Blood: Cytopenias, no blasts  
 Bone marrow: <5% blasts, dysplasia in granulocytes or megakaryocytes  
 The myelodysplastic syndromes (MDS, formerly known as "preleukemia") are a diverse collection of hematological conditions united by ineffective production of blood cells

**Alternate Names**

MDS  
 Myelodysplastic syndrome, NOS  
 Preleukemia  
 Preleukemic syndrome  
 Smoldering leukemia

Select the fields you wish to display:

All     
  Disease genetics data     
  Treatments  
 Definitive diagnostic methods     
  Disease Immunophenotyping     
  Transformations

**Myelodysplastic syndrome, unclassifiable**

File Help

<b>ICD-O-3 Code:</b>	<b>Preferred Term</b>
9989/3	Myelodysplastic syndrome, unclassifiable

**Alternate Names**

- MDS
- Myelodysplastic syndrome, NOS
- Preleukemia
- Preleukemic syndrome

**Definitions**

Blood: Cytopenias, no blasts  
Bone marrow: <5% blasts, dysplasia in granulocytes or megakaryocytes

**Primary Site**

C421

**Definitive Diagnostic Methods**

Clinical diagnosis

**Disease Genetics Data**

None

**Disease Immunophenotyping**

None

**Treatments** (For more Treatment information, see [SEER\\*Rx](#))

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## Myelodysplastic syndrome, unclassifiable

File Help

### ICD.O.3 Code: Preferred Term

Myelodysplastic syndrome, NOS is a generic disease description. DCO cases or path report only cases may stay in this classification. In most cases, NOS histology is only the provisional diagnosis; the physician will run further diagnostic procedures and look for various clinical presentations to identify a more specific disease. Further review of the medical record should be done to look for the tests listed as definitive diagnosis. The more specific myelodysplastic syndromes are: refractory anemia; refractory neutropenia; refractory thrombocytopenia; refractory anemia with ring sideroblasts; refractory cytopenia with multilineage dysplasia; refractory anemia with excess blasts; and refractory cytopenia of childhood. If the characteristics of a specific subtype of MDS develop later in the course of the disease, change the histology code to the more specific diagnosis.

The peripheral blood and bone marrow are the principal sites of involvement.

The median age of patients with myelodysplastic syndrome is 70. Most patients present with symptoms related to cytopenia. Most patients are anemic and transfusion dependent. Occasionally there are neutropenia and/or thrombocytopenia.

This is a clinical diagnosis. When the testing has excluded other diseases, the physician uses the information from the equivocal test results plus the patient's clinical history to make a diagnosis of myelodysplastic syndrome.

The patient receives supportive care. Red blood cells are transfused for anemia.

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# Current Reporting Requirements

## SEER

ICD-9-CM code list for Reportable tumors – effective 1/1/2010

140.0 – 208.92	Malignant Neoplasms
209.00 – 209.29	Neuroendocrine tumors
209.30	Malignant poorly diff neuroendocrine carcinoma
209.31 – 209.36	Merkel cell carcinoma – effective 10/1/2009
209.70 – 209.79	Secondary neuroendocrine tumors – effective 10/1/2009
225.0 - 225.9	Benign neoplasm of brain and spinal cord neoplasm
227.3	Benign neoplasm of pituitary and craniopharyngeal duct

# Current Reporting Requirements

## SEER

ICD-9-CM code list for Reportable tumors – effective 1/1/2010

227.4	Benign neoplasm of pineal gland
227.9	Benign neoplasm; endocrine gland, site unspecified
<i>(This code is deleted in 2011 Reportable code listing)</i>	
228.02	Hemangioma; of intracranial structures
228.1	Lymphangioma, any site
230.0 – 234.9	Carcinoma, in-situ
236.0	Endometrial stroma, low grade (8931/1)

# Current Reporting Requirements

## SEER

ICD-9-CM code list for Reportable tumors – effective 1/1/2010

237.0 – 237.9 endocrine nervous system	Neoplasm of uncertain behavior ( <i>borderline</i> ) of glands and  (237.2 – 237.4 removed in 2011)
238.4	Polycythemia vera (9950/3)
238.6 unspecified site	Neoplasm of uncertain behavior of other & and tissues, Plasma cells.
238.7	Other lymphatic and hematopoietic tissues
238.71	Essential thrombocythemia (9962/3)
238.72 (9980/3, 9982/3,	Low grade myelodysplastic syndrome lesions  9983/3, 9985/3, 9991/3, 9992/3)

# Current Reporting Requirements

## SEER

ICD-9-CM code list for Reportable tumors – effective 1/1/2010

238.73	High grade myelodysplastic syndrome lesions (9983/3)
238.74	Myelodysplastic syndrome with 5q deletion (9986/3)
238.75	Myelodysplastic syndrome, unclassified (9985/3, 9987/3, 9989/3)
238.76	Myelofibrosis with myeloid metaplasia (9961/3)
238.77	Polymorphic Post-Transplant Lymphoproliferative Disorder
(9971/3)	Post transplant lymphoproliferative disorder
(9987/3)	
238.79	Other lymphatic and hematopoietic tissues (9931/3, 9960/3, 9961/3, 9965/3, 9966/3, 9967/3, 9970/3, 9975/3)

(2011 changes – 9965/3, 9966/3, 9967/3,

9975/3 removed)

# Current Reporting Requirements

## SEER

ICD-9-CM code list for Reportable tumors – effective 1/1/2010

239.6	Neoplasms of unspecified nature, brain
239.7	Neoplasms of unspecified nature, endocrine glands & other parts of nervous system
239.81-239.89	Neoplasms of unspecified nature; other specified sites
	<b>(Removed from reportable list for 2011)</b>
273.2	Other paraproteinemias
273.3	Macroglobulinemia
288.3	Eosinophilia – <b>Do not abstract unless Dx is Hypereosinophila syndrome – 9964/3</b>

# Current Reporting Requirements

## SEER

ICD-9-CM code list for Reportable tumors – effective 1/1/2010

288.4	Hemophagocytic syndromes
795.06	Pap smear of cervix with cytologic evidence of malignancy
795.16	Pap smear of vagina with cytologic evidence of malignancy
796.76	Pap smear of anus with cytologic evidence of malignancy
V10.0 – V10.89	Personal history of malignancy
V10.90	Personal history of unspecified malignant neoplasm
V10.91	Personal history of malignant neuroendocrine tumor, carcinoid tumor, Merkel cell carcinoma
V12.41	Personal history of benign neoplasm of brain

# Class of Case overview

2010 – Codes expanded to 2 digits to allow facilities to more accurately reflect the variety of ways patients present and how their data is recorded in the registry.

## PATEINTS PRESENT AT YOUR FACILITY

00 – Initial Dx at your facility AND all treatment or decision to not treat elsewhere

10 – Default code for conversion of older cases. Also used when no info whether or where pt. was treated or when a more definitive code can not be determined.

11 – Initial Dx at staff physician office AND part of 1<sup>st</sup> course treatment at your hosp.

12 – Initial Dx at staff physician office AND all 1<sup>st</sup> course treatment at your hospital or decision to not treat at your hospital.

13 – Initial Dx at your facility AND part of treatment given at your facility.

14 – Initial Dx at your facility AND all 1<sup>st</sup> course treatment at your hospital including no treatment if that is deemed appropriate.

# Class of Case overview

## Patients present at your facility with Initial diagnosis established elsewhere

20 - Default code for conversion of older cases. Should not be used in 2010 or later

21 – Initial Dx elsewhere AND part of treatment given at your hospital

22 – Initial Dx elsewhere AND all of treatment given at your hospital

Class 00 – 22 are Analytic cases and diagnosis, stage and treatment information should be captured as completely as possible in CoC accredited programs.



# Class of Case overview

CASES NOT REQUIRED BY CoC – Your state or Cancer Committee may require these

## **Patients present at your facility**

- 30 – Initial Dx and all 1<sup>st</sup> course treatment elsewhere AND your facility participated in diagnostic work-up (consult only, staging work-up)
- 31 – Initial Dx and all 1<sup>st</sup> course treatment elsewhere AND your facility provided in-transit care
- 32 – Dx and all 1<sup>st</sup> course treatment elsewhere AND pt. presents with recurrence or progression of disease
- 33 – Dx and all 1<sup>st</sup> course treatment elsewhere AND pt. presents with history of cancer
- 34 – Other CoC non-required case AND initial DX AND 1<sup>st</sup> course treatment at your facility

# Class of Case overview

CASES NOT REQUIRED BY CoC – Your state or Cancer Committee may require these

## Patients present at your facility

35 – Cases diagnosed before your reference date AND initial Dx and Tx at your facility

36 – Other CoC non-required case AND initial Dx elsewhere AND all or part of 1<sup>st</sup>

course treatment at your facility

37 – Cases diagnosed before your reference date AND initial Dx elsewhere AND all or part of 1<sup>st</sup> course treatment at your facility

38 – Initial Diagnosis at autopsy at your facility, cancer not suspected prior to death

# Ambiguous Terminology

- Terms that constitute a Diagnosis

Apparent(ly)

Appears

Comparable with

Compatible with

Consistent with

Favors

Presumed

Probable

Suspect(ed)

Suspicious (for)

Typical of

Most likely

# Ambiguous Terminology

- Terms that Constitute a Diagnosis
  - Malignant appearing
  - Neoplasm
  - Tumor

EXCEPTION: Cytology reported as *SUSPICIOUS*, do not interpret it as diagnosis of cancer.

# Ambiguous Terms that *DO NOT* Constitute DX

- Cannot be ruled out                      Questionable
- Equivocal                                      Rule Out
- Possible                                         Suggests
- Potentially malignant                      Worrisome

<http://www.naaccr.org/StandardsandRegistryOperations/ImplementationGuidelines.aspx>

# Where to Look

- Radiology – CT, xrays
- PET scans
- Surgical Scheduling
- Pharmacy

## Disease Index - sample

ACCOUNT	NAME	MRN	AGE	S	LOC	TYPE	DIS DATE	ATT DR	ADM DATE
V01535518		M0509459	87	M	IN	INMC	3/13/2010		3/9/2010
V01541494		M0509459	88	M	CLI	OUTP	4/7/2010		4/7/2010
V01544976		M0509459	88	M	IN	INMC	4/19/2010		4/15/2010
V01549032		M0509459	88	M	IN	INMC	5/7/2010		5/3/2010
V01554153		M0509459	88	M	IN	INMC	5/28/2010		5/24/2010
V01558794		M0509459	88	M	IN	INMC	6/18/2010		6/14/2010
V01564164		M0509459	88	M	IN	INMC	7/11/2010		7/7/2010
V01570314		M0509459	88	M	IN	INMC	8/6/2010		8/2/2010
V01575115		M0509459	88	M	IN	INMC	8/27/2010		8/23/2010
V01520623		M0546675	67	M	CLI	OUTP	1/6/2010		1/6/2010
V01522215		M0546675	67	M	CLI	OUTP	1/13/2010		1/13/2010
V01530149		M0546675	67	M	CLI	OUTP	2/15/2010		2/15/2010
V01530565		M0546675	67	M	CLI	OUTP	2/16/2010		2/16/2010
V01530569		M0546675	67	M	CLI	OUTP	2/17/2010		2/17/2010
V01530570		M0546675	67	M	CLI	OUTP	2/18/2010		2/18/2010
V01530572		M0546675	67	M	CLI	OUTP	2/19/2010		2/19/2010
V01532962		M0546675	67	M	CLI	OUTP	3/1/2010		3/1/2010
V01532965		M0546675	67	M	CLI	OUTP	3/2/2010		3/2/2010
V01532966		M0546675	67	M	CLI	OUTP	3/3/2010		3/3/2010
V01532967		M0546675	67	M	CLI	OUTP	3/4/2010		3/4/2010
V01532968		M0546675	67	M	CLI	OUTP	3/5/2010		3/5/2010
V01536627		M0546675	67	M	CLI	OUTP	3/15/2010		3/15/2010
V01536706		M0546675	67	M	CLI	OUTP	3/16/2010		3/16/2010
V01536711		M0546675	67	M	CLI	OUTP	3/17/2010		3/17/2010
V01536712		M0546675	67	M	CLI	OUTP	3/18/2010		3/18/2010
V01536713		M0546675	67	M	CLI	OUTP	3/19/2010		3/19/2010
V01540675		M0546675	67	M	CLI	OUTP	3/29/2010		3/29/2010
V01540676		M0546675	67	M	CLI	OUTP	3/30/2010		3/30/2010
V01540677		M0546675	67	M	CLI	OUTP	3/31/2010		3/31/2010
V01540678		M0546675	67	M	CLI	OUTP	4/1/2010		4/1/2010
V01540679		M0546675	67	M	CLI	OUTP	4/2/2010		4/2/2010
V01543150		M0546675	67	M	CLI	OUTP	4/12/2010		4/12/2010
V01543953		M0546675	67	M	CLI	OUTP	4/13/2010		4/13/2010
V01543954		M0546675	68	M	CLI	OUTP	4/14/2010		4/14/2010
V01543956		M0546675	68	M	CLI	OUTP	4/15/2010		4/15/2010
V01543959		M0546675	68	M	CLI	OUTP	4/16/2010		4/16/2010



MED RECH	ACCOUNT #	PATIENT NAME	S	AGE	X	DRG	CAR	1	SVC	ATTEND	ADMISSION	PT	DISCHARGE	TOTAL			
										DOCTOR #	DATE	MJ	MN	DATE	DSP	LOS	CHARGES
		DIAG CODE		DIAG DESCRIPTION						POA	SURGEON	EPIS	PROC CODE	PROC DESCRIPTION			
		> 142.9		MAL NEO SALIVARY NOS													
4347388				64Y	M	0	5072	RON		10647	1/11/2010	0	0	1/13/2010	1	1	722
		A V58.0		RADIOTHERAPY SESSION													
		P V58.0		RADIOTHERAPY SESSION													
		> 142.9		MAL NEO SALIVARY NOS													
4347388				64Y	M	0	5072	RON		10647	1/12/2010	0	0	1/14/2010	1	1	491
		A V58.0		RADIOTHERAPY SESSION													
		P V58.0		RADIOTHERAPY SESSION													
		> 142.9		MAL NEO SALIVARY NOS													
4347388				64Y	M	0	5072	RON		10647	1/13/2010	0	0	1/14/2010	1	1	491
		A V58.0		RADIOTHERAPY SESSION													
		P V58.0		RADIOTHERAPY SESSION													
		> 142.9		MAL NEO SALIVARY NOS													
4347388				64Y	M	0	5072	RON		10647	1/14/2010	0	0	1/15/2010	1	1	491
		A V58.0		RADIOTHERAPY SESSION													
		P V58.0		RADIOTHERAPY SESSION													
		> 142.9		MAL NEO SALIVARY NOS													
4347388				64Y	M	0	5072	RON		10647	1/15/2010	0	0	1/19/2010	1	4	874
		A V58.0		RADIOTHERAPY SESSION													
		P V58.0		RADIOTHERAPY SESSION													
		> 142.9		MAL NEO SALIVARY NOS													
4347388				64Y	M	0	5072	RON		10647	1/18/2010	0	0	1/18/2010	1	1	722
		A V58.0		RADIOTHERAPY SESSION													
		P V58.0		RADIOTHERAPY SESSION													
		> 142.9		MAL NEO SALIVARY NOS													
4347388				64Y	M	0	5073	RON		10647	1/19/2010	0	0	1/19/2010	1	1	491
		A V58.0		RADIOTHERAPY SESSION													
		P V58.0		RADIOTHERAPY SESSION													
		> 142.9		MAL NEO SALIVARY NOS													
4347388				64Y	M	0	5072	RON		10647	1/20/2010	0	0	1/20/2010	1	1	491
		A V58.0		RADIOTHERAPY SESSION													

MED RECH	ACCOUNT #	PATIENT NAME	AGE	X	DRG	CAR	I	SVC	ATTEND DOCTOR #	ADMISSION DATE	PT TYPE MJ	MM	DISCHARGE DATE	DRP	LOG	TOTAL CHARGES
			DIAG CODE	DIAG DESCRIPTION			POA	SURGEON	EPIS	PROC CODE	PROC DESCRIPTION					
***** AS SECONDARY DIAGNOSIS *****																
4161704			65Y	M	0	1010	CAN		10046	2/10/2010	O	0	2/10/2010	1	1	14490
		A	V58.11	ANTINSG CHEMO ENCOUNTER						10046	01	99.25	INJECT CA CHEMOTHER SUBS			
		P	V58.11	ANTINSG CHEMO ENCOUNTER						10046	01	99.25	INJECT/INFUSE NEC			
			145.3	MALIG NSO SOFT PALATE												
			198.89	SRC MAL NSO NEC												
			729.81	SWELLING OF LIMB												
			453.6	VEN THROMB SUPP VESS LEG												
			459.81	VENOUS INSUFFICIENCY NOS												
			729.5	PAIN IN LIMB												
			V15.3	HX OF IRRADIATION												
			784.1	THROAT PAIN												
			V58.69	LONG TERM MEDICATION USE												
			528.00	STOMAT & MUCOSITIS NOS												
			780.79	OTHER MALAISE & FATIGUE												
			782.3	EDEMA												
4161704			65Y	M	0	1010	CAN		10046	2/24/2010	O	0	2/24/2010	1	1	14061
		A	V58.11	ANTINSG CHEMO ENCOUNTER						10046	01	99.25	INJECT CA CHEMOTHER SUBS			
		P	V58.11	ANTINSG CHEMO ENCOUNTER						10046	01	99.25	INJECT/INFUSE NEC			
			145.3	MALIG NSO SOFT PALATE												
			276.51	DEHYDRATION												
			784.0	HEADACHE												
			780.79	OTHER MALAISE & FATIGUE												
			729.89	MUSC/SKEL SYMPT LIMB NEC												
			V58.69	LONG TERM MEDICATION USE												
4161704			65Y	M	0	1010	CAN		10046	3/10/2010	O	0	3/10/2010	1	1	18861
		A	V58.11	ANTINSG CHEMO ENCOUNTER						10046	01	99.25	INJECT CA CHEMOTHER SUBS			
		P	V58.11	ANTINSG CHEMO ENCOUNTER						10046	01	99.25	INJECT/INFUSE NEC			
			145.3	MALIG NSO SOFT PALATE												
			526.9	JAW DISEASE NOS												
			V58.69	LONG TERM MEDICATION USE												
			453.66	AC VEN THROMB INT JV												
4161704			65Y	M	0	1010	CAN		10046	3/24/2010	O	0	3/24/2010	1	1	13410
		A	V58.11	ANTINSG CHEMO ENCOUNTER						10046	01	99.25	INJECT CA CHEMOTHER SUBS			
		P	V58.11	ANTINSG CHEMO ENCOUNTER						10046	01	99.25	INJECT/INFUSE NEC			
			145.3	MALIG NSO SOFT PALATE												
			526.9	JAW DISEASE NOS												
			783.21	LOSS OF WEIGHT												
			780.79	OTHER MALAISE & FATIGUE												

# What is required in Suspense Record

- Patient Demographic – Name,
- MR #
- 1<sup>st</sup> contact date vs. diagnosis date
- Primary Site
- Histology
- Class of case
- Last contact date

# Ways to use Suspense Data

- Timeliness of abstracting
- Current trends
- Clinical Trial eligibility
- Marketing support groups
- Referral to ACS services
  - Personal Health Managers

# RQRS –Rapid Quality Reporting System

- Early reporting of CP<sup>3</sup>R cases
  - BCS cases should receive XRT
  - Hormone positive cases should receive Hormone therapy
  - Hormone negative cases should be offered chemo
  - Colon resections should have 12 nodes
  - Stage III colon should be offered chemo
  - Rectal cases should be offered XRT

# RQRS

- Changes the way you collect data
- More intense data capture at time of casefinding
- Requires approval/authorization by several people

# Thank You!

This presentation was given by  
Joyce L. Jones, CTR

[www.ProRegistryServices.com](http://www.ProRegistryServices.com)

630-556-3246

Joyce@ProRegistryServices.com