

NCDB Completeness Report

New this year from NCDB is a **Completeness Report**. This is accessible by going into DataLinks under National Cancer Data Base (NCDB) Data Transmission section and select *NCDB Data Submission Reports for 2010*.

Commission on Cancer®

Hospital Registrar Activity Menu

You are currently working on Facility

Facility and Staff Contact Information

- [Facility Information](#)
- [Manage Staff Contacts](#)

Accreditation Management

- [Eligibility Requirements](#)
- [Historical Survey Application Records](#)
- [HIPAA Business Associate Agreement](#)
- [Surveyor Contact List - Revised 8-15-12](#)
- [Cancer Liaison Physician Program: CLP Activity Report](#)
- [CoC Hospital Locator: Annual Cancer Case Volume](#)
- [CoC Hospital Locator: Glossary](#)
- [CoC Hospital Locator](#)
- [CoC DataLinks: Activity Log](#)

National Cancer Data Base (NCDB) Reporting Tools

- [NCDB: Public Benchmark Reports](#)
- [NCDB: Hospital Comparison Benchmark Reports](#)
- [NCDB: Survival Reports](#)
- [NCDB: Cancer Program Practice Profile Reports \(CP3R\) \(v2\)](#)
- [RQRS \(v1.0\)](#)

Rapid Quality Reporting System (RQRS) Data Transmission

- [RQRS: Submit/Resubmit Data](#)
- [RQRS: Data Submission History and Edits](#)

National Cancer Data Base (NCDB) Data Transmission

- [NCDB: Submit/Resubmit Data](#)
- [NCDB: Data Submission History and Edits](#)
- [NCDB: Authorize Third Party Submission](#)
- [NCDB: Data Submissions Reports for 2011](#)
- [Logout](#)
- [Cancer Programs Web Page](#)

This is a very good tool to help assess quality of your abstracts. Let's look at what is included in this new report. In the white box of the upper right corner you see a summary that shows how many data items your facility has that are exceeding the NCDB benchmarks. In the below report, 4 different sections have areas that are identified as being beyond NCDB benchmarks.

In the example below there are 3 of 10 data items in the Report and Case Identifier section, 2 of 11 data items in Patient Characteristics, 1 of 15 data items in Diagnostics Items, and 1 of 13 data items in the Staging area that are beyond the NCDB benchmark.

AMERICAN COLLEGE OF SURGEONS
Cancer Programs

NCDB Data Completeness Reports for 2011

Cases Diagnosed 2009 (N = 579)

Category	Total Number of Items	Number of Items out of Range
Report and Case Identifiers	10	3
Patient Characteristics	11	2
Diagnostic Items	15	1
Staging Items	13	1
Surgery Items	8	
Radiation Items	11	
Other Treatment Items	13	
2009 Follow-Up and Outcome	5	

Open All Close All

When you select the Category all the data items in that category are shown. The highlighted lines show your facility's 2009 data items that are not within the NCDB benchmarks.

AMERICAN COLLEGE OF SURGEONS
Cancer Programs

NCDB
Data Submissions

NCDB Data Completeness Reports for 2011

Cases Diagnosed 2009 (N = 579)

Category	Total Number of Items	Number of Items out of Range
Report and Case Identifiers	10	3
Patient Characteristics	11	2
Diagnostic Items	15	1
Staging Items	13	1
Surgery Items	8	
Radiation Items	11	
Other Treatment Items	13	
2009 Follow Up and Outcome	5	

Open All | Close All

Report and Case Identifiers

Patient Characteristics

Patient Characteristics	NAACCR#	Codes	Criterion Percent	Hospital Percent	Number (Num/Denom)	Explanation
1. Race 1	160	99 or ##	10%	0%	1/3/9	More than 10% Race 1 = 99 or 99: High number of unknown race
2. Race Coding System - Original	100	0	1%	None		More than 1% of Race Coding System - Original = 9: Race coding system should not be unknown for any current case
3. Spanish Origin - All Sources	190	9	20%	2%	9/379	More than 20% Spanish Origin - All Sources: High number of unknown Spanish origin
4. Sex	220	9	1%	None		More than 1% Sex = 9: High number of unknown sex
5. Age at Diagnosis	230	999	2%	None		More than 2% Age = 999: High number of unknown age
6. Date of Birth	240	blank day	15%	None		More than 15% Date of birth lacking specific day: Day of birth not systematically recorded
7. Place of Birth	250	998 or 999	50%	100%	177/379	More than 50% Place of Birth = 998 or 999: Place of birth not consistently recorded
8. City/Town at Diagnosis	70	blank or "UNKNOWN"	15%	None		More than 15% City/Town at Diagnosis are blank or "UNKNOWN": High number of unknown city at diagnosis
9. State at Diagnosis	80	US or ZZ	10%	None		More than 10% State at Diagnosis = US or ZZ: High number of unknown state at diagnosis
10. Postal Code at Diagnosis	100	99999	2%	None		More than 2% Postal Code at Diagnosis = 99999: High number of unknown ZIP or postal code at diagnosis
11. County at Diagnosis	90	000 or 000	15%	10%	100/579	More than 15% County at Diagnosis = 998 or 999: High number of unspecified county at diagnosis

Diagnostic Items

Staging Items

Surgery Items

Place of birth and County at Diagnosis in the above report are not within the NCDB benchmarks. The place of birth is a data item that in many facilities is not captured routinely however County of Diagnosis is a data item you should be able to record. Place of Birth may not typically be utilized in your individual facility, however it is valuable in larger databases such as NCDB for tracking adverse environmental impact such as Chernobyl, Three Mile Island incident and the recent nuclear plant disaster in Japan.

The county of diagnosis can be utilized by your administration to see what areas may be under served for early detection programs or even access to appropriate care for the disease. Be sure to check FORDS for rules on coding County at Diagnosis when patients have an unusual address such as military, prison or other residency peculiarities.


In the Diagnostic items, the facility below has 1 of 15 data items exceeding the NCDB benchmark. Date of Multiple Tumors was not a new data field in 2009. It appears as if this facility may not have realized that this data item should be recorded. A quick report from your registry software can be run to identify the cases that have a blank Date of Multiple Tumors so this can be corrected. You may want to check 2010 & 2011 cases also for this. Updating those cases in your database should be done to improve the quality of your data. The updates will get submitted to NCDB in January 2013 with the routine Call For Data. Checking your 2010 and later cases now will ensure that the next Completeness Report in 2013 has more favorable results.

Help		Cases Diagnosed 2009 (N = 579)		
NCDB Overall Comparison		Category	Total Number of Items	Number of Items out of Range
Submissions Reports		Report and Case Identifiers	10	3
		Patient Characteristics	11	2
		Diagnostic Items	15	1
		Staging Items	13	1
		Surgery Items	8	
		Radiation Items	11	
		Other Treatment Items	13	
		2009 Follow-Up and Outcome	5	

[Open All](#)
[Close All](#)

Report and Case Identifiers
 Patient Characteristics
 Diagnostic Items

Diagnostic Items	NAACCR#	Codes	Unknown Percent	Hospital Percent	Number (Num/Denom)	Explanation
1. Date of Initial Diagnosis	390	blank day	15%	None		More than 15% Date of Diagnosis coded day = 99: Day of diagnosis not systematically recorded
2. Primary Site	100	C809	10%	1%	2/579	More than 10% Primary Site = C809: High number of unknown primary site
3. Laterality	410	9	15%	0%	2/579	More than 15% Laterality = 9: High number of unknown laterality
4. Histology	522	8000	15%	1%	3/579	More than 15% Histology = 8000: High number of unknown histology (ICD-O-3)
5. Behavior Code	723	3	98%	92%	531/579	More than 90% Behavior Code = 3: High portion malignant may represent inadequate case-finding or defaulting to 2
6. Grade/Differentiation	440	9	77%	28%	163/579	More than 75% Grade/Differentiation = 9: High number of unknown grade
7. Site Coding System - Original	450	9	1%	None		More than 1% Site Coding System - Original: Site coding system - original should not be unknown for any current case
8. Morph Coding System - Original	430	0	1%	None		More than 1% Morph Coding System - Original = 9: Morphology coding system - original should not be unknown for any current case
9. Diagnostic Confirmation	430	9	3%	1%	3/579	More than 5% Diagnostic Confirmation = 9: High number of unknown method of diagnostic confirmation
10. Ambiguous Terminology Diagnosis	442	9	15%	None		More than 10% Ambiguous Terminology Diagnosis: High number of unknown use of ambiguous terminology for diagnosis
11. Type of Multiple Tumors Reported as One Primary	444	00	10%	None		More than 10% Type of Multiple Tumors Reported as One Primary = 00: High number of unknown type of multiple tumors for the primary
12. Date of Multiple Tumors	445	Blank Day	98%	99%	576/579	More than 15% Date of Multiple Tumors coded day = 99: Day of multiple tumors not systematically recorded
13. Multiplicity Counter	446	00	20%	None		More than 20% Multiplicity Counter = 99: High number of unknown count of tumors in the primary site
14. Comorbidities and Complications #1	3110	00000	50%	10%	18/579	More than 20% Comorbidities and Complications # 1 = 00000: Comorbidities and complications not consistently recorded



In the Staging Items, the Clinical N measure which exceeds the NCDB benchmark is looking for the subcategories (a, b, c) which provide more specific information in staging.

Submissions Reports	Report and Case Identifiers	10	3
	Patient Characteristics	11	2
	Diagnostic Items	15	1
	Staging Items	13	1
	Surgery Items	8	
	Radiation Items	11	
	Other Treatment Items	13	
	2009 Follow-Up and Outcome	5	

[Open All](#)

[Close All](#)

- Report and Case Identifiers
- Patient Characteristics
- Diagnostic Items
- Staging Items:**
- Surgery Items
- Radiation Items
- Other Treatment Items
- 2009 Follow-Up and Outcome

Staging Items	NAACCR#	Codes	Criterion Percent	Hospital Percent	Number (Num/Denom)	Explanation
1. Date of Surgical Diagnostic and Staging Procedure	1280	blank ray	95%	74%	138/179	More than 95% Date of Surgical Diagnostic and Staging Procedure lacking specific ray; day of surgical dx/staging procedure not consistently recorded.
2. Surgical Diagnostic and Staging Procedure at This Facility	740	09	7%	None		More than 20% Surgical Diagnostic and Staging Procedure at This Facility = 09; Should be known if a recent surgical diagnostic or staging procedure done by facility
3. Surgical Diagnostic and Staging Procedure	1330	09	15%	None		More than 15% Surgical Diagnostic and Staging Procedure = 09; use of these procedures not consistently recorded.
4. Regional Lymph Nodes Positive	820	99	50%	11%	52/575	More than 50% Regional Lymph Nodes Positive = 99; High number of unknown number of positive regional lymph nodes
5. Regional Lymph Nodes Examined	850	99	70%	11%	61/775	More than 50% Regional Lymph Nodes Examined = 99; High number of unknown number of regional lymph nodes examined
6. Pathologic T	800	X	50%	30%	226/579	More than 50% Pathologic T = X; Are you using X rather than blank if no pT value is available?
7. Pathologic N	850	X	70%	45%	260/579	More than 50% Pathologic N = X; Are you using X rather than blank if no pN value is available?
8. Staged By (Pathologic Stage)	930	9	90%	0%	1/579	More than 90% staged by (pathologic stage) = 9; High number unknown who provided pathologic staging
9. Clinical T	940	0, 1, 2, 3, 4, X or blank	90%	36%	226/579	More than 90% Clinical T coded 0, 1, 2, 3, 4, X or blank; Are T subcodes being recorded (ie, 1B, 2A)?
10. Clinical N	950	0, 1, 2, 3, 4, X or blank	90%	90%	223/579	More than 90% Clinical N coded 0, 1, 2, 3, 4, X or blank; Are N subcodes being recorded (ie, 1B, 2A)?
11. Clinical Stage Group	970	99	30%	24%	140/579	More than 50% Clinical Stage Group = 99; High number of unknown clinical stage group
12. Clinical Stage (Prefix/Suffix) Descriptor	980	9	90%	None		More than 90% Clinical Stage (Prefix/Suffix) Descriptor = 9; Clinical descriptors not recorded consistently
13. Staged By (Clinical Stage)	930	9	30%	0%	1/579	More than 50% Staged By (Clinical Stage) = 9; High number unknown who provided clinical staging



Review your Completeness Report and address any area that is highlighted. This Completeness Report should be shared with your Cancer Committee and become a part of your Cancer Registry Quality Control Plan.

The revisions to cases can be done anytime before the January Call for Data. Depending on how many cases fall outside of the benchmark, begin now to plan for corrections and updates. Your registry software vendor may be able to help with global changes in some situations.

This is a great tool for assessing quality data collection in your registry.