

Delaware Cancer Registry Execution Plan 2015-2018

Delaware Cancer Registry Advisory Committee (DCRAC)

BACKGROUND

The Delaware Cancer Registry Execution Plan was created in 2006 with the input and guidance of the Delaware Cancer Registry Advisory Committee (DCRAC). The DCRAC was first established in 2005. The DCRAC membership includes oncologists, certified tumor registrars, healthcare planners and policy makers, and representatives of advocacy organizations. The revised priorities, action items and accountabilities for 2015-2018 are shown in the table on the following pages.

The DCRAC provides guidance and support to the Delaware Cancer Registry toward the goal of improving cancer registry operations, including timeliness, completeness and quality of cancer data collection, and on the best use of cancer registry data for cancer surveillance and control initiatives, program planning, and cancer research. In June 2015, a retreat was held to revisit the strategic plan. The committee refocused the prior 3-year plan, and the revisions are incorporated into this document.

MISSION AND PURPOSE

The mission of the Delaware Cancer Registry is to help reduce the cancer burden in Delaware, by maintaining a cancer database of excellent quality and completeness, and making this information available to health professionals, researchers, health care organizations and public health professionals for cancer prevention and control efforts.

The purpose of the Delaware Cancer Registry is to collect timely, complete and accurate data from reporting sources to insure an accurate and continuing source of data concerning cancer and certain specified benign tumors. Reporting sources include all health care practitioners who diagnose or treat cancer, as well as hospitals, clinical laboratories, and other cancer diagnosis and treatment facilities within Delaware. The Registry will serve as a source of information to measure quality of cancer care in Delaware.

DCR GOALS FOR 2015-2018 (Action steps are detailed in the accompanying Execution Plan)

1. Improve timeliness/completeness of reporting of cancer case data, through technological improvements and by increasing reporting by non-hospital sources.
2. Improve data quality, including staging and treatment data. Enable the routine evaluation of treatment practices and patterns against patient outcomes.
3. Increase the use of data to answer research questions.
4. Develop routes of efficient and effective communication between the Registry and its stakeholders, especially with healthcare practitioners and facilities, interested agencies and organizations, and the public. Better, clearer communication of reporting requirements. Improve communication of the benefits of the DCR to the public.
5. Maintain NPCR funding

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Strategy/Objective	Responsible Party	Measure	Current	Goal	Last Updated	Indicator *
STRATEGY 1: Improve timeliness/completeness of reporting of cancer case data, through technological improvements & by increasing reporting by non-hospital sources.	DCR, DCRAC	NAACCR Certification-Annual	Gold	Gold	March 2017	
		NPCR Annual Submission Reports-Advanced Data Quality Standard for 12-month Data	Standards Met	Standards Met	March 2017	
Objective 1A: Increase electronic data submissions from reporting sources.	DCR	Physician Offices – % of facilities electronic --2 offices exempt from electronic reporting	87% (13/15)	80%	June 2017	
		Ambulatory Surgery Centers & Path labs- % of facilities electronic --4 path labs reporting on paper	85% (23/27)	80%	June 2017	
		Hospitals- % of facilities electronic	100%	100%	June 2017	
Objective 1B: Meaningful Use cancer reporting	DCR	Number of non-hospital offices (physicians, ambulatory surgery centers) that have submitted a test CDA file to the DCR	4	20	June 2017	
Objective 1C: Explore use of linkage with DHIN- POSTPONED	DPH	Establish linkage with DHIN	Not Met	DHIN Linkage Operational	March 2015	
		Capability to report from EHR via DHIN	Not Met	EHR reporting via DHIN	March 2015	

*Indicator colors: **Green**-On Track; **Yellow**-Progress/slow; **Red**-Not started

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Strategy/Objective	Responsible Party	Measure	Current	Goal	Last Updated	Indicator *
STRATEGY 2: Improve data quality. Enable the routine evaluation of treatment practices and patterns against patient outcomes.	DCR, DCRAC	Quality audits of DCR and hospital data - 2016: NPCR Data Quality Evaluation 2017: DCR Hospital Data Quality Evaluation	2017- 1 audit completed	1 audit per year	June 2017	
Objective 2A: Move to improving quality of data using the Rapid Quality Reporting System (RQRS) of the Commission on Cancer, and the Quality Oncology Practice Initiative (QOPI) for all hospitals in the state with subsequent public reporting.	DCR	Engage Delaware hospitals in posting Commission on Cancer standard of care quality reports for public review (i.e., CP3R reports)	0	6	June 2017	
Objective 2B: Monitor completeness of DCR's first course of treatment data.	DCR	Annual NPCR submission data quality reports - Completeness of treatment data (% blank or unknown values) compared to NPCR median	2014 Data Report: % blank or unknown values less than the NPCR median for all treatment data fields	% blank or unknown values less than the NPCR median value for all treatment data fields	March 2017	
Objective 2C: All Payer Claims Database	DCRAC	APCD established	DCHI Committee formed	APCD operational	June 2017	
Objective 2D: Track DCR's progress on meeting NPCR standards	DCRAC	Review of DCR's Interim Progress Reports (IPRs) at DCRAC meetings	Reviewed March 2016	Annual Review	June 2017	

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Strategy/Objective	Responsible Party	Measure	Current	Goal	Last Updated	Indicator *
STRATEGY 3: Increase use of data to answer research questions.	DCR, DCRAC	Annual # of research projects using DCR data: Baseline-4 in 2011	15 in 2016; 22 as of June 2017	Increased # of research projects	June 2017 -see table on page 6	
Objective 3A: Provide help to data users (e.g. FAQ on webpage)	DPH	# of hits on data access guidelines/WebTrends traffic analysis- Baseline: 486 hits in 2012; 736 in 2016	206 as of May 2017	Increased # of hits	May 2017	
Objective 3B: Publicize availability of data for this purpose to inform researchers, academic institutions, & other stakeholders, e.g. through DE Medical Society publications, hospital meetings.	DCR	# of articles, events, reports publicizing availability of data, including emails linking to DCR webpage	4 as of June 2017: 3 DJPH articles and 1 email to physicians	3 per year	June 2017	
STRATEGY 4: Develop routes of efficient communication between the registry & its stakeholders: especially with healthcare practitioners & facilities, agencies, & the public. Better communication of reporting requirements, & of the benefits of the DCR to the public.	DCR, DCRAC	# of professional articles/publications about DCR per year	3 DJPH articles as of June 2017	1 per year	June 2017	
		# of overall hits on DCR website- Baseline: 2083 hits in 2010	3078 in 2016; 1219 as of May 2017	Increased # of hits	May 2017	
Objective 4A: Make public NAACCR & NPCR findings regarding certification/quality of DCR data, e.g. post on DCR website, DPH press release.	DCR	Update NAACCR and NPCR submission results on website once/year	Updated in 2016	Annual update	December 2016	

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Strategy/Objective	Responsible Party	Measure	Current	Goal	Last Updated	Indicator *
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STRATEGY 5: Maintain NPCR Funding	DCR					
<p>Objective 5A: Ensure use of cancer registry data for public health & surveillance research purposes in at least 5 of the following ways:</p> <ol style="list-style-type: none"> 1) Comprehensive cancer control 2) Detailed incidence and mortality by stage and geographic area; 3) Collaboration with cancer screening programs for breast, colorectal, cervical cancer; 4) Health event investigation; 5) Needs assessment/program planning (e.g., Community Cancer Profiles); 6) Program evaluation; 7) Epidemiologic studies 	DCR	Cancer registry data used in at least 5 ways per NPCR Program Standards	In progress	Five/Year	June 2017	
<p>Objective 5B: Implement transition from Collaborative Staging to directly coded AJCC and SEER Summary Stage</p>	DCR	Percentage of cases including directly coded staging- 2016 Diagnosis Year Cases: AJCC Clinical Stage Group: 100% coded; and SEER Summary Stage 2000: 100% coded	In progress	100%	March 2017	

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Strategy Three: Research Projects Using DCR Data, 2017 (June 2017; N=22)

Date	Subject of Study	Data Provided by the DCR	Requested By
January 2017	Health Professionals Follow-up Study	Cancer identification data for patients in the Cohort Cancer Registry Follow-up Study	Health Professionals Follow-up Study, Harvard University
January 2017	Stage IV cancers in Delaware	Incidence; percentage diagnosed at stage IV; top sites diagnosed at Stage IV	Delaware House of Representatives
February 2017	Analytic bladder cancer case counts seen in Delaware in 2015	Analytic bladder cancer cases in 2015 – Delaware counts	CCHS Oncology Data Center
March 2017	Hepatocellular Carcinoma and intrahepatic by racial/ethnic groups in the US	Cancer in North America (CiNA) deluxe dataset 1995-2013	National Cancer Institute
March 2017	State-level lung cancer burden (incidence rate, percent by stage, survival rate, etc.)	Cancer in North America (CiNA) deluxe dataset 1995-2013	Los Angeles Cancer Registry
March 2017	Measuring observed incidence of prostate cancer by grade and extent of disease for racial/ethnic groups in the US and Canada	Cancer in North America (CiNA) deluxe dataset 1995-2013	University of Miami
March 2017	Rates of cancer among children and young adults in the US	Cancer in North America (CiNA) deluxe dataset 1995-2013	National Cancer Institute
March 2017	Spatial analysis of sociodemographic risk factors for incidence of triple-negative breast cancer	Cancer in North America (CiNA) deluxe dataset 1995-2013	National Cancer Institute
March 2017	Forecast of trends in esophageal and gastric cancer in the US through 2030	Cancer in North America (CiNA) deluxe dataset 1995-2013	National Institute of Health
March 2017	Inflammatory breast cancer cases – percentage of breast cancer case in Delaware	Analytic breast cancer cases in 2015 by clinical T	CCHS Oncology Data Center
March 2017	FORTEO Osteosarcoma --Medicare Study	Osteosarcoma case data for linkage	Research Triangle Institute
March 2017	Census county division analysis	Patient address at diagnosis data, 2009-2013	DPH Comp Cancer Program
March 2017	Screening for Life (SFL) colorectal cancer data linkage	DCR diagnostic data for SFL cases	DPH SFL Program
March 2017	Screening for Life (SFL) breast cancer data linkage	DCR diagnostic data from SFL cases	DPH SFL Program
March 2017	Hepatocellular carcinoma in Delaware, 2005	Incidence, deaths and HCV exposure – 2005-2016	DPH Bureau of Communicable Disease Prevention

Date	Subject of Study	Data Provided by the DCR	Requested By
March 2017	Delaware cancer prevalence	DCR frequency of cases with alive vital status by zip code – for assessment of cancer prevalence	DPH Bureau of Chronic Disease
April 2017	Evaluation of Cancer Patient Comorbidities in the DCR Database	DCR data, cases diagnosed in 2009-2013	DPH Comp Cancer Program for DCC EDP Committee
April 2017	FORTEO Osteosarcoma Study	Osteosarcoma case data for the FORTEO-Quintiles study- IMS Health	IMS Health
April 2017	Hodgkin's Disease in Delaware, 2003-2012	NAACCR format file of DCR cases diagnosed 2003-2012	DPH Comp Cancer Program
May 2017	Delaware colorectal cancer case data, 2003-2012, to determine targets for CRC symptoms campaign	Delaware colorectal cancer cases, 2003-2012— record-level NAACCR format file	DPH Comp Cancer Program
May 2017	Black Women's Health Study follow-up data	Cancer diagnosis, stage, treatment, demographic and follow-up data for study participants	Sloane Epidemiology Center, Boston University
June 2017	Delaware 2010-2014 incidence data, for Incidence and Mortality Report	Delaware 2010-2014 NAACCR incidence format file	DPH Comp Cancer Program