

## National Program of Cancer Registries Research and Evaluation Activities

### Patterns of Care Study: Prostate, Colon, Breast, and Ovarian Cancers

The Centers for Disease Control and Prevention's (CDC's) National Program of Cancer Registries (NPCR) is conducting four studies to compare the quality of treatment and stage data reported to nine NPCR registries with reabstracted data from the corresponding medical record. These studies also are using population-based samples to estimate the proportion of patients in each state who received the recommended standard of care. In addition, data for patterns of care for localized prostate and breast cancers and stage III colon cancers are being collected according to patient and disease characteristics, comorbid conditions, and insurance coverage. For ovarian cancer, both outcome and staging are being assessed by physician specialty. Data collection will be completed by September 2004, and preliminary results are expected by September 2005.

### The CONCORD Study

The CONCORD study will measure and explore differences in cancer among breast, prostate, and colorectal cancer patients in Europe, Canada, and the United States. The three-phase study explores the extent to which international differences in cancer survival can be attributed to differences in tumor biology, disease definition, stage at diagnosis, treatment, health care systems, and other factors. Population-based cancer registries in 17 NPCR-supported programs, 6 Canadian provinces, and 16 European countries are participating in phase I of the study. Results of this phase of the CONCORD study are anticipated in late 2004. Phase II includes eight NPCR-supported programs participating in special projects to explain the survival differences.

### Strategies for Implementing Pathology Protocols—Reporting Colon and Rectal Cancers

In 1998, the College of American Pathology developed and published Standardized Reporting Protocols to help the surgical pathologist achieve completeness, accuracy, and uniformity in collecting and reporting pathology-related tumor data. CDC has funded two state registries (California and Ohio) to work with selected pathology laboratories to evaluate the use of structured data entry for pathology reports that are submitted to cancer registries. Working collaboratively, developers of cancer registry and hospital pathology laboratory software have developed an early version of a software product for collecting and reporting data in a Health Level 7 (HL7) message structure, using Logical Observation Identifier Names and Codes (LOINC®) and Systematized Nomenclature of Medicine (SNOMED) Clinical Terms® codes. This 3-year project is intended to encourage the standardization of content and electronic reporting of pathology data for colon and rectal cancers to cancer registries. The goal is to improve the completeness, timeliness, and quality of colorectal cancer data. Preliminary findings have been shared at annual conferences of the North American Association of Central Cancer Registries (NAACCR), and a final report should be completed in 2005.

### Assessment of Completeness of Reporting Melanoma to Central Cancer Registries

Increasingly, health care providers in outpatient facilities are diagnosing and treating melanoma. Because staff in these facilities often have limited knowledge of cancer reporting requirements, cases

(Continued)

#### For more information, please contact:

The Centers for Disease Control and Prevention • National Center for Chronic Disease Prevention and Health Promotion  
Division of Cancer Prevention and Control • Mail Stop K-64, 4770 Buford Highway, NE • Atlanta, GA 30341-3717 • Phone (770) 488-4751  
Fax (770) 488-4760 • Voice Information System 1 (888) 842-6355 • E-mail [cancerinfo@cdc.gov](mailto:cancerinfo@cdc.gov) • Web site <http://www.cdc.gov/cancer>



Department of Health and Human Services  
Centers for Disease Control and Prevention

SAFER • HEALTHIER • PEOPLE™



## **National Program of Cancer Registries Research and Evaluation Activities**

diagnosed in these settings may be underreported to central cancer registries. This study will assess the completeness and accuracy of cutaneous melanoma reporting with two NPCR cancer registries (Alabama and New Hampshire) selected for the project. A casefinding and a reabstraction audit of melanoma cases, as well as the identification of non-reporting facilities, will be conducted. Data collected for the study will be compared with those found in the state cancer registry to assess the completeness and quality of melanoma data and to identify sources of underreporting, data inaccuracy, and errors in data coding. Recommendations from the study will address (1) methods to improve the quality and completeness of reports on melanoma, (2) guidance on using pathology laboratories and ambulatory center reporting to obtain timely reports, and (3) instruction on obtaining key data elements from physicians' offices and hospitals. The audit is expected to start in spring 2004, and a final report is anticipated by the end of the year.

### **Data Linkage with the Indian Health Service**

Racial misclassification of American Indians and Alaska Natives in cancer registry data affects cancer statistics and hampers program planning for cancer prevention and control efforts for these populations. The Indian Health Service (IHS) and CDC have conducted a 1-year data linkage project to help registries more accurately describe the burden of cancer among American Indians and Alaska Natives. Data from 25 state registries in the NPCR have been linked with data from the IHS patient registration records to improve the classification of

American Indian/Alaska Native race in the registries. Preliminary results were presented at the CDC's 2003 Cancer Conference. An analysis comparing cancer incidence rates before and after the linkage is planned for the first quarter of 2004. An additional linkage is scheduled for late fall 2004 so that updated race information for American Indians and Alaska Natives can be included in the 2005 NPCR Cancer Surveillance System data submission.

### **Monograph on Colorectal Cancer**

The CDC is collaborating with the National Cancer Institute, NAACCR, and state cancer registries to use cancer incidence and mortality data to produce a monograph on colorectal cancer. The monograph will consist of about 10 peer-reviewed scientific papers, with examples of topics as follows: incidence of colorectal cancer by age, sex, race, and ethnicity; trends in colorectal cancer incidence; regional variations in colorectal cancer incidence and mortality; factors associated with regional differences in incidence and mortality; and colorectal cancer mortality and years of life lost by race and ethnicity. The specific topics will be selected by the collaborators. Data analyses for this monograph will help describe the burden of colorectal cancer, identify groups most at risk (for targeted interventions), and help monitor progress in meeting national goals to reduce the burden of cancer. The goal of the monograph is to support the development of comprehensive approaches to the prevention and control of colorectal cancer, the second-leading cause of cancer-related death in the United States. This 1-year project, currently in the planning phase, is expected to begin in fiscal year 2005.