CASEFINDING

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Casefinding

- Systematic process to identify all cases eligible to be included in the registry database
- Includes both inpatients and outpatients
- Required at all types of facilities
- Need an up to date Reportable List

Reportable List

- Include all malignancies (carcinomas, sarcomas, melanoma, leukemia, lymphomas
- Benign brain tumors (must be reported as of 1/1/2004)
- Cases reportable by agreement (ACOS hospital cancer programs)

What Should be Reported in Mississippi?

- Analytic cases diagnosed on or after January 1, 1996
- Cases that were diagnosed and/or treated at your facility (on or after 1/1/96)
- Pathology only cases read by pathologists must be reported
- Nonanalytic cases – submit when requested by MCR

Additional Cases to Report

- Squamous intraepithelial neoplasia grade III of the following:
  - Vulva (VIN)
  - Vagina (VAIN)
  - Anus (AIN)

- Refer to the state reportable list

Mississippi - Do Not Report

- History of Cancer Cases
- Basal cell and squamous cell carcinomas of the skin

Types of Casefinding

- Active casefinding
  - More thorough
  - More accurate
  - Costs more
- Passive casefinding
  - Self reporting less reliable
  - Dependent on others to ID cases
  - More likely to miss cases

Casefinding Sources

- Methods vary by individual facility
- Depends on services offered at facility
- Multiple sources needed to identify all cases

Casefinding Sources Continued

- Pathology, cytology reports
- Admission/discharge documents
- Disease indices/coding reports
- Surgery schedule
- Nuclear medicine logs
- Radiation treatment logs

Casefinding Sources Continued

- Hematology or Oncology clinic appointment schedules
- Bone marrow reports
- Mammography reports
- CT/MRI reports
- Autopsy reports

Pathology & Cytology Reports

- >90% of cases
- Review copies reports
- Computer generated listing – specify codes
- Outside cases reviewed by pathologist

Admission/Discharge Documents

- Daily or weekly review
- Can be done at time discharge records processed
- May be a computer generated list of patients

Admission/Discharge List

Name	MR #	Serv	DcDate	ICD-9 Code
L name, First	7777	Med	9-1-05	174.9

- Sort according to your specifications

Disease Indices/Coding Reports

- Run monthly, depending on case load
- May be hard copy or electronic
- Based on cases coded
- Obtain from health information management/medical record department

Disease Index – October 2005

Name	MR#	DCDate	PrimDx	SecDx
Jones R	88888	10/15/05	174.9	197.0
May S	77777	10/18/05	V58.1	162.4
Wade W	11111	10/09/05	185	

Surgery Schedule

- Type of procedure
- Examples
  - Modified radical mastectomy
  - Radical prostatectomy
- Especially important for outpatient surgery centers

Nuclear Medicine Log

- Bone scans
- I-131 treatment for thyroid cancer

Radiation Treatment Logs

- Patients treated with radiation
- Patient may have been diagnosed elsewhere
- Patients may be included with disease index/coding list (need to know how coding is handled at facility)

Hematology or Oncology Visits

- Hematology or Oncology clinic on site
- Patients may not be admitted to hospital
  - Chronic lymphocytic leukemia
  - Polycythemia Vera
- Diagnosis by CBC or other blood test

Bone Marrow Reports

- Report may be generated by pathology or hematologist
- Leukemias, myeloproliferative disorders, other malignancies
  - Chronic lymphocytic leukemia
  - Refractory anemia
  - Lymphoma involving the bone marrow

Mammography

- Abnormal mammograms
- Work with radiologists to identify cases that fit criteria for cancer diagnosis (i.e., compatible with, suspicious, probable for cancer – see reportable list)

CT & MRI Reports

- Clinical diagnosis of cancer
- Benign brain tumors
  - Pituitary adenoma
  - Meningioma
- Brain metastasis
- Work with radiologists to identify cases that fit criteria for cancer diagnosis (i.e., compatible with, suspicious, probable for cancer – see reportable list)

Autopsy Report

- May confirm primary site (unknown primary)
- New cancer not diagnoses previously may be identified
  - Prostate cancer, incidental finding

Casefinding – State Registry

- Hospitals
- Independent Pathology Laboratories
- Freestanding Radiation Facilities
- Physician Offices
  - Hematology/Oncology
  - Dermatology
  - Urologist
  - Neurologist
  - Radiologist

Casefinding – State Registry

- Outpatient Surgery Center, freestanding
- Hospice
- Nursing Homes
- Death Certificates
- Others?

Review/Link Identified Cases

- Compare site in registry database – new versus prior malignancy
- Identify subsequent malignancies

Enter Patient in Suspense File

- Cases that are potentially reportable
- Cases that need to be abstracted
- Include - Name, Identifier, Date of first contact/Diagnosis Date, Primary site
- File/sort by date identified

Monitor Casefinding Completeness

- Quality control function
- Maintain a casefinding log
- Review number of cases by month
- Review number of cases by casefinding source
- Look at primary site totals

Casefinding Audits

- Completed by State Registry or other entities
- Assess completeness of casefinding

Summary

- Casefinding is an important procedure to identify cases
- Identify facility specific methods to identify cases
- Monitor casefinding for quality control