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
<table>
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<tr>
<th>Name</th>
<th>MR #</th>
<th>Serv</th>
<th>DcDate</th>
<th>ICD-9 Code</th>
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<td>174.9</td>
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</table>

- 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

<table>
<thead>
<tr>
<th>Name</th>
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</table>
Surgery Schedule

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

- Bone scans
- $^{131}$I 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