

WCRS Abstract Code Manual

Wisconsin Cancer Reporting System (WCRS)
Bureau of Health Information and Policy
Division of Public Health
Department of Health Services

2008

Second Edition

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Wisconsin Cancer Reporting System on the Web: <http://dhs.wisconsin.gov/wcrs/>

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ABOUT THIS MANUAL

Public Law 102-515 and the Wisconsin Cancer Reporting System

The primary purpose of this WCRS Abstract Code Manual is to assist Wisconsin cancer reporters in reporting cancer cases to the Wisconsin Cancer Reporting System (WCRS). This is the second edition of the manual. This is a major revision of the original manual (released in 1992) and incorporates changes in coding structures and requirements from the National Program of Cancer Registries (NPCR), the North American Association of Central Cancer Registries (NAACCR), the National Cancer Institute's Surveillance, Epidemiology and End Results (NCI-SEER) Program and the Commission on Cancer (CoC), Facility Oncology Required Data Standards (FORDS).

Since the passage of Public Law 102-515, the Cancer Registries Amendment Act, by the 102nd Congress in October 1992, there has been a tremendous effort by all agencies collecting cancer data to unify and standardize data sets. With the establishment of the National Program of Cancer Registries in 1994, all central registries funded by the Centers for Disease Control and Prevention (CDC) through NPCR are required to follow stringent data management procedures; provide training for state personnel and hospital/clinic reporting staff; publish an annual report; and conduct casefinding and re-abstracting audits at randomly selected facilities.

Although WCRS began receiving CDC/NPCR funding in 1995, the registry was established in 1976 by the Wisconsin legislature; therefore our index (reference) year is 1976. WCRS collects data that: 1) are compliant with required NPCR data elements; 2) meet standard requirements designated by NAACCR for incidence reporting and endorsed by CDC; and 3) assist WCRS staff when assessing data quality. WCRS also uses the data to provide useful feedback to submitting facilities for quality assurance activities and administrative purposes.

Data are submitted annually to NAACCR for Registry Certification and publication in *Cancer in North America (CINA)*. Registries whose data meet established criteria, including criteria for timeliness, accuracy and completeness, are recognized annually as NAACCR Certified registries. WCRS has often met the criteria to be recognized as a NAACCR certified registry. WCRS also submits data annually to CDC for inclusion in the *United States Cancer Surveillance* annual publication.

If questions arise that can't be answered from the materials provided in this coding manual or other resources cited within, call or email the WCRS staff for further assistance. Please see Appendix I for WCRS staff contact information.

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INTRODUCTION: WISCONSIN CANCER REPORTING REQUIREMENTS

Role of Facilities, Wisconsin Cancer Reporting System, Confidentiality and Audits

Requirements for cancer reporting in Wisconsin are governed by chapter 255.04, Wisconsin Statutes; Wisconsin Administrative Rule HFS 124.05(3)(h); NPCR requirements as defined under Public Law 102-515; NPCR program standards and NAACCR reporting standards. Copies of the statute, administrative rule and Public Law 102-515 are included as Appendix II.

In determining case reportability, WCRS follows the rules of the Surveillance, Epidemiology and End Results (SEER) Program of the National Cancer Institute. Data items are based on fields required and/or recommended by NPCR for central registries collecting incidence data. Additional fields are required for quality assurance.

Role of Facilities

The primary source for obtaining information on a cancer diagnosis and subsequent treatment is a Wisconsin health care facility (hospital, clinic, physician office, ambulatory surgery center) or a pathology laboratory. Wisconsin facilities are required by law to report active primary cancers to WCRS (specific reporting requirements are described in Chapter 1). A facility may be small or large, and the extent of information submitted varies, depending on facility size, services available to the patient and the reporting methods for each facility. Some facilities have had their own cancer registries for years in accordance with the American College of Surgeons-Commission on Cancer (ACoS-CoC) requirements, while others have limited registries or no registry and only provide the minimum data required by Wisconsin law.

Role of the Wisconsin Cancer Reporting System

The WCRS role is to gather information from hospitals and other reporting sources to monitor the incidence of cancer in the state to assess the true burden of cancer in Wisconsin. The data are received electronically using a required file structure and layout, or on the WCRS official paper reporting form F-45709 (rev. 07/08). A copy of this form is included in the back of this manual. Examples of data use include state and national cancer publications, epidemiological research and cancer prevention/control efforts. The information collected is invaluable in determining risk factors in certain populations, studying the impact of environmental factors, identifying ethnic and racial variations and evaluating the effectiveness of state cancer control programs.

Confidentiality

Per Wisconsin statute, “Any information reported to the department under sub. (1) or (5) which could identify any individual who is the subject of the report or the person submitting the report shall be confidential and may not be disclosed by the department except to the following: (a) A central cancer registry in another state if the individual who is the subject of the information resides in the other state. (b) A national cancer registry recognized by the department.” This confidentiality provision is necessary to assure all reporting entities that neither their identity nor the confidential data they submit will be released unless authorized by statute.

WCRS policy identifies the following data items as confidential:

1. Patient name
2. Street address
3. Date of birth
4. Death certificate number
5. Date of death
6. Social security number
7. Name of reporting physician
8. Patient medical record number
9. Cancer registry patient accession number (assigned by facility)
10. Name of follow-up physician

In addition, WCRS policy identifies the following combinations of data items as potentially identifying, based on the number of items combined and the size of the geographic area being analyzed.

1. Race
2. Age
3. Sex
4. Year of diagnosis
5. Cancer site
6. Cancer cell type
7. Geographic area

WCRS policy also identifies the following materials as confidential:

1. All case reports – paper or electronic
2. Lists of individual cases – regardless of purpose or item content
3. Information pertaining to reports by individual facilities (letters regarding reporting problems, records of facility-specific data requests, facility feedback reports, etc.)
4. Any electronic input/output that lists confidential items.

WCRS employees are required to sign confidentiality agreements and follow confidentiality procedures set forth in the Wisconsin Cancer Reporting System Specific Policies and Procedures document. These procedures include, but are not limited to, the use of locked cabinets for confidential data stored on paper, password-protected computer access, role-based access of network electronic files and databases, procedures for handling data requests, and procedures for handling potential breaches of confidentiality.

Note: *The Health Insurance Portability and Accountability Act known as HIPAA allows for the reporting of identifiable cancer data to public health entities. Because the Wisconsin Cancer Reporting System falls under the definition of a public health authority, HIPAA allows your facility to continue reporting cancer incidence data in compliance with Wisconsin statute 255.04 and Administrative Rule HFS*

124.05(3)(h). Written informed consent from each cancer patient reported to public health entities is not required under HIPAA nor is a Business Associate Agreement required; rather, facilities must simply document that reporting has occurred.

Audits

To meet the new requirement established by NPCR in June 2007, WCRS will begin conducting casefinding and re-abstracting audits. All Wisconsin hospitals must be audited by June 2012; WCRS expects to begin audit procedures in 2010. The intent of the audits is to assist hospitals with casefinding and abstracting issues to ensure complete, high-quality data are submitted to WCRS. After completion of the audits, detailed summary reports will be prepared and shared with the hospital reporter and other interested parties.

The audit will consist of two parts:

Casefinding – Inpatient/Outpatient hospital disease indices, pathology reports and other pertinent casefinding documents are reviewed and matched to the WCRS database. Any non-matched cases are returned to the hospital reporter for resolution. During routine casefinding, reporters can assist themselves and WCRS by maintaining a non-reportable list (patient name, date of birth or social security number, ICD-9-CM code of the non-reportable malignancy, date seen and reason not reported) based on WCRS guidelines. Another method is to note the reason a case is non-reportable on the registrar's casefinding source. The listing or notations will help reporters avoid duplication of efforts related to casefinding and identification of non-reportable cases.

Re-abstractation – The re-abstracting audit consists of Certified Tumor Registrars (CTRs) (either on staff at WCRS or contracted by WCRS) re-abstracting specific WCRS-required fields on a small sample of cases from a pre-determined diagnosis year, and comparing results to the original abstracted data submission. Discrepancies are discussed with the hospital reporters. WCRS abstracting and coding guidelines are reinforced. Attempts are always made during the resolution process to determine if reporters had additional information not available to the auditors.

