(A) Policy Statement

The quality control of the Cancer Registry data is the responsibility of the Cancer Committee and the Cancer Committee-appointed coordinator of the Cancer Registry. According to the American College of Surgeons (ACS) Commission on Cancer (CoC) Standard 2.10 states: "The cancer committee, or other appropriate leadership body, establishes and implements a plan to evaluate the quality of cancer registry data and activity on an annual basis. The plan includes procedures to monitor casefinding, accuracy of data collection, abstracting timeliness, follow-up and data reporting."

(B) Purpose of Policy

By establishing and implementing a quality control plan to monitor multiple areas of cancer registry activity and the accuracy and completeness of abstracted data, the Cancer Committee and assigned coordinator of the Cancer Registry ensures the quality of the Cancer Registry data.

(C) Scope

This policy applies to all health information management employees. Mainly used by the cancer registry department in conjunction with the cancer committee.

(D) Procedure

According to the ACS/CoC Standard 2.10, the quality control plan:

1. Sets the review criteria
2. Sets the quality control timetable
3. Specifies the quality control methods, sources and individuals involved
   a. Required activities:
      i. Random sampling of annual analytic caseload
      ii. Physician review (residents and other physicians may be included)
   b. Optional sources:
      i. External audits (eg, state/central Cancer Registry casefinding audits) may be used to fulfill part of this requirement
4. Identifies the activities to be evaluated
   a. Required Activities
      i. Casefinding
      ii. Abstracting timeliness
      iii. Accuracy of the Collaborative Stage (CS) derived stage recorded on the cancer registry abstract
      1. Correct information recorded in the CS data items to obtain a correct derived stage.
iv. Accuracy of abstracted data
   1. Class of Case
   2. Primary Site
   3. Histology
   4. First Course of Treatment
v. Follow-up information
vi. Completion of American Joint Committee on Cancer (AJCC) pathological staging by
    the managing physician, or other approved medical professional, if available
vii. National Cancer Data Base (NCDB) data submission, correction of data errors and
     resubmission of corrected data

b. Recommended activities
   i. Accuracy of AJCC clinical or working stage assigned by the managing physician

5. Defines the scope of the evaluation
   a. Required scope
      i. Minimum: 10% of annual analytic caseload
      ii. Maximum: 300 cases annually

6. Establishes the minimum quality benchmarks
   a. Required accuracy
      i. Cancer Registry data submitted to the NCDB meet the established quality criteria
         included in the annual Call for Data
      ii. Accuracy rate of CS derived stage as set by the cancer committee which is currently set
          at 90%
   b. Recommended accuracy
      i. 90% of AJCC staging assigned by the managing physician is accurate

7. Maintains documentation of the quality control activity
   a. Required documentation
      i. Review criteria
      ii. Cases reviewed
      iii. Identified errors and resolutions
      iv. Reports to the Cancer Committee

10% of all analytic cases accessed into the registry are reviewed twice a year:
1. The cases for review are selected randomly from the Electronic Registry Systems (ERS) database from
   a generated Population report.
2. The review is performed with patient’s chart(s), the Cancer Registry’s abstract and the
   Evaluation/Criteria form. Each abstract is checked for the criteria against the charts (See the example of
   the Evaluation/Criteria form following this Policy and Procedure in the cancer registry’s Policy and
   Procedure manual)
3. The review will also be used in compliance with the quality auditing process to monitor physician use of
   the AJCC clinical or working stage, site prognostic factors and evidence based national treatment
   guidelines in treatment planning for cancer patients (see Policy and Procedure number 3364-105-415).
3. The findings are summarized and presented to the Cancer Committee on a semi-annual basis.

The Cancer Registry is responsible for:
1. Visual of abstracts along with the accession register as well as periodic re-abstracting of cases.
2. Reviewing edit reports from central registries, state registries and the NCDB is also the responsibility of
   the cancer registry in addition to correcting and resubmitting edits to the mentioned agencies.
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<th>Approved by:</th>
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<tbody>
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Policies Superseded by This Policy: 10-401

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.