ARKANSAS CENTRAL CANCER REGISTRY

NPCR DATA QUALITY EVALUATION

The Data Quality Evaluation (DQE) program is funded by the CDC's National Program of Cancer Registries (NPCR) in assessing the quality of their data and recommends ways to improve and enhance the quality of the data. The study identifies data items and abstracting rules that were most missed or had high error rates.

The Summer 2025 issue of ACCR's Quarterly Data Quality Newsletter will focus on areas of concern based on the results of NPCR's 2024 DQE of State central cancer registries.

DEATH CLEARANCE ACTIVITIES

As you know, death clearance is underway. The Arkansas Central Cancer Registry (ACCR) receives death certificates for Arkansas residents who have a diagnosis of cancer listed on the death certificate. The ACCR then links those residents to the database to be sure we have the individuals reported (matched cases). If the individuals are not in the database, we will follow-back to the facility or the person who signed the death certificate to see if we can establish a date of diagnosis or a confirmation of diagnosis from a medical practitioner. Please be sure to respond to the requests for more information, it's an important step toward having a complete picture of the status of cancer in our state.

DATA QUALITY SPOTLIGHT: Treatment Summary Surgery of Primary Site (NAACCR Data Item #1290) for Non-Malignant Brain Tumors.

RX Summ—Surgical Procedure of Primary Site 03-2022 (NAACCR data item # 1290):

- Is required by NPCR, CoC, and SEER.
- Is applicable for diagnosis years 2003–2022.
- Records the surgical procedure(s) performed to the primary site during first-course treatment.
- Compares the efficacy of treatment options.
- Documents the most invasive surgical procedure for the primary site if only one procedure is collected in the registry software.
- Was replaced in 2023 by RX Summ – Surg 2023 (NAACCR data item #1291) to capture code structure, not to the descriptions or definitions for brain/CNS sites.

Valid Codes (RX Summ—Surgery of Primary Site 03-2022 for diagnosis years 2003–2022)

No specimen sent to pathology	Specimen submitted to pathology	Unknown surgery
00 – No surgery **10** – Tumor destruction, NOS	**20** – Local excision of tumor, lesion, or mass; excisional biopsy • **21** – Subtotal resection of tumor, lesion, or mass in brain • **22** – Resection of tumor of spinal cord or nerve **30** – Radical, total, gross resection of tumor, lesion, or mass in brain **40** – Partial resection of lobe of brain when the surgery cannot be coded as 20-30 **55** – Gross total resection of lobe of brain (lobectomy)	**90** – Surgery, NOS; type unknown **99** – Unknown if surgery performed, death certificate ONLY

Valid Codes (RX Summ – Surg 2023 for diagnosis years 2023+)

No specimen sent to pathology	Specimen submitted to pathology	Unknown surgery
A000 – No surgery **A100** – Tumor destruction, NOS	**A200** – Local excision of tumor, lesion, or mass; excisional biopsy • **A210** – Subtotal resection of tumor, lesion, or mass in brain • **A220** – Resection of tumor of spinal cord or nerve **A300** – Radical, total, gross resection of tumor, lesion, or mass in brain **A400** – Partial resection of lobe of brain when surgery can't be coded as A200-A300 **A550** – Gross total resection of lobe of brain (lobectomy)	**A900** – Surgery, NOS **A990** – Unknown if surgery performed, death certificate ONLY

DATA QUALITY SPOTLIGHT: NPCR DQE RESULTS

Problems Identified

- RX Summ—Surgery of Primary Site 03-2022 for non-malignant brain tumors had one of the lowest accuracies among all data items validated for diagnosis years 2018–2020 as part of the NPCR Data Quality Evaluation.
- The overall accuracy for RX Summ—Surgery of Primary Site 03-2022 was 85.4% (779/912) for non-malignant brain tumors, ranging from 66.3% to 93.7% with a mean of 79.9% across 12 registries (Figure 1).
- Cases were miscoded as 21 or 30 when surgery was done but did not state a more specific procedure such as subtotal or gross resection of tumor.
- Failed to code cases as 21, 30, or 55 as applicable, when the specific procedure was documented in text fields.
- Did not code 00 when no surgery was recommended or performed, and when first course treatment was active surveillance or observation only.

NPCR DQE Study Recommendations and Resources

- Per STORE manual 2018, Appendix B: Site-Specific Surgery Codes, Brain, page 484
  - Review the surgical information in the medical record to determine the type of surgery that was performed.
  - Use code 20 if no description of the procedure is available to classify the surgery.
  - Use code 21 when only a subtotal resection was performed or described.
  - Use code 30 when total or gross resection of the tumor was performed.
  - Use code 40 when the surgery cannot be coded as 20 or 30 or is described as a partial resection of a lobe of the brain.

- Per SEER Manual 2018, page 161, and SEER Appendix C: Site-Specific Coding
    - Use code 20 for a local excision of tumor, lesion, or mass and includes excisional biopsy.
- For SEER registries, assign code 20 for stereotactic biopsy of brain tumor.
    - Use code 21 for a subtotal resection of tumor, lesion, or mass in brain.
    - Use code 30 for a radical, total, gross resection of tumor, lesion, or mass in brain.

REMINDER - TEXT – TEXT – TEXT!

It is so important that you include complete descriptions of clinical history, diagnostic work-up, labs, imaging, scopes, diagnosis, and treatment information. The only way we can validate the accuracy of the data is by having that text available. Always include dates and succinct details of the information you're entering in the abstract. If insufficient text is noted, we need to send the case back (follow-back) to you so you can complete the text fields. This requires a new and complete case to be abstracted and submitted back to us, as we do not have the ability to accept Modified Records (record type M). Ensuring text is included in the initial submission saves time!

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