

ACS NCDB National Cancer Database
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NCDB Real Time Reports: the future is now

2024 ACS Cancer Conference: Improving Cancer Care for All
February 23, 2024
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Senior Manager, NCDB

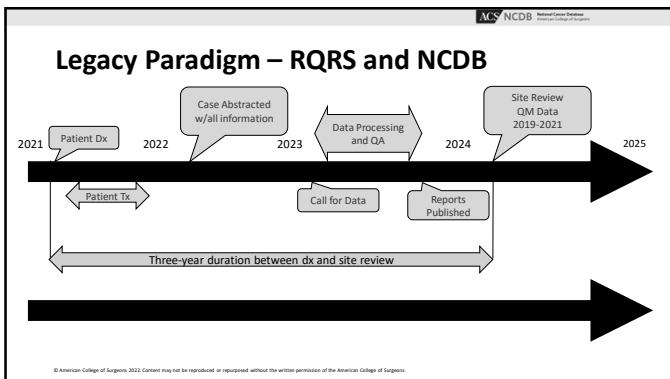
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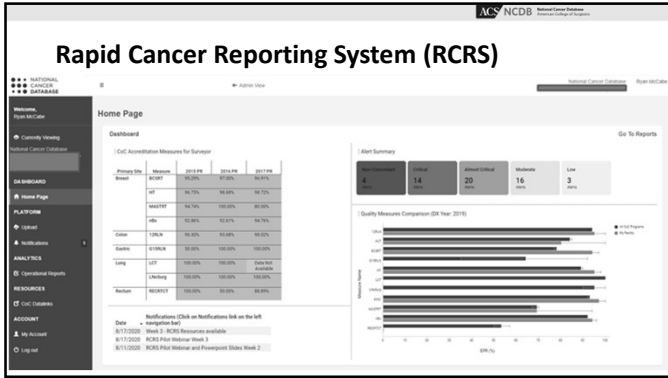
Disclosures

Nothing to disclose

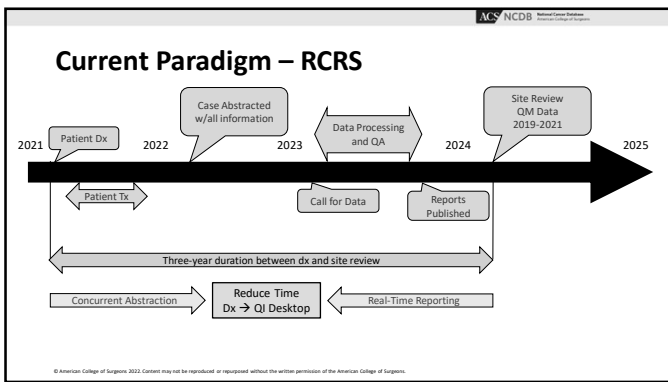
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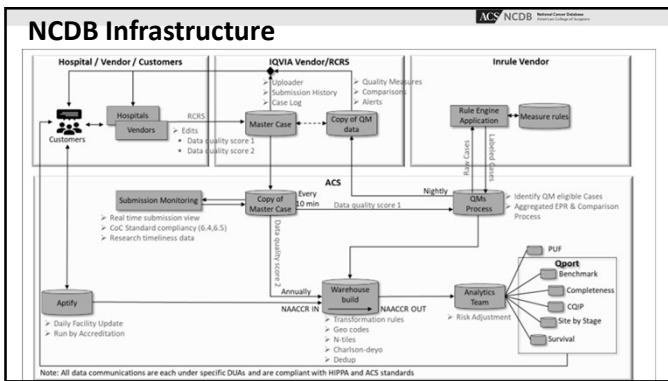
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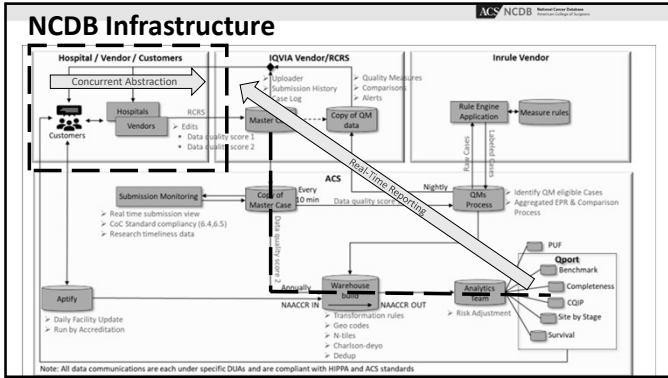
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6




7

Current Projects

Reducing Cost of Abstracting; Refreshing Real-Time Reports

- Completeness Report migration (released: 2023)
- Call for Data 2.0 (2024)
- Benchmark and Site by Stage migration (2024)




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8

Completeness Report – Data Items

- Evaluates Hospital missingness or default overuse at the data item level
- Migrated legacy Completeness Report to RCRS
 - Same as before, but focused on fewer data items
 - Incomplete Cases
 - Staging
 - Treatment
 - Quality Improvement
 - Newer DX Years included (2024-2019)




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9

Completeness Report – Cohorts

- Adding Cohort Completeness
 - Enables registrars to compare completed cohorts across several years prior
 - By disease site
 - Will be basis for new C4D completeness standard



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10

Current Call for Data

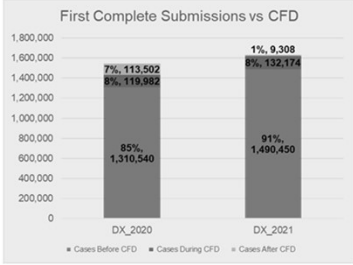
- 2023 → March 1-31
 - Traditionally January
- All newly dx 2021 cases
 - ~1.6mm cases submitted to RCRS
- All updated prior cases
 - Total ~17mm cases submitted to RCRS in one month
- Site Review Cycle for 2024
 - Assesses most recent year of complete case submissions
 - Dx 2021, 2020, 2019



11

Call for Data 2.0

- “Virtual” Call for Data
- Dec 31 cutoff
 - 12/31/24 → all 2023 cases are due
 - Site Reviews one year more current
 - NCDB Tools Oct → July
- Supported by RCRS Completeness Report
- Reduce redundant, “check box” CTR work and data processing



Year	Cases Before CFD	Cases During CFD	Cases After CFD
DX_2020	1,310,540 (85%)	119,982 (8%)	113,502 (7%)
DX_2021	1,490,450 (91%)	132,174 (8%)	9,308 (1%)

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12

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Benefits of Call 4 Data 2.0

- Cohorts will be complete one year sooner
 - Warehouse and NCDB Tools can be built one year sooner, and earlier in the year
- Decrease in bandwidth of RCRS case submissions, lower costs
 - Less busy work for CTRs
 - Less concentrated, emergent NCDB customer service support
- Cohorts will be submitted before annual release of new NAACCR version
 - RCRS supports 2 NAACCR versions
 - Some hospitals have vendor challenges when new version released

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13

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Example 2024

<h4>Last Call 4 Data</h4> <ul style="list-style-type: none"> • Call for Data March 1-31, 2024 <ul style="list-style-type: none"> • 17mm cases submitted • Dx 2008-2022 • Warehouse and Tools created with 2022 data <ul style="list-style-type: none"> • May – September • Most current year of complete cases is 2022 for 2025 Site Reviews 	<h4>Call 4 Data 2.0</h4> <ul style="list-style-type: none"> • Call for Data Dec 31, 2024 <ul style="list-style-type: none"> • Registrars work edit errors and submit any new cases in December (3.5mm cases) • DX 2009-2023 • Warehouse and Tools created with 2023 data <ul style="list-style-type: none"> • Feb-May • Most current year of complete cases is 2023 for 2025 Site Reviews
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14

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Next Steps

- No changes to 6.4, 6.5 for 2024
 - Call 4 Data changes can be made w/o changing Accreditation standard
- 2023 Release Completeness Report in RCRS
 - Data Item Completeness
 - Cohort Completeness (relative to prior years)
- 2024 Last Call for Data, March
 - Collection of 2022 cases
- December 31, 2024, Call for Data 2.0
 - Complete cases for DX 2023
 - No resubmission of cases that are already current from monthly RCRS sub
 - 92% of complete cases already exist in RCRS before current C4D



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15

Accreditation Next Steps (2025)

- Redefine NCDB Standard 6.4
 - Measures the reportability and Cohort Completeness in RCRS for CoC cases
 - Cases submitted Monthly
 - Cases and cohorts completed Annually

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16

Cohort Completeness Reports

- Will guide registrars to compliance with submission standard (90% rule)

Site Cohort Case Count	Site	En2023	En2022	En2021	En2020	En2019
HEADNECK	83	87	88	97	123	123
KIDNEY	122	151	146	195	113	113
LUNG	300	344	322	281	286	286
MELANOMA	243	305	329	188	247	247
PANCREAS	96	124	120	190	120	120
PROSTATE	367	409	484	443	523	523
RECTUM	49	55	64	38	61	61
THYROID	87	142	146	189	126	126
ALL OTHER SITES	813	1026	1056	947	1163	1163
TOTAL COHORT	3428	4161	4272	3882	4255	4255

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17

Benchmark and Site by Stage Reports

- User guided query and comparison tool
- Large number of data items
 - Patient demographics
 - 1st course therapy
 - Days to Rx
 - Tumor Characteristics
- New data query and visualization techniques within RCRS

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18

Infrastructure

The Great Migration to Real Time...

C4D – Annual Batch Production

- RQRS
- CP3R
- Completeness Report
- Benchmark Report
- Site by Stage Report
- CQIP
- Survival
- PUF

RCRS – Real Time

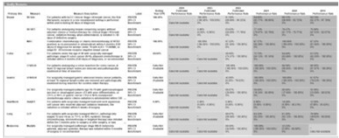
- Quality Measures
 - Alerts
- Comparisons
- Completeness Data Items
- Completeness Cohorts
- Benchmark & Query Tool
- Case Log

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19

2024 Quality Measures in RCRS – this spring

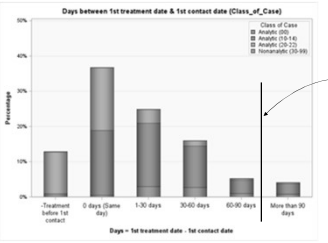
- For patients with any stage **cervical** cancer treated with primary radiation with curative intent, brachytherapy is used.
- For patients with low grade Ta **bladder** cancer undergoing transurethral resection of bladder tumor, intravesical chemotherapy is administered within 24 hours of the procedure.
- For patients with low-risk **prostate** cancer (Gleason <= 6 and PSA < 10 and <= cT2), active surveillance is performed.
- For patients with surgically managed, cT1a **kidney** tumors, partial nephrectomy is performed.
- For patients <=75 years old with HER2+ or triple negative **breast** cancer with any clinical N > 0 or clinical T > 1, neoadjuvant chemotherapy and/or immunotherapy is initiated within 60 days of diagnosis, or recommended.
- For patients with surgically treated clinical T4NanyM0 or TanyN2M0 **rectal** cancer, neoadjuvant radiation therapy is initiated within 9 months prior to resection or recommended.



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20

Future Concurrent Abstraction Standard?



Days between 1st treatment date & 1st contact date	Percentage
-Treatment before 1st contact	~15%
0 days (Same day)	~38%
1-30 days	~25%
30-60 days	~18%
60-90 days	~10%
More than 90 days	~5%

95% of cases start treatment in less than 90 days (12 weeks)

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21

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Data Items – QADC

Guided by synoptic reporting – pushing towards partial automation

- Improve what we have
- Prioritize what we don't have



Standards for Oncology Registry Entry
Reference for Reporting Multiple Sites
 15th Edition
 Revised for Data Processing
 January 1, 2024
 Final version
 Final date: 1/29/2024



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22

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Strategic Plan

Concurrent Abstraction

→

Reduce Time
Dx → QJ Desktop

←

Real-Time Reporting

- ✓ Monthly Submissions
 - ✓ All Disease Sites
 - ✓ All New and Updated Cases
- ✓ Retired 60 Useless Data Items
- ✓ Truncated LT Follow Up to 15 Years
- ✓ STORE Manual, Annual Updates (AJCC, SOP)
- Call for Data 2.0
- Redefine Data Submission Standard
- Dx and Suspense Case Lists
- Tx Data
- LT Follow Up/Progression

- ✓ Rapid Cancer Reporting System (nightly)
 - ✓ Quality Measures
 - ✓ Alerts
 - ✓ Case Log
 - ✓ Comparisons
- ✓ 44% Time Reduction in Data Processing/QA
- ✓ Completeness Reports to RCRS (2023)
 - ✓ Data Item Completeness
 - ✓ Cohort Completeness
- Benchmark + Site by Stage Reports to RCRS (2024)
- Evaluate PUF and Survival for newer data inclusion
- Evaluate CQIP 2.0
 - What to remove?
 - What are we missing?
 - "Personalized" Data for Hospitals?

23

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**To our CoC Programs, Clinical Leaders and all
NCDB Staff:**

Thank You!

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24
