CRStar Insights

Standard 6.5: Follow-Up and Entry of Accession Year

This CRStar Insight will clarify the use of the reference year when running lost to follow-up calculations. According to Standard 6.5 (shown below), if a facility's reference year is prior to 2005, the user must enter "2005" as the reference year in CRStar. This entry must be utilized on both the dashboard report and the lost to follow-up tab in CRStar. If "2005" is not entered, the system will collect cases prior to 2005, causing the percentage rate to be miscalculated. Please see examples below.

6 | Data Surveillance and Systems

6.5 Follow-Up of Patients

Definition and Requirements

Long-term follow-up is essential to evaluate outcomes of cancer care. Accurate follow-up data enables the program to compare outcomes with regional, state, or national statistics. Follow-up information is obtained at least annually for all analytic cases of living patients included in the cancer

For all eligible cases, an 80 percent follow-up rate is maintained from the most current year of completed cases through 15 years before or the program's first accreditation date, whichever is shorter. A 90 percent follow-up rate is maintained from the most current year of completed cases through five years before or the program's first accreditation date, whichever is shorter.

All reportable cases are followed up, except the following:

- · Residents of foreign countries
- · Cases reportable by agreement
- · Patients whose age exceeds 100 years and who are without contact for more than 12 months
- · Analytic cases Class of Case 00

"Most current year of completed cases" is defined as cases diagnosed three years before the current calendar year. For example, in calendar year 2022, the window for long-term follow up would be cases diagnosed 2005-2019 (80 percent required). The window for short-term follow up is 2015-2019 (90 percent required).

Methods to obtain follow-up information include, but are not limited to, the following:

- · Following or managing physician(s)
- · Program inpatient or outpatient services
- · Pathology reports or death certificates
- · Internet sources (such as death index, patient locator software, obituary listings)
- · Communication with other facilities

The cancer committee monitors the use of unknown values to ensure complete data reporting. This monitoring is extremely important for information describing the date of first recurrence, type of first recurrence, and cancer status.

It is expected that all CoC-accredited programs will provide treatment or follow-up information and assistance to the referring cancer programs.

Documentation

Reviewed On-Site

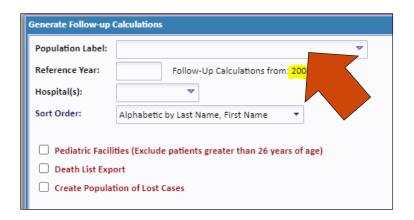
The site reviewer will review the current follow-up

Measure of Compliance

The cancer program fulfills all of the compliance criteria:

- 1. An 80 percent follow-up rate is maintained for all eligible analytic cases from the most current year of completed cases through 15 years before or the program's first accreditation date, whichever is shorter.
- 2. A 90 percent follow up rate is maintained for all analytic cases diagnosed from the most current year d cases through five years before or the rst accredited date, whichever is shorter.

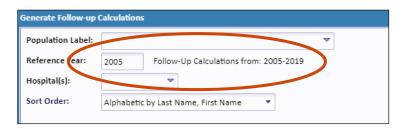




PLEASE NOTE: The year "2004" is incorrectly coded into the CRStar programming.

It will be corrected in a future upgrade.

Examples

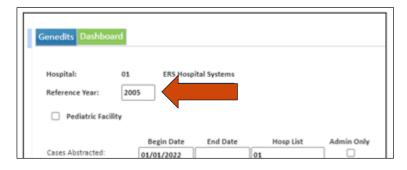


This example demonstrates the entry of "2005" on the Lost to Follow-up Calculation screen. Once entered, the user will notice the Reference Year verbiage updates to show that you are looking back to 2005 AND omitting cases prior to 2005.

The same logic must be used when running the lost to follow-up calculations. The user must set the Reference Year to 2005 under the dashboard settings.

The time range displayed shows 2005-2019.

To revise the reference year, go to: Preferences > System Configuration > Dashboard.





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