


Mid-Year Recharge - Oncology Data Management Update

Christi Cox, ODS-C Manager of Education

© Health Catalyst. Confidential and Proprietary.


1



**NCRA approved this presentation for 1.0 CE hour
(Certificates will be emailed after completion)**

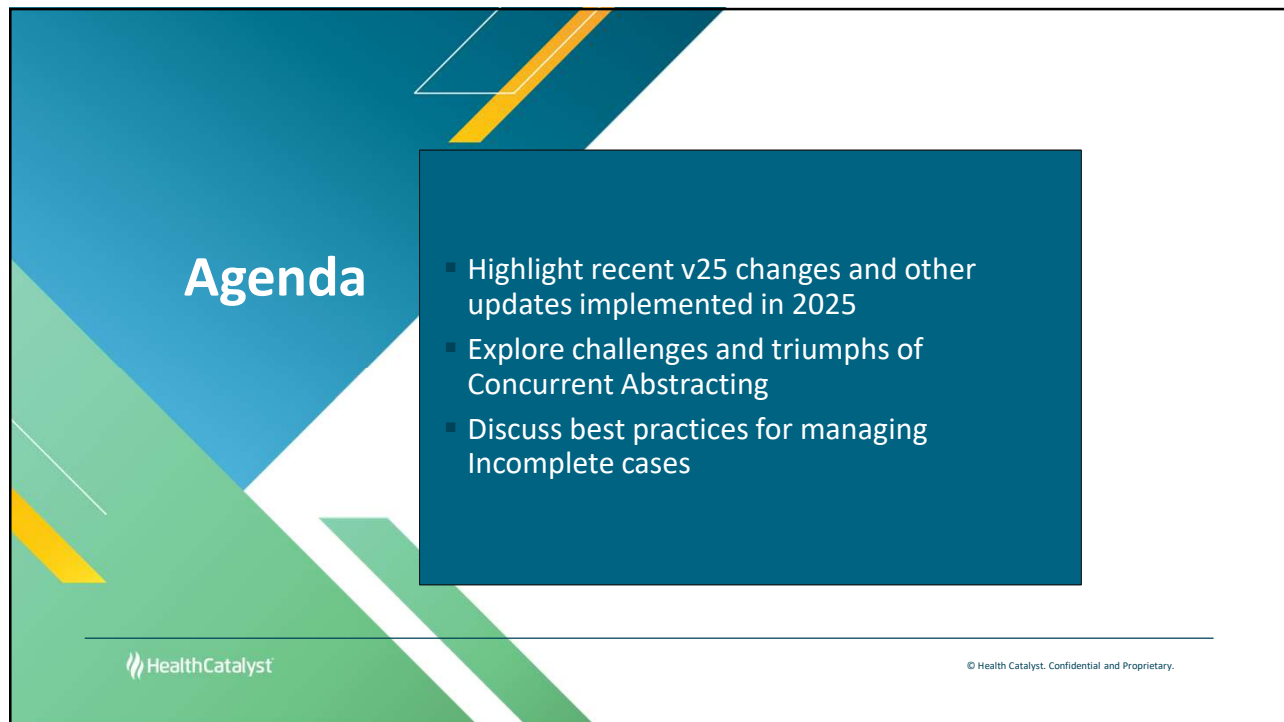
**Use the Q&A panel to ask questions
(Q&A document will be published later)**

Survey will be sent to attendees at close of webinar



© Health Catalyst. Confidential and Proprietary.

2



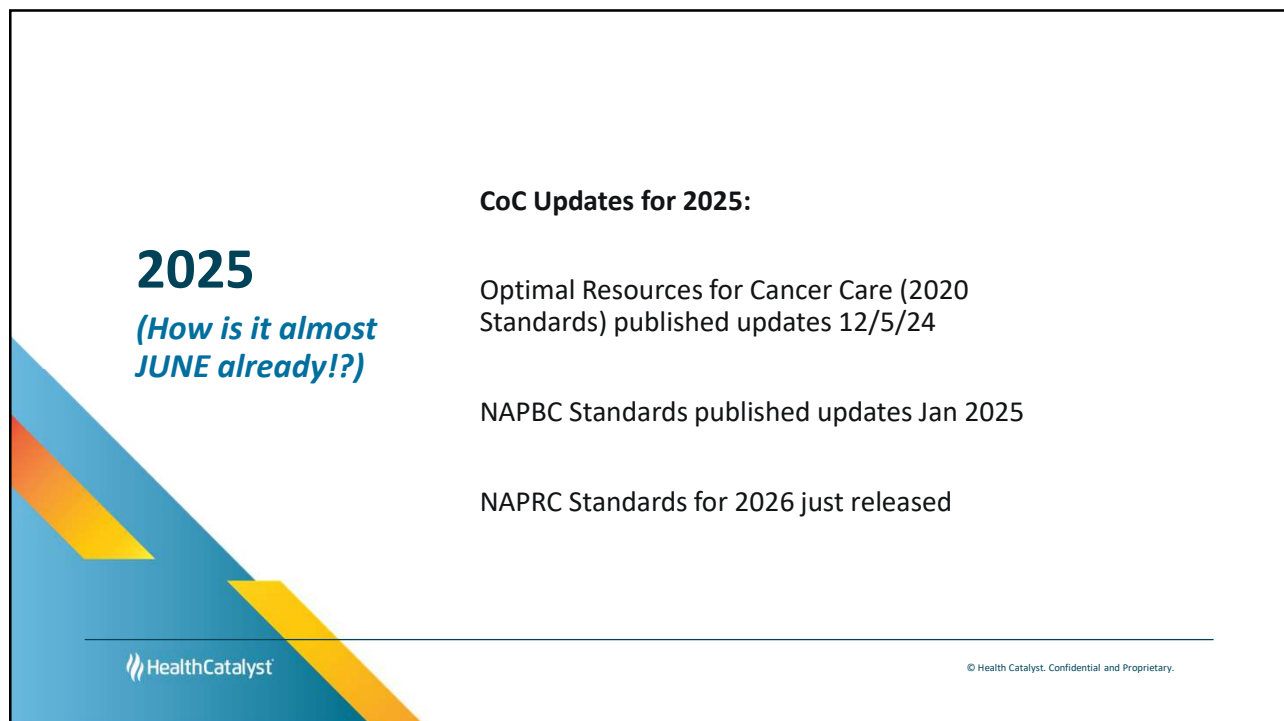
Agenda

- Highlight recent v25 changes and other updates implemented in 2025
- Explore challenges and triumphs of Concurrent Abstracting
- Discuss best practices for managing Incomplete cases

HealthCatalyst

© Health Catalyst. Confidential and Proprietary.

3



2025

(How is it almost JUNE already!?)

CoC Updates for 2025:

Optimal Resources for Cancer Care (2020 Standards) published updates 12/5/24

NAPBC Standards published updates Jan 2025

NAPRC Standards for 2026 just released

HealthCatalyst

© Health Catalyst. Confidential and Proprietary.

4


2025

NCDB/ RCRS 2025:

Continue submitting RCRS monthly as you've become accustomed to

Still no NCDB Annual call for data!

Use the Submission Compliance report in RCRS library to document compliance with 90% rule



© Health Catalyst. Confidential and Proprietary.

5


New AJCC V9 Protocols

Use for cases diagnosed 01/01/25 and forward

- Thymus
- Lung
- Diffuse Pleural Mesothelioma
- Nasopharynx

Included in Staging API and integrated into CRStar.

EOD schemas adjusted to align with V9 for these sites



© Health Catalyst. Confidential and Proprietary.

6

New Data Items

- SSDIs to be collected for dx date 01/01/25 and later

- PD-L1

New SSDI for Lung V9

Recommended by Treatment guidelines to determine if the patient may benefit from checkpoint inhibitor drugs (immunotherapy)

7

New Data Items

- SSDIs to be collected for dx date 01/01/25 and later

- **PTLD (Post Transplant Lymphoproliferative Disorder)**

Applies only to certain cases of Lymphoma and Plasma cell disorders/myeloma

The presence of PTLD, either polymorphic or monomorphic, has clinical significance and prognostic value, especially in the Pediatric and Adolescent and Young Adult (AYA) populations.

Note: PTLD identified not in conjunction with these schemas would be abstracted as a separate primary, refer to Hematopoietic Manual for additional information.

8

Pediatric Data Collection System (PDCS)

The Pediatric Data Collection System (PDCS) has been developed to collect Pediatric staging and site specific data item (SSDI) information. The staging elements collected are based on the Toronto Childhood Cancer Staging Guidelines, Version 2, along with additional data items for surveillance purposes.

9

Pediatric Data Collection System (PDCS)

3 new data items

10 new SSDIs

12 Derived data items

Only select pilot facilities are required to report these in 2025

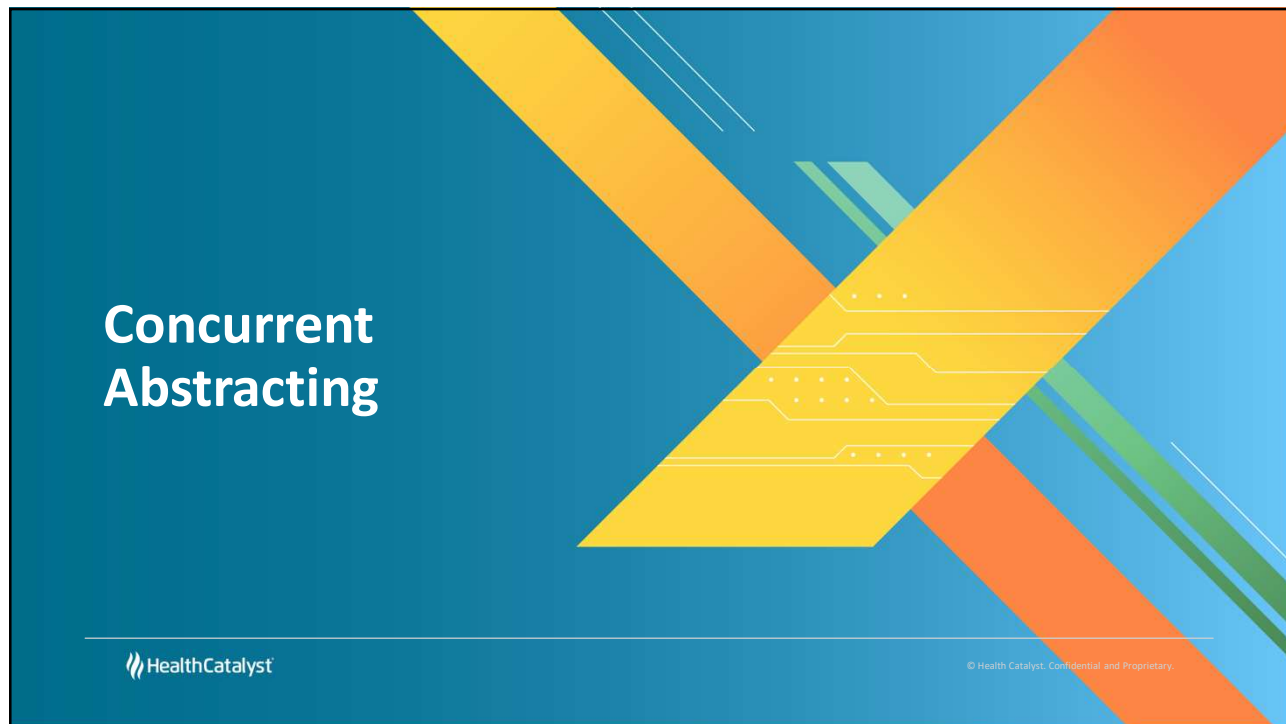
3 New data items:

- Ped Primary Tumor
- Ped Reg Nodes
- Ped Mets

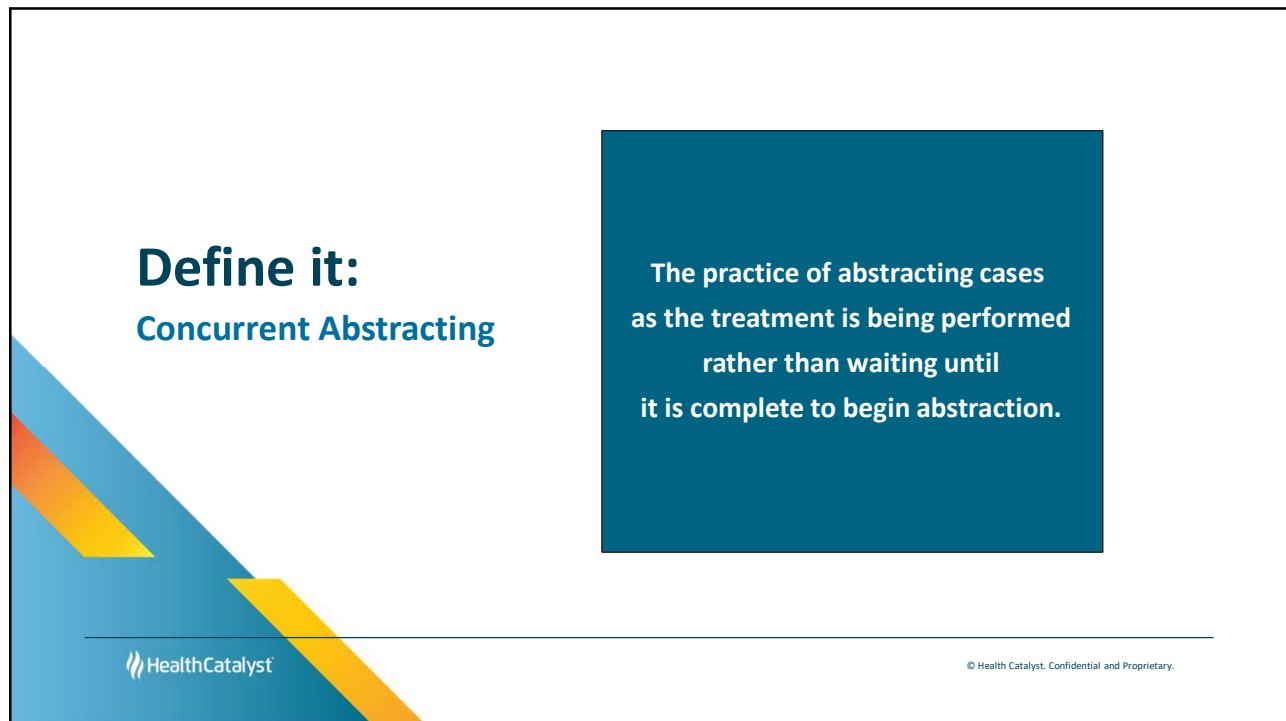
10 New SSDIs:

- Chromosome 16q Status
- Chromosome 1q Status
- EWSR1-FLI1 Fusion
- FOXO1 Gene Rearrangements
- Intl Neuroblastoma Path Prog Class (INPC)
- Intl Neuroblastoma Risk Grp Stag Sys (INRGSS)
- IRSS Stage for Eye-2
- n-MYC Amplification
- Pretext Clinical Staging
- White Blood Cell Count


10



11



12




Benefits

Of Concurrent Abstracting


- Earlier availability of data
 - for analytics
 - for administrative purposes
 - for monitoring patient care metrics
 - for identifying research opportunities

Opportunity to detect and correct data quality issues earlier

 HealthCatalyst

© Health Catalyst. Confidential and Proprietary.


13



Challenges

Achieving concurrency can be difficult

Many cases will need to be handled multiple times

 HealthCatalyst

© Health Catalyst. Confidential and Proprietary.

14

Mitigating Challenges

Develop a Plan

Define what concurrent abstracting means in your registry

- Initial abstraction typically between 2-4 months of dx date or DFC
- Set a reasonable goal for when you want to be concurrent
- Assess the volume of backlog
- Determine the current average abstracting time
- Create projection of additional staffing or OT needs

15

Implementing your plan

Case-finding to abstracting cadence may need to be adjusted

(CRStar's Workflow Navigator can help)

Document in your initial abstract what/when further treatment is anticipated

(User Defined Fields and/or Case Status text can help)

Build standard reports to routinely review incomplete cases

Assess your progress frequently

16

Managing Incomplete Cases



© Health Catalyst. Confidential and Proprietary.

17

Consistent Treatment Plan documentation

Helpful options in CRStar:

Code I in State Report Flag

Case Status Text

User Defined Fields

| State Rpt | |
|-----------|------------------------------------|
| Code | Description |
| C | Corrections |
| I | Incomplete Case |
| N | Do Not Transfer to State |
| T | Case Has Been Transferred to State |
| Y | Transfer to State |

Case Status Text:

| User Def 1 | User Def 2 |
|------------|----------------------|
| Udef 10: | <input type="text"/> |
| Udef 11: | <input type="text"/> |
| Udef 12: | <input type="text"/> |
| Udef 13: | <input type="text"/> |
| Udef 14: | <input type="text"/> |
| Udef 15: | <input type="text"/> |



© Health Catalyst. Confidential and Proprietary.

18

Using Case Status Text

Case Status Text:

7/1/25 Surg- Dr Joe Starr, RT likely- Dr Moon

7/1/25 Clin Trial Elig/enroll- Dr Mars

8/15/25 Review CT after 2 cyc NAT, Surg poss. CK to hosp 04

19

Customizing User Defined Fields

| | | |
|----------|----------------------|---|
| Udef 10: | <input type="text"/> | ▼ |
| Udef 11: | <input type="text"/> | ▼ |
| Udef 12: | <input type="text"/> | ▼ |
| Udef 13: | <input type="text"/> | ▼ |
| Udef 14: | <input type="text"/> | ▼ |
| Udef 15: | <input type="text"/> | ▼ |
| Udef 16: | <input type="text"/> | ▼ |
| Udef 17: | <input type="text"/> | ▼ |
| Udef 18: | <input type="text"/> | ▼ |

There are 2 screens of UDFs (User Defined fields) in the User Defined Tab in the Abstract Management Module.

Other UDFs are available throughout the abstract.

Customize your UDFs in the System Administration module > Global Directory

20

Customizing UDFs

| Item Nbr | Item Desc |
|----------|-----------------|
| 377 | User Defined 6 |
| 378 | User Defined 7 |
| 379 | User Defined 8 |
| 380 | User Defined 9 |
| 381 | User Defined 10 |
| 382 | User Defined 11 |
| 383 | User Defined 12 |
| 384 | User Defined 13 |
| 385 | User Defined 14 |
| 386 | User Defined 15 |

Search by FIN (use the FIN document found on the Resource Page), or search by the description.

Select the UDF you want to customize from the results list.

21

Customizing UDFs

| Code | Code Desc |
|------|-----------|
| | |
| | |
| | |
| | |
| | |

Change the Item Description to your desired text.

Add Codes and Descriptions to meet your needs

Add Help Notes

22

Customizing UDFs

Global Dir | Import Config | DB Validation

Item Nbr: 381

Item Desc: Inc- Tx needed Rapid Abst ☒ State

Column Name: Udef_10

Table name: User_Defined

Code File:

Data Type: Text

Format Data:

Label Colors

Text ☒

Background ☐

Sample Text

Required ☐

Reportable ☒

Codes & Descriptions

| Code | Code Desc |
|------|-----------|
| 01 | Surgery |
| 02 | RT |
| 03 | Systemic |
| 04 | Other |
| 09 | Unknown |

Inc- Tx needed:

Udef 11:

Udef 12:

Udef 13:

ected at the time of

Udef 10

| Code | Description |
|------|-------------|
| 01 | Surgery |
| 02 | RT |
| 03 | Systemic |
| 04 | Other |
| 09 | Unknown |

23

Customizing UDFs

Global Dir | Import Config | DB Validation

Item Nbr: 382

Item Desc: Inc- Review date Rapid Abst ☒ State Corrections:

Column Name: Udef_11 State Field Nbr:

Table name: User_Defined

Code File:

Data Type: Text

Format Data:

Label Colors

Text ☒

Background ☐

Sample Text

Required ☐

Reportable ☒

Codes & Descriptions

| Code | Code Desc |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Add Delete

Help Text:
Enter the date that treatment info is expected to be available for next review

24

Customizing UDFs

| Code | Description |
|------|------------------|
| 01 | Community Ca Ctr |
| 02 | Rad Onc Partners |
| 03 | Elsewhere Clinic |

25

Dates

Dates can be entered in any UDF, but UDFs 41-50 are formatted specifically for dates if you want to use those.

26

Reporting on your Incompletes

| | |
|-------------------|------------|
| Inc- Tx needed: | 01 |
| Inc- Review date: | 07/15/2025 |
| Inc- Tx location: | 03 |
| Udef 13: | |
| Udef 14: | |
| Udef 15: | |

After consistent coding of your newly defined UDFs and entering Case Status text for your Incomplete cases, you're ready to create a report for monitoring and updating

27

Incompletes Report Setup

List Pop **Graph Pop**

☐ Create a Population Label Population Label: **Incomplete List**

Report Label: **CASE STATUS TEXT** Created By: **Christi Cox** Requested On: **03/12/2025**

Choose the Items for Your Report

| Item Nbr | Item Description | B/S/L | C/D | Display Length | Limiting Values |
|----------|---------------------|-------|-----|----------------|-----------------|
| 1 | Last Name | L | C | 20 | |
| 2 | First Name | L | C | 20 | |
| 3 | Inc- Tx needed | L | D | 40 | |
| 4 | Inc- Review date | L | C | 20 | |
| 5 | Inc- Tx location | L | D | 40 | |
| 6 | Case Status Text | S | C | 20 | |
| 7 | Abstractor Initials | B | C | 20 | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

Heading: ☒ Include Column Headers Reporting Device: ☒ Excel ☐ File Delimited ☐ File Fixed-Width ☐ Screen ☐ Xml

File Name:

Start Time: 9:26:17 AM End Time: 9:26:17 AM

28

Incompletes Report

| | A | B | C | D | E | F | G |
|----|-------------|------------|----------------|------------------|------------------|---|---------------------|
| 1 | Last Name | First Name | Inc- Tx needed | Inc- Review date | Inc- Tx location | Case Status Text | Abstractor Initials |
| 2 | | | | | | | |
| 3 | LUNG | ROBERT | Surgery | 7/1/2025 | Community Ca Ctr | 7/1/25 Surg- Dr Joe Starr, RT likely- Dr Moon | ABA |
| 4 | PROSTATE | ANTHONY | Surgery | 7/1/2025 | Community Ca Ctr | 7/1/25 Surg- Dr Sun, Chemo consult | ABA |
| 5 | LUNG | GORDON | Systemic | 7/1/2025 | Elsewhere Clinic | 7/1/25 Clin Trial Elig/enroll- Dr Pluto | ABA |
| 6 | LUNG | SHERRY | RT | 7/15/2025 | Rad Onc Partners | 7/15/25 Clin Trial Elig/enroll- Dr Mars | ABA |
| 7 | v22 | SCHEMA1 | Surgery | 8/1/2025 | Elsewhere Clinic | 8/1/25 Surg sched 7/20 | ABA |
| 8 | v22 | SCHEMA3 | Systemic | 8/15/2025 | Community Ca Ctr | 8/15/25 Review CT after 2 cyc NAT, Surg poss. CK to hosp 04 | ABA |
| 9 | TEST | AMYA | Surgery | 8/15/2025 | Elsewhere Clinic | 8/15/25 Surg sched for late July | ABA |
| 10 | | | | | | | *** 7 *** |
| 11 | Ovary | CYNTHIA | RT | 7/15/2025 | Rad Onc Partners | 7/15/25 Clin Trial Elig/enroll- Dr Mars | ADD |
| 12 | CORPUSUTERI | CHRISTINE | Surgery | 8/1/2025 | Elsewhere Clinic | 8/1/25 Surg sched 7/20 | ADD |
| 13 | | | | | | | *** 2 *** |
| 14 | LUNG | AMY | Surgery | 7/1/2025 | Community Ca Ctr | 7/1/25 Surg- Dr Joe Starr, RT likely- Dr Moon | BBM |
| 15 | LUNG | RICHARD | Surgery | 7/1/2025 | Community Ca Ctr | 7/1/25 Surg- Dr Sun, Chemo consult | BBM |
| 16 | LUNG | CARL | Systemic | 7/1/2025 | Elsewhere Clinic | 7/1/25 Clin Trial Elig/enroll- Dr Pluto | BBM |
| 17 | LUNG | TERESA | RT | 7/15/2025 | Rad Onc Partners | 7/15/25 Clin Trial Elig/enroll- Dr Mars | BBM |
| 18 | KIDNEY | JERRY | Surgery | 8/1/2025 | Elsewhere Clinic | 8/1/25 Surg sched 7/20 | BBM |
| 19 | LUNG | HEIDI | Systemic | 8/15/2025 | Community Ca Ctr | 8/15/25 Review CT after 2 cyc NAT, Surg poss. CK to hosp 04 | BBM |
| 20 | LUNG | JANET | Surgery | 8/15/2025 | Elsewhere Clinic | 8/15/25 Surg sched for late July | BBM |
| 21 | LUNG | CALVIN | Systemic | 8/15/2025 | Community Ca Ctr | 8/15/25 Review CT after 2 cyc NAT, Surg poss. CK to hosp 04 | BBM |
| 22 | | | | | | | *** 8 *** |

29

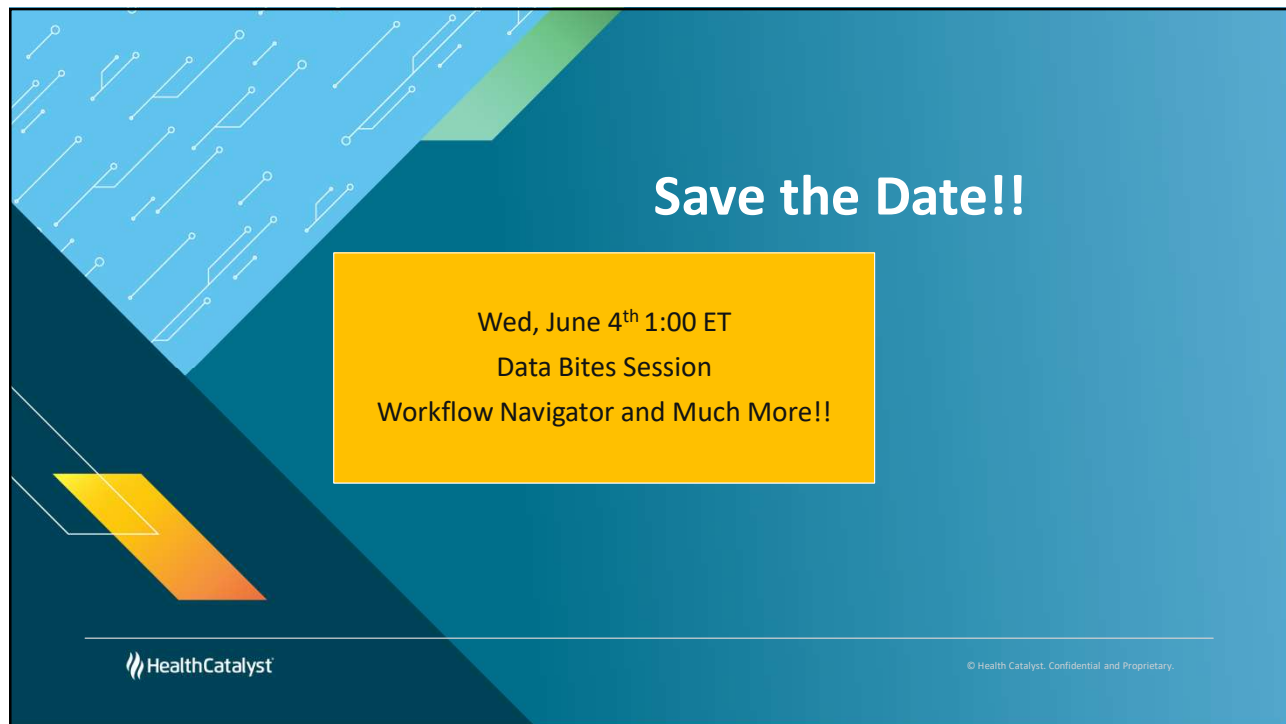
Wrapping Up

Collect as much as you can during initial abstraction

Keep it consistent

Use your UDFs and/or formatted Case Status Text field

30



A slide with a blue background featuring a circuit-like pattern of white lines and dots in the top-left corner. A yellow rectangular box is centered on the slide. The HealthCatalyst logo is in the bottom-left, and a small copyright notice is in the bottom-right.

Save the Date!!

Wed, June 4th 1:00 ET
Data Bites Session
Workflow Navigator and Much More!!

HealthCatalyst

© Health Catalyst. Confidential and Proprietary.

31



A slide with a white background and abstract geometric shapes in blue, green, and orange on the left and right sides. The text is centered. The HealthCatalyst logo is in the bottom-left, and a small copyright notice is in the bottom-right.

Questions?

Christi Cox, ODS-C
Christi.cox@healthcatalyst.com

HealthCatalyst

© Health Catalyst. Confidential and Proprietary.

32