Objectives

▪ Define concurrent abstracting
▪ Discuss the benefits of concurrent abstracting
▪ Overcoming barriers when concurrent abstracting
▪ Examine current abstracting practices/procedures
What is concurrent abstracting?

The process of completing the cancer registry abstract in stages after each treatment occurs, rather than all at one time, four to six months after diagnosis.
Benefits of Concurrent Abstracting
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- Prospective monitoring of cases
- Provide cases for discussion in cancer conference
- Faster access to accurate annual and quarterly compliance rates
RQRS

- Allows programs to submit timely cases for assessment to CoC quality measures
- Allows programs to prospectively monitor cases for receipt of adjuvant therapy
- Allows programs to assess current compliance rates and changes in compliance rates over time
Possible Barriers
Possible Barriers

- Responsibility
- Accuracy
- Timeliness
- Completeness
Barriers – Responsibility

Who completes the update/abstract?

- Initial abstractor
- Assigned per site
- Assigned per treatment
Barriers - Accuracy

- Too many hands in the pot
  - Incomplete information
  - Incoherent information
- On the other hand…
  - Partial review for quality assurance
Barriers - Timeliness

- Double work?
  - Multiple times in a case vs. completion in one sitting
  - Multiple reviews of EMR for information
  - Abstract reviews
Barriers - Completeness

- What about other data items?
- Flags for incomplete cases
- Suspense list
Tips for Mastering Concurrent Abstracting
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- Collect as much information as possible in your first initiation of a case/abstract
- Notes in treatment text fields as reminders next time you are in that case
  - i.e. patient referred to Dr. Johnson for RT consideration
Tips for Mastering Concurrent Abstracting

- Text all information in detail into notepad, comment section, treatment text, etc.
- Make time to review cases
- Run reports periodically to track and catch treatment on cases that still require treatment
- Same CTR should initiate, update and complete the case to ensure accuracy and consistency
Concurrent Abstracting - SGMC

- Comprehensive Community Cancer Program
- Abstract 850 cases/year
- 2 full-time CTRs
- 1 full-time non-CTR
- CNExT abstracting software
- Elekta Mosaiq Oncology EMR
Abstracting Practices & Procedures
Process

- Case accessioned during casefinding process

Medical Oncology & Radiation Oncology

- Quality Check List (QCL) is generated and assigned to CTR when patient begins new treatment
  - Automatic, set up through Mosaiq
- CTR checks QCL list daily
Process

- Cases are reviewed in abstracting software (CNExT)
  - New primary with new treatment
  - Recurrence with new treatment
  - Progression with new treatment
  - Case requiring treatment update
Process

- Case updated in registry database
  - Treatment
  - Other tests / scans (for restaging, progression, etc.)
  - Follow-up
- QCL re-assigned for treatment completion date (if available)
Process

Surgical Treatment

- Identified through pathology report review for casefinding
- CTR notified of patients with surgery
- Case updated in registry database
Process

- Continue to run suspense list for other cases
  - Non-analytic with no treatment at facility
  - Cases with delays in treatment
Getting Started

- Assess caseload vs. number of CTRs at facility
- Develop process for handling back-log cases and concurrent cases
- Develop process for identifying new treatment and information for data items
- Trial and error
End Result

- Compliance with treatment measures
- Physician access to real-time data
- Improvement of operations and services
- Improved follow-up rates
- Preparation of Survivorship Care Plans
Resources

- Association of Community Cancer Centers

- Champs Oncology – “Mastering the Concurrent Abstract”
  - [https://neohospitals.org/CHAMPS/Oncology/Oncology-Outlook/2019/March/Concurrent-Abstract](https://neohospitals.org/CHAMPS/Oncology/Oncology-Outlook/2019/March/Concurrent-Abstract)

- American College of Surgeons Commission on Cancer - RQRS
Questions?