

THE HOLDEN COMPREHENSIVE CANCER CENTER DATA REPORT

The Holden Comprehensive Cancer Center at the University of Iowa is a NCI- Designated Comprehensive Cancer Center; 15 one of only 35 NCI-designated comprehensive cancer centers in the United States and the only NCI-designated comprehensive cancer center in the state of Iowa.

The NCI has two major conditions that must be met before an NCI-designated cancer center can become an NCI-designated comprehensive cancer center. First, a comprehensive cancer center must have broad expertise in basic clinical and population-based cancer research and integrate these research programs to draw strength from each other. Second, comprehensive cancer centers must provide outstanding clinical care while also offering cancer-related outreach, educational and informational activities for cancer patients throughout their region.

The multidisciplinary Commission on Cancer (CoC) sets standards for quality multidisciplinary cancer care delivered primarily in hospital settings, surveys facilities to assess compliance with those standards, collects standardized and quality data from approved facilities to measure treatment patterns and outcomes, and uses the data to evaluate hospital provider performance and develop effective educational interventions to improve cancer care outcomes at the national and local levels.

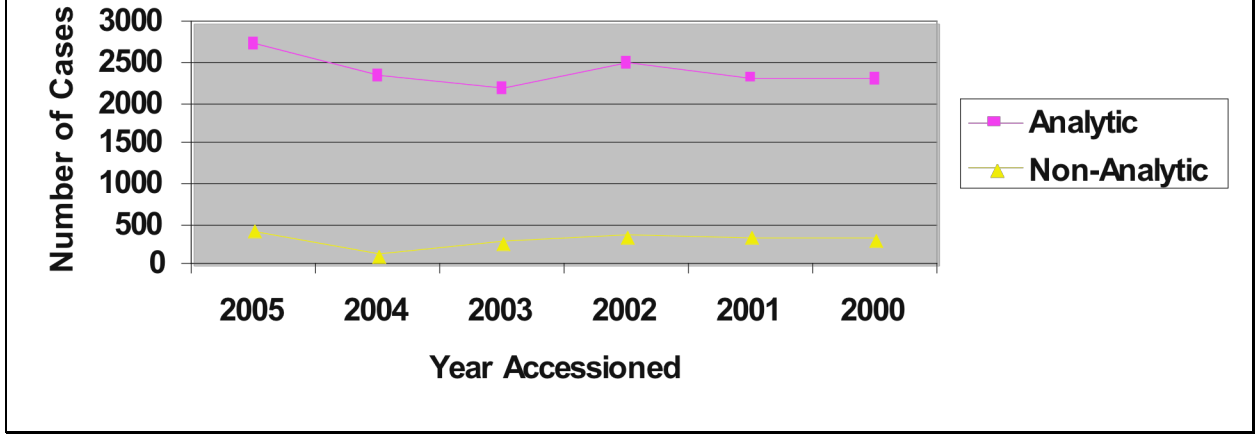
The Holden Comprehensive Cancer Center Oncology Registry is an American College of Surgeons/Commission on Cancer (ACoS/CoC) Approved Cancer Program and has been since its inception.

The Holden Comprehensive Cancer Center Oncology Registry is committed to collecting and providing information on all cancer patients diagnosed and/or treated at the University of Iowa Health Care. This information includes life-long follow-up. Data is available from 1938 to present for medical staff to analyze and utilize to enhance and improve patient care.

Accessioned Cases

There were 3,142 cases* accessioned for the 2005 calendar year. The majority, 87% were analytic cases**. There are over 134,000 cases on the registry database. The following figure shows the number of cases accessioned in the past 5 years.

Accessioned Cases by Analytic/Non-Analytic Status

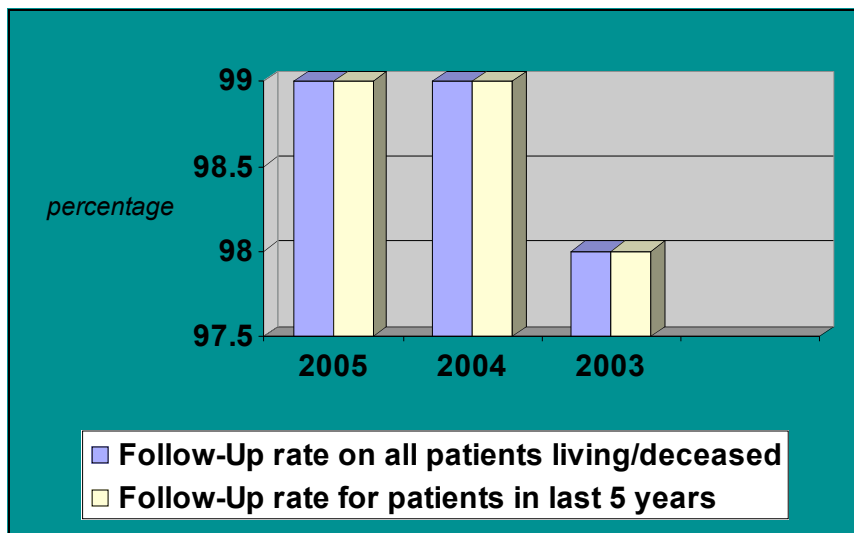


* Excluding squamous and basal cell carcinoma of the skin, benign/borderline cases and second opinion cases.

** Analytic cases are those cases diagnosed at UIHC and/or seen at UIHC for all or part of the first course treatment.

Annual Follow-Up

Annual follow-up of patients is another area of importance for the Oncology Registry. Most recent calculations reveal a 99% success rate on all cases, both since reference date of 1938 and for last five years. Follow-up provides valid measurement of outcomes. The following figure shows the percentages of follow-up for patients since 2003.



Data Quality/Submission

The Holden Comprehensive Cancer Center Oncology Registry emphasizes accurate data collection by managing the collection, analysis, follow-up and dissemination of cancer registry data in accordance with established guidelines from all governing agencies. The Oncology Registry maintains a detailed computerized cancer-focused record on each patient seen and/or treated at the University of Iowa Health Care.

To continue the high quality level of data that is known to the University of Iowa Health Care, an annual staging review is performed on at least 10% of our annual analytic caseload and we utilize electronic data edits per the North American Association of Central Cancer Registries (NAACCR) and the ACoS/CoC. Other data edits are implemented by the National Cancer Institutes/Surveillance Epidemiology and End Results (NCI/SEER) Program and the State Health Registry of Iowa (SHRI) edits.

The Oncology Registry submits data to two national cancer databases: The American College of Surgeons/Commission on Cancer's National Cancer Data Base (NCDB) and the National Cancer Institute/Surveillance Epidemiology and End Results (NCI/SEER) database. Data is submitted to NCI through the State Health Registry of Iowa (SHRI). Iowa State law requires reporting of cancer to the SHRI.

The UIHC submits NCDB data error free as required by the ACoS/CoC.

The NCDB is a nationwide oncology outcomes database used as a clinical surveillance mechanism to monitor changes and variations in patterns of cancer care and patient outcomes. NCDB data are useful benchmarks for patient care and continuous quality improvement for cancer programs.


American College of Surgeons Commission on Cancer


Participation in the ACoS/CoC special studies for this year was the Cancer Program Practice Profile Reports (CP3R) update for stage III colon cancers and the 'Chemoradiation and Treatment of Nasopharyngeal Cancer'.


The Nasopharyngeal study was aimed at; 1) determining whether results from prospective trials in nasopharyngeal cancer translated into changes in the patterns of care and survival rates outside of the protocol setting, 2) confirm that combined modality therapy is responsible for improved survival, 3) determine if degree of tumor differentiation and morphology are related to outcome and 4) ascertain differences in outcomes associated with age, gender, tumor morphology and race and national origin independent of therapeutic modality.

Study participation is mandatory for all approved cancer programs.

Medical Director/Cancer Liaison

	<p>Dr. James R. Howe, V, M.D. has been the Medical Director for the Holden Comprehensive Cancer Center Oncology Registry since June 2000. Dr. Howe oversees the Oncology Registry on all aspects, from daily functions to reviewing CoC Special Studies.</p>
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	<p>Dr. Neal Wilkinson, M.D. is the Cancer Liaison for the University of Iowa Health Care. Dr. Wilkinson is active in the Outreach activities within the institution and assists with the all ACoS special studies.</p>
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	<p>Dr. Russell Smith, M.D. is the State Cancer Liaison. Dr. Smith is valuable link between Iowa Approved Cancer Programs and the ACoS/CoC.</p>
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Oncology Registry Staff

The Cancer Registry is an integral part of the Commission on Cancer Approved Cancer Program and Cancer Program leadership. Two of the three registrars are certified tumor registrars (CTR) by the National Cancer Registrars Association (NCRA).

What is a Cancer Registrar?

"Cancer Registrars are data management experts who report cancer statistics. Registrars work closely with physicians, administrators, researchers, and health care planners to provide support for cancer program development, ensure compliance of reporting standards, and serve as a valuable resource for cancer information with the ultimate goal of preventing and controlling cancer. The Cancer Registrar is involved in managing and analyzing clinical cancer information for the purpose of education, research, and outcome measurement."

-National Cancer Registrars Association

The Registrars attend local, regional, state and national educational programs to stay updated on the latest advances in cancer data management, cancer care and the requirements of both the American College of Surgeons Commission on Cancer and the Iowa Surveillance System. Registrars also remain active in their professional associations, including the Iowa Cancer Registrars Association and the National Cancer Registrars Association.

Staff

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