Module 4: Casefinding

This module consists of four units which will deal with some basic procedures for casefinding in a healthcare facility.

After completing this module, cancer abstractors will be able to:

- Briefly describe the concept of casefinding
- Name the different types of casefinding
- List casefinding sources
- Describe the role of a suspense file

Module 4.1: Casefinding

Casefinding is a system for identifying every patient - inpatient or outpatient, who is diagnosed and/or treated with a reportable diagnosis of cancer.

Casefinding is one of the most important duties a cancer registrar performs. Cancer data collection begins by identifying those patients with a clinical or pathological diagnosis of cancer. All healthcare facilities should create a casefinding system to ensure all reportable cases are identified. It is important that all personnel involved in the casefinding be thoroughly familiar with reportable diagnoses. (See **Module 2** and **Module 3**)

A clinical diagnosis results when a recognized medical practitioner says the patient has a cancer or carcinoma; the case is reportable. Some malignancies are never histologically or cytologically confirmed. A diagnosis of cancer can be made during a diagnostic workup e.g. imaging exams, radiographic scans, tumor markers, blood work, visualization of tumor at exploratory laparotomy, etc. These cases are reportable based on the clinical diagnosis. A clinical diagnosis may be recorded in the final diagnosis on the face sheet or other parts of the medical record.

Note: *A pathology report normally takes precedence over a clinical diagnosis. If the patient has a negative biopsy, the case would not be reported.*

Exception 1: *If the physician treats a patient for cancer in spite of the negative biopsy, report the case.*

Exception 2: *If enough time has passed that it is reasonable to assume that the physician has seen the negative pathology, but the clinician continues to call this a reportable disease, report the case. A reasonable amount of time would be equal to or greater than 6 months.*

A pathologic diagnosis is based upon tissue specimens taken during surgical procedures or autopsies; positive hematological findings relative to leukemia are included, as well as bone marrow exams. This type diagnosis can also be based upon examination of cells e.g. sputum cytology, fine needle aspirate (FNA), peritoneal washings, or examination of cells in pleural fluid. (See **Module 3**)

Casefinding is an important part of the cancer registry. All healthcare facilities must perform casefinding in order to assure that all reportable cases are submitted to the Tennessee Cancer Registry and to adhere to the reporting requirements.

Cancer registrars do not wait for cancer information to filter in to a registry. Registrars should become actively involved in casefinding so that the cancer information they receive is as complete as possible. Cancer registrars often accomplish this by visiting other areas of the healthcare facility to ensure that no cancer data or cases are missed.

Module 4.2: Types of Casefinding Methods

There are two types of casefinding methods used by registries: active and passive.

Active Casefinding

- The cancer registrar retrieves and screens all source documents to identify reportable cases; e.g. disease indices, pathology reports, radiology reports etc.
- This method is more thorough and accurate because cancer registrars possess medical terminology and diagnostic procedure knowledge to help them identify reportable cases.

Passive Casefinding

- The cancer registrar relies on other departments to notify the registrar of potential reportable cases.
- The cancer registrar determines which departments can provide high quality case finding information.

Active and passive case finding ensures more complete cancer case reporting. The most effective casefinding system includes reviewing specimen reports e.g. pathology, cytology, bone marrow, and autopsy reports, as well as, non-specimen reports e.g. disease indices, radiology reports, or oncology logs.

Module 4.3: Casefinding Sources

There are several source documents available for casefinding. The documents may vary from one facility to another based on what specialty departments exist. In general the source documents in a hospital can include, but are not limited to, the following:

- Pathology Reports
- Cytology Reports
- Bone Marrow Reports
- Autopsy Reports
- Imaging Reports
- Surgery Schedule
- Medical Oncology Logs
- Radiation Oncology Logs
- Nuclear Medicine

- Admission and Discharge Summaries
- Outpatient
- Disease Index

Specimen Sources

Pathology and Cytology Reports: Generally, 90 percent of all cancers are histologically confirmed. The reviewing of all pathology and cytology reports is essential to complete cancer reporting. The cancer registrar or designated personnel should review ALL these reports.

- Bone Marrow Reports: A blood smear and/or a bone marrow specimen may be the sole basis of diagnosis for patients with leukemia/hematopoietic diseases. Bone marrow reports are similar to pathology reports and can be reviewed in the same manner.

- Autopsy reports: Autopsy reports are usually filed separately from pathology reports in the pathology department or in the Health Information Management department. Review of autopsy reports is usually beneficial for casefinding and identifies cases of cancer that were not diagnosed prior to death.

Non-Specimen Sources

- Imaging Reports: Review for clinical diagnosis. Some patients may be diagnosed on the basis of radiological findings alone and may never be histologically confirmed. Benign brain tumors are often initially diagnosed through scanning procedures. Review of radiology reports whose findings indicate the presence of neoplastic disease should be reviewed to prevent missed cases.

- Surgery Schedule/ Medical Oncology/ Radiation Oncology/ Nuclear medicine logs:
    - The surgery department, nuclear medicine department, radiation oncology department, and the medical oncology department logs should be reviewed to help ensure complete case ascertainment. These logs often identify cases that are diagnosed at one facility and then referred to another facility for treatment. (See **Module 5**)

- Admission and discharge documents: Routine review of all inpatient and outpatient admissions and discharges should be performed. Cases that are histologically confirmed at one facility and then referred to a subsequent facility for treatment are often identified within these documents.

- Outpatient departments: Reviewing pathology reports from outpatient surgeries, radiation, and chemotherapy logs will often yield cases that might otherwise be missed.

- Disease Indices: The disease index is an excellent casefinding source, however, it is NOT accurate enough to use as the only source of casefinding. The disease index is a listing of cases by date of discharge and can be arranged in diagnostic groupings. A report can be generated by the health

information management (HIM) department specifying a group of ICD-9-CM codes to be reviewed. The cancer-screening list in Unit 4.4 can be used to narrow the report to appropriate reportable cases.

Important: Review of only one type of source document <u>cannot</u> identify all cancer cases diagnosed and/or treated in a facility. USE AS MANY SOURCES AS POSSIBLE TO ASSURE COMPLETE CASE ASCERTAINMENT.

Casefinding and abstracting are not done at the same time.

- Casefinding is done first
- A list is kept of the identified cases (suspense file)
- Abstracting is done at least six months after date of diagnosis

Module 4.4: Cancer-Screening List of ICD-9-CM Codes for Casefinding

042	AIDS (review cases for AIDS-related malignancies)
140.0-208.9	Malignant neoplasms
203.1	Plasma cell leukemia (9733/3)
205.1	Chronic neutrophilic leukemia (9963/3)
210.0-229.9	Benign neoplasms
230.0-234.9	Carcinoma in-situ
235.0-238.9	Neoplasms of uncertain behavior
238.4	Polycythemia vera (9950/3)
238.6	Solitary plasmacytoma (9731/3); Extramedullary plasmacytoma (9731/3)
238.7	Chronic myeloproliferative disease (9960/3); Myelosclerosis with myeloid metaplasia (9961/3); Essential thrombocythemia (9962/3); Refractory cytopenia with multilineage dysplasia (9985/3); Myelodysplastic syndrome with 5q-syndrome (9986/3); Therapy-related myelodysplastic syndrome (9987/3)
239.0-239.9	Neoplasms of unspecified behavior
273.2	Gamma heavy chain disease; Franklin's disease
273.3	Waldenstrom's macroglobulinemia
273.9	Unspecified disorder of plasma protein metabolism (screen for potential 273.3 miscodes)
284.9	Refractory anemia (9980/3)
285.0	Refractory anemia with ringed sideroblasts (9982/3); Refractory anemia with excess blasts (9983/3); Refractory anemia with excess

	blasts in transformation (9984/3)
288.3	Hypereosinophilic syndrome (9964/3)
289.8	Acute myelofibrosis (9932/3)
V07.3	Other prophylactic chemotherapy (screen for miscoded malignancies)
V07.8	Other specified prophylactic measures
V10.0-V10.9	Personal history of malignancy
V58.0	Admission for radiotherapy
V58.1	Admission for chemotherapy
V66.1	Convalescence following radiotherapy
V66.2	Convalescence following chemotherapy
V67.1	Radiation follow-up
V67.2	Chemotherapy follow-up
V71.1	Observation for suspected malignant neoplasm
V76.0-V76.9	Special screening for malignant neoplasm.

Casefinding Codes for Benign Brain and CNS Tumors

225	Benign neoplasm of brain and other parts of central nervous system
225.0	Benign neoplasm of the brain
225.1	Benign neoplasm of the cranial nerves
225.2	Benign neoplasm of the cerebral meninges; cerebral meningioma
225.3	Benign neoplasm of spinal cord, cauda equina
225.4	Benign neoplasm of spinal meninges; spinal meningioma
225.8	Benign neoplasm of other specified sites of nervous system
225.9	Benign neoplasm of nervous system, part unspecified
227.3	Benign neoplasm of pituitary, craniopharyngeal duct, carniobuccal pouch, hypophysis, Ratke's pouch, sella trucica
227.4	Benign neoplasm of pineal gland, pineal body
237	Neoplasm of uncertain behavior of endocrine glands and nervous system
237.0	Neoplasm of uncertain behavior of pituitary gland and craniopharyngeal duct
237.1	Neoplasm of uncertain behavior of pineal gland
237.5	Neoplasm of uncertain behavior of brain and spinal cord
237.6	Neoplasm of uncertain behavior of meninges: NOS, cerebral, spinal

237.7	Neurofibromatosis
237.70	Neurofibromatosis, Unspecified von Recklinghausen's Disease
237.71*	Neurofibromatosis, Type One von Recklinghausen's Disease
237.72	Neurofibromatosis, Type Two von Recklinghausen's Disease
237.9	Neoplasm of uncertain behavior of other and unspecified parts of nervous system; cranial Nerves

*Code 237.71 may not be reportable, however, these diagnosis may indicate a reportable condition and should be reviewed.

Module 4.5: Suspense File

After identifying a probable case, evaluate whether the case is reportable or already reported.

A suspense file (tracking system) is kept which contains information on cases that may be reportable.

A suspense file is maintained so that the status of casefinding can be ascertained at any time.

The suspense file can be maintained in at least two ways:

- Enter the case into a computerized data base, which has a suspense file designed into it.

- Fill out a brief form of identifying information:
  - Name
  - Date of Birth
  - Medical Record Number
  - Date of Diagnosis
  - Primary Site
  - Location of Source documents
  - File this form in month order by date of diagnosis

The suspense file should be reviewed periodically to ensure that cases are completed promptly; within six months after date of diagnosis.

Review for Module 4

Casefinding is a system for locating every patient, either inpatient or outpatient, who is diagnosed and/or treated with a reportable diagnosis.

All healthcare facilities must perform case finding. Although these facilities may use different source documents, the procedures involved in their casefinding cycles are similar.

In the casefinding process, a suspense file is kept so that the status of casefinding can be ascertained at any time.

There are two types of casefinding methods used by healthcare facilities: active and passive.

In active casefinding procedures, cancer registrars retrieve and screen the source documents (such as disease indices, pathology reports, and so on).

A benefit of active casefinding procedures is that this method is more thorough and accurate, because the registry personnel have extensive training in terminology that identifies reportable cases.

In case of passive casefinding the cancer registrar relies on other health care professionals to notify the registrar of potentially reportable cases.

A concern with passive casefinding is that non-cancer registry staff are not as familiar with reporting terminology and rules, so incomplete casefinding may occur.

A combination of active and passive casefinding is a commonly used system in registries.

There are many casefinding sources; Reliance on multiple sources is necessary to obtain a complete description of the patient's cancer experience.

Review of all inpatient and outpatient admissions and discharges facilitates quick casefinding process since these documents present clinical or pathological diagnosis of cancer.

One method of casefinding is the reviewing of all pathology and cytology reports which is essential to complete cancer reporting. The cancer registrar or designated personnel should review ALL these reports.

Other casefinding sources include cytology and autopsy reports, nuclear medicine documents, radiation oncology and medical oncology logs.

After identifying a potential case from a casefinding source, the registrar processes the case into a suspense file.

The suspense file contains information on cases that are potentially reportable.

The suspense file can be maintained in at least two ways:

- Enter the case into a computerized data base, which has a suspense file designed into it.

- Fill out a brief form of identifying information:
    - Name
    - Date of Birth
    - Medical Record Number
    - Date of Diagnosis

- Primary Site
- Location of Source documents
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The suspense file should be reviewed periodically to ensure that cases are completed promptly.