

# Time-Saving Opportunities through Tumor Board and Cancer Registry Integration

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## Background

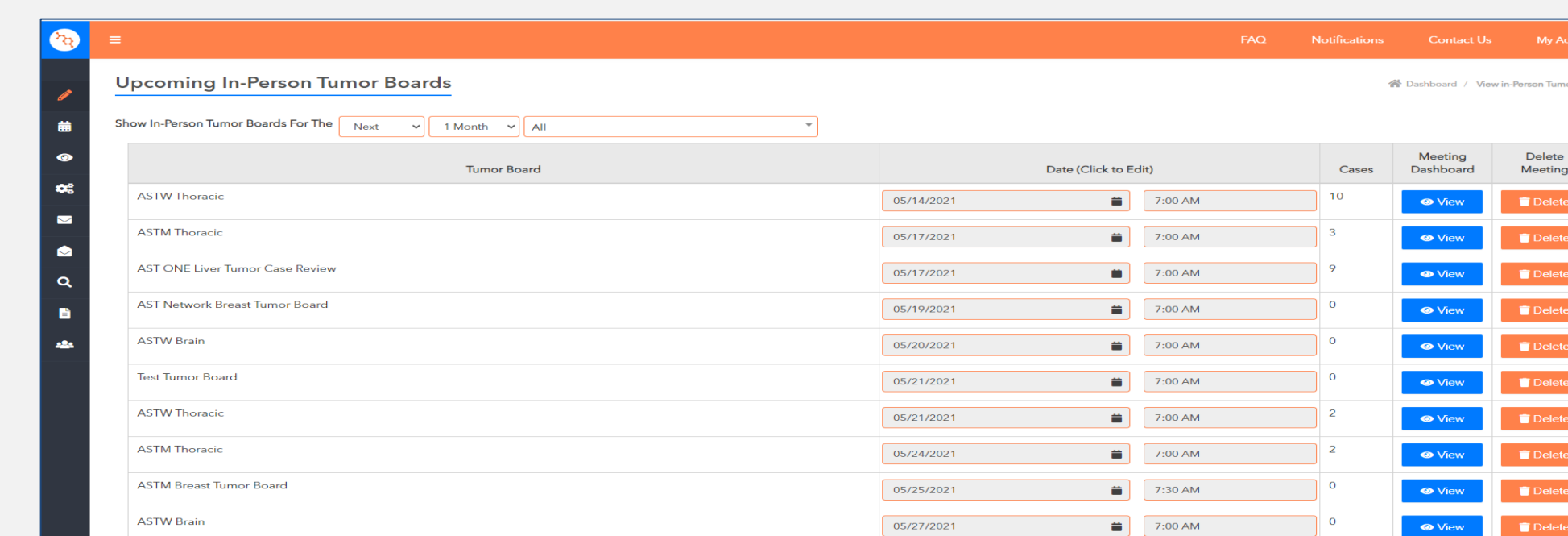
- Tumor Boards often rely on leveraging data from EMRs and pathology systems. Data is sometimes exported from Cancer registry systems.
- Historically, this has largely been a manual process with supporting reports and data files exported from the various systems.
- More recently, through the advent of Tumor Board management software, the opportunities for driving the benefits of integrating these workflows have become a reality.
- While there are many such opportunities, this project focused on innovations to drive efficiencies for the cancer registry workflow, with the primary objective to leverage the tumor board to accelerate reportability or case-finding and supporting the registry's broader objectives pertaining to data and abstracting concurrency.
- Subsequent phases will explore the opportunities and value to leverage the registry database at tumor board meetings.

## Project Description

- This project hypothesis was based on the premise that the early transmittal of reportable cases reviewed at Tumor Board meetings would drive efficiencies for the Registry team. The project entailed the transfer of a defined data set from the OncoLens tumor board software and CRStar, the cancer registry software by ERS.

## Project Steps

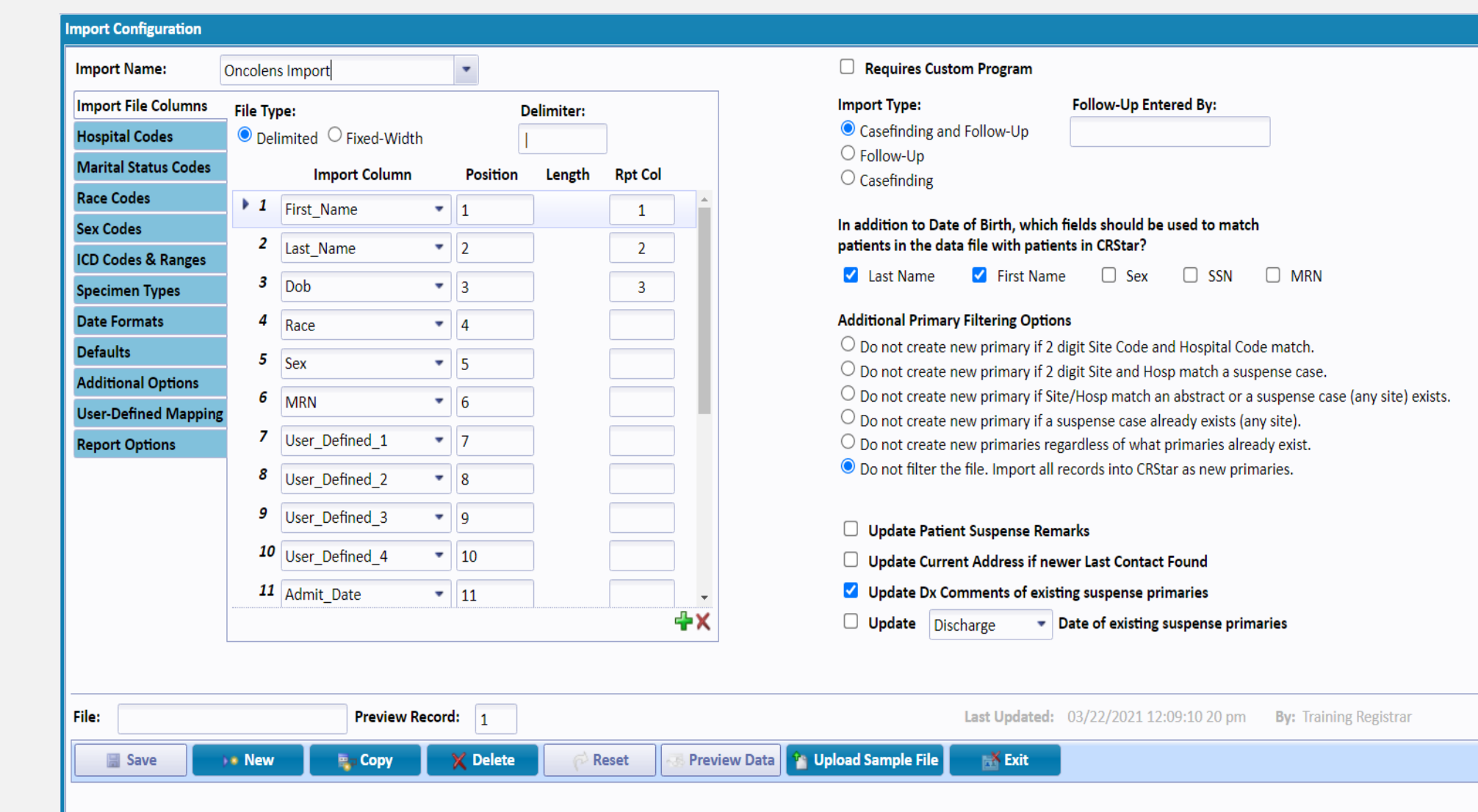
- Review of information collected within OncoLens and the identification of requisite data set
- Development of export mechanisms from OncoLens and import into CRStar



- Data transfer test and review – an initial upload of data from the last six months of tumor boards, followed by a monthly run.
- Review of data, insights and review of next steps and enhancements

## Initial Results

- Initial discovery suggests that the hypothesis of leveraging the Tumor Board as a data source for cancer registry case-finding is valid and has the potential to provide efficiencies.



- The project identified certain opportunities for enhancements including:
  - Expansion of discrete aspects of the patient identification between systems
  - Extraction of relevant information from descriptive comments and text created for and during the tumor board meetings
  - Expansion of other discrete information – site, histology.
  - Improvements to avoid duplicate entries, filtering of non-reportable cases e.g., brain cases

## Initial Results

Based on initial data transfers, the following data categorizations emerged:

21.1%	Possible Duplicate or Review Cases
12.5%	Not Reportable due to Site or Condition
48.2%	Ready to Abstract
18.2%	Reportable in the future

Results demonstrate that the majority were ready for abstracting, a good validation. Additionally, the categories for 'Not Reportable Due to Site' and 'Duplicate' are easily addressable with technology, increasing the 'Ready to Abstract' percentage to over 80%, exceeding our expectations.

## Next Steps

- Implement enhancements
- Continue measurement with a cadence of weekly data transfer
- Expand data set
- Explore opportunities for leveraging registry data during tumor board.
- EMR Integration

## Contact Info

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