

## South Dakota Cancer Registry (SDCR)

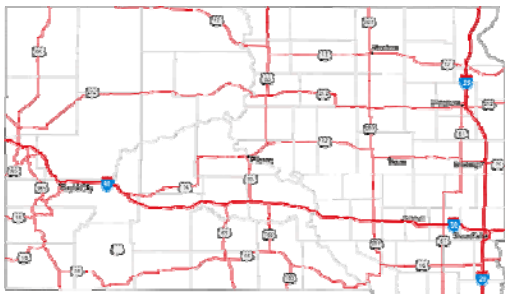
"Ninety Percent Completeness at 12 Months - How Our State Did It."



South Dakota: 781,919 people, 75,844 sq. miles; Population density 10 approx



South Dakota: 66 counties, 380 miles East-West, 210 miles North-South



## Laws

- **Legislation**
  - law introduced in 1989, then in 1990.
  - South Dakota passed law in 1991.
  - Amended in 1992.  
SDCL 1-43-11 to 1-43-18 established the Cancer Data Collection System (CDCS) in the DOH

## Who reports?

- **Mandatory reporting of cancer cases by a limited number of entities.**
  - ACoS approved hospitals (6 at that time)
  - Pathology labs.

## Cancer Data 1992-2000

58-83% from hospitals  
No data from pathology labs  
Data kept in archive for death clearance and previous Dx

## Changes

- 2000 NPCR started limited funding
  - negotiated for software
  - staff search
- 2001 Planning and Implementation stage of a full-blown statewide, population based registry in 2001
- 2 FTEs: coordinator and someone to train as CTR.

## Steps to complete reporting: 90% at 12 months ; 95% at 24 months

- Coordinator began traveling throughout the state
- Negotiated with pathology laboratories to submit hard copies of pathology reports.
- Negotiated with VA to either submit data or for us to collect
- 8 CTRs in SD at time (13 at present)

## 2001

- established pathology reporting in ARSD
- 3 largest path labs in SD submitted hard copies of reports.
- Path reports were matched with the central database
- Approximately 650 cases were followed back

## 2002-2004

- VA hospitals submitted cancer cases
- SDCR began actively abstracting some cases from path reports instead of sending out forms.
- To reduce the number of cases from path labs
- Half FTE from Vital Stats office

## Realities

- Examined the cases identified through path reports ( cases not coming from a hospital registry) 2001-2005

# of cases	Facilities
>35	3
10-35	3
5-10	55
0-4	112

## No of cases from path labs using defaults and unknowns

YEAR	CASES
2001	123
2002	116
2003	102
2004	37
2005	7

## Calls for data

- Since 2002.
- 12 month data close to 85% from 2002-2004 data
- 90% in 2005

## What do we do differently?

- Went out and abstracted the cases ourselves.
- We were able to capture cases from places that previously refused to cooperate
- Set tight timelines

## Present Operations

- Objective is to reduce the number of cases from pathology reports with missing information
- Set up WebPlus in 2005-2006 for facilities with > 35 cases to submit complete abstracts
  - Trained these facilities.

## Present Operations

- **Gave those with 10-35 to submit demographic information and text – trained 9 providers-4 urology clinics to**
  - Case numbers fluctuate; staff can't develop the expertise; staff changes
- SDCR last the ½ FTE from Vital Stats
- Workload is too much for 2 persons
- Contracting all of pathology reporting

## Present Operations

- Set tighter timelines for data acquisition
    - E.g. All 2006 cases, pathology case and death clearance follow-back must be completed by August 31, 2007.
- Lot work done in summer for access to facilities
- Possible benefit >90% in 12 months

## Plans

- Cut costs by implementing E-path for large path labs, 1 lab at a time (reduce contracts)
- Complete during next five years
  - Possible benefits >90% in 12 months

**SOUTH DAKOTA CANCER REGISTRY**

<http://www.state.sd.us/doh/sdcr>

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