

GEORGIA

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Working Together to Improve Pediatric Cancer Reporting

NATIONAL PROGRAM OF CANCER REGISTRIES SUCCESS STORY

SUMMARY: Pediatric cancer clusters calls are very common for the Georgia Cancer Registry (GCR), yet delays in cancer reporting affect investigating these cases. GCR collaborated with the Georgia Department of Public Health (DPH), Birth Defect Registry (BDR) and Newborn Surveillance Team to improve on reporting malignancies at birth. Since then BDR shared two diagnosed malignancies cases at birth with GCR.

CHALLENGE: GCR receives many calls on suspected high number of childhood cancers in south and south-east Georgia. The majority of these calls are for cases diagnosed within the past few months of the call. The GCR epidemiologist's responsibility is to investigate these cases by analyzing GCR database for previous diagnosis years. Frequently, the GCR epidemiologist contacts the specific cancer regional coordinator and facilities to confirm unreported cases. Additionally, the GCR Director contacts other states to follow up on cases that were diagnosed and/or treated out of state as part of the investigation. Assessing cases during the cancer investigation is time consuming and most often does not result in confirming cases that meet Georgia's cancer cluster criteria.

SOLUTION: To improve on childhood cancer reporting timeliness, and reduce the time to investigate cases, GCR collaborated with the DPH-BDR. BDR agreed to share a data file including all reported birth defects from 2010 to present with the GCR. The GCR will link the two databases to identify any missed cases and to improve on identifying risk factors associated with childhood cancer. Also BDR and GCR established a process of sharing new malignancies diagnosed at birth as reported to the BDR within 30 days of diagnosing the malignancy.

RESULTS: From January 1 to June 30, 2018 two newly diagnosed malignancies were reported to the GCR by the BDR epidemiologist. GCR cancer regional coordinator confirmed the diagnosis with the reporting facilities and were submitted to the GCR within 2 weeks of contacting these facilities. Additionally, the cancer regional coordinator conducted a case-finding audit targeting childhood cancer. As a result, 19 childhood cancers were identified and reported for 2016 and 2017 diagnosis years.

SUSTAINING SUCCESS: By June 30, 2018, conduct one pediatric cancer training targeted hospital staff for reporting childhood cancer. Additionally, it will be important to establish an on-going collaboration for reporting malignancies diagnosed at birth by BDR to the GCR.

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