


<b>Name of Policy:</b> <u>Follow-up</u> <b>Policy Number:</b> 3364-105-408 <b>Department:</b> Cancer Center <b>Approving Officer:</b> Vice President & Executive Director <b>Responsible Agent:</b> Director, Dana Cancer Center <b>Scope:</b> Cancer Center Administration	 <b>Effective Date:</b> 3/1/2020 Initial Effective Date: 1/1979
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

**(A) Policy Statement**

In order to evaluate outcomes of cancer care, long-term follow-up is an essential function of the Cancer Registry.

**(B) Purpose of Policy**

The follow-up data gathered by the Cancer Registry is used to compare with regional, state or national statistics and to be able to calculate survival rates. The information congregated enables the Cancer Registry to record any evidence of recurrent or residual disease, to analyze the quality of survival of patients entered into the Electronic Registry Systems (CRSTAR) database and for overall patient care.

**(C) Scope**

This policy applies to all health information management employees. Mainly used by the cancer registry department in conjunction with the cancer committee.

**(D) Procedure**

1. Follow-up information is obtained at least annually for all living analytic patients included in the CRSTAR database.
2. Abiding by the American College of Surgeons (ACS) Commission on Cancer (CoC) Standard 3.4, an 80% follow-up rate is maintained for all eligible analytic patients from the Cancer Registry's reference date.
3. Abiding by the ACS/CoC Standard 3.5, a 90% follow-up rate is maintained for all eligible analytic patients diagnosed within the last 5 years, or from the cancer registry reference date, whichever is shorter.
4. All reportable cases are followed, except the following:
  - a. Residents of foreign countries
  - b. Cases that are reportable-by-agreement
  - c. Patients whose age exceeds 100 years and who are without contact for more than 12 months
  - d. Patients diagnosed on or after January 1, 2006 and classified as Class of Case 0
5. The Cancer Registry will employ the following methods to obtain completed follow-up information, but is not limited to:
  - a. Letters or phone calls to the physician(s)
  - b. Letters or phone calls to the patient or the patient's next of kin
  - c. Admission or readmission to the University of Toledo Medical Center (UTMC)
  - d. Pathology reports
  - e. Clinic and outpatient visits
  - f. Internet sources
  - g. Death certificate matches
  - h. Review of newspaper obituary columns

- i. Autopsy reports and in-house death lists
  - j. Reports from the Department of Health and Environment, Bureau of Vital Statistics
6. In the ERS database, a monthly listing is generated of patients who require follow-up.
- a. The Cancer Registry will then use this list to look up in the UTMC's *Clinical Portal* and *Star Navigator* online services to determine if the patient has been seen in the hospital or clinics within the last 12 months. If the patient has been seen at UTMC, the information is update in the CRSTAR database
  - b. If the patient has not been seen at UTMC within the last 12 months, the Cancer Registry will use the CRSTAR database tool that can generate a formatted letter which is sent to the documented following physician(s) of the patient. These letters are sent with a self-addressed stamped return envelope for the convenience of the inquired physician. See example "A" following this Policy and Procedure in the Cancer Registry's Policy and Procedure manual.
  - c. If the following physician(s) do not return the letters within a month, the Cancer Registry will then generate letters to be sent directly to the patient utilizing the CRSTAR database tool to do so. These letters are sent with a self-addressed stamped return envelope for the convenience of the patient. See example "B" following this Policy and Procedure in the Cancer Registry's Policy and Procedure manual.
  - d. If the patient has not been seen at UTMC within the last 12 months and no letters have been returned with the required follow-up information, other means of contact are then investigated through the following sources:
    - i. Other Cancer Registries
    - ii. Department of Health and Environment, Bureau of Vital Statistics
    - iii. Hospice
    - iv. Nursing homes
    - v. Social Security Administration
    - vi. Local history department at the city library
  - e. Each primary site is followed on an individual basis per topography code and sequence number.

<p><b>Approved by:</b></p> <p><u>/s/</u> _____ <u>02/24/2020</u>                  Daniel Barbee, MBA, RN, BSN, FACHE                  Chief Executive Officer - UTMC                  Date</p> <p><u>/s/</u> _____ <u>02/24/2020</u>                  Allen Seifert, Administrative Director                  Eleanor N. Dana Cancer Center                  Date</p> <p><u>/s/</u> _____ <u>02/23/2020</u>                  Carrie Andrews, BA, CTR                  Cancer Registry                  Date</p> <p><u>/s/</u> _____ <u>02/24/2020</u>                  Krishna Reddy, MD. Ph.D.                  Chairman, Cancer Committee                  Date</p> <p><b>Policies Superseded by This Policy: 10-401</b></p>	<p><b>Review/Revision Date:</b>                  10/12                  3/13                  3/15                  3/17                  3/20</p> <p><b>Next Review Date:</b>                  03/01/2023</p>
<p><i>It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.</i></p>	