

Cancer Program Success Questions

Cancer Registry *Class of Case* as a Decision-Support Resource:

Part II – Non-Analytic Cases

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Non-analytic cases are classified, in the “new” system, according to the reason a patient is non-analytic (to the reporting institution), or the reason a patient who never received care at this institution has had his/her case abstracted. Non-analytic cases are coded with two-digit numbers ranging from 30-49. It may be important to note that the Commission on Cancer does not require accredited institutions to abstract non-analytic cases. However, many community registries do abstract such cases; perhaps they are required to by their central registries, by the hospital, by their State Registry, or as a program or hospital institution decision. The chart below provides an easy reference to the new two digit classification scheme for non-analytic cancer patients.

Class of Case Two Digit Classification System, Part II		
Non-Analytic Cases	Class of Case Code	Comments
<i>Patient appeared in person at the institution</i>		
Reporting hospital participated in the diagnostic workup (including a consult, or a staging workup, etc.) but the treatment was provided elsewhere.	30	
Reporting hospital provided in-transit care for a patient who was diagnosed elsewhere and received their 1 st course of treatment elsewhere.	31	In-transit care might include stent placement, for example.
Patient received diagnosis AND all of the 1 st course of treatment elsewhere AND the patient presented at the reporting institution with disease recurrence or persistence.	32	Diagnosis and Treatment here Patient reports with recurrence or active disease (cancer).
Patient was diagnosed AND received all of the 1 st course of treatment elsewhere AND presents at the institution with disease history only .	33	Patient presents to the institution with disease (cancer) history only.
CoC does NOT require case to be accessioned (e.g. a benign colon tumor) AND diagnosis and all of 1 st treatment course was provided by the institution.	34	Diagnosis here & 1 st course here. No requirement to abstract case.
Patient was diagnosed before the reporting institution’s ACoS reference date AND diagnosis and all/part of the 1 st treatment course were provided by the institution.	35	Case prior to institution’s ACoS Reference Date. Institution provided diagnosis and 1 st course.
CoC does NOT require the case to be accessioned (e.g. a benign colon tumor) AND the patient was diagnosed elsewhere, but the 1 st course of treatment was provided at this reporting institution.	36	Diagnosis elsewhere; 1 st course at reporting institution. No requirement to abstract case.
Patient diagnosed before ACoS reference date AND diagnosed elsewhere AND all or part of 1 st course of treatment at the institution.	37	Case prior to ACoS Reference Date. Diagnosed elsewhere. 1 st course (all or part) at this institution
Initial diagnosis at autopsy.	38	
<i>Patient does NOT appear in person at the institution</i>		
Patient diagnosed AND all of 1 st course of treatment given at a single staff physician’s office.	40	Single staff physician’s office handles diagnosis and treatment.
Patient diagnosed AND all of 1 st course of treatment given at 2 or more different staff physicians’ offices.	41	Several staff physicians’ offices handle diagnosis and 1 st treatment course.

Case/Patient is diagnosed/treated in non-staff physician practice, or in non-AcoS- accredited facility, or case is being accessioned by the reporting institution for that “other” entity.	42	Example – when the hospital abstracts cases from an independent radiation therapy facility
Pathology or other lab specimens only	43	
Death Certificate only.	49	
Non-analytic case of unknown relationship to the reporting institution.	99	Can NOT be used by ACoS- accredited institutions for analytic cases.

It is common for academic centers to have a higher percentage of non-analytic cancer patients due to there being a referral center.

If a high number of non-analytic patients come from a certain area, it may be an opportunity to setup a new program or new services in that community. As well, a high number of non-analytic patients who are near the end of life may be able to support your palliative care program.

Registrar Jerri Linn Phillips, who is also Manager of Information Technology and Data Standards, for the National Cancer Data Base, at the Commission on Cancer, has created two graphics ([click here to view Figure 2 & 3](#)), that further describe how registrars can easily classify a non-analytic patient into one of the new (2010) class of case categories.