

**MARYLAND COMPREHENSIVE CANCER PLAN
BREAST CANCER SUBCOMMITTEE
MINUTES OF THE SEPTEMBER 10, 2002 MEETING**

Attendance:

Kathy Helzlsouer, MD, MHS, Johns Hopkins Bloomberg School of Public Health -Committee Chair

Abby Karlsen - Susan G. Komen Breast Cancer Foundation, Maryland Affiliate

Eric Whitacre, MD - The Breast Center at Mercy Hospital

Cathy Copertino – Holy Cross Hospital

Stanley Watkins, MD – Annapolis Medical Specialists

Marsha Oakley ? Arm-in-Arm, The Breast Center at Mercy Hospital

Stephanie Seipp - MedChi

Young Joo Lee, MD – Harbor Hospital Cancer Center

Franny Lerner – Chase-Brexton

Renee Royak-Schaler – University of Maryland School of Medicine

Susan Bauman-Stuart, American Cancer Society

DHMH Staff:

Donna Gugel - Breast and Cervical Cancer Screening Program (BCCP) Director

Toni Brafa-Fooksman - BCCP Coalition Coordinator

Stacey Neloms – Director, Maryland Cancer Registry

Patricia Weeks-Coulthurst - Maryland Cancer Registry

Kate Shockley – State Cancer Council

MEETING SUMMARY:

Maryland Cancer Registry (MCR) Overview– Stacey Neloms, Director

Ms. Stacey Neloms distributed a fact sheet about the Maryland Cancer Registry (MCR), additional data on breast cancer in Maryland, and answered questions from the Committee.

The MCR collects information on demographics, cancer/tumor characteristics, staging data, first course treatment, and vital statistics. The MCR is an incidence-based registry and does not collect follow-up treatment or outcomes data. The data are provided by Maryland hospitals (public, private, federal and military), laboratories, radiation therapy centers, ambulatory surgery centers, and physician's offices. The MCR also participates in data exchange agreements with 12 states and the District of Columbia. In addition, incident cases are identified through an annual match with the Maryland Vital Statistics Administration and death certificate review.

Most reporting facilities submit data in the standard record layout approved by the North American Association of Central Cancer Registries (NAACCR). A question was asked regarding the collection of new data elements. The collection of new data elements is possible. The Maryland cancer reporting law is sufficiently broad enough to allow for the collection of additional variables that will assist in the identification of populations at risk, cancer etiology, needs assessment or program planning. The addition of new data elements is made easier if the

data item is currently included in the standard NAACCR record layout. This would alleviate the need to make structural changes to the MCR database. The registry is currently reviewing the data it collects. Any changes that are made will be implemented on January 1, 2003. The Committee would like to have the registry record information on the type (sentinel node) biopsy that is done. Ms. Neloms stated that she believed that this item is currently collected but would check to make sure.

The MCR main office is located at DHMH and is responsible for data analysis, publication of the Cancer in Maryland Annual Report, special studies, and data release. IRB approval is needed for researchers who request non-aggregated data. A private vendor provides data processing and database management services. Of the 56 hospitals in Maryland, approximately 33 have approved tumor registries. Registries in some of the smaller hospitals are struggling and are in need of technical assistance. There is a shortage of certified tumor registrars. The MCR has used money from the CRF program to hire a tumor registrar to provide technical assistance to reporting facilities. The Committee asked Ms. Neloms to find out how many of the non-COC approved registries were based at specialty hospitals that would not normally see cancer patients.

Working Groups:

Many of the committee members had not completed the needs assessment survey prior to the meeting. Committee members were asked to spend the remaining time completing the survey and breaking into groups to complete the ideal breast cancer model for their topic (prevention, early detection and treatment, and long-term survival.)

The next meeting of the Breast Cancer Committee will be held at 4:00 PM on Tuesday, September 17, in room L-2.