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dph.ga.gov

November 3, 2020

Dear Colleague:

The National Cancer Institute estimates there are over 17 million cancer survivors in the United States today and these numbers are rising rapidly thanks to advances in early diagnosis and treatment. Georgia's cancer registries are on the frontline in facilitating the capture of the necessary data to monitor our state's progress in cancer prevention and control. Registries provide clinical data that is critical to our research community. As our survivor population grows, it is ever more important that we capture additional outcomes to assess progress in life following a diagnosis of cancer.

Effective with cases diagnosed 2013 forward, the Georgia Cancer Registry is adding recurrence to its list of reportable data. This is documented at http://dph.georgia.gov/reporting-cancer in the Georgia Cancer Registry Policy and Procedure Manual. We know that facilities participating in the Commission on Cancer Program have been collecting some data on recurrence for years but we need to expand the collection to all patients in our state and ensure that patients are followed for recurrence regardless of where they receive their future cancer care. As part of this new reporting mandate, we are not asking for any additional work on behalf of our cancer registrars in Georgia. The Georgia Cancer Registry is building an infrastructure to utilize data streams to provide signals of cancer recurrence. These signals will be validated by Georgia Cancer Registry staff on a sample of patients and then the algorithms defining the recurrence signals will be refined to improve their accuracy. This iterative process will continue until the algorithms are optimized. Once optimized, the Georgia Cancer Registry will share the recurrence data we have collected with any interested facility in Georgia for their respective set of cancer patients in the registry.

In order to minimize the burden of this work on cancer registrars in our state, we will be conducting the recurrence signal validation ourselves as discussed above. Our Regional Coordinators will be reaching out to you to facilitate setting up periodic access for GCR staff to visit your facility to conduct the validation. We know this does require some advanced planning in order to establish a space for our staff to work and as such we will reach out well in advance to ensure ample time to prepare. If there is any possible way to facilitate remote access for Georgia Cancer Registry staff to complete this work, we would greatly appreciate this and will complete any necessary paperwork that is required. We can provide a log of every cases that will be reviewed if that would be helpful along with any other information that is required. Thank you for all that you do for cancer patients in our state and for your support of this critical work to capture statewide data on cancer recurrence in Georgia!

Sincerely,

Rana Bayakly, MPH Chief Epidemiologist

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