CONERENCE ABSTRACT

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Clinical applicability and feasibility of the revised cancer notification form in Johor

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Abstract: Background: Epidemiological data about cancer is vital to identify patterns and trends of cancer among different geographic areas. This information will facilitate health care planning, framing public health policy and support future research. Johor Cancer Registry was established in 1999 to provide local epidemiological data about cancer in state of Johor. However, some drawbacks from the current cancer notification form were identified. In the current form, cancer staging was not clearly defined, common risk factor, treatment status and cancer progress was not recorded hence limit its clinical usefulness. By revising the form, we aim to evaluate its utility clinically. Methods: A one month pilot study was designed to determine the rate and accuracy of data extraction from patient’s medical records in the outpatient oncology clinic Hospital Sultan Ismail and the subsequent entry of data into the new registry form by randomly selected trained oncology medical officer (MO), staff nurse (SN) and research officer (RO). Quality of data was analysed by measuring percentage of missing data entered, percentage of accuracy and duration of time taken to fill in the form. Socio demographic, common risk factor and clinical data was analysed descriptively. Results: 50 newly registered cancer cases to oncology clinic in June 2017 were included. On average, most of the patients were female (58%), Chinese (50%) and were newly diagnosed with cancer (78%). Only 20% had family history of cancer. Breast and lung cancer were the most common while most of the referred cases were advanced cancer. 60% had received treatment. Of these, 50% had done surgery, 8% radiotherapy and 8% chemotherapy. For data quality, the percentage of missing data was small ranging from 15%–19%. While MO has the highest data extraction accuracy of 70%, SN and RO were similar ~ 65%. Mean time taken to complete one registry form is ~6sec for MO and SN and slight delay (14 sec) for RO. Conclusion: The revised registry form provides more information that can be utilised for the improvement of cancer delivery system. Staffs however need to be trained to improve the quality of data extraction. NMRR ID: NMRR-16-1409-31521 (IIR).

Keywords: epidemiological data; cancer; registry


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