

Appendix 1.16 - Analytic Case Flag

Stage Capture Project

Analytic Case Flag (*Class of Case Flag*) Field in Data Book

Revised Definition

April 1, 2020

The purpose of the analytic flag is with regards to assigning a code (0,1,2, or 9) only on the first/initial (disease) registration. This field has been created specifically to assess RCC staging. The Analytic Flag field does not take part in the funding model regardless of the value assigned.

Definition of Values for Analytic Case Flag (*Class of Case Flag*) Field:

Analytic Flag*		
Value	Meaning	Conditions for Use
0	Non-reportable disease	Diseases not reportable to the OCR. These include all non-neoplasms and also “non-reportable neoplasms”*
1	Yes, Analytic	<p>The patient’s case is seen at your RCC at diagnosis or during first course treatment, provided there has been no progression of the disease before the RCC registration date. In another words, they are still undergoing the first course of treatment and did not become sicker before entering the treatment offered by your RCC.</p> <p>N.B., be mindful that some cancers can progress so quickly that it is possible for a patient to become sicker while still be in the middle of first course treatment.</p>
2	No, Not Analytic /non-analytic	<p>Any case that presents to your RCC as progression, relapse or metastases.</p> <p>A consultation – for a second opinion at your RCC solicited by the diagnosing or treating hospital.</p>
9	Unknown if Analytic or Not	There is not enough information to know whether the case is analytic or not within your medical records or in information sent by another institution upon the patient’s referral to your RCC.
(blank)	No longer allowed	Blank is an error and ≤ 5% are expected. If you are not sure, put in value 9.

Analytic cases include both stageable and non-stageable cancers. Specific requirements surround Analytic Cases, i.e. CCO requires that AJCC stage be submitted for Analytic Cases (see “staging documentation”), it is a reportable disease, and the RCC should be able to fill out the diagnosis date for its Analytic Cases. If an Analytic

Case does not have an AJCC staging scheme it is exempt from the staging requirement.

*Note: when the disease first presents to the RCC, if it is analytic at that time, the analytic flag should not be changed if the patient returns for progression, relapse or recurrence of that same disease. However, the flag may be changed in the original report if a mistake was made or unknown becomes known.

Here are examples of other scenarios where the analytic flag should be corrected.

- If a disease is discovered to be reportable after all, the flag should be changed from 0 or 9 to the appropriate value (either 1 or 2).
- If a case is initially thought to be analytic but is subsequently discovered to have been previously diagnosed elsewhere and treatment finished elsewhere, the flag should be changed from 1 to 2. In this scenario, it also may be the case that the topography, histology, behaviour, and/or laterality and/or the diagnosis date might also need to be changed (the current presentation may be metastatic).

Here are examples of uses for the Analytic Flag

Examples of Analytic Flag = 0

- The case you are submitting has an ICD-10 code outside of Chapter II, Neoplasms. Similarly, it has no topology/histology code in ICD-O-3. Example: Amyloidosis E85.9
- The case is an OCR non-reportable neoplasm, for example, adenomas of any organ (like 8170/0 of liver or 8140/1 or /2 of colon). Another example, Monoclonal gammopathy of undetermined significance (MGUS) is considered neoplastic but is not OCR reportable, 9765/1.
- In situ and invasive skin cancer in the range 8000-8110 (basal/squamous).

Examples of Analytic Flag = 1

- The case is cerebral meninges, meningioma, NOS (C70.0, 9530/0) and the patient has come in for radiation treatment as part of the treatment plan created at diagnosis. The case is not malignant, but it is a CNS tumour that your RCC is seeing the case during the first course of treatment. It is also not AJCC stageable but it is still analytic.
- The case was diagnosed six months ago, received surgery and is now coming to the RCC for radiation that was planned for during a consultation with the oncologist developing the treatment plan.

Examples of Analytic Flag = 2

- Non-Analytic refers to the case's status being a recurrence, progression, relapse – this is the first time the patient has attended the RCC for treatment – treatment that is subsequent to the original plan (when a leukemia progresses or fails to remit after initial treatment, for instance), or there is a late recurrence (for example a recurrence of cancer as metastatic disease elsewhere in the body, or recurrence at the original resection site).
- Non-Analytic also covers cases where the patient only received a consult, for treatment planning, for example, but never received any treatment at your RCC.

Examples of Analytic Flag = 9

- “9” is a placeholder so that RCCs do not have to send a record with this field unfilled. Blank/null is not an acceptable value. 9 can be used if the RCC is uncertain yet whether the (new) case will have treatment at the RCC. It can be used if there is uncertainty whether the disease is malignant or not, or whether it is analytic versus non-analytic. Sometimes the proof takes time as the various diagnostic tests are performed.
- It is very strongly suggested that 9 not be programmed into your system as a default. The difficulty with defaults is that they will automatically fill the field regardless of your intent, regardless of whether you already know the analytic status of the case. It is much preferable to fill this field manually, especially if you know enough detail to code the ICD-O-3 variables and (if appropriate) stage the case. Then time will not be unnecessarily wasted resending the report just to amend this variable.

These examples are not exhaustive. Contact ocrquestions@cancercare.on.ca if unsure of the correct analytic flag setting in a particular case. This is the mailbox to get a direct reply about all staging and ICD-O coding questions.

The due date for staging (**10 months after registration**) is a good time to check whether you need to change the value. If you want to get credit for your analytic cases, always make sure that you have set the value correctly. It is expected that the least used value will be 9, and that 9 will also be the value most often changed to either 1 or 2.

Caveat – the Risk of Sending Stage for Non-analytic Cases

CCO will not try to prevent RCCs from sending in stage for non-analytic cases, provided these cases can be identified. That means that the Analytic Flag field is set to 2, not analytic. In this instance, what is expected still is Stage at Diagnosis, not a Recurrence Stage. ALR cannot currently accept stage at recurrence/presentation.

However, we would like RCCs to understand that there is inherent risk in sending in data this way. The most obvious risk is that analysts (there are hundreds between CCO and organizations like ICES) will themselves neglect to fully understand the significance of the Analytic Flag field. This may happen regardless of how thoroughly Data Book documents the field.

The point of the analytic field is to keep the denominator and numerator of analytic cases in a non-ambiguous state.

The point of reviewing the Analytic Flag instructions with the RCCs is to help us all take advantage of this great opportunity to finally be speaking the same staging language. Our hope with AJCC 8th edition is that staging done at CCO and at the RCCs will together become a very valuable resource for every use.

Non-reportable Neoplasms

Like most jurisdictional cancer registries in North America, non-malignant neoplasms are not reportable to the OCR, *with the exception of non-malignant Brain and Central Nervous System* tumours, which are reportable. Non-malignant neoplasms are behaviour codes /1 (borderline) and /0 (benign).

Also, not reportable to OCR and most North American registries are a certain code range of skin cancers (variously called “basal”, “epithelial”, “papillary” or “squamous” cell carcinoma of skin). The histology range of these non-reportable cancers is 8000-8110 when used with ICD-O-3 topography C44.x, that is, skin.

RCCs are advised to send in cases for funding regardless of Analytic Flag field value. Furthermore, they are certainly invited to send in staging for the non-reportable skin cancer range. There is interest at CCO in skin cancer. The Analytic Flag is tied to cases registered in the OCR, however. Non-reportable skin cancer can over-inflate the number of an RCC’s analytic cases, which then need to be removed to match analytic, staged cases with OCR cases.