**Additional Information Received to Date:**

1) Cancer Registry

- Draft Implementation Guide is available at: http://www.cdc.gov/phin/library/guides/Cancer_MU_%20IG_Final_02_17_2012_v1_0.pdf

- Question: Are cancer registries through the State or specialized associations (oncology groups)?
  Seth: The term "Public Health Central Cancer Registries" or just "Central Cancer Registries" includes all of the registries funded by our program (CDC Division of Cancer Prevention and Control) and by NCI's SEER program. These include states, territories, and regions. (SEER also includes some Indian nations.) The word "central" is typically used to distinguish these from hospital cancer registries, which would NOT be included under this name.

- Redundancy of hospital cancer registry reporting and outpatient cancer registry reporting (see study attachments included in email).
  - While there may be some duplication of information if the EP incorporates the hospital information in their EHR, fundamentally EPs will be reporting cancer cases that do not overlap with hospital reporting. EPs will be providing additional information on diagnosis and/or treatment that occurred in their setting (note, treatment information is increasingly missing from central cancer registries due to more treatment being provided outside of hospitals).

  - As for EP burden, it should be low as the reporting can be fully automated with no manual intervention needed by the EP. Since EPs are required to report in 49 states, and are currently reporting on paper or allowing registrars to come into their offices and manually abstract data, automated EHR reporting will even reduce burden for these EPs.

  - One study of Melanoma, for example, notes that: Melanoma, like other cancers, is mandated by law in all 50 states to be reported by diagnosing physicians to central registries. The potential for under-reporting is especially high for Melanoma and likely to worsen as Melanoma diagnosis and treatment continues to occur outside of hospitals. The authors estimate under-reporting of Melanomas to be between 30 and 40%. (Cockburn et al). Another study of urologic cancers compared physician office billing data to cases reported to central cancer registries and found an estimated case under-reporting rate of 13%. On a national level the authors estimated that this rate could represent up to 54,000 additional urologic cancers annually. The study also found significant under-reporting of treatment, with increased treatment reporting rates when using physician office billing data of 1% for radiation, 10.0% for chemotherapy,

22.2% for hormonal therapy, and 163.6% for Biologic Response Modifier (BRM) therapy. (Penberthy et al). A study of radiation therapy found an under-reporting rate for of 32.0% for one city and 11.25% for another city. (Jagsi et al).

2) Syndromic Surveillance

- Implementation Guide available at: http://www.syndromic.org/uploads/files/MUDraftGuidelines_erratum.pdf

3) Distribution data from CMS

| Stats | Clinical Lab Test Results | Medication Reconciliation | Transitions of Care |
|---|---|---|---|
| Average | 92% | 88% | 88% |
| Median | 99% | 93% | 91% |
| Standard Dev | 14% | 15% | 16% |
| Lowest | 0% | 1% | 1% |
| Highest | 100% | 100% | 100% |
| # of exclusions | 223 | 172 | 206 |
| Exclusion percentage | 3% | 2% | 2% |
| Deferral percentage | 30% | 68% | 84% |

4) Definition of "structured"

There is no specific definition beyond the specification of the measure, i.e. provide lab result in a positive/negative or numeric format.