Internship Abstract

Title: Reporting Pathogen Reports to the New Jersey State Cancer Registry

Name: Thomas Klele

Preceptors: Dennis Simmons CEO of WSC, Debbie VanGinneken Office Manager of WSC, Donna Barone Billing Manager of WSC

Agency: Wayne Surgical Center - Wayne, NJ

Purpose: To identify and analyze cancerous or precancerous pathogen reports, and provide these pathogen reports to the New Jersey State Cancer Registry.

Significance: The New Jersey State Cancer Registry is a comprehensive database that compiles and evaluates cancer data from multiple sources across the state, including healthcare providers, hospitals, and ambulatory centers. These registries are extremely important for research development, treatment measures, and health outcomes in regards to cancer. By ensuring accurate and timely submission of pathogen reports to the registry, healthcare professionals can gain valuable insights into the causes and patterns of cancer, facilitating the development of more effective prevention and treatment strategies. Timely reporting of all cases to the state registry can also increase early detection of cancer and precancerous conditions, leading to improved patient outcomes through prompt interventions and treatments. Therefore, identifying and analyzing cancerous or precancerous pathogen reports is a critical task in advancing our understanding of cancer and enhancing patient care. This process was initiated by the New Jersey State Cancer Registry, as they emailed Donna Barone requesting patient information on a query of patients that had been flagged for cancerous or precancerous pathologies, to which the Wayne Surgical Center agreed to find, as they are dedicated to the betterment of their patients.

Method/Approach: WSC received a total of three lists from the NJSCR. In total, there were 175 patients flagged by the NJSCR that needed to have their pathology reports checked for cancerous and precancerous diagnoses. All patients were found in either our physical library, or our scanned database on Laserfiche. All patients from the State's lists were found and copied to work on separately, so as to not complicate the daily function of the surgical center. Cancerous and precancerous pathology reports were then organized both alphabetically and by year. A WebPlus account was then created for myself in conjunction with the New Jersey Cancer Institute, directions were emailed to my school email on how to operate the software. After being found, checked, and copied for work, all patient information, diagnoses, and case comments were relayed confidentially and securely through WebPlus.

Outcomes/Results: This project resulted in the New Jersey State Cancer Registry gaining specific statistics and information on 175 patients from the years 2021 and 2022 that they did not have beforehand. All patient pathology information and contact information was relayed securely, and as accurately as possible. Specific diagnosing physician contact information was also provided for any follow up questions or missing information.

Evaluation/Conclusion: The NJSCR will now know if the cancer each patient was flagged for was malignant, whether the patient is still alive, and if the patient has recovered from the initial diagnosis or not. They will also have information on who to contact if any other information is missing. All health facilities must report these types of cancerous pathologies to the state, therefore adequate training on the WebPlus software would be helpful to any responsible facility. Real time reporting will result in more accurate statistics, and a more efficient use of time. In conclusion, the specified reporting of each of these patients provides the New Jersey State Cancer Registry with information that can lead to more accurate data, and in turn better health outcomes for future cancer patients.