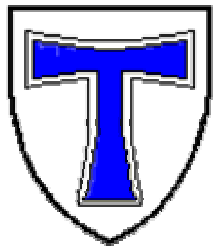


GTDS As A Tool For Integrated Hospital Cancer Registries

U. Altmann



**Institute of Medical Informatik
Justus-Liebig-University Gießen**

Heinrich-Buff-Ring 44, 35392 Gießen

e-Mail: Udo.Altmann@informatik.med.uni-giessen.de

WWW: <http://www.akkk.de>, <http://www.gtds.de>

Contents

- What is an integrated hospital cancer registry?
- What is the role of GTDS (Gießen Tumour Documentation System)?
- Successes and Samples

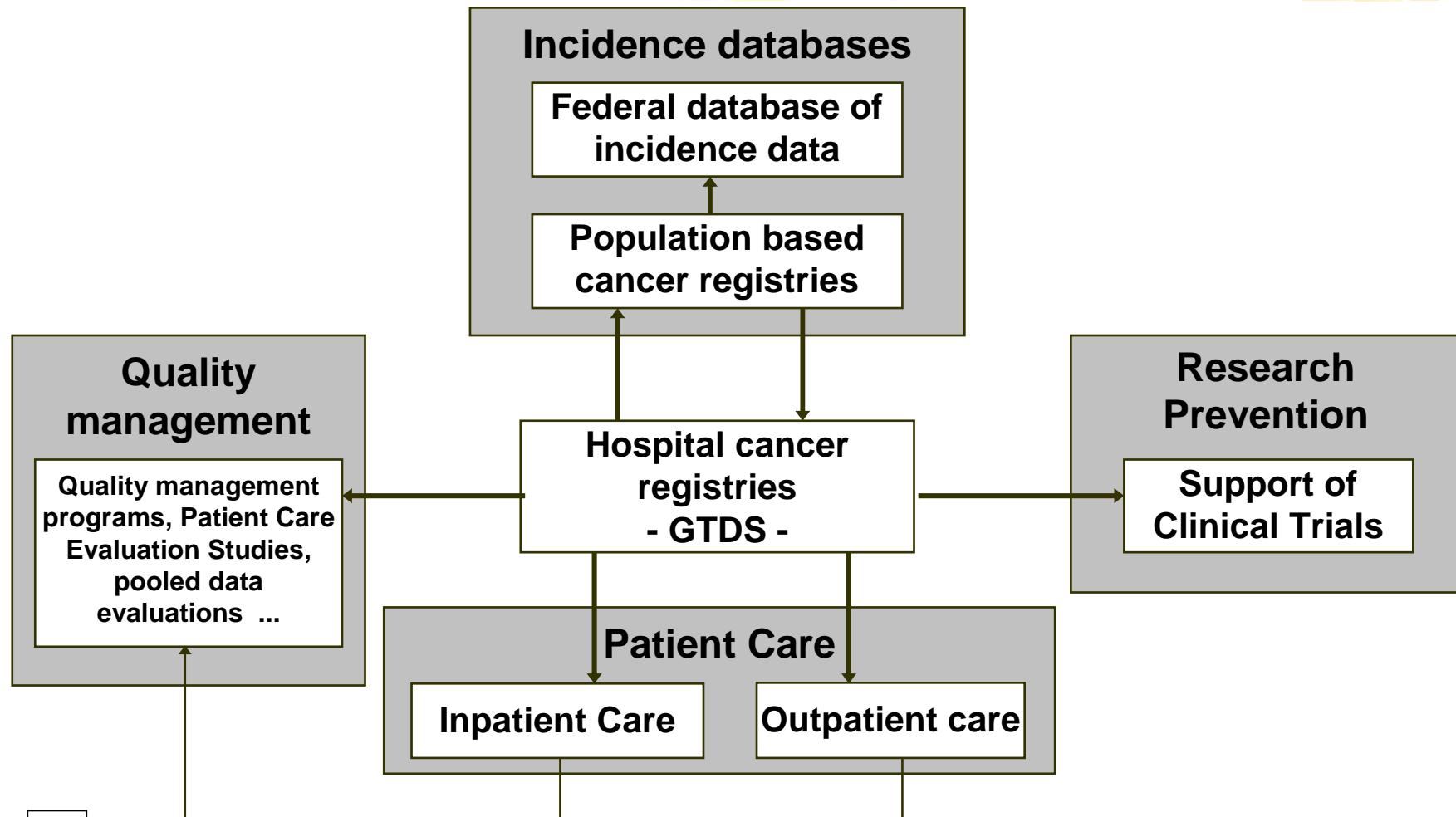


Definition

- Hospital Cancer Registry
 - collects data about the whole course of disease
 - to compare outcome under different conditions
 - | therapy strategies
 - | doctors and institutions (hospitals, departments, ...)
- Integrated Hospital Cancer Registry
 - (electronical) data integration
 - | use of data from various sources
 - | deliver data to various recipients
 - functional integration
 - | data are used to support patient care
 - | data are entered during the process of care, not retrospectively

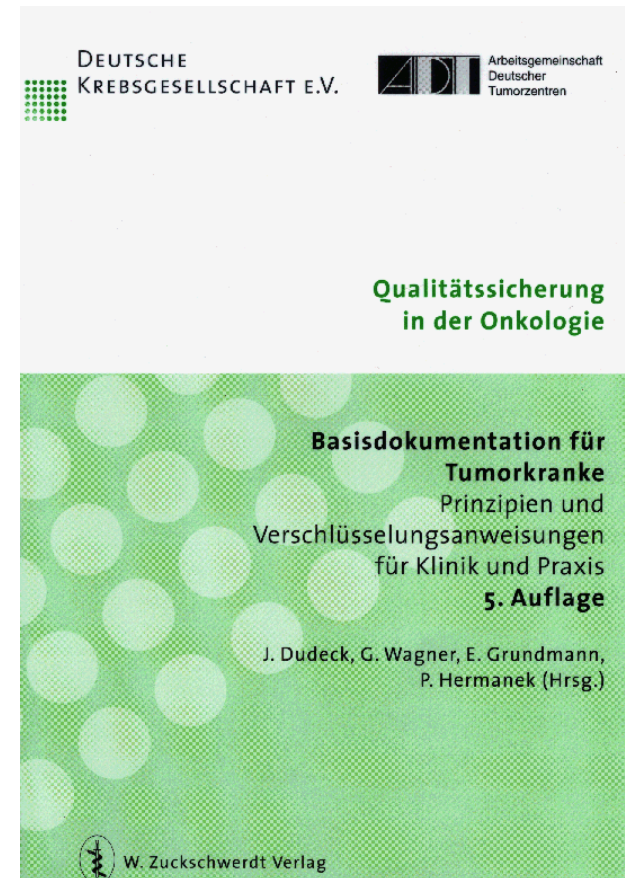


The Oncology Data Network



The standard behind the registry - Basisdokumentation für Tumorkranke

- Goals
 - Documentation of course of disease
 - Support of medical treatment and follow-up care
 - Quality management
 - Statistical Analysis
- => "Template" for Integrated Hospital Cancer Registries
- patronised by
 - German Cancer Society and
 - Association of Comprehensive Cancer Centers



What is GTDS?

- Gießener Tumordokumentationssystem (GTDS)
 - Intention: Common Software Basis (especially for new registries)
 - Economical
 - Support of Standardised Documentation (Basisdokumentation)
 - Installed in More Than 40 Registries
 - Various Types of Hospital Cancer Registries (One Hospital Only - Regional Coverage)
 - Different Focal Points of Use, Information Management Most Common
 - Initially (1991) sponsored by Federal Ministry of Health, now (since 1999) financed by service contracts
 - Influenced by Experts/Experiences from Various Registries



Successes I

- Successes of GTDS are successes of registries
- Hospital cancer registries contribute more than 90 % of reports to the Common Registry of the New States
 - population approximately 17,4 million (1999)
 - Completeness 70% (95% including DCO) (1999) (increasing, varying dependent on state and disease)
 - improvement of formerly unsatisfying situation in Germany



Successes II

■ Use of registry data for quality management

■ Example:

- | annual report of the registries in Brandenburg
- | revealed deficiencies in the early detection of breast cancer
 - only 2.7-7.8 % vs. 10 % in situ desired
- | revealed deficiencies in the frequency of breast-conserving surgery
 - only 40 – 50 % vs. 60 % desired
- | results discussed in quality conference
=> proposals of provisions



Examples for functional integration

- provide information

- overview reports – compensate for deficiencies caused by separation of inpatient and ambulatory care in Germany
- current paper-based, web-based access emerging

Auszug von Daten aus dem Gießener Tumordokumentationssystem (GTDS)

Übersichtsbericht zur Tumorerkrankung 11.09.2003

Mustermann, Felix geboren am 01.01.1900
Pat_ID: 4867

Tumordiagnose : **Hodentumor**
(ED 10/19)

Lokalisationen : **Hoden im Skrotum** (ICD-O 2: C62.1) **rechts**,
Hauptlokalisation

Histologie : **Embryonalkarzinom vom polyembryonalen Typ** (M-9072/3)
Grading: 3

TNM-Klassifikat.: **pT1** L0 V1 **cN0** **cM0** (Stadium I) (10/19)
rT0 L0 V1 **pN2** **cM1** (Stadium III) (01/60)

Fernmetastasen : Lymphknoten (01/60)
Lunge (01/60)

Leist.zust.(WHO) : **0**, normale Aktivität

Frühere Tumorerkr. : keine

Wichtige Verlaufsinformationen

20.10.19 Einseitige Orchidektomie (Radikale (inguinale) Orchidektomie (mit Epididymektomie und Resektion des Samenstranges))

erfolgt durch : Urologische Klinik, Klinikum der JLU Gießen, Giessen
Ziel der Op. : Primärtumor
Komplikationen : Informationen liegen nicht vor
OP-Beschreibung : (OP NACH P.301 5-622.5: Einseitige Orchidektomie (Radikale (inguinale) Orchidektomie (mit Epididymektomie und Resektion des Samenstranges)))

Therapieergebnis

R-Klassifikation: **R0 (kein Residualtumor)**

Tumorstatus : **postoperativ R0, Tumormarker nicht berücksichtigt**
o.unbek.

Leist.zust.(WHO) : **0**, normale Aktivität

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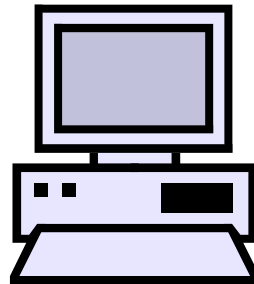
Examples for functional integration - treatment support

- calculate treatment and follow-up plans

- support of implementation of guidelines

- adaptable to patient requirements

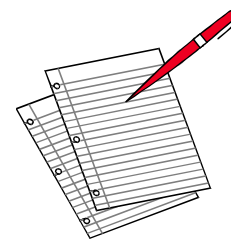
- send reminders



Prepared paper forms and hints



Filled-in forms



Examples for functional integration - support of clinical workflow

■ Functionality

- chemotherapy calculation
 - integrate data from hospital information systems
 - medical report writing
- ## ■ applicable in oncology wards and day clinics

UNIVERSITÄTSKLINIKUM
GIESSEN



Interdisziplinäre chirurgisch-onkologische Tagesklinik
Klinikstraße 32, 35392 Gießen



Universitätsklinik
Zentrum für Chirurgie
Klinikstraße

08150 Musterstadt

Nachrichtlich:

- Frau Dr. med. Drombusch, Renate, Liebigstr. 44, 35392 Gießen
- Herrn Prof. Dr. med. Meiermann, Richard, Fetscherstraße 74, 01307 Dresden
- Zentrum für Radiologie, Universitätsklinik, Klinikstraße, 08150 Musterstadt

Betrifft: Herrn Ihring, Adalbert, geb. 12.10.1963, wohnhaft: Kamphausenstr. 23, 73230 Groß Schacksdorf

Sehr geehrte Frau Kollegin, sehr geehrter Herr Kollege,

Hiermit möchten wir Ihnen über die Chemotherapie zum oben genannten Patienten, der sich am 20.12.1993 in unserer Behandlung befand, berichten.

DIAGNOSEN:

- Morbus Hodgkin (03/93)
- M. Hodgkin, nodulär-sklerosierender Typ (NS-HD) o.n.A. GX (03/93), Ann Arbor 3B (10/93)
- Azoospermie (05/92)
- Hämaturie (05/92)

THERAPIEN:

- Explorative Laparotomie zum Hodgkin-Staging (03/93)
- Mantelfeldbestrahlung (04/93), Abbruch wegen Nebenwirkungen
- COPP (06/93), Fortsetzung der Therapie

AKTUELL: COPP, 5. Zyklus vom 20.12.1993 bis 02.01.1994

Protokollmedikation

- Cyclo i.v. 2249 mg
- Vincristin Bristol i.v. 4 mg
- Procarbacin oral 2422 mg
- Prednison oral 968,8 mg

Onkologische Kompetenz in der Hand der jeweiligen Fachkliniken
Von adjuvanter Therapie über Operation zur Kuration oder Palliation mittels ambulanter Chemotherapie

Interdisziplinäre
chirurgisch-
onkologische
Tagesklinik



Teilnehmende Kliniken:
Universitäts-Frauenklinik
Direktor: Prof. Dr. med. W. Künzel
Urologische Klinik
Direktor: Prof. Dr. med. W. Weidner
Allgemein- und Thoraxchirurgische Klinik
Direktor: Prof. Dr. med. K. Schwemmler

Betreuende Klinik:

Innere Medizin

Betreuende/r Ärztin/Arzt:

Dr. Mustermann
Dr. Testmann

Pflegekräfte: Schwester Martina Bille

Pfleger Dieter Matner

Tagesklinik Tel: +49-641 -99-45260

Fax: -99-45259

e.mail: ICOT@uniklinikum-giessen.de

Datum: 20.03.2002



Conclusion

- GTDS is the common software basis for many integrated hospital cancer registries
 - maintenance und continuous adaptation to new requirements based on service contracts
- Integrated hospital cancer registries can provide valuable support
 - of quality management and therapy analyses in oncology
 - and
 - of managing cancer care

