

Can Data Be Automatically Transferred from Pediatric Hospitals to the Swiss Childhood Cancer Registry?

Yara Shoman^{1,2}, Lorenz Leuenberger^{1,3}, Aaron Renggli^{1,2,3}, Grit Sommer^{1,2}, Julia A. Bielicki^{4,5}, Pierluigi Brazzola⁶, Sophia della Valle², Manuel Diezi⁷, Daniel Drozdov⁸, Fabienne Gumy-Pause^{9,10}, Ana Guerreiro Stücklin¹¹, Ursula M Kuehnel², Katrin Scheinemann^{12,13}, Christina Schindera^{1,4}, Freimut Schilling¹⁴, Nicolas Waespe^{10,15}, Ben D. Spycher^{1,2}, Luregn J Schlapbach^{11,16}, Claudia E. Kuehni^{1,15*} & Fabiën N. Belle^{1*}

¹Institute of Social and Preventive Medicine, University of Bern, Switzerland. ²Childhood Cancer Registry of Switzerland (ChCR), Bern, Switzerland. ³Graduate School of Health Sciences, University of Bern, Switzerland. ⁴University Children's Hospital Basel, Basel, Switzerland. ⁵Centre for Neonatal and Paediatric Infection, St George's University, London, UK. ⁶Pediatric Institute of Italian Switzerland, Bellinzona, Switzerland. ⁷Lausanne University Hospital (CHUV), Lausanne, Switzerland. ⁸Kantonsspital Aarau Cantonal Hospital (KSA), Aarau, Switzerland. ⁹Geneva University Hospital (HUG), Geneva, Switzerland. ¹⁰CANSEARCH Research Platform for Pediatric Oncology and Hematology, Department of Pediatrics, Gynecology and Obstetrics, Faculty of Medicine, University of Geneva, Switzerland. ¹¹University Children's Hospital Zurich, Zurich, Switzerland. ¹²Division of Hematology/ Oncology, Children's Hospital of Eastern Switzerland, St. Gallen, Switzerland. ¹³Faculty of Health Sciences and Medicine, University of Lucerne, Lucerne, Switzerland. ¹⁴Children's Hospital of Central Switzerland, Lucerne, Switzerland. ¹⁵University Hospital of Bern (Inselspital), Bern, Switzerland. ¹⁶Authors contributing equally as last coauthor

Background

Childhood cancer registration in Switzerland relies on manual data collection at hospitals and the Childhood Cancer Registry (ChCR)

Aims

Develop automated dataflows between hospitals and ChCR to lower manual workload and improve data quality by:

- Assessing the data quality in the clinical information system (CIS) of nine Swiss pediatric hospitals (Figure 1)
- Manually reviewing records of patients not registered in the ChCR (Figure 2)

Methods

- IT collaborators identified eligible patients in their CIS with **ICD-10 codes** that should be reported to the ChCR
- **Study period:** 2017–2023
- **Eligible population:**
 - Diagnosed with childhood cancer (ICD-10 code reportable to ChCR)
 - <20 years at time of diagnosis
 - In- and outpatients
 - Resident in Switzerland at time of diagnosis
- **Data linkage:** via the personal social security number or using name, sex, and date of birth information
- **Manual records review** to determine true missed cases from the ChCR vs. ineligible cases to be registered (Figure 2)

Results

- None of the hospitals had entered **structurally** "date of diagnosis" or "residency abroad at diagnosis" in their CIS
- **8–53%** of the "identified eligible" patients based on ICD-10 codes within hospitals are not registered in the ChCR (Figure 1)
- **95%** of "identified eligible" patients were **ineligible** (Figure 2) after manual review

Conclusions/Implications

- Automated data transfer has substantial potential, but critical challenges exist:
 - **Updating ICD-10 codes** in CIS is essential after ruling out a neoplastic or reportable diagnosis
 - recording of the **date of diagnosis**
 - recording of **residency status** at diagnosis

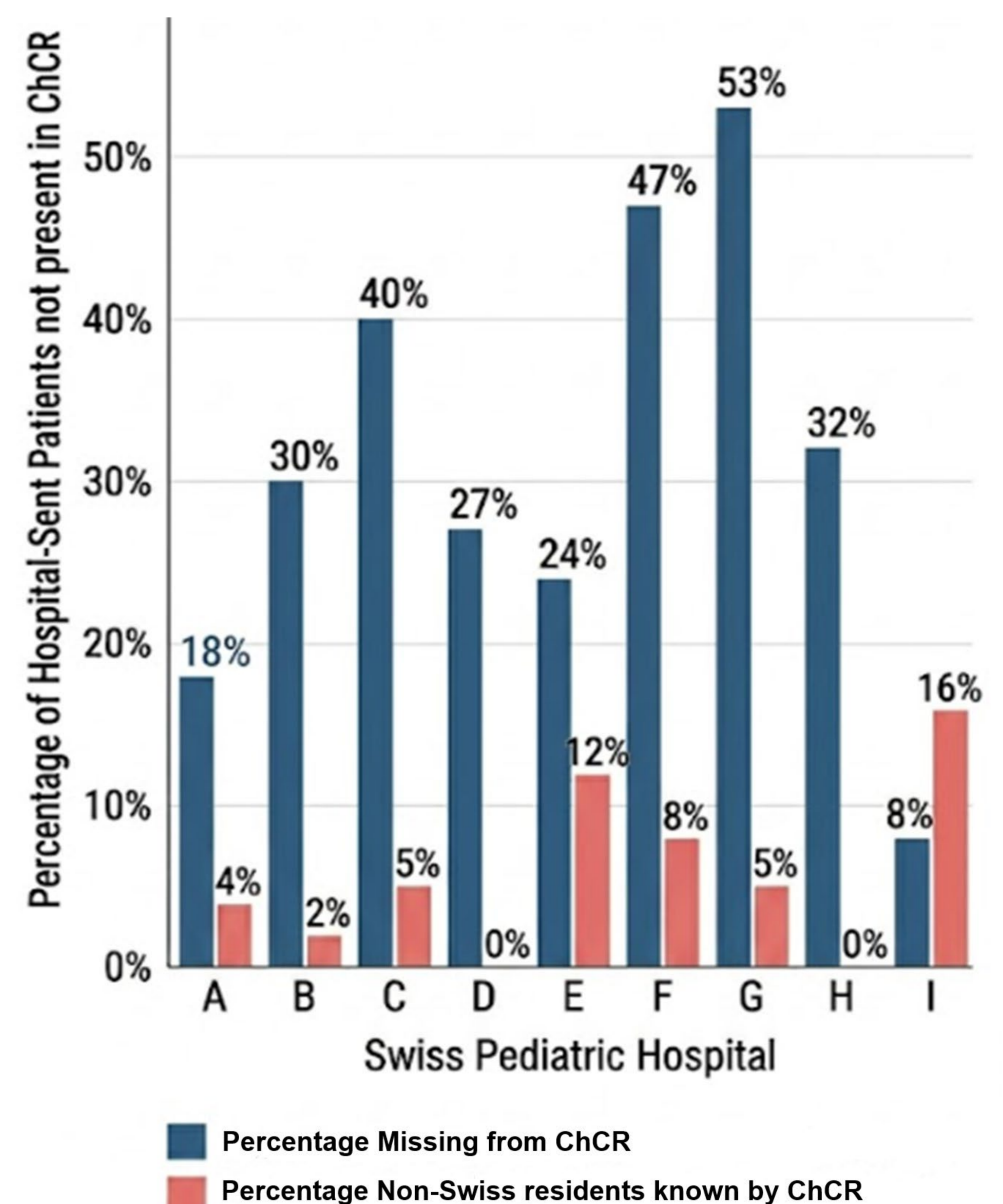


Figure 1. Discrepancies between percentage of patients sent by pediatric hospital CIS and the percentage not registered in the Childhood Cancer Registry (ChCR) data

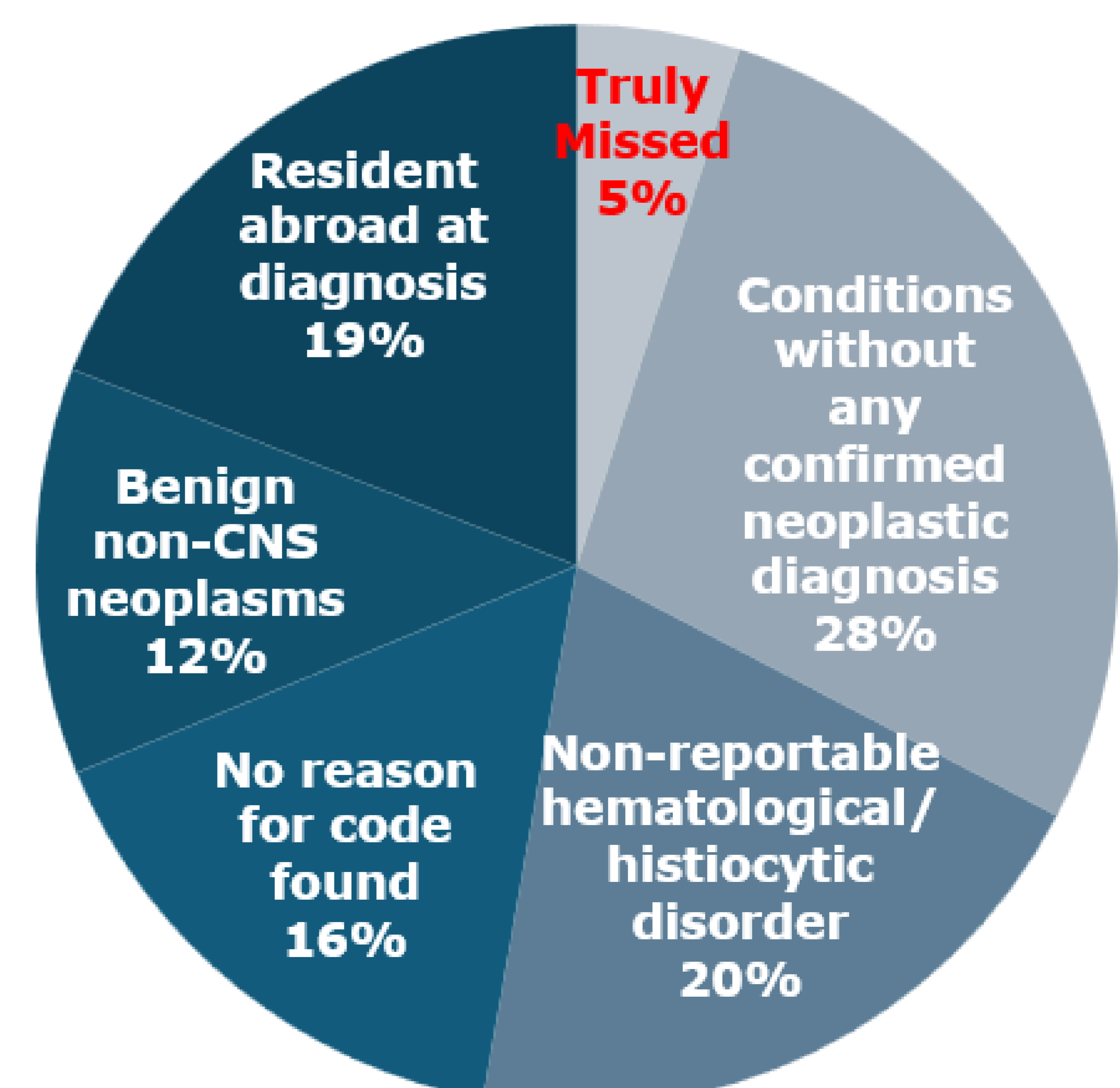


Figure 2. Manual review of all identified patient records for hospitals A, D & H