

Collecting Address at Diagnosis

Volume I, Section III.2.5 Address at Diagnosis

1 The purpose of the address at diagnosis field is to identify the residence of a cancer patient at the time the cancer was first diagnosed.

- ✚ Determining a patient’s address at the time of diagnosis can be challenging in our transient society and identifying the address at diagnosis may require detective work.
 - Do not automatically copy and paste from the medical record face sheet.
 - Review the clinical history information in the medical record in addition to the face sheet, because the face sheet may or may not reflect the residence at diagnosis. It may reflect a new post-diagnosis address.

2 Rules for recording address at diagnosis instruct the cancer registrar to enter the address of the patient’s Usual Residence on the date of the initial diagnosis. Usual Residence is defined as the place where the patient lives and sleeps most of the time and is not necessarily the same as the legal or voting residence.

- ✚ For a college student code the residence where the student is living while attending college.
- ✚ For institutionalized patients, including those who are incarcerated, in a nursing, convalescent, or rest home, code the physical address of that institution, not the P.O. Box (See Note in Bullet #5). Do not code the patient’s previous home address.
- ✚ If patient is homeless or transient with no usual residence, enter the street, city, and zip code as unknown, but code county of residence to the county where the hospital is located, and code State to California.

Detailed Examples:

<p>Face Sheet Address: 890 Fake St, Fremont, CA 94999 H&P: 6/15/16 Oncology note: 21 yo female student attending Humboldt State University in CA is home for the summer. Diagnosed with Ewings sarcoma one month ago while at school. At that time she opted for treatment with herbs. She is here to discuss chemo.</p>	<p>Code Address at Diagnosis: Street: Unknown City: Unknown; State: CA; Zip: 99992 County: 012- Humboldt Country: USA</p>
<p>Face Sheet Address: 333 Daughter Way, San Francisco, CA 99989 H&P: 6/7/16: 67 yo Vietnamese female emigrating from Ho Chi Minh City, arrived at SFO 3 days ago. Patient brought into ED by family for syncope. Brain MRI was consistent with glioblastoma. PMH: noncontributory.</p>	<p>Code Address at Diagnosis: Street: 333 Daughter Way City: San Francisco, State: CA, Zip 99989 County: 038-San Francisco Country: USA</p>
<p>Face Sheet Address: 999 Apple Way, San Diego, CA 99998 H&P: 5/11/16: 78 yo, Iranian/female with history of breast cancer DX 5 yrs ago in Iran s/p lumpectomy and XRT. Recently relocated here to be with family. Patient has had worsening SOB x 1wk, presented to ER where imaging showed left sided pleural effusion. Admit to assess. Discharge Summary: 5/14/16: Left breast cancer with lung mets.</p>	<p>Code Address at Diagnosis: Street: Unknown City: Unknown; State: XX – Not US, country is known; Zip: 88888-8888 County: 637 - Iran Country: IRN-Iran</p>
<p>Face Sheet Address: 111 Peanut Butter Rd , Walnut Creek, CA 99997 H&P 1/3/16 Pt with adenoca of prostate Dx 9/2/15, s/p core bxs in MD office. Unk DRE or PSA status at DX. He has been on hormonal tx. PE: DRE shows a very firm prostate in the apices. Pt is now referred for EBRT.</p>	<p>Code Address at Diagnosis: Street: 111 Peanut Butter Rd City: Walnut Creek; State: CA, Zip:99997 County: 007-Contra Costa Country: USA</p>

Collecting Address at Diagnosis *continued*:

- 3 **Do not record a temporary residence, such as a friend or relative.** Keep in mind a patient may move to another area shortly after their diagnosis to be closer to relatives or friends for support as they consult with cancer experts or undergo treatment. And some may take up temporary residence in a region for care at a particular institution for extended cancer treatment protocols.

Example:

<p>Face Sheet Address: 212 Any Street, Duarte CA 91010 H&P: 6/6/17 Pt admit for chemo per clinical trial for Stage IV colon ca. Pt DX adenoca colon with liver mets 5/2/16 in Newton, Iowa where he lives; S/P hemicolectomy. Patient is staying with his son here locally while undergoing treatment in CA.</p>	<p>Code Address at Diagnosis: Street: Unknown City: Newton, State: Iowa, Zip: 50208 County: 000-Iowa Country: USA</p>
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- 4 **Enter as much information into the Address at Diagnosis field as is known when complete information on address at diagnosis is not available:**
 - ✚ For example, if the registrar is only able to ascertain that the patient was a resident of Nevada at the time of diagnosis. State is coded as Nevada while street address, zip code and county are recorded as “unknown.”
 - ✚ Care should be taken to ensure that the patient’s address at diagnosis is recorded in the Address at Diagnosis fields on the abstract. Information that is documented only in a text field may be missed. For example, a case may bypass visual editing, and text fields will not be reviewed.
- 5 **The CCR requires that non-analytic cases be abstracted and submitted and include address at diagnosis:**
 - ✚ A population-based registry like California’s must collect all cases, regardless of place of diagnosis or class of case, even though the American College of Surgeons (ACoS) does not require hospitals to abstract non-analytic cases. In such instances, it is important the registrar search the medical record to ascertain both the date of diagnosis and the patient’s residence at the time of diagnosis.
- 6 **Cancer registrars, in addition to the responsibilities of recording accurate data for clinical use, also carry the responsibility of recording accurate data for public health use.**
 - ✚ The main purpose of a hospital registry is to provide physicians with the data needed to maintain quality of care through peer review and to compare performance with recognized standards. However, a more comprehensive level of reporting for public health use is required by state law, and that level is supported by the California Cancer Registry.
 - ✚ An accurate address at diagnosis allows population-based registries to have accurate geographic information for each incident case. The geographic location or patient’s residence at diagnosis is used for public health surveillance, the patient’s current address if different, is not.
 - **NOTE: a post office box is not a reliable source to identify residency at diagnosis. Post office box addresses do not provide accurate geographical information for analyzing cancer incidence. Record the post office box address ONLY if no street address information is available.**
 - ✚ Finally, geographic information is used in a variety of ways, such as mapping cancer incidence by variable (site, stage, race/ethnicity, county, etc.) for use in cancer control plans, and other public health activities.