TIPS FOR ACCURATELY CODING RACE
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Introduction
- Accurate coding of race starts at the hospital registry level
- Take the time to record what is known
- Tips will be shared

Why is Coding Race Important?
- Code 99s are excluded from special studies
- NCDB and/or RQRS submissions
- NCI’s Patterns of Care
- Other cancer control activities
The Importance of Race

- Race and ethnicity are crucial in cancer screening and analysis

- Accurate and reliable data show:
  - Disparities
  - their extent
  - how to work toward eliminating them

Standards for Race

- Percent Race Unknown must be less than 2% for SEER, NPCR, NAACCR

- For 2010: 3,649 abstracts were miscoded to 99/Unknown

- After performing rigorous QC, GCCS meets the 2% average

DID YOU KNOW?
Three Sizeable Minority Populations Exist in Georgia

- Koreans
- Asian Indians
- Vietnamese

Reliable studies on these groups can be performed
Try to avoid coding Asian, nos (96)

Obstacles to Coding Race

- Fewer physicians are identifying race and ethnicity
- Patient registration clerks may code race incorrectly
- Race info is hard to locate

Solution

- Ask clinicians, especially Cancer Committee members, to record race and ethnicity
- Recommend a revised or new intake form
WHAT YOU CAN DO

- Thoroughly review documents in the medical record
- Don’t just depend on Face Sheet Codes
- Review previous or later admits (even if different Specialty)
- The cardiologist may refer to patient’s race

Review Points

- Review of Race Fields 1 – 5
- Coding Instructions for Race
- Tools and Tips for ambiguous cases
- Proper Text
- Other and Unknown Race Codes 98 and 99

The Five Race Fields

- Race Field 1 has always been in use
  - Identifies the primary race of the person
- Race Fields 2, 3, 4, and 5
Coding Instructions for Race

- FORDS Manual 2012:
  - Instructions for coding Race 1 – 5: pages 59-64
  - Instructions for coding Spanish/Hispanic Origin: page 65
- SEER Program Coding and Staging Manual 2012
  - Instructions for coding Race 1 - 5: pages 37-38
  - General coding instructions: page 38 - 41
- SEER Manual Appendix D
  - Race and Nationality Lists: pages D1 – D6
  - Other/Uncategorized Race Lists: page D6
  - Indian Tribe Lists: pages D7 - D15
  - Alphabetical Index: pages D16 – D29

Race Coding Instructions: The Basics

- Race Field 1 is the field used to compare race data on cases diagnosed prior to January 1, 2000
- Additional races reported should be coded in Race 2 -5
- Race is analyzed with Spanish/Hispanic Origin; both items must be recorded

Coding Instructions: Last Name/ Surname

- Use caution when basing race on surname
- Helpful for more obscure race categories (Asian Indian or Pacific Islander)
- Look for a maiden name
- Don't rely on married name
Coding Instructions: Spanish / Hispanic Field
- A statement of Hispanic or Latino allows you to:
  - Code Race Field 1 to “01 White”
  - Per SEER Manual 2012; Coding Instructions, page 39, item #6: “Code as 01 (White) when there is a statement the patient is Hispanic or Latino(a) and no further information is available”

Coding Instructions: Spanish / Hispanic Field
- Persons of Spanish or Hispanic origin may be of any race
  - Note: Persons of Mexican, Central American, South American, Puerto Rican, or Cuban origin are usually white
  - Example: Patient is from the Dominican Republic, code Race Field 1 to “02, Black”
  - Unless otherwise specified
  - See 2012 SEER Manual Appendix D’s Code 02 List

Coding Instructions: Multi-racial patients
- When one race is Hawaiian (code 07), Hawaiian takes precedence.
- When one race is white, code the other race(s) first
Coding Instructions:
*If…Then Scenarios*

- If Race Field(s) 1 and/or 2 is known, then Race Fields 2-5 = 88
- If Race Field 1 is 99, then Race Fields 2-5 = are 99

Applying the Rules
Scenario 1: 57 yo multi-racial female with a black mother and white father. How are Race Fields 1 – 5 coded?
Answer: Race Field 1 = “02, Black”, Race Field 2 = “01, White”, Race Fields 3 - 5 = 88
Explanation: Codes 02-98 take priority over code 01
- FORDS Manual 2012, Instructions for Coding, page 59
- SEER Program Coding and Staging Manual 2012, page 38

Applying the Rules
Scenario 2: 69 yo Mexican female
Answer: Race Field 1 = “01, White” and Spanish/Hispanic Origin = “1, Mexican”
Explanation:
- Persons of Mexican, Central American, South American, Puerto Rican, or Cuban are usually White and coded as such
Applying the Rules:  
**SEER Appendix D**

Scenario 1: 58 yo Scandinavian female
Answer: Race 1 = 01 (White)
Explanation: See Appendix D, "Code 01, White" List includes Scandinavian

Scenario 2: 68 yo Dominican male
Answer: Race 1 = 02 (Black)
Explanation: Appendix D's "Code 02, Black" List includes Dominican (unless specified as White)

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**Snapshot of SEER Appendix D:**
**Excerpt from Code 01 White List**
- Moroccan*
- Moslem*‡
- Muslim*
- Near Easterner
- Nicaraguan†
- Nordic*
- North African
- Norwegian*
- Other Arab
- Palestinian
- Panamanian†
- Paraguayan†
- Parsi*
- Persian*
- Peruvian*‡
- Polish
- Portuguese*
- Puerto Rican (unless specified as Black)
- Romanian*
- Russian*
- Salvadoran†
- Saudi Arabian*
- Scandinavian*
- Scottish, Scotch

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**Snapshot of SEER Appendix D**
**Excerpt from Code 02 Black List**
- African
- African American
- Afro-American
- Bahamian
- Barbadian
- Bilalian*
- Black
- Botswana
- Cape Verdean*
- Dominica Islander (unless specified as White)
- Dominican/Dominican Republic (unless specified as White)
- Eritrean*
- Ethopian
- Ghanaian*
- Haitian
- Hamitic*
- Jamaican
- Kenyan*
- Liberian
Tools and Tips for Coding Race

- Ambiguous Cases are a challenge
- Helpful tools and tips to manage them

Two Major Tools for Coding Race

- Birthplace and Surname
  - Example: A patient is named Patel who was born in Mumbai
  - Answer: Birthplace is very strong evidence the patient is an Asian Indian
  - The common Asian name is not much use on its own

Coding Tip

- A patient described as "69-year old Indian female"
- First tendency may be to code race as 03 (American Indian or Alaskan)
- Pay attention to the patient's surname and birthplace
  - Mostly likely Asian Indian or Asian Indian/Pakistani code will be used
- **Georgia has a larger population of Asian Indians than American Indians**
Proper Use of Text for Race

- Account for:
  - Discrepancies
  - Unavailable or Unknown information
- Document how race code(s) were determined
- Insert info in Physical Exam section

Good Text Examples ☀ ☀ ☀

- Example 1: PE: 4/8/12: 48 yo Hispanic female born in Mexico
- Example 2: PE: 9/24/12: 52 yo black male per dictated physical exam
- Example 3: PE: 2/11/12: 79 yo white female born in South Africa

Bad Text Examples: Ø Ø Ø

- Example 1: 32 yo male
  - Better alternative: 32 yo male of unknown race
    (no documentation in medical record indicating the patient’s race)
- Example 2: 54 yo multi-racial female
  - Better alternative: 54 yo multi-racial female
    (parents’ background is unknown/not specified in the medical record)
The Unknown Abyss

Other (98) and Unknown (99)

- Do NOT use code 98/other for cases diagnosed 1/1/2000 and forward

- Assign code 99/Unknown when:
  1. No information is available OR
  2. There is not an existing race code to properly categorize the patient

When to use code 99

- Example 1: 54 yo male of unknown race (last name indicates an unusual race yet background is not provided in the H&P)

- Example 2: 67 yo Bermudan female (no code available for this race)
Appendix D: Other Race List (Code 99)

- Aruba Islander
- Azerbaijani
- Belizean
- Bermudan
- Cayenne
- Cayman Islander
- Guyanese
- Indian (not specified as Native American, Eastern Indian, Northern, Central, or South American Indian)
- Mestizo
- Morena
- South African
- Surinam
- Tejano

Death Certificates Available to You

- GCCS can provide two years after death
- Contains birthplace and maiden name
- Could prove to be a valuable Race and Ethnicity QC activity

Conclusion

- When encountering multi-racial or racial/ethnic minorities, be aware of:
  - Instructions specific to race and ethnicity
  - Clues and tools to help assign the best code
- You have to power to enable epidemiologists to better measure the cancer burden
Accuracy is an Important Key to Success

References


- North American Association of Central Cancer Registries; Standards for Cancer Registrars, Volume II: Data Standards and Data Dictionary, Sixteenth Edition; NAACCR Item #193 (Race—NAPIIA)