



THE OTHER SIDE OF THE STETHOSCOPE

FROM DOCTOR, TO PATIENT, TO ADVOCATE WHO WANTS TO BE COUNTED!

KELLY SHANAHAN
WIFE, MOTHER, DAUGHTER, DOCTOR, WOMAN LIVING WITH METASTATIC BREAST CANCER
@STAGE4KELLY

DECLARATION OF INTERESTS

**Patient advisor
for Napo
pharmaceuticals**

**Patient advisor
for sermonix**







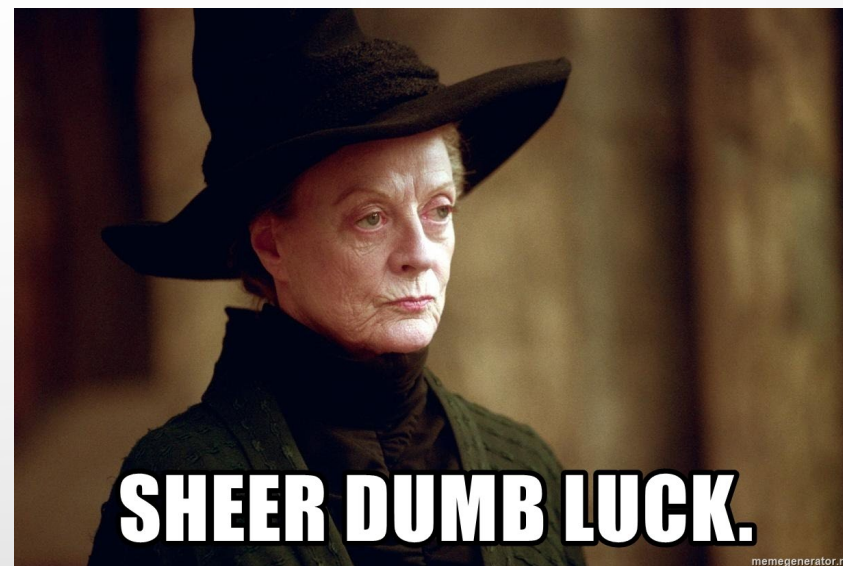


@stage4kelly

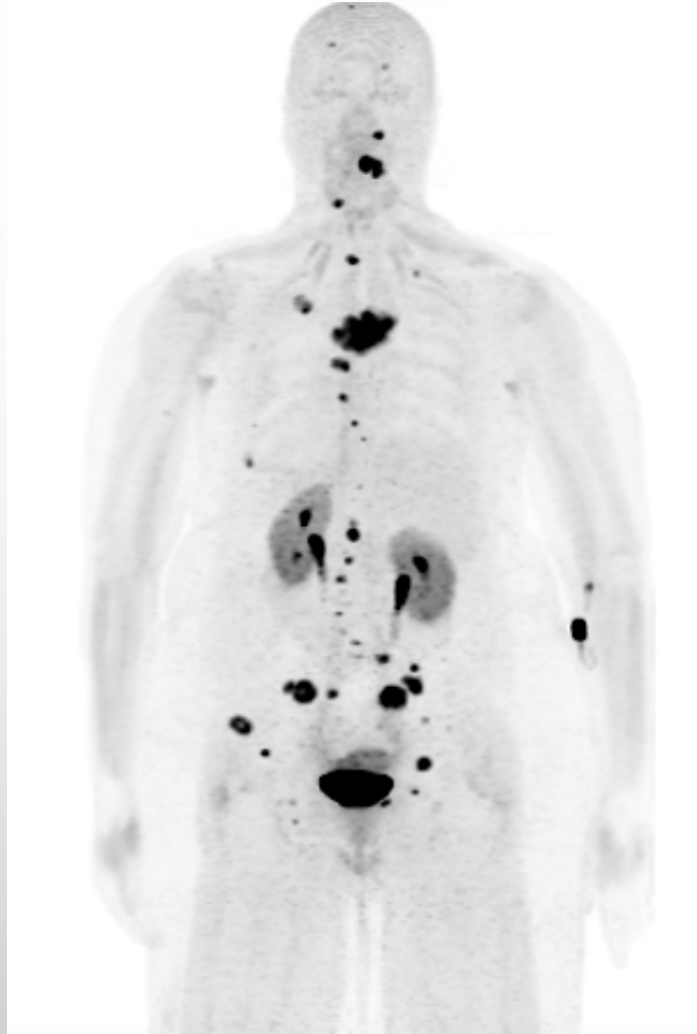


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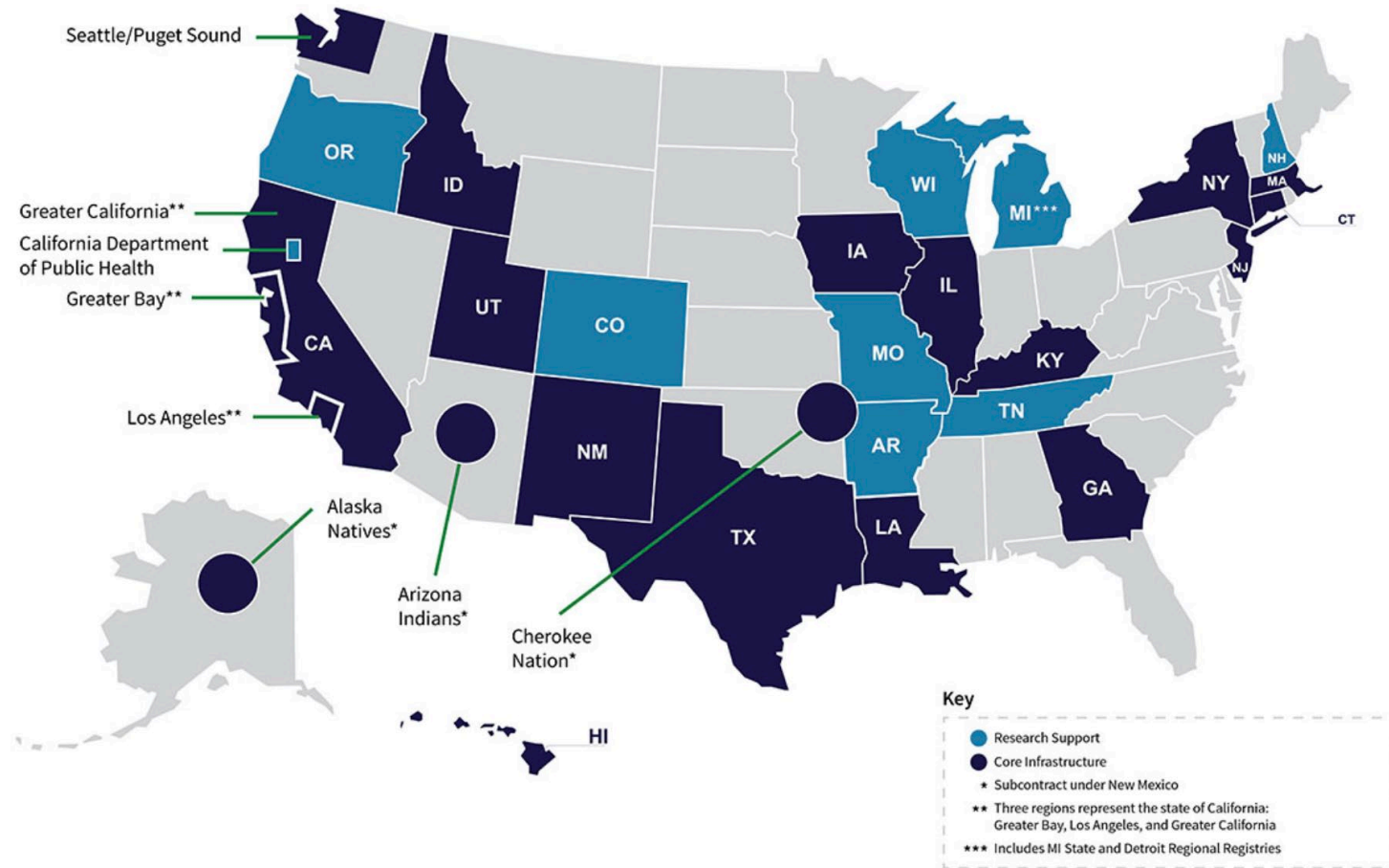




All good NEDs must come to an end



SEER DOESN'T COUNT EVERYONE



SEER DOESN'T COUNT METASTATIC RECURRENCE

Neither SEER nor Medicare capture data on metastatic recurrence following an early stage cancer diagnosis

In the case of breast cancer, 6-10% of people are diagnosed with de novo metastatic breast cancer, and they **are** captured

But 25-30% of people with early stage breast cancer will be diagnosed with metastatic disease, sometimes decades later

HOW CAN THIS BE FIXED?

Complex issue

How to capture metastatic recurrence often diagnosed by imaging rather than pathology?

How to link new metastatic recurrence to prior early stage diagnosis?

Do we need to capture treatments?

Death certificate deficiencies

CAN ICD- 10 CODES HELP?

There are already codes for early stage and metastatic sites

C50.*** is code for breast cancer, with modifiers specifying female or male, right vs left breast, different sites in the breast

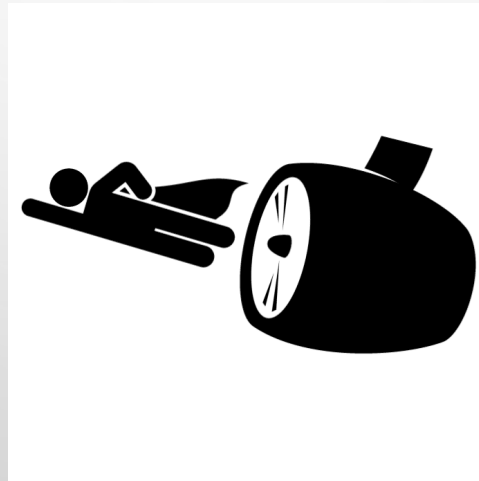
There are codes for secondary malignant neoplasm of different sites, eg c79.51, of bone; C78.7, of liver

IF THERE ARE CODES FOR THESE ...

W59.22,
STRUCK BY A TURTLE



V97.33, SUCKED INTO
JET ENGINE



V91.07, BURN BY
WATER-SKIS ON FIRE



... THERE OUGHT TO BE A CODE FOR METASTATIC
RECURRENCE FOLLOWING PRIMARY CANCER DIAGNOSIS

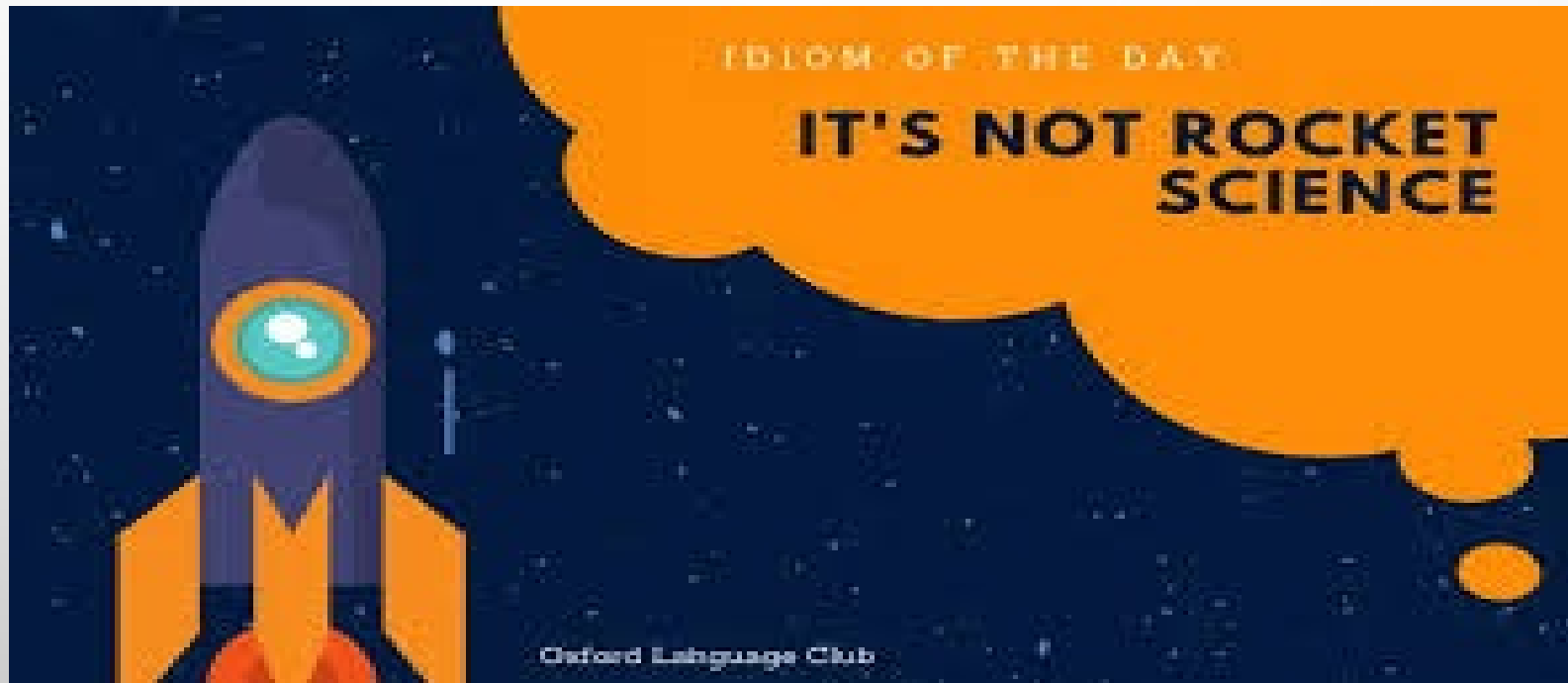




Photo by Robert Hood / Fred Hutch News Service

