SEER*DMS Change Control Advisory Board (CCAB) Users Group
Teleconference
December 9, 2024
2:00 p.m. to 4:00 p.m. EST

Representatives from NCI, IMS, NAACCR, the Centers for Disease Control and Prevention (CDC), the Scientific Consulting Group, Inc. (SCG), and 24 cancer registries participated in the SEER*DMS Users Group conference call on December 9, 2024. Participants included:

REGISTRIES:

Alaska
Arkansas
California Cancer Registry
Cherokee Nation
Connecticut
Detroit
Georgia
Greater Bay Area
Greater California
Hawaii
Idaho
Indiana
Illinois
Iowa
Kentucky
Los Angeles
Louisiana
Massachusetts
Michigan
Minnesota
New Jersey
New York
Seattle
Texas
Utah

NCI: Marina Matatova, Serban Negoita, Steve Friedman, Peggy Adamo, Kathy Cronin, Samiyah Islam

IMS: Suzanne Adams, Linda Coyle

SCG: Kathy Brown-Huamani, rapporteur

Action Items

- Registries will provide feedback on the proposed change in workflow for submitting SEER deliverables in Squish issue 13894.
- IMS will contact registries about providing and testing specifications for adding NAACCR and/or NPCR quality checks to SEER*DMS dashboards.
- IMS can assist registries with Data Management Report (DMR) workflow issues if requested by mid-January.

Overview of Meeting **Linda Coyle, Marina Matatova**

The agenda included a review of the priorities and accomplishments of 2024, IMS updates, proposed changes to SEER deliverables, efforts to increase automation and optimize electronic pathology (e-path) process, and the SEER Data Management Reports (DMRs).

Year in Review **Linda Coyle**

Linda highlighted major 2024 accomplishments:

- Deployed SEER*DMS at all California registries. Post-deployment tasks are pending.
- Deployed SEER*DMS at Indiana state cancer registry.
- Implemented ePath processing changes to reporting. This task will be a focal point for the coming 2 years.
- Deployed the Reportability API.
- Responded to 2023 changes to ePath software. Registries should contact IMS for special needs in this area.

IMS Updates **Linda Coyle**

November data submission support was improved. IMS added a History tab to the SQL editor in Data Search to help users find recent SQL executed. Links to worklists from the Edits Dashboard were partially completed in 2024. A prototype dashboard for Completed Tasks also was developed. Users can now view graphs or export data to CSV. In addition, IMS implemented improvements to submission processes based on lessons learned, such as enabling registry staff to create TEMP tables and use SEER*DMS for the SEER data submission. IMS worked closely with registries to monitor and support these submissions.

Several items are currently being worked on, including:

- Integration of Match*Pro library for patient de-duplication in SEER*DMS. This tool is expected to be available for the 2025 fall submission.
- The need for links to the worklist in the Edits Dashboard to make it easier to find tasks for Patient Sets that fail edits.

IMS plans to add NAACCR and/or NPCR quality checks to SEER*DMS dashboards. Registries can help by providing and testing specifications and considering ways to make the submission of SEER data files more efficient.

Discussion

Tumor de-duplication already has been incorporated into Match*Pro. Registries are supportive of the plan to integrate Match*Pro into SEER*DMS.

Submitting SEER Deliverables: Proposed Change in Workflow (Squish #13894) **Linda Coyle**

Linda reviewed a flow chart of the current workflow and proposed that registries submit SEER data deliverables via SEER*DMS instead of uploading files to the SEER Submission Reports Portal. This change would reduce the number of uploads, improve security posture by limiting places where confidential data are stored, and auto-populate the submission tracking tables to eliminate manual steps still used by some registries.

CTCs can be logged but need to input IDs. Registry feedback is critical and can be captured in Squish issue #13894.

ePath Processing **Linda Coyle**

The Reportability API was released in the spring by the Oak Ridge National Laboratory (ORNL) and integrated into SEER*DMS. IMS is working to reduce the high false positive rates by analyzing pathology reports manually screened for reportability. Three or four SEER*DMS registries need to approve release of data to ORNL.

In 2023–2024, IMS worked on a keyword algorithm for reportability before the API was available. The concern was that the algorithm could not be distributed to facilities. For this reason, the algorithm never went to full development. A recent request was received to identify diseases reportable to a state but not to national organizations. The keyword algorithm could help meet this request and help to reduce false positives.

Linda indicated that automation will remain a priority in 2025. The NCI-Department of Energy (DOE) Modeling Outcomes Using Surveillance Data and Scalable Artificial Intelligence for Cancer (MOSSAIC) project team will play a key role.

Regarding manual pathology screening, IMS is examining ways to make this task more efficient. Several ideas have been submitted by registries. For example, with small percentages of pathology screening tasks for the same patient with same number, registries could screen multiple matching pathology reports simultaneously. This approach could address 15 to 23 percent of pathology reports at some registries. An interface could be provided on the test server soon. Linda offered to create a Squish issue for comments based on the idea of the Georgia registry, which has reported the highest percentage of multiples for the same pathology number. This registry could see differences in each field, highlight those differences, and check a box to complete tasks for both reports. IMS will discuss with NCI the possibility of making this feature available on the test server.

Discussion

The New York registry representative, April Austin, asked about a not reportable code to apply after screening is completed or having a query to find what already has been coded. Linda replied that this suggestion is feasible. IMS and NCI could review data in early 2025. Marina asked whether related pathology reports originated from different imports and whether there was a way to mark a report with the most information. Linda clarified that this would reflect matches in patient and pathology number. IMS can arrange a list in ascending order based on the ePath message date but the order could be adjusted. The Seattle registry expressed interest in performing pathology screening in SEER*DMS. The New York registry suggested that a “batch review” of pathology screening tasks could be based on a keyword search. For example, users could set “batch” reports to non-reportable.

SEER DMRs

Marina reviewed the purpose of the DMR, which is to understand operational nuances at SEER-funded registries and variations in processes to determine where to invest NCI resources. The 2025 updates will

be finalized in early January and IMS will send a Squish notification. Registries were notified and asked to review:

- Extract (EXT) 133A, Linkage Data Sources & Counts
- EXT 133B, Abstract Metrics
- EXT 133C, Path Metrics

The timeline for tasks is:

- January 1, 2025—Draft facility list released to registries for review.
- January 1–February 14, 2025—Submit questions and change requests to NCI and IMS
- February 14–21, 2025—Submit clarifying questions. Change requests due for facility list and DMR.
- February 24, 2025—Release final facility list to registries.
- February 28, 2025—Submit the DMR package.

The Seattle registry has unique factors to discuss. IMS conducted an exercise with one registry in 2024 to discuss differences. Such differences identified could be a model for other registries.

The DMR packages are being finalized, and Linda will notify registries when they are available. Additionally, IMS is working with registries to improve data searches for evaluation and could potentially create a dashboard in 2026. Queries from the backend processes might be accommodated. Each registry will receive their facility list with any information provided last year plus any new reporting facility information. This information will need to be updated. Pathology volumes associated with each facility will be on the list. Final information will be provided with the February 24, 2025, release. Draft report numbers could be replaced with the updated volumes.

IMS is exploring automating this process in 2025 and will test different workflows. When a registry is on SEER*DMS only part of a year, this adds complexity. IMS will contact the California registries to address any issues. Editing some pages is locked at present, although one registry wanted these open. The Guide cannot be edited to fill in the blanks. IMS sent only draft versions with a request for comments by December 13, 2024. Registries will need to complete the full DMR packet but can indicate no changes from the previous year. A pathology schematic is required, and registries can make changes that IMS will incorporate. IMS will provide support to the registries about these workflows. Registries interested can submit requests by mid-January.

Next Steps **CCAB**

Participants were reminded of CCAB Squish notifications and to make sure this is maintained to control who is invited to CCAB meetings. The next regular CCAB meeting is scheduled for February 2025.