**SEER*DMS Auto-Consolidation Workgroup**
**Teleconference Summary**
**December 14, 2017**
**2:00 to 3:00 p.m. EST**

Representatives from the NCI, IMS, SCG, and 12 SEER registries participated in the SEER*DMS Auto-Consolidation Workgroup (WG) conference call on December 14, 2017. Participants included:

**REGISTRIES:**
Arkansas
California Central Registry
Detroit
Iowa
Kentucky
Louisiana
Minnesota
New Jersey
New Mexico
New York
Seattle
Utah

**NCI**: Peggy Adamo, Steve Friedman, Carol Kosary, Marina Matatova

**IMS:** Linda Coyle, Dave Annett, Chuck May, Nicki Schussler, Suzanne Adams

**SCG:** Carolyn Fisher, rapporteur

**Action Items**

Participants agreed to the following action items:

- Francis Ross (Kentucky Registry) agreed to confirm that the coding logic matches for the *Facility Oncology Registry Data Standards* (FORDS); the *North American Association of Central Cancer Registries* (NAACCR) *Manual*, *Volume II*, and the *SEER Program Coding and Staging Manual 2016* (SEER Manual).
- Each registry should review and confirm the accuracy of the logic in the SEER Manual regarding the "type of reporting source" field.
- Each registry should perform a data search using the new query and provide feedback on any outliers and/or violations of the coding rules.
- Linda Coyle (IMS) agreed to create a Squish issue detailing the problem with reporting codes 4 and 7 and attach the test case document.
- Each registry should review the solid tumor and hematopoietic Dx confirmation coding rules and note any variations between the manuals and registry practices.
- Linda agreed to create a Squish issue to capture comments on Dx confirmation.
- Linda and Suzanne Adams (IMS) will begin to develop a matrix that outlines (1) type of reporting and (2) Dx confirmation data elements for the consolidation decision-making process.

**Type of Reporting Source (NAACCR item #500)**

Participants discussed process steps for selected data elements including type of reporting source code and diagnostic (Dx) confirmation (reference the 2017–2018 Goal and Objectives). Members reviewed a test case and the related responses to identify coding instructions applicable to the consolidation of the data items. SEER*DMS logic should be applied to source data at each registry (i.e., active and/or reportable cases) to determine whether the source data has a record value that conflicts with current values in the consolidated case.

Linda used the SEER Coding Manual to develop rules and performed a data search that implemented those rules to identify cases in SEER*DMS that do not follow the SEER coding rules. IMS developed a query to address problems in a stepwise manner. Each registry should have received this query for testing.

***Discussion Points***

SEER*DMS registries were asked to pay close attention to cases coded as 7 and 4. When building cases from death certificates, SEER*DMS has the option of using a DCO (death certificate only) or MDO (physician only) set of defaults. The DCO default for Type of Reporting Source is 7; the MDO default is 4. Technically, a code of 4 should be used when follow-back information is received from a physician. Some registries only use the MDO defaults to build a case after receiving a physician follow-back letter. However, there are auto-build rules in SEER*DMS that use MDO defaults based on record fields. It is possible that the MDO default of 4 is over-used. The workgroup needs to review coding guidelines and determine if any changes need to be made to defaults. The Detroit registry staff routinely use code 4 when they receive information from a physician. The Louisiana registry uses a medical/doctor's office (MDO) code when there is an HL7 for melanoma or prostate cancer. The physician's office is contacted for additional information. A death certificate only (DCO) case is considered only after all other options have been exhausted. At the Detroit registry, the DCO code only can be applied when the CTC is built from a DC alone. If or when information is received from a doctor, the code is changed. IMS is creating more options for building a DCO record, which it will make available to the registries soon.

**Diagnostic (Dx) Confirmation (NAACCR item #490)**

The WG needs to ensure that the coding rules in FORDS and North American Association of Central Cancer Registries (NAACCR) Manual, Volume II, match the SEER Coding Manual rules. The coding rules for solid tumors will differ from those for hematopoietic diseases. The logic for the solid tumors is well understood, but should be reviewed. The Dx confirmation instructions listed in the *SEER Hematopoietic and Lymphoid Neoplasm Coding Manual* (Hematopoietic Manual) also should be reviewed.

***Discussion Points***

Peggy Adamo can answer questions about Dx confirmation for solid tumors. Jennifer Ruhl, of NCI's Surveillance Research Program, is an expert on hematopoietic disease coding and should be invited to speak during a future WG call.

Jenna Mazreku (California Central Cancer Registry) reminded participants to make note of fields that potentially could be grouped for consolidation within the Dx confirmation data element. In their reviews of consolidation logic, the CA registries usually perform internal analyses of the fields to determine the best groupings/hierarchy.

**Next Steps**

- IMS will develop an official document of the data element consolidation process that will be used to inform future work.
- The WG will determine ways to address the "type of reporting source" data element issues following feedback from the participating registries.

**Next Auto-consolidation Workgroup Call**

The next Auto-Consolidation Workgroup meeting is scheduled for January 11, 2018.