**SEER*DMS Auto-Consolidation Workgroup**
**Teleconference Summary**
**August 9, 2018**
**2:00 to 3:00 p.m. EDT**

Representatives from the National Cancer Institute (NCI), IMS, the Scientific Consulting Group, Inc. (SCG), and eight SEER registries participated in the SEER*DMS Auto-Consolidation Workgroup (WG) conference call on August 9, 2018. Participants included:

**REGISTRIES:**
Alaska
California Central
Detroit
Idaho
Iowa
Kentucky
Louisiana
Minnesota
New Jersey
New York
Utah

**NCI**: Marina Matatova, Kai Wong

**IMS:** Linda Coyle

**SCG:** Carolyn Fisher, rapporteur

**Action Items**

Participants agreed to the following action items:

- Linda Coyle agreed to develop a manual review test with alerts for priority 3 histology codes for hematopoietic cases.
- Bobbi Matt (WG Co-chair) agreed to create a Squish issue detailing the information needed to clarify coding of the DX confirmation data item for priority 3 histology in hemopoietic cases.
- Bobbi agreed to upload the current coding documents for hematopoietic and solid tumors to Squish issue #6178.
- The California Center registry will share its Class of Case coding logic with IMS.

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

***Hematopoietic and Lymphoid Neoplasms Auto-consolidation***

Bobbi reminded WG members to perform data searches and review cases in their registries to compare the DX confirmation priority codes for hematopoietic and lymphoid neoplasms (or Heme) using the SQL code provided by Linda. Some errors were identified and the WG will need to determine whether the discrepancies were related to the algorithm and whether the auto-consolidation rules need to be changed.

***Discussion***

The Squish Item # 6282—Data Searches for Reviewing Auto-consolidation of DX Confirmation of Heme Cases—was discussed.

Cheryl Moody reported that the California Central registry query for Heme cases diagnosed in 2015 returned 446 patient sets. Of the 446 cases, 20 percent came from abstracts; 35 percent disagreed with the

DX confirmation priority code 3 based on text documentation; and 65 percent agreed with the DX confirmation priority code 3 based on text documentation. Inaccurate coding of incoming data, not the algorithm, appears to be the source of discrepancies.

Observing that there was a 35 percent disagreement with the DX confirmation priority code 3, Bobbi asked what could be done to resolve the issue for all registries. Participants suggested developing an automatic process to confirm that the appropriate tests have been completed for priority code 3 and to increase awareness across registries about the tests that are required. The coding logic needed to support an automatic confirmation process would need to be considered.

Some registry staff are unclear about the required tests. Additional training is needed regarding the DX confirmation data element. A warning message to alert the editor about potential consequences of changing a priority code 3 to a 1 would be useful. A manual review test also could be generated. Participants could use examples of miscoded cases (e.g., priority code 3 changed to a 1) to clarify coding of the DX confirmation data item for priority code 3.

Bobbi asked whether the miscoding issues extended beyond priority codes 3 and 1. The Idaho registry ranks code 7 higher in the priority order. Linda suggested that each registry run the test SQL to assess whether miscoding warrants further evaluation.

At the New Jersey registry, nonanalytic cases are submitted with the Class of Case data item given a priority code 3. California Central registry is attempting to automate the Class of Case data item at the hospital admission level, which is expected to resolve coding issues for analytic and nonanalytic cases. Ten of the 30 Class of Case categories have been completed at this registry, but the coding process remains challenging. Bobbi noted that the Class of Case data item is not consolidated and asked about the decision-making involved in assigning a code. The California Central registry coding logic is extensive, encompasses other fields, and provides a log (i.e., history) of the changes. This coding logic is based on the Commission of Cancer's (CoC's) classifications, but Class of Case coding decisions are less granular. The use of the Class of Case field at the California Central registry is field dependent and that the nonanalytic cases often are complete files. The California Center registry will share its Class of Case coding logic with IMS.

***Solid Tumor Auto-consolidation***

Participants discussed Squish Item # 6283—Data Searches for Reviewing Auto-consolidation of DX Confirmation of Solid Tumors. Some of the types of errors that occurred with Heme cases also were observed for solid tumor cases. Abstractors at some registries were overlooking the CTC match or mismatch to a record during the consolidation process. Registries also reported miscoding of fine needle aspiration for some cases. The registries addressed these problems internally and found that the problems were not a result of the coding algorithm.

No problems were identified with the solid tumor auto-consolidation rules. The WG agreed that the options for implementing these rules across registries will include (1) applying the rules to existing databases, (1a) identifying cases that do not adhere to the new auto-consolidation coding rules and manually consolidating the field, or (2) applying rules to new cases following the next database update.

The registry representatives present at the meeting were polled regarding options for solid tumor auto-consolidation, with the following responses:

- Alaska, New York, New Jersey, and Utah voted for Option 2.
- Idaho and Kentucky voted for Option 1.

- California Central, Detroit, Iowa, and Minnesota voted for Option 1a.
- Louisiana deferred a decision to a later date.

Marina Matatova recommended presenting these options to other registries not represented on the WG for broader implementation of the solid tumor auto-consolidation rules. Linda explained that a notice will be issued to all cancer registries announcing the new auto-consolidation rules rather than implementing a broad deployment across all registries. Each registry will have the opportunity to choose Option1, 1a, or 2.

**Planning for the 2018 Face-to-Face Meeting**

At the September 25–27, 2018, Face-to-Face meeting, the WG will report its progress and provide updates on the auto-consolidation rules, including the timeline and development process, challenges, implementation strategies, and next steps.

**Next Steps**

- The WG will verify whether an override is needed for DX confirmation codes 1 or 6 when the Final Reporting Source is equal to 6.
- The WG will compare the Class of Case data item across CoC accredited hospitals and hospitals that are not CoC accredited.

**Next Auto-consolidation Workgroup Call**

The next Auto-Consolidation Workgroup call is scheduled for October 11, 2018, after the Face-to-Face meeting.