

**SEER\*DMS Auto-Consolidation Work Group**  
**Source Record Validation Subgroup**  
**Teleconference Summary**  
**January 16, 2020**  
**3:00 to 4:00 p.m. EST**

Representatives from the NCI, IMS, the Scientific Consulting Group, Inc., (SCG), and 12 cancer registries participated in the SEER\*DMS Auto-Consolidation Work Group (WG) conference call on January 16, 2020. Participants included:

**REGISTRIES:**

California Central  
Connecticut  
Detroit  
Idaho  
Iowa (Bobbi Matt, WG co-chair)  
Kentucky (Frances Ross, WG co-chair)  
Louisiana  
Minnesota  
New Jersey  
New York  
Seattle  
Utah

**NCI:** Peggy Adamo, Melissa Bruno

**IMS:** Linda Coyle, Suzanne Adams, Fabian Depry,  
Nicola “Nicki” Schussler

**SCG:** Carolyn Fisher, rapporteur

**Action Items**

Participants agreed to the following action items:

- Linda agreed to create a Squish Issue to capture further comment on HL7 records. She agreed to provide details for implementing a reportable disease flag in the record.
- IMS will contact the four registries that do not have location data on source records to determine whether these data can be added. IMS also will need to confirm that these registries receive Class of Case data.
- Linda agreed to review the Minnesota registry data containing unknown Date of DX values.
- The WG will review the priority lists for approximately 30 sets of surgery codes and note any changes needed. Peggy agreed to review the codes list after the WG’s review.

**Auto-Consolidation**

**Linda Coyle**

***Update on IMS Efforts***

IMS is updating the auto-consolidation approach so that all records are examined rather than comparing a single incoming record to the patient set record. This approach will allow reevaluation and recalculation. IMS is continuing to work on the new auto-consolidation rules.

***Excluding Nonreportable and Auditable Records from CTC Auto-Consolidation***

Registry participants have proposed excluding nonreportable and auditable records from CTC auto-consolidation. Linda asked for input on how to implement this suggestion in the auto-consolidation rules.

## ***Discussion***

Bobbi Matt (Iowa registry) agreed with the proposal to exclude nonreportable records from autoconsolidation. Data from a non-reportable record should not overwrite unknown data from a reportable source.

Reportability has a different meaning at various points in the registry workflow. A record might be reportable because it contains a reportable disease, but the CTC may not be reportable due to other factors like address. A reportable disease flag will be added as a field on the record. Linda suggested revisiting this topic after the reportable disease flag is added.

## **Polisher Rules for Setting Radiation Fields in CTC Summary Treatment (TX)**

Nicki Schussler (IMS) and Linda created Squish issue #8133 titled “Auto-consolidation Rules for 2018 Radiation Fields” and had a preliminary discussion with Frances Ross (Kentucky registry). The Kentucky registry was asked to examine the 2018 data and propose logic rules. Dx year 2018 records were reviewed and those with different radiation values were noted.

Frances reported on the Kentucky registry findings, shared her screen on the Excel spreadsheet reports, and described proposed coding logic.

- For Radiation Phase II, only four patients had conflicting values in the Radiation data field for the registry’s 24,000 2018 cases. Better information was obtained when selecting a record on the basis of location/facility.
- For Radiation Phase I, 196 patients had conflicting values. The pattern of conflicting values in the Radiation Phase I data field was similar to the Radiation Phase II cases.
- The proposed automation hierarchy is first location/facility and second modality. For Radiation Phase I, codes “1” and “2” should take priority over codes “3” and “4,” but for Phases II and III, “3” should take priority over “2.”

## ***Discussion***

In response to a question on whether a specific code versus a non-specific code would be selected if accompanying text were lacking, Frances indicated that the WG would need to decide whether to use more specific but unsubstantiated codes. She recommended using information about the facility that performed the treatment to determine the modality. In automation, more specific modality codes should take priority.

A participant asked how analytic versus nonanalytic cases would be handled. This is an important consideration, but Class of Case is not always edited and reliable in all registries. Radiation Location also could act as a proxy for Class of Case in this instance.

The participants discussed how the radiation location/facility is represented in the database. Not all registries have a field for indicating location/facility, and those that do not might need to use Class of Case or other data. Participants suggested denoting facilities that provide radiation treatment with a descriptor in the Facility Table. Four SEER\*DMS registries do not have location data on the source records. Participants recommended contacting these registries to determine whether it would be possible to include this information in the source records. An approach will need to be developed for these registries.

Linda asked for input on the proposed auto-consolidation logic. Participants noted that, in some records, specific radiation treatments are coded but are not accompanied by text. Although not all registries are receiving Class of Case data, they are amenable to receiving and using these data.

## **Next Steps Related to Auto-Consolidation Rules**

**Linda Coyle**

### ***Date of Diagnosis (DX)***

Regarding DX Squish issue #7719 on evaluating auto-consolidation rules for Date of DX based on the Idaho registry logic, the prior data search has been modified and is ready for evaluation. Linda reviewed some of the results and pointed out the two columns that indicate the actual Date of DX and the computed value using the Date of Diagnosis auto=consolidation rule. Registries will need to change the year parameter to streamline the results. The algorithm examines all records linked to a CTC, groups them by Class of Case, and finds the best Date of DX.

### ***Discussion***

Participants suggested that the actual and computed Date of DX appear in a column near the patient identification number.

Mona Highsmith (Minnesota registry) asked IMS to review her registry's data containing unknown values.

New York registry staff analyzed 2018 data and concluded that (1) the algorithm might need adjustment, (2) some cases might not have been consolidated, and (3) the large number of nonanalytic cases with Class of Case code 32 could be a factor. A consolidated Date of DX is preferable to an incorrect estimated date.

If the new logic is implemented, the computed Date of DX would be updated when auto-consolidation is triggered. Any conflicts would need to be reviewed manually.

### ***Surgery Codes***

For the CTC Summary polisher, IMS created logic for each cancer grouping to summarize Surgery Primary Site. The WG needs to review and possibly update surgery code prioritization because the lists of priority codes have changed over the years.

### ***Discussion***

Participants suggested using the Commission on Cancer (CoC) American College of Surgeons prioritization, because CoC is responsible to establishing surgery codes. The CoC gives higher priority to higher number surgical codes, because a higher number code represents a more precise description of the surgical procedure.

Some participants suggested that registry participants be divided into groups to review different subsets of the approximately 30 sets of surgery codes, and consider the best way to prioritize them. Peggy agreed to review the prioritization lists after the registries review the surgery codes.

## **Upcoming Auto-Consolidation Work Group Calls**

The WG agreed that upcoming meetings should focus on either source validation or auto-consolidation and rotate between the two topics until June 2020. The next call is scheduled for February 20, 2020, from 3:00 to 4:30 p.m. and will focus on source validation.