SEER*DMS Auto-Consolidation and Validation Work Group
Teleconference Summary
January 26, 2021
1:00 to 2:30 p.m. EST

Representatives from the NCI, IMS, the Scientific Consulting Group, Inc. (SCG), and 11 cancer registries participated in the SEER*DMS Auto-Consolidation and Validation Work Group (WG) conference call on January 26, 2021. Participants included:

REGISTRIES:

Alaska
California Central (Cheryl Moody, WG co-chair)
Connecticut
Detroit
Idaho
Iowa (Bobbi Matt, WG co-chair)
Louisiana
Minnesota
New Mexico
New York
Seattle
Utah

NCI: Peggy Adamo, Marina Matatova, Serban Negoita

IMS: Suzanne Adams, Linda Coyle, Nicki Schussler, Alex Song, Jennifer Stevens

SCG: Kathryn Brown-Huamani, rapporteur

Action Items

Participants agreed to the following action items:

- Registry staff should review Tech Support Issue #9426.
- Linda agreed to distribute the paired site list for NCI and registry review and, once the accuracy of the paired site list has been confirmed, provide data searches for each registry with cases that have laterality coded for nonpaired sites.
- Suzanne agreed to check the Solid Tumor manual to determine what updates are needed regarding laterality coding in the Head and Neck section.
- Within a week, registries should indicate whether they will accept the Date of Diagnosis rule with 100 percent manual review for any discrepancies for now, with the ability to modify the rule later to reduce the burden of manual review.
- Registry staff should add comments to Squish Issue 8958 by February 1, 2021. Registries will have as much time as they need to review data searches, examine patterns, and communicate their requirements to IMS. Registries should be prepared to discuss how new Date of Diagnosis rules are working at the next Autoconsolidation WG meeting.
- Linda agreed to add a column to the Date of Diagnosis data search results that shows the number of linked records.
- IMS will discuss with Detroit (offline) ways to tweak older data for the Date of Diagnosis rule.
- Linda and Serban agreed to ensure that processing of subsequent abstracts is discussed at a future Administrative meeting.
- Linda agreed to create a Squish issue on the processing of subsequent abstracts.
- Linda agreed to add a discussion of the use of LexisNexis data in consolidation rules to the agenda for the next Autoconsolidation WG meeting. Participants who have a question about LexisNexis data before that next meeting should submit a Squish issue.

- Linda agreed to add a discussion of coding requirements for the next set of fields to the agenda for the next meeting.
- Cheryl will examine record validation to determine what are the next steps.
- Key points and action items for this meeting will be made available to participants within 2 weeks. Participants should review this information as soon it is available.

Review of Open Action Items from the Last Meeting

Comparison of Laterality Auto-Consolidation Rules

At least two sets of laterality rules are being examined (see Tech Support Issue 9246). IMS is examining the base rule (Option 1 in Issue 9246), which uses the paired site list in its logic. A second rule (Option 2) sets laterality based on the record that was used to set site. Registries need to decide whether they want to use the paired site list to set laterality. Using the paired site list in the logic triggers a manual review if the records contain conflicting values. If no conflict exists, SEER*DMS will automatically set the value. The CTC laterality would be automatically set to unknown when the CTC site is paired and the only values on the record are 0. If the CTC site is not paired, then the CTC laterality will be automatically set to 0. SEER coding manual instructions allow users to code laterality for non-paired (NP) sites and some registrars have done this. Linda asked participants if they had any reason for coding laterality for NP sites (e.g., for registry operations). Participants saw no reason to code laterality for NP sites for analysis purposes.

Discussion

Peggy noted that SEER removed the C090 and C091 codes from the paired site list beginning with the diagnosis year 2018, but the Commission on Cancer continued to require these codes. The removal of C090 and C091 is not reflected in the Solid Tumor manual, which will need to be corrected. IMS can make the appropriate corrections including indicating that laterality should not be coded for NP sites and clarifying how SEER*DMS will handle laterality for sites that are not on the paired site list.

Bobbi asked about edits for codes that are not on the paired site list. SEER*Edits will allow users to code an NP site as a paired site, but not the reverse. Linda clarified that under Option 1, SEER*DMS will not look for laterality codes for NP sites.

Peggy noted that the laterality code should be set to 0 if the site is not on the paired site list and not C300 or C340. C300 and C340 (and possibly a few other sites) should trigger a manual review to determine subsite. The paired site list will be reviewed to ensure that it is accurate.

Registry representatives agreed that laterality codes for NP sites are largely unintentional and something they would like corrected. All participating registries agreed on Option 1.

Date of Diagnosis Auto-Consolidation Rule #8958

Autoconsolidation rules for Date of Diagnosis are in production at four registries. IMS would like to implement these rules at all registries. Linda would like to know which differences each registry wants to trigger a manual review. Registries should review data searches and communicate their requirements to IMS. Linda recommended that registries review a percentage of cases if their data searches show many conflicts. Data searches primarily include cases diagnosed in 2019. Registries will be able to change parameters to examine different years.

Registries determine what differences in the date of diagnosis could trigger a manual review (e.g., month, day, number of days different, differences that affect year). Registries will still be able to manually set a different date of diagnosis.

Participants generally agreed not to delay in putting the new Date of Diagnosis autoconsolidation rule into production. Any registry that has a problem with the new rule should inform Linda by February 1, 2021. Once the rule is implemented, autoconsolidation will fail if any differences are found in the date of diagnosis, triggering a manual review. Registries will, however, be able to set their own exceptions for the rule. Registries do not have a time limit for providing feedback on this rule and IMS can modify as needed.

Discussion

Bobbi suggested adding examples of other registries' approaches to the Squish Issue. Jennifer Hafterson wanted the data search to show the number of linked records that qualify for autoconsolidation. Linda agreed to add a column for this information.

In response to a question about how older, consolidated data would be affected by the new Date of Diagnosis consolidation rule, Linda explained that if the current CTC value (which was manually entered) does not match a linked record, then a manual review is automatically triggered. In response to another question about the amount of date information needed, Linda explained that month and year are required but that the day should be reported when available. Day, month, and year are necessary for registries to run survival calculations. NCI recently determined, however, that only month and year should be included in SEER submissions to reduce the chance of personal identification.

Since registries can set their own exceptions to the rule, Linda recommended that registries begin with the most conservative rule that triggers a manual review when the dates of diagnosis do not match exactly. Over time, registries can modify the logic to reduce manual review.

Processing Subsequent Abstracts

The WG is developing rules for auto-processing subsequent abstracts received for a CTC from the same facility. Registries sometimes receive abstracts for cases diagnosed years ago that contain data (e.g., treatment) that registries want to capture. NAACCR coding standards, however, change over time and new data items are added, creating challenges for the inclusion of data from these older abstracts.

Discussion

The Seattle registry sometimes requests that hospital registrars resubmit certain types of cases for earlier diagnosis years. Loading these old cases to the current database has been problematic and the registry ultimately decided not to participate in the project requiring older cases (e.g., from 2010) because of the amount of data cleaning required. The Seattle registry now is requesting some cases for diagnosis year 2019. These cases appear to be less problematic because they are relatively recent.

Linda asked if registries would like to collect data from older cases and, if so, what data they would like to collect (e.g., treatment, stage at diagnosis, biomarkers), and whether they need rules for specific fields or groups of fields. Registries want treatment data and to be able to check the stage at diagnosis for resubmissions. Jennifer noted that subsequent treatment information was not being submitted during the COVID-19 pandemic. In addition to providing additional data, resubmissions sometimes are requested after hospitals run internal quality checks, which improve the data.

Biomarker data often is reported long after diagnosis, raising questions about whether biomarkers were obtained from the original tumor tissue. Biomarker data, however, can change staging. Serban suggested discussing concerns about biomarker data with the Site-Specific Data Item WG.

Registries do not request, but hospitals sometimes submit recurrence data. NCI is interested in recurrence data. Serban suggested collecting recurrence data for recent diagnosis years.

Jennifer noted that, in addition to changes in NAACCR coding standards and data items, vendor software changes can create problems with using data from old abstracts. She offered to collect prior year data samples from hospital registries after the NAACCR 21 conversion to help identify the types of problems that arise when using data from older abstracts.

Linda concluded that the processing of subsequent abstracts is worth exploring. The administrative group will meet to define a plan for the processing of older abstracts. A diagnosis year cut point for requesting old abstracts should be established.

Type and Date of First Recurrence

The rule for Type and Date of First Recurrence is complete and live in all registries. This rule appears on the Autoconsolidation Help page. This update might require tweaking and Linda will notify registries when tweaks are made.

New Topics

Using LexisNexis Data in Consolidation Rules

LexisNexis data are available to interested registries. There are pros and cons to using these data in consolidation rules. For example, if DOB or SS is discrepant, registries might automatically use the LexisNexis value or at least examine that value in the editor. Linda agreed to add this issue to the agenda for the next Autoconsolidation WG meeting. Participants who have a question about LexisNexis data before the next meeting should submit a Squish issue.

COVID Data Fields Update

IMS and NCI have started to examine the COVID abstraction guidelines to see if these can be built into autoconsolidation rules. Serban will develop a draft proposal, which Linda will make available in a Squish Issue sometime in the next month.

Next Steps

Review Coding Requirements for New Rules:

The administrative group still needs to discuss coding requirements for the next set of fields (proposed fields: Tumor Size Clinical and Tumor Size Pathologic). This topic will be discussed during the next Autoconsolidation WG call. Cheryl will determine what the next steps are for record validation.