

SEER*DMS Auto-Consolidation and Validation Work Group
Meeting Summary
April 5, 2022
1:00 to 2:30 p.m. EDT

Representatives from the NCI, IMS, the Commission on Cancer (CoC), the Scientific Consulting Group, Inc. (SCG), and 10 cancer registries participated in the SEER*DMS Auto-Consolidation and Validation Work Group (WG) call on April 5, 2022. Participants included:

REGISTRIES:

Alaska
California Central
Detroit
Illinois
Kentucky
Louisiana
Minnesota
New Mexico
Seattle
Utah

NCI: Peggy Adamo, Lois Dickie, Marina Matatova
Kathleen Loomis

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

SCG: Carolyn Fisher, rapporteur

Action Items

Participants agreed to the following action items:

- Registries should review the lymphovascular invasion (LVI) coding logic in Squish issue #10464 and provide input.
- Linda agreed to update the active WG Squish issues with due dates of approximately 4 weeks.

IMS Updates

LVI Default Code

Suzanne explained that IMS has been working on developing optional logic for the LVI auto-consolidation rule, incorporating neo-adjuvant therapy to make decisions regarding 0 vs 9 (see Squish issue #10464). Registries should review this optional logic and provide input.

Discussion

Referencing the *SEER Program Coding and Staging Manual 2022*, Suzanne pointed out that it is easier to determine whether 2021 and later cases received neoadjuvant therapy because of the dedicated Neoadjuvant Therapy field (#1632). For cases prior to 2021, the logic would use radiation sequences surgery or systemic sequence with surgery (codes 2, 4, 6, or 9). Peggy suggested not including code 9 to indicate that neoadjuvant therapy was given.

A new participant asked whether the concern is auto-consolidating neoadjuvant therapy within SEER*DMS and/or the definition of this data field. Suzanne clarified that the WG is defining neoadjuvant therapy for the purposes of auto-consolidating LVI. Registries can post their comments in Squish issue #10464.

Known Over Unknown Rules: Metastasis (Mets) at Diagnosis (DX)

IMS efforts over the past 6 months have focused on implementing known over unknown rules across every field that is set when auto-building a CTC from a NAACCR abstract. The IMS team anticipates completing this task by the end of April 2022. IMS also is reducing the manual reviews that are activated within this process.

Linda confirmed that implementation began with the most recent date of diagnosis (DX) cases and that the team now is extending work to earlier diagnosis years. Nicki noted that radiation code conversion within SEER*DMS is being used to the fullest extent possible. Note: this conversion relied on fields SEER did not require

Tumor Size Clinical and Tumor Size Pathological

IMS is developing logic for Tumor Size Clinical and Tumor Size Pathological based on the more conservative option to evaluate all manual conflicts. The next step will be to automate those specific fields. Updates will be forthcoming at future meetings.

Radiation Summarization

The way that treatment (TX) Radiation Phase information was being summarized was not optimal for all registries. IMS developed a minimum set of rules to summarize newly created fields. These rules are posted in Squish issue #9934 and can be expanded as needed.

The current rules evaluate the TX that has the best modality for the phase. If there are multiple TX with the same 'best' modality, the latest set of Phase values received with that modality value is used. The aim has been to capture the most complete information, including any modifications a facility had sent.

The suggested logic would look for the best External Beam value for all TX with the same 'best' TX Modality value. If there are multiple TXs with the best TX Modality AND best External Beam values, then the latest received is used.

Discussion

Nicki clarified that, with multiple abstracts, related Phases are auto-consolidated. For example, Phase 1 values could be captured from abstract A while Phase 2 values are taken from abstract B. Nicki asked if there were any objections to adding the proposed logic to consider External Beam if there are more than one TX that has the best modality value. No participants objected. IMS therefore will implement Nicki's suggested change. Marina asked that all registries review Squish issue #9934.

Site-Specific Data Items (SSDIs): Prostate-Specific Antigen (PSA) Auto-Consolidation Logic

Suzanne reminded the WG that PSA laboratory value (Lab Value) is the first SSDI being considered for auto-consolidation. The logic is available in Squish issue #10344.

IMS generated data searches, examining the "1a" and "1b" options to determine the differences in burden and workflow. IMS will share data with the registries soon. Details will be available in Squish issue #10344. Registries can request support from IMS for manual reviews of any conflicts in their data.

Suzanne further reviewed the process the system follows (e.g., hierarchies) to determine which record value should be coded on the CTC. Registries will be notified when the SQL logic is ready to test with their data.

Sentinel Lymph Nodes (LNs) Positive and Examined Pairs: Priority for Auto-Consolidation

Suzanne explained that combinations of sentinel LNs positive and examined pairs were created for breast and melanoma cases diagnosed in 2018 and beyond. The aim is to keep both values from a record and not to separate them. Suzanne reviewed the priority (high to low) auto-consolidation logic, all of which can be accessed in Squish issue #10354.

General Discussion

Mariana asked whether participants have adequate time to review the various Squish issues. Participants responded that establishing a set period or reasonable deadline to review and comment on Squish issues would be helpful. The rules can then be implemented based on input received and tested across the registries.

The California Central registry asked that queries be shared as they are completed in SEER*DMS, which IMS agreed to do.

Linda agreed to update the Auto Consolidation and Validation WG "Squish" issues with deadlines of approximately 4 weeks.

Because several participants experienced technical issues in joining the meeting, the NCI will test the Webex platform prior to the next meeting and address any updates that could affect participation in future meetings.

Upcoming SEER*DMS Meetings

The next Auto-Consolidation and Validation WG call is scheduled for July 5, 2022, but is subject to change.