Auto-consolidation Workgroup Proposal for 2020-2021

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Chairs

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Workgroup Goals

- To identify tumor related data fields that can be auto-consolidated.
- To identify and define an approach to handle source document errors that impact auto-consolidation.
- To create and test auto-consolidation guidelines and rules for each tumor related data field.
- To implement/apply auto-consolidation rules to registry's database

Definitions: Consolidation and Automation of Consolidation

- **Consolidation** is the process of selecting the best information when two or more source records contain the same data item but with different values present.
- **Automation of consolidation** is the process of selecting information from multiple source records without having a person manually consolidate.
- **Source document errors** are edit errors that fail on the original source abstract records. These are errors identified by standard setter edits.

18-month high level goals

1) Review implementation of current rules across registries; this will include rules defined by the workgroup and individual registries. See Table 1 on the next page.

2) Select the next set of data elements for workgroup review.

3) Develop process steps

A. Identify any coding instructions applicable to consolidating the data item. Refer to SEER Coding Manual and other references.
B. Identify all data items that may be used in the manual decision-making process for each data item.
C. Identify all related edit errors and execute those across source abstracts. Evaluate the results to define methods for handling failing records (manual review, ignore for auto-cons, etc).
D. Develop logic rules that would identify the record with the best data value for the consolidated (CTC) record for each data item.
E. Design a test to determine how well the new logic rules identified the same data value as that stored in the SEER CTC – which was manually consolidated (e.g., match values in CTCs to values in source records).
F. Use existing data in SEER*DMS databases to validate the testing protocol.

4) Analysis Process

A. Conduct test by applying logic developed in 3D across SEER*DMS databases.
B. Create a data search showing differences between registry values and the values based on the auto-consolidation logic. Include supporting data items.
C. Registry staff will review differences

5) Make any necessary adjustments based on the analysis.

6) Repeat steps 3 thru 5 until the logic is finalized.

Table 1: SEER*DMS Rules for CTC Level Data Items (excluding rules developed prior to 2019)				
Field	**Source of Rule**	**Usage**	**Squish Issues**	**Ref**
Behavior ICD-O-3	ID	ID, MA		82660
CoC Accredited Flag	IMS per NAACCR Specs	All		86351
Date Case Completed	IMS per NAACCR Specs	All		86201
Date Case Initiated	IMS per NAACCR Specs	All		86201
Date Case Report Exported	IMS per NAACCR Specs	All		86201
Date Case Report Loaded	IMS per NAACCR Specs	All		86201
Date Case Report Received	IMS per NAACCR Specs	All		86201
Date of Diagnosis	ID	ID, KY, MA, UT	7719	82391
Diagnostic Confirmation	Workgroup	MA	6178	83655
Histology ICD-O-3	ID	ID, MA		82660
Laterality	KY	KY, MA		85894
Laterality - ID	ID	ID		82391
Marital Status at Dx	ID	ID, KY, MA		82398
Name Spouse Parent	MA (?)	IA, MA		86181, 86513
Primary Payer at Dx	NY	ID, KY, MA, NY	7482, 7552	82188, 83999
Primary Site	KY	KY, MA		85894
Primary Site - ID	ID	ID		82391
Type and Date of First Recurrence	NCI and Workgroup Under revision	All except MN, coming soon		86514, 86678
Type of Reporting Source	Workgroup	All	5835	80557, 84634, 84484
2018 Radiation Fields	Workgroup	Coming Soon	8133	
LVI	Workgroup	All	6808, 7065	83656

Table updated October 2020