SEER*DMS Change Control Board (CCB) Users Group

Teleconference Summary
August 11, 2016
3:00 p.m. EDT

Representatives from NCI, IMS, SCG, and 12 SEER registries participated in the SEER*DMS CCB Users Group conference call on August 11, 2016. Participants included:

Registries:
Connecticut
Cherokee Nation
Detroit
Georgia
Hawaii
Iowa
Louisiana
New Jersey
New Mexico
New York
Seattle
Utah

NCI: Carol Kosary
IMS: Linda Coyle, Nicki Schussler, Jennifer Stevens
SCG: Mary Beth Saffo, rapporteur

Action Items
- The representative from the Connecticut registry agreed to send Linda a copy of the registry's protocol for processing HL-7 reports.
- Linda agreed to attach the Connecticut protocol to a Squish issue.
- IMS will work to create additional options for linking pending records to a CTC.
- CCB members should contact Linda or Brent if they would like to join the MU2 Work Group.

Progress Report on 2016 Submissions

Linda is working with Jennifer Stevens to prepare for the SEER submission this fall, which will involve some changes to SEER*DMS. The SEER Data Quality Profile (DQP) will show, for the first time, a new completeness estimate excluding prostate cancer data, a change that will improve the completeness estimate for almost every registry in the next release. The new estimate will be posted on the dashboard. The algorithm that is currently in use will remain unchanged. IMS will upload the new completeness method to the SEER*DMS website. Each registry's numbers will be included in the SEER DQP early next year.

All of the other changes for the next SEER*DMS release are designed to facilitate the work of IMS; there should be little direct impact on registry operations. These changes include new procedures for calculating several variables in SEER*DMS rather than SAS. The values used in the calculation will not change.

At this point, new data items are not anticipated, but more will be known after the final call for data. A few months ago, IMS made some changes for registries that did not have treatment dates at the summary level. Two date fields were missed, however: most definitive surgery and systemic. IMS will review the registry data to populate those fields for SEER*DMS.

Workflow for Pathology Reports

Linda announced an upcoming change to pathology report processing capabilities. The new release will allow editors the option of sending data into a manual screening task, state that the case is not reportable, but still retain the record's link to the patient.

The Georgia registry has been testing new procedures for processing pathology reports using 2014 data. As a pathology report comes in, the registry auto-codes the report to C809 Histology 8000 Behavior 3. The registry then investigates how many of these reports link at the patient level or CTC level, based on patient, facility and a two-week window around the date. Reports that do not link are sent back for additional screening. Linda noted that retrospective evaluation of older data is a different process than the evaluation of new data, which should be easier. The Georgia registry would like advice from on consolidating, editing, and attaching abstracts to their HL7 data.

Discussion

Editors at the Detroit registry review the HL7 records in the database. The New York registry staff attach multiple reports to each record and these reports are accessible to the editors. The reports are not consolidated automatically, but are reviewed retrospectively through a labor intensive procedure that was devised before the registry joined DMS. After reviewing the analytical records for the year to see which tumors have already been reported, the staff follow back to the doctor who requested the lab report and enters any additional records into the database. If no information is received, the staff create a new case.

Participants also discussed ways to handle HL7 reports when there is no follow-back from the registry. The Connecticut registry notifies the hospital that these are reportable pathologies and asks them to send an abstract. In the case of private labs, the registry tries to follow back to the physician if possible. If it is close to the November submission deadline, however, the registry submits what it has. One of Connecticut's senior editors recently completed a document summarizing the Connecticut procedure for processing HL7 reports. The registry representative offered to send a copy to Linda for distribution to the other registries. Linda agreed to attach the document to a Squish issue.

Linda agreed to look at the option of unlinking the record if it proved to be unreportable. Another participant urged retention of the patient link, emphasizing that the data are potentially valuable.

Other Topics

Linda announced that the next SEER*DMS update is planned for August 12, and another is planned for August 26. IMS has been working on a process that will allow registries to schedule their own database changes and software updates. Database changes have been added to the version history, to facilitate future self-scheduling. To reduce possible confusion arising from last-minute changes, participants suggested that IMS relax the biweekly update schedule in the weeks close to the submission deadline, unless an urgent change is needed. The registries have the option of delaying a release.

The Oncotype Dx fields have been changed recently. Registries will need to incorporate the name changes into their databases.

The Detroit registry representative asked which registries currently receive health indexes and enter them into version 17. Louisiana, Hawaii, and Seattle registries receive health indexes but generally do not process them within SEER*DMS. Detroit also would like guidance on handling pending records, such as migrated health records. IMS is working on a new definition for pending records. Options will be added for flagging a pending record one of three ways: 1) always requires a link to a CTC, 2) does not require a CTC link, and 3) user makes the decision about a CTC link.

Linda announced that the MU2 Work Group is now active. Participants should contact Linda or Brent if they are interested in joining this group.

Next Call

The next CCB call is scheduled for September 8, 2016. Participants agreed that this call will be devoted to a discussion of procedures for pending records and workflow.