

1. Discussion HL7 Records with Multiple Primaries

From the Louisiana registry:

When screening HL7 path reports we often come across reports that might indicate multiple primaries. Louisiana would like to add a "flag" of some sort, called Possible Multiple Primaries, with a yes/no option for the path screener to select. Ideally, there would also be a comment field next to the box, to document the possible multiple primaries and to make the issue more noticeable, as well as searchable.

If possible, we would like only certain people to be able to change the flag. Everyone can change the comment field. We would like to document the number of multiple primaries, and their resolution, which is why we prefer only certain people be able to modify the flag value.

In today's CCB call, we would like to discuss this topic to see if other registries are interested in this or something similar. You can also submit comments related to this issue in Tech Support Issue 4586.

2. Autoscreening of Subsequent Pathology Reports

The Georgia registry proposed that we implement a process to automatically screen subsequent pathology reports. This would be a two step process:

1. Identify a pathology report as a subsequent report. If the incoming report matches another report on patient identifiers; facility; and path report number then it would be considered a match.
2. If the first pathology report was screened and set to REPORTABLE then the second report would automatically be set to reportable. No manual task.

Would you want the second report set to nonreportable if the first is nonreportable? Or would you want to review the second report in that situation.

3. Collection of AJCC TNM Staging

An application programming interface (API) allows a variety of software to access web-based algorithms and data. The SEER Registrar Staging Assistant (SEER*RSA) and SEER Educate will use the IMS-developed web-based API for TNM staging. The IMS API requires an Internet connection. The TNM staging data and routines are also available in a Java library. The Java library can be used by Java-based programs without an Internet connection. These data and routines are also being made available in a C dynamic linked library (DLL).

An email was recently sent by the CDC to NPCR Program Directors and Contacts. CDC is developing an API to assist NPCR registries with the collection of AJCC TNM Staging. The NPCR registries who use SEER*DMS asked if SEER*DMS would be using the CDC-developed API.

As far as we know at this time, SEER*DMS will not be allowed to use the CDC developed API for AJCC T, N, M. And IMS will NOT be creating an API that deals with the collection of AJCC T, N and M

or the derivation of AJCC Stage Group. NCI and IMS do not have a licensing arrangement with the AJCC. NCI will be trying to obtain such an agreement, but was unsuccessful in 2014-2015.

The API developed by NCI and IMS deals with the collection of UICC T, N and M, which is very similar to AJCC coding. This API also deals with the derivation of the UICC enhanced Stage Groups. We started with the UICC stage group tables, but other combinations are also staged. This follows the mindset from CS where some combinations can be staged even though they are not specified in the manual but are known to be 'at least stage group whatever'.

Example 1: Colon and T4. Technically, T4 is not defined. The physician should always be able to say T4a or T4b. Practically, the data collectors argued that physicians don't always write the a or b down. At one point, all groups agreed that T4 could be collected but that groups following AJCC would NOT be able to assign a stage group based on T4. However, SEER will assign a group for T4 with values other than NX.

Example 2: Lung and T1. T1 is defined in Lung in AJCC. However, for M0, T1 will not stage under AJCC rules as it is not in the stage group tables. Again, SEER would be assigning a group for these combinations (other than NX).

SEER*DMS and SEER*Abs

- Technically, SEER*DMS v17 and SEER*Abs v2.7.5 will use a Java library rather than the IMS web-based API. The Java library is equivalent to the web-based API; both provide the same information and functionality contained in SEER*RSA. SEER*Abs must use it as a Java library because SEER*Abs users are not required to have Internet connectivity. SEER*DMS could use the library or the web-based API.
- SEER*DMS 17.0 will also have rules as to what conversions to T, N and M data will be done during the export of data for an AJCC required extract. Again, these are minimal.
- Since the SEER derived fields and the NPCR derived fields are separate, we will be blanking out the SEER derived fields for such extracts. The conversions are focused on the T, N and M values, which are stored in the same fields for UICC and AJCC; and the Edition Number (U7 vs 07) that will indicate to SEER when the registry edited the T, N and M under UICC rules. U7 is a value that will be set automatically when the T, N and M are modified in the registry. This is the same way that CS Current version worked.

Discussion- What we have not yet decided is the best way to interact with the NPCR Derived stage group calculation engine. Our current thinking is that we will provide a method for postprocessing using the C library. This may be made available in a tool such as the SEER Data Viewer.

4. Schedule for v17 Release

- Monday, January 18: A beta release of SEER*DMS was deployed on the DEV servers for: Georgia, Seattle, Utah. IMS staff will meet with these registries to discuss. Workflow routing scripts will be customized during the beta test period.

January 2016 CCB Meeting Outline

- Saturday, January 23: Update Postgres Georgia, Seattle, Utah. No change to SEER*DMS production it will still be v16.0.8
- TBD: update Postgres all other registries on a Saturday within the next few weeks.
- February 8 -12: This is the earliest that we expect to be able to deploy SEER*DMS v17.0 in production. The final TNM specs are expected by February 1st. Changes provided to us on the 1st will be implemented by February 12.
- February 12th (or possibly as soon as the 5th) SEER* DMS v17.0 will be available to all registries on the new DEV server. The DEV server is only available to registries using the IMS data center. This will have NO impact on production or test server. Production and test will continue to have v16.0.8.

5. PSA Review Project and SEER*DMS

IMS staff have created or will create QC tasks for the PSA Review Project. If you have any questions, problems, or concerns please contact Linda Coyle or Jennifer Stevens at IMS. This is the logic that is being used for this project.

A program is run to compare the coded PSA value to text. The code to text comparison is applied to all source records that have site = C619 and are linked to a patient set with a SEER reportable C619 case.

The **record** is flagged if:

- Coded PSA value is 001-979; there is a single PSA value in the text; and the text PSA does not match the coded PSA. Differences ≤ 1 ng/ml are ignored (this translates to differences ≤ 10 in the coded values.)
- Coded PSA value is 001-979; there are multiple PSA values in the text; and at least one of the text PSA values does not match the coded PSA value. Differences ≤ 1 ng/ml are ignored (this translates to differences ≤ 10 in the coded values.)
- Coded PSA value is 980; there is at least one value in the text that is less than 980.
- Coded PSA value is 997-999 and the text contains a known value.

The **consolidated** case is flagged for a review if at least one source record was flagged.

Note: SEER is not asking you to review a case if 2 abstracts had different values but neither record had a conflict between code and text. And SEER is not asking you to review cases that have no text.

6. Other topics?