SEER*DMS Change Control Board (CCB) Users Group
Teleconference Summary
March 8, 2018
3:00 to 4:30 p.m. EDT

Representatives from NCI, IMS, SCG, and 16 SEER registries participated in the SEER*DMS Users Group conference call on March 8, 2018. Participants included:

REGISTRIES:
California Central
Connecticut
Detroit
Georgia
Greater California
Greater Bay Area
Hawaii
Iowa
Kentucky
Los Angeles
Louisiana
New Jersey
New Mexico
New York
Seattle
Utah

NCI: Peggy Adamo, Kathy Cronin, Clara Lam, Marina Matatova, Alyssa Wang, Kai Wong

IMS: Linda Coyle, Chuck May, Nicki Schussler, Suzanne Adams

Westat: Laura Lourenco

SCG: Kathy Brown-Huamani, Glendie Marcelin, rapporteurs

Action Items

- Submit questions about non-technical issues such as meetings and initiatives to seerdms@nih.gov email.
- Continue to submit technical questions via Squish.
- Marina and Linda agreed to resume activities of the Productivity Working Group (WG) when feasible this year.
- IMS will post draft versions of the Multiple Primary rules in the near future.
- Suzanne Adams agreed to review the possibility of using the current rules to match melanoma and other sites because the rules are not changing for those. Update: IMS later determined that the multiple primary rules will be applied by year of diagnosis. No 2018 records will be matched until the new rules are implemented.
- Participants should submit technical topics for the May CCB call.

SEER*DMS COMMUNICATION STRATEGY

Survey Findings   *Alyssa Wang and Marina Matatova*

Alyssa Wang presented the results of the survey designed to enhance communications within SEER*DMS. Sixty-six respondents completed the survey and were asked six questions. Alyssa noted the main survey findings were: (1) principal investigators (PIs), directors, and operations managers wanted to know more about SEER*DMS and NCI surveillance research initiatives and workgroup updates; (2) registrars, data and information technology specialists, programmers, and analysts wanted to know more about SEER*DMS changes that directly affect their work; (3) registries were willing to share

descriptions of their best practices or Quality Assurance (QA) processes along with summaries of their SEER*DMS-related initiatives. Replies to the six questions revealed that, irrespective of role, most respondents were interested in the topics related to SEER*DMS initiatives and changes in its platform. Respondents also preferred to see common questions and answers about SEER*DMS in a newsletter, as well as registry-submitted best practices or QA processes. The registries expressed interest in sharing best practices via video calls or discussion during SEER*DMS meetings.

Alyssa queried the participants for feedback regarding the SEER*DMS Manager's call and quality studies. Managers requested more information about NCI activities. Registry staff participating in those calls wanted a better understanding of NCI's expectations. Alyssa clarified that not all registries need to participate in all quality studies.

A Managers/Quality Improvement (Key) meeting is held every month. The Key meetings will include updates on the QAPs and audits. During these meetings, information on new QAPs and audits is shared so that registries can plan accordingly. The meetings also allow registry staff with expertise in relevant areas to share information that will help registries prepare for QAPs and audits. Managers should be included in any communications to the Quality Improvement staff.

Participants were asked the following questions:

*Question 1: For those interested in common questions and answers (Q&A) about SEER*DMS, what does common Q&A mean for you?*

Participants would like to see answers about navigating through SEER*DMS. The Georgia registry submits several technical questions each week, but these questions are registry-specific.

NCI wants to understand variations in registry workflow, practices, and processes. Registries also should work together to learn other registries' practices. If registries bring their unique problems to the community, more cross learning will occur. Participants agreed that sharing the workflows at different registries would be helpful. Participants from the Louisiana, New Mexico, New York, Kentucky, New Jersey, Hawaii, Iowa, Los Angeles, Seattle, and Bay Area registries specifically expressed interest in sharing workflows.

Question 2: For those interested in workgroup updates, what kind of updates specifically are you looking for?

The New York, New Jersey, Hawaii, Utah, and Georgia registries want to see workgroup roadmaps and general updates on activities. The New Mexico registry is involved in many WGs but would like to hear about new WG activities and accomplishments. The Seattle registry wants project updates and notifications when data are ready to go into production in SEER*DMS. The Los Angeles registry agreed with Seattle but also wanted to know about milestones and methods that improve processes or data.

Question 3: About 73 percent of respondents indicated their registry would be willing to share descriptions of best practices or QA processes; are there any specific processes or best practices you would like to see in the first newsletter?

NCI is interested in understanding the variation among registries that relates to workflow, best practices, and processes. Participants agreed that registries could share a broad description of their process workflow. The Louisiana, New Mexico, New York, Kentucky, New Jersey, Hawaii, Iowa, Los Angeles, Seattle, and Greater Bay Area registries agreed to share their workflows.

The Detroit registry would like to know how registries capture data for cancer patients under 20 years of age. The Louisiana and New Jersey registries agreed to share their approaches for using state vaccination databases to identify patients under age 20. NCI can include information about the approaches used in Louisiana and New Jersey in the first newsletter.

Question 4: For creating SEER*DMS best practices videos, would you or anyone at your registry be willing to work with NCI and IMS to create these videos?

Participants would like to share best practices via videos or discussions. No participants, however, volunteered for the task of creating videos.

Next steps for NCI and IMS include incorporating survey findings into the communications strategy, determining methods for sharing best practices across the SEER*DMS community, identifying approaches to enhance SEER*DMS training, and reaching out to registries that agreed to share best practice information and summaries of their SEER*DMS initiatives in the SEER*DMS newsletter and portal.

UPDATES FROM THE CCB WORK GROUPS

Changes in Workgroup Schedule in the First Quarter of 2018

Linda expects that WGs will gain momentum in the second quarter of 2018. Registries should expect to devote 10 to 15 hours per month to the WG, and she wants to confirm who will participate in the WGs from April through June of 2018.

Linda wants to know commitments and conflicts that WG members might experience. The implementation of the NAACCR diagnosis year 2018 changes makes it difficult for registry staff to judge their workload over the next few months and their ability to commit to WG activities. Kentucky registry staff also feel overwhelmed with the NAACCR 2018 changes. This registry also feels responsible for developing hospital registrar training materials in preparation for the changes.

IMS and NCI representatives will meet with WG chairs to discuss reasonable expectations and timelines and what is feasible to accomplish by September. NCI and IMS might be able to assist WGs with plans for achieving their goals and objectives. For example, NCI could identify times when registries will be busy and limit WG expectations during those times. Registry participants agreed that this consideration of busy times would be helpful. Changes for the 2018 diagnosis year might be more time consuming than usual. In addition, registries are working on reapplying for new SEER contracts.

Auto-consolidation Workgroup   *Francis Ross*

The Auto-consolidation WG has identified steps for consolidating data item Type of Reporting Source. The WG developed a few different approaches registries can choose to implement consolidation. These options have not yet been implemented. At the next WG meeting, members work on the data item Diagnostic Confirmation code. The co-chairs will examine current rules for solid and hematopoietic tumors for the Diagnostic Confirmation data item with the goal of auto-consolidating those rules. The next Auto-consolidation WG meeting call is scheduled for April 12, 2018.

Claims Workgroup   *Linda Coyle*

Six registries are having Unlimited claims loaded into SEER*DMS, and Kentucky also is receiving claims data from Unlimited. The six registries will be able to run queries and determine whether claims provide new treatment data. Linda will provide queries for New Mexico.

IMS is examining the technical aspects required for receiving claims and MU2 data and the ability to update Date of Last Contact using these new data sources. Detroit is able to receive claims in the same (NCA37) file format from Kaiser. Some claims are professional and some are institutional. The Claims WG will examine those differences. Kevin Ward also is working on checklist to help registries evaluate claims data. Claims are being received and loaded into the pre_record table but any changes to data fields still are manual at this point, until algorithms are developed. The Claims WG is scheduled to meet again on April 16, 2018.

MU2 Workgroup   *Brent Mumphrey*

IMS developed the import for meaningful use (MU2) data in 2017. The MU2 WG is reviewing the data items pulled out of the CDA message and stored in SEER*DMS to determine the items that registries want to access in DMS. Once these data items are confirmed, the WG can begin to include live MU2 data in SEER*DMS, linked to the CTC or patient level, to be used by registries receiving this kind of data.

The WG also created a template for data analysis. Louisiana registry staff are using this template to analyze CDA data they have received. The WG is analyzing and evaluating MU2 data for their utility in casefinding, accuracy of matching at the patient and CTC levels, and ability to provide supplemental data for SEER. The WG expects to complete analyses in March or April and deliver a brief presentation of results during the May CCB call.

Discussion

Participants asked about the status of the Productivity WG. Linda responded that this WG should resume work before the end of 2018 but registry staff currently are too busy to engage in this additional WG. Marina asked for feedback from registry representatives regarding their interest in resuming the Productivity WG. Georgia, Iowa, Utah, New Jersey, Seattle, Detroit, and New York registries expressed interest in this WG.

UPDATES FROM NCI   **Marina Matatova**

Planning for the 2018 Face-to-Face Meeting

The next SEER*DMS face-to-face meeting is scheduled for September 2018. NCI is seeking assistance from the two or three registries in putting together the agenda and planning the conference. The estimated time commitment for registries involving the conference planning committee would be 10 to 15 hours per month. No registries volunteered for the conference planning committee during this call but can express interest by sending an email to Marina or Linda.

Usability Initiatives

Dr. Kai Wong has joined NCI's Surveillance Research Program as a usability fellow. As different SEER*DMS communication tools are developed, such as the portal and newsletter, NCI wants to ensure that these tools meet the specific needs of the registries.

NCI is working with the Nielsen Norman Group on usability. Information has been collected through site visits. NCI is working on the plan for an evaluation that will be implemented at a sample of registries with SEER*DMS.

IMS UPDATES   **Linda Coyle**

SEER Pathology Survey

The completed SEER Pathology Survey was due from all registries on March 9, 2018.

SEER*DMS Updates

IMS has implemented the following changes since the last CCB call:

- Added a filter to every registry's version history called CCB Highlights. CCB Highlights describes every significant change made since the last CCB call.
- Modified the CTC matching task so that the current Multiple Primary Rules are not used for 2018 diagnoses.
- Added support for pharmacy data, including an import type for data provided by Walgreens as well as mappings to JSON structures in the SEER*DMS database. Pharmacy data will be stored in the pre_record table. Georgia is pilot testing this program using a sample of Walgreen's data to ensure the data can be stored and loaded into the test server.
- Added support to associate records to each other because data received in NAACCR XML can create multiple records for the same person and even the same tumor. As part of the Kentucky SEER*DMS migration and deployment, IMS began working more closely with NAACCR XML data. In both New Mexico and Kentucky, registries needed to be able to associate multiple records. Linda recommended that the CCB discuss NAACCR XML in the future. The system allows registries to send and receive multiple records associated with a single patient. IMS added fields that could associate one record with another. After a few years, IMS might change the way that data structures load abstract data to approximate the XML structure.
- Updated the worklist to Sruts2 and added a Jump link feature to the Worklist. It is displayed in the upper right of the page, next to the page links. The Jump link can be used to go quickly to an item in the list.
- In preparation for the NAACCR 2018 implementation, IMS developed a pre-release version of EOD algorithms and removed fields defined in NAACCR volume 2 that were never used.
- Added a feature to support updates to physician specialties via mass change.
- The completeness estimate for SEER registries will be changed again in a few weeks and will use the denominator effective for the November submission.
- Added a line to the DQP section of the home page indicating the number of cases requiring visual editing. This was only added to the home page and not to the DQP dashboard because it is not an official SEER data quality marker. With this DQP change, prostate cancer no longer is excluded.
- IMS changed the import for Social Security Administration (SSA) data. Users now can specify date of last contact in system imports at the time they load the SSA file. They will be able to load the SSA file exactly as received without running a pre-processing script. The SSA expects to send data back to SEER registries the week of March 12. Linda will update the relevant Squish issue and request data for the second group. SSA data likely will be returned more rapidly from this point forward.
- Changed the way that staging data are displayed in the Patient Set and Record Editors. There are multiple tabs at the top of the staging page so that you can look at fields by staging system. All tabs can be accessed, but the tab is shown by default and is bold if it is applicable for that CTC's year of diagnosis.
- Improved the histology lookup to allow users to see more alternate terms. Alternate text always was supported for searching, but it was not displayed. Primary text for a code is always shown and the alternate text is shown if there is a match to the search terms.

IMS is working on Multiple Primary (MP) rules, which will be incorporated into algorithms so that registries can start matching 2018 cases. Records received before the algorithms are completed will not be

matched at the CTC level. The current MP rules only are effective through 2017. Registries can code cases using the draft 2018 rules and flag them for review when the final Solid Tumor Rules are released. Alternatively, registries can wait until the Solid Tumor Rules are finalized to determine multiple primaries and histology for those cases. Rules will be finalized before the end of May. Draft versions will be available on the SEER website before the final versions are ready.

Linda noted that NCI SEER expects to receive NAACCR 2018 changes in 3 to 4 weeks. IMS plans to implement all preparatory changes within that period.

Discussion

Participants asked whether the rules for melanoma and other sites would be effective through 2018. Those rules will be effective through 2018 and rules for other sites have not changed except for moving rectum to the Colon chapter and peripheral nerves to Malignant Brain.

Some reported that they have used the new Jump link feature in the Worklist and found it useful. Participants asked if this feature could this be added to components of SEER*DMS that handle long lists. IMS is working through SEER*DMS with the Struts2 upgrade which will lead to Jump links being added to all list components.

During the May CCB call, IMS will review the changes made to the interface for NAACCR 2018.

Coming Soon

Linda announced the following changes that are coming soon:

- SEER*Abs changes will be ready in 2 to 3 weeks.
- IMS reviewed the worklist filters. IMS expects to release changes to the workflow items and the data structure to support those changes in 2 to 3 weeks.
- The final SEER completeness estimate will be done in about a week.
- IMS continues to update modules for Struts2 in preparation for making changes in response to the usability study findings.
- SEER*DMS migration/deployment is underway at the Kentucky registry.
- IMS will implement the autoconsolidation rules defined by the Autoconsolidation WG and consider necessary infrastructure changes.
- IMS is starting to test the API to autocode pathology reports. This effort looks promising but will not go live soon.

Next CCB Call

The following items are on the agenda for the May CCB call:

- Brent will provide update on the MU2 WG activities.
- Update on NAACCR 2018 changes followed by discussion of any necessary IMS support. Utah, Seattle, Minnesota, Louisiana, Kentucky, Iowa, Hawaii, New Mexico, and Georgia registries would be interested in discussing the NAACCR changes. The Connecticut, New York, New Jersey, and Iowa registries also are interested but will not process the 2018 changes in the near future. Detroit registries still need to discuss issues from the SEER*DMS version 17 process. Connecticut expects vendors to send data in NAACCR 18 format but the registry probably will not load those data right away.