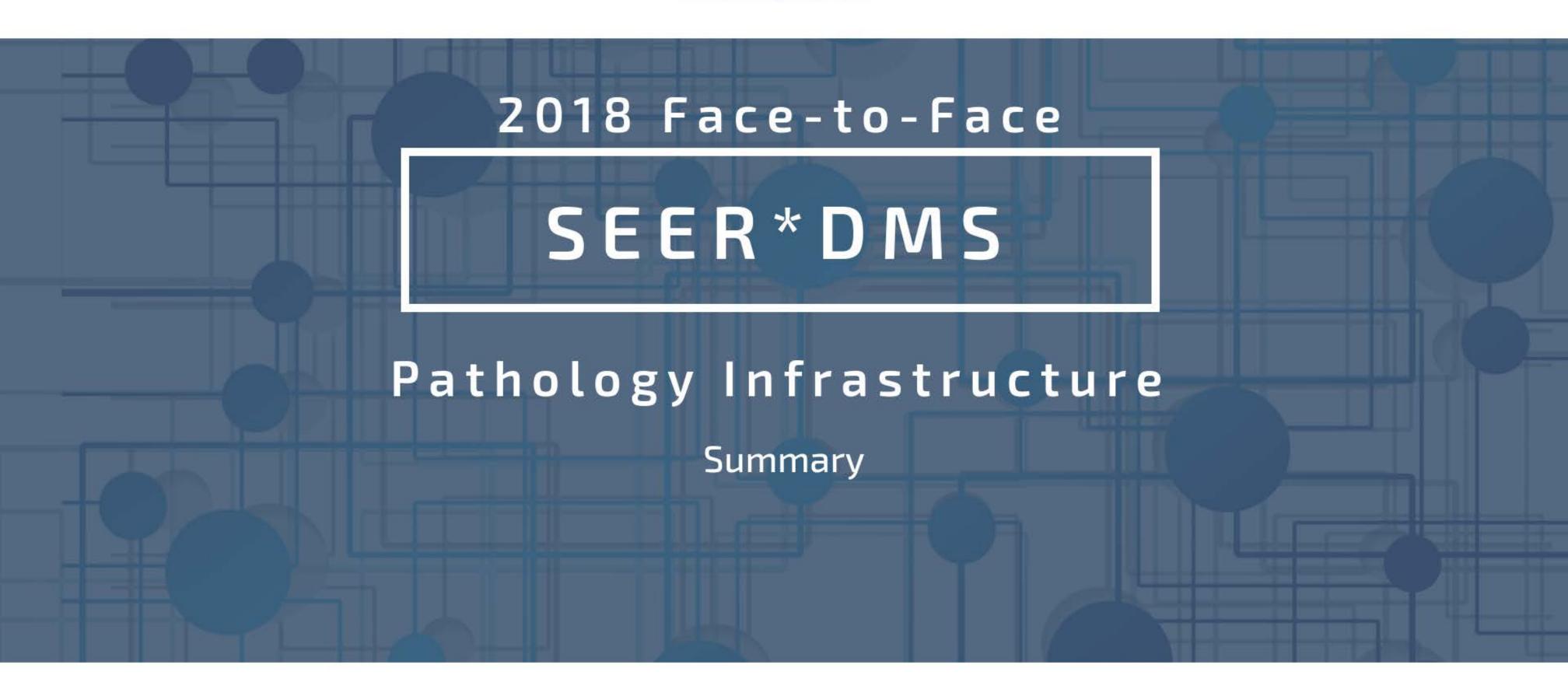
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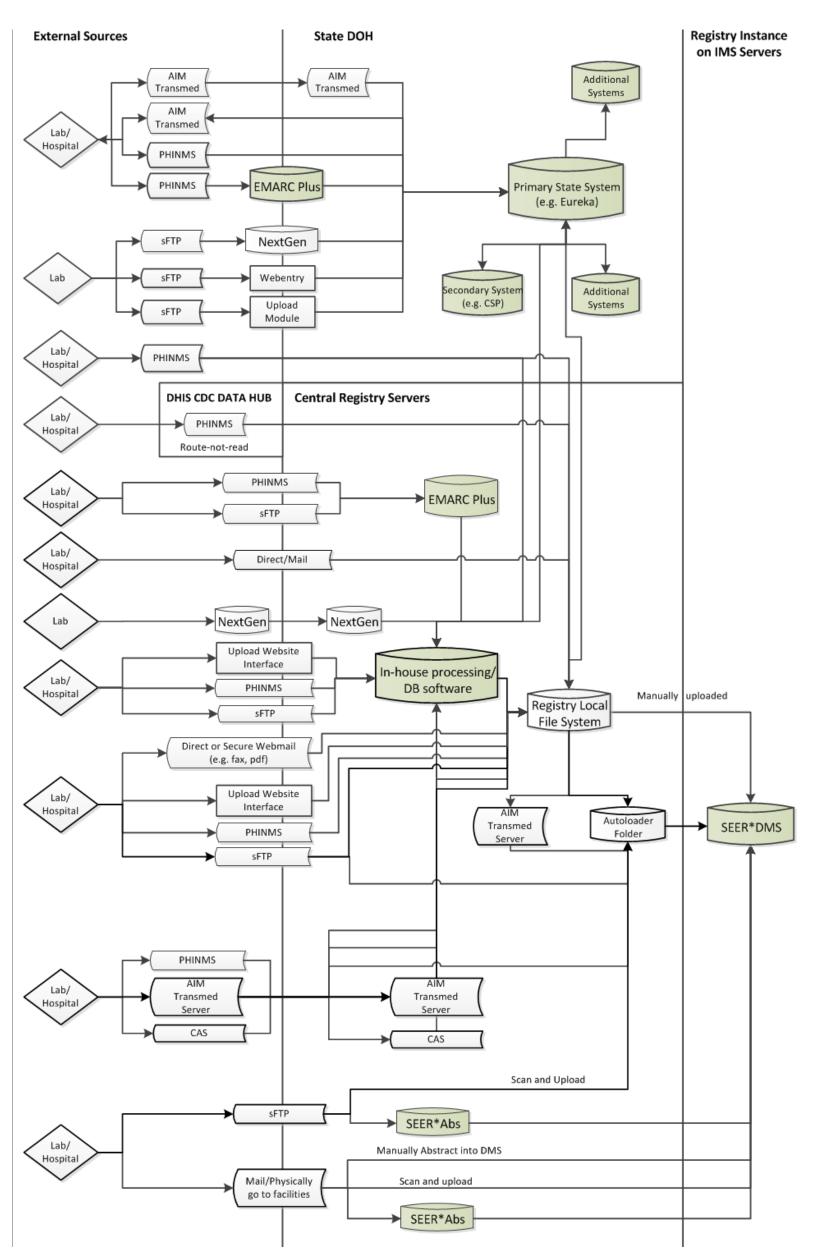
## **External Sources** State DOH Registry Instance on IMS Servers Transmed AIM EMARC Plus PHINMS (e.g. Eureka) NextGen Webentry Upload PHINMS **DHIS CDC DATA HUB Central Registry Servers** PHINMS EMARC Plus NextGen NextGen n-house processing DB software Registry Local File System Direct or Secure Webmail (e.g. fax, pdf) Upload Website Transmed SEER\*DMS Scan and Upload SEER\*Abs Manually Abstract into DMS Mail/Physically

## **Background**

**Goal:** Understand how each registry receives and processes their pathology reports to inform decision in different areas in SEER

- Need for a comprehensive understanding
- April 2018 Initial survey sent to 17 SEER\*DMS registries
- July and August 2018 followed up with 12 registries for second round of questions and clarifications
- Identified 40+ system configurations (routes) for receiving and processing pathology reports
- Current Status: finalizing individual system configurations with each registry, simplifying and consolidating path routes





## **Patterns**

- Classifying Pathology Reports
- Pathology Report Usage
- Providing Data Back to Facilities
- Interstate vs. In State Reports



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## **Classifying Reports**

**Q:** How do registries filter reports that are not relevant to cancer surveillance or not appropriate for the registry to have?

- At the source facility
- At the registry
  - Greater control of filtering
  - Ability to rescan reports as filters change

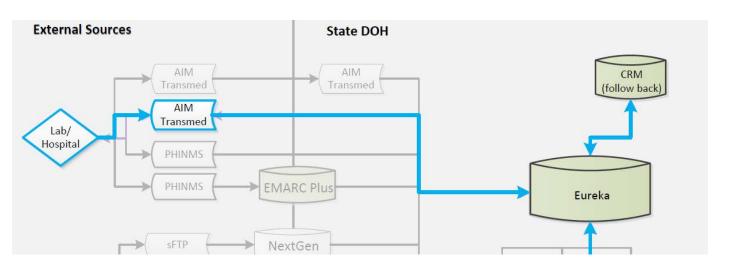




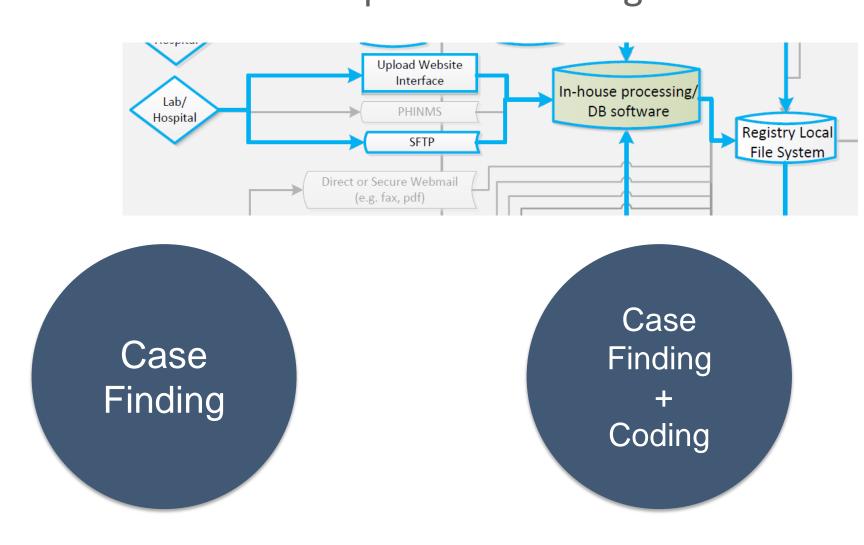
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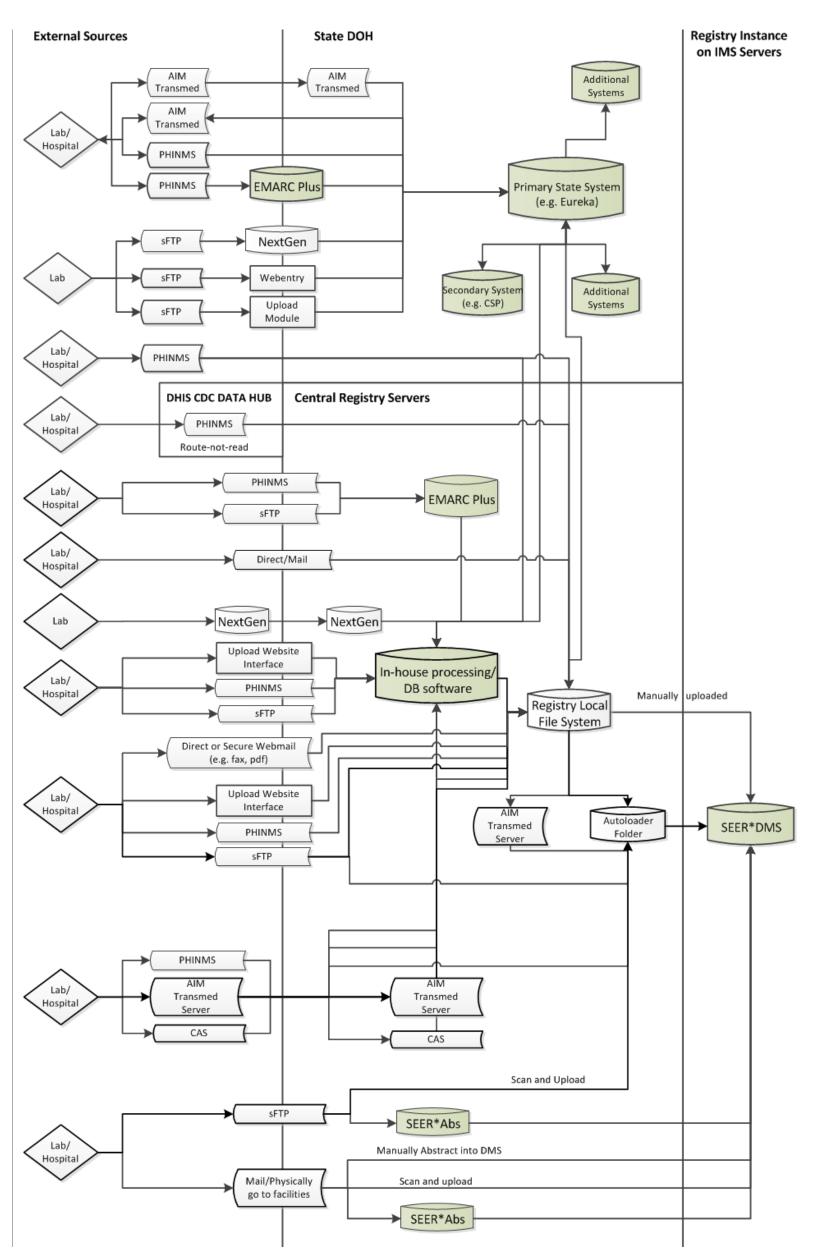
# **Use of Pathology Reports**

Using reports primarily for case finding



Using reports for case finding, visual editing, and consolidation of cases – comprehensive usage





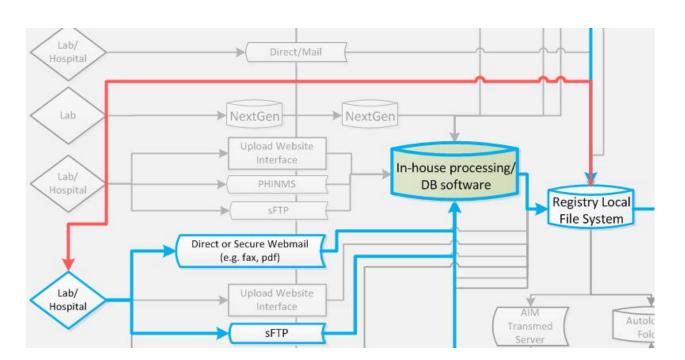
# Data Brokerage

Providing data back to source facilities can be a key method of establishing relationships with facilities

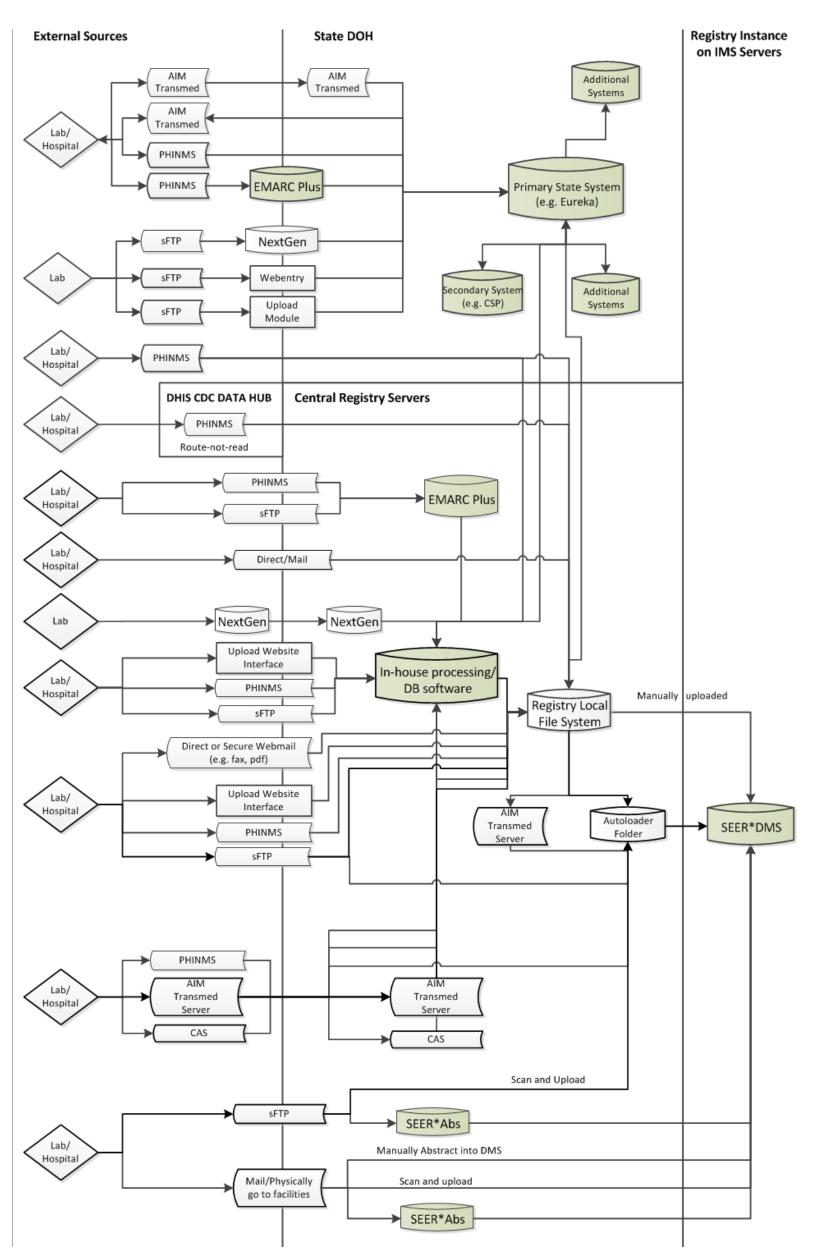
Q: Can we define a workflow process for this?

Q: Are there current barriers and lessons learned to

sending data back?







# **Next Steps**

Q: Is there an opportunity to find best practices amongst registries for pathology processing to help (1) reduce variations where possible (2) inform development of NLP tools and other forms of automation?

**Q:** Can we identify ways to improve classifying pathology reports whether at the source or at the registry? How are terms decided? How are filters created?

**Q:** Can we define possible workflow processes for data brokerage to inform future builds in SEER\*DMS? Pilot ways to make this process more efficient, standardized, and scalable?

**Next:** Breakout sessions to define some best practices for pathology processing, report classification, and data brokerage



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# Thank you

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Danke

Gracias

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