SEER*DMS Auto-Consolidation Work Group
Teleconference Summary
December 13, 2018
2:00 to 3:00 p.m. EST

Representatives from the NCI, IMS, the Scientific Consulting Group, Inc. (SCG), and 10 cancer registries participated in the SEER*DMS Auto-Consolidation Workgroup (WG) conference call on December 13, 2018. Participants included:

REGISTRIES:
Alaska
California Central
Detroit
Iowa
Kentucky
Louisiana
New Jersey
New York
Seattle
Utah

NCI: Peggy Adamo, Melissa Bruno, Marina Matatova, Kai Wong

IMS: Suzanne Adams, Linda Coyle

SCG: Lorrie Fritz, rapporteur

Westat: Laura Lourenco

Action Items

Participants agreed to the following action items:

- Suzanne Adams, Linda Coyle, Bobbi Matt, and Frances Ross will finalize the Lymphovascular Invasion (LVI) document. Peggy Adamo (NCI) will review the final revisions. The document then will be posted in Squish for registry review.
- All registries should review and comment on the final draft of the LVI document described above by January 1, 2019.
- Suzanne agreed to schedule an administrative meeting in January to discuss source record validation.
- IMS will review and consolidate registry comments in Squish 6802 (review of fields for phase one).
- All registries should submit comments on Squish 6903 (known over unknown consolidation rules).
- IMS will continue to compare values for Type of Reporting Source against the logic developed by this Work Group (WG). IMS will contact each registry to determine if data need to be reviewed and updated.
- IMS will provide a report of the outcomes related to Type of Reporting Source at the January SEER*DMS Change Control Board (CCB) meeting.

Basic auto-consolidation logic for priority fields

Linda and Suzanne began drafting basic logic for a small number of simple, SEER-required data fields with a few simplistic rules beginning with a "known" over "unknown" consolidation rule. If an incoming record has a value and the consolidated data is 9-filled—the value for unknown—the record's value would be used. The one exception is the Primary Payer at Diagnosis, in which case 20 to 68 would be taken over 10.

Discussion

In response to a question, Linda noted that she and Suzanne split the list of fields into three categories: 1) fields that are not related to any other fields and therefore will not be grouped, 2) fields that will be

grouped, and 3) fields used for matching, such as site, histology, and date of diagnosis. The WG will begin by focusing on the fields in the first category.

Linda explained that if the consolidated value is unknown and an incoming record has a value, the value from the incoming record would be used. A second value in a subsequent record would lead to a manually consolidated CTC value until an auto-consolidated rule is in place.

Lymphovascular Invasion (LVI) proposed auto-consolidation logic

Suzanne reviewed the revised draft LVI document, which aligns the Standards for Oncology Registry Entry (STORE) manual with the draft SEER Program and Staging Manual 2018 and summarizes allowable codes for 2018+.

Both the SEER and STORE manuals include instructions for coding LVI when neoadjuvant therapy was given. Both manuals include a table with different codes based on whether neoadjuvant therapy occurred before or after LVI was recorded in the pathology report. Suzanne asked the group for feedback on whether the occurrence of neoadjuvant therapy needs to be determined at the central registry level or only at the facility or hospital level.

Discussion

The STORE manual requires an "unknown" code of 8 for more primary sites than some participants expected. They asked if this is a new requirement beginning in 2018. Peggy suggested that this requirement may have resulted from 2018 edits to fields and data.

Peggy indicated that the SEER Manual and STORE Manual guidance should match. Based on the most recent guidance from SEER, Suzanne noted that the WG may need to remove the instruction that benign, borderline, and in situ cases are coded 0. In both manuals, code 9 indicates "primary site unknown" for CTCs. Both manuals also instruct registrars to code unknown when there is no microscopic examination of the primary site, or the specimen is cytology or FNA only. The group suggested using diagnostic confirmation to ensure that a case has been histologically confirmed. If there is no histological confirmation, code 9 automatically applies.

The workgroup proposed a hierarchy for LVI values. For schemas for 2018+, code 4 (both lymphatic and venous) is the highest priority, and codes 3 (venous only) and 2 (lymphatic and small vessel) have equal priority. When there is a conflict between codes 3 and 2, Suzanne suggested that registrars perform a manual review rather than allowing the algorithm to select a code. WG members agreed with this suggestion. Linda agreed to post the LVI document on Squish for further feedback. She added that, if registries find that their staff are performing too many manual tasks, the approach can be changed.

Participants asked how neoadjuvant therapy would be determined. It was proposed that the fields Systemic/Surgery Sequence and Radiation/Surgery Sequence could be used. Neoadjuvant therapy would be considered given if t hose fields were coded to 2 (before treatment) or 4 (both before and after treatment).

It is difficult to determine at the registry level whether or not neoadjuvant therapy has occurred. In addition, collected data does not include the date of LVI identification so it would not be possible to determine if neoadjuvant therapy occurred before or after the presence of LVI was identified. After some discussion, the WG agreed to not include neoadjuvant therapy in the LVI auto-consolidation logic document for the time being. Linda suggested testing a random sample of cases to see if the records were auto-consolidated correctly and if LVI information would have changed the value.

Participants asked if auto-consolidation rules in the LVI logic would apply if the primary site is unknown (C809) in one record but is identified in other records. Linda responded that the auto-consolidation logic could stipulate when to update C809. In the case of two records identifying different primary sites for the same case, Rule 4, hierarchy of schema, uses source data. The rule could specify that the hierarchy be used only if the site matches the CTC. Linda and Suzanne agreed to address this issue in the LVI document, perhaps with examples, and post the revised document on Squish for all WG members to review after Bobbi, Frances, and Peggy have reviewed it.

Announcements

Linda received proposed changes to the SEER-required fields (Squish issue 6802) from several registries. She asked other registries to add their comments, after which IMS will consolidate the comments for discussion during the next WG meeting.

The auto-consolidation rule for Type of Reporting Source is in production for all registries. Linda has been examining data from each registry for cases that do not adhere to the rules and creating lists for registry manager review and correction. IMS will continue working with registries on this issue.

Discussion

A WG member suggested comparing the results of analyses of Type of Reporting Source under new and old auto-consolidation rules and presenting results at the Cancer Control Board meeting in January.

Next Auto-Consolidation Work Group Call

The next Auto-Consolidation WG call is scheduled for February 14, 2018.