

SEER*DMS Auto-Consolidation Work Group
Source Record Validation Subgroup
Teleconference Summary
July 17, 2019
2:30 to 3:30 p.m. EDT

Representatives from the NCI, IMS, the Scientific Consulting Group, Inc. (SCG), and 12 cancer registries participated in the SEER*DMS Auto-Consolidation Workgroup (WG) conference call on July 17, 2019. Participants included:

REGISTRIES:

Alaska
California Central
Connecticut
Detroit
Georgia
Iowa
Louisiana
Minnesota
New Jersey
New York
Seattle
Utah

NCI: Marina Matatova

IMS: Suzanne Adams, Linda Coyle

SCG: Carolyn Fisher, rapporteur

Action Items

Participants agreed to the following action items:

- Linda agreed to create a Squish issue with instructions to evaluate source records edit failures. Registries will need to review their respective source document edits and provide feedback at the next meeting.
- Suzanne agreed to forward to the WG the list of the data fields under consideration for auto-consolidation.
- IMS will continue testing the New York registry Primary Payer at DX auto-consolidation rule and will provide data searches for review via Squish issue #7552. The WG will either discuss via Squish and/or at the next meeting.
- Linda agreed to create a Squish issue with a data search for the SEER*DMS registries to test the Idaho registry auto-consolidation rules for Date of Diagnosis, Primary Site, and Laterality. WG Co-Chairs, Bobbi Matt and Frances Ross, agreed to perform an initial review of the logic and provide comments.
- Linda agreed to forward auto-consolidation coding logic to non-SEER*DMS registries (i.e., California Central) for testing.

Source Record Validation

Approach for Handling Edit Failures on Incoming Source Records

Linda explained that in the normal workflow, edits are typically run on the patient set and consolidated data rather than records. This new system task runs edits on records but does not make any changes to records, does not create failures or new tasks, but instead populates a table with the edit results. Data

searches by count now can be performed. Some of the edits currently evaluated in the task may not be relevant or appropriate; for example, the census tract edits. Linda will post in a squish issue instructions for registries to review their respective counts and samples of edits.

Discussion

In response to question from a registry representative, Linda indicated that global edit repairs across registries at the abstract level was feasible but edit failures such as Census to Certainty, Sequence Number, and/or Cause of Death usually can be excluded.

Registry representatives discussed what should be done when records contain edit failures. Registries should respond to edit failures by (1) rejecting the record entirely or (2) identifying problems in a specific field that are relevant to auto-consolidation and looking for patterns.

The New York registry performs source level edits in the GateKeeper system, which already rejects incoming source records with edit failures. Colleen explained that they would still want to view the results of the system task to help inform them when making auto-consolidation decisions.

A next step for the WG will be to review the list of edits and identify the ones to disregard. Problems with edit failures for fields critical to auto-consolidation, such as the Mets at Diagnosis (DX) fields, will need to be resolved prior to auto-consolidation.

With the projected 2020 release of the NAACCR Data Standards and Data Dictionary in XML-based format, some registries likely will discontinue their record checking program. Some registries currently do not accept records without text.

Identify Source Document Edits/ Source Record Validation Process/Process for Handling Edit Errors in Abstracts

Participants suggested that registries with state-specific edits consider sharing them with the WG. Out-of-state cases would not be subjected to these edits. The WG will need to define “not having text” and coding logic will need to be developed for any new edits. The WG also will need to define a process for implementing new data standards and related changes.

One registry had a problem with unfilled EOD fields in the initial files received from one facility using a 2016 instead of a 2018 format. The issue was resolved when subsequent files were submitted. Participants agreed that edits that reject files should be discussed at a future meeting.

Participants recommended that the Source Validation Subgroup focus on logic for edits regarding data fields being considered by the Auto-consolidation WG. WG members should review a list of the data fields being considered for auto-consolidation. A separate EOD Consolidation Workgroup is developing recommendations for best practices for manual consolidation of EOD fields by schema.

The WG will need to define a process for handling records that have edits critical for source validation. The group discussed whether corrections should be made at the central registry—a process which might place excessive burdens on central registry staff time and would not provide any useful feedback to the reporting facilities.

New Auto-Consolidation Rules

Linda said she would check on the progress of implementation of the auto-consolidation rules for the DX confirmation data element fields. She explained that IMS has made progress toward completing the system task for applying the rules across registries and other rule tasks are ready for review.

Proposed Auto-consolidation Rules for Primary Payer at DX Linked to a Cancer/Tumor/Case (CTC)

Frances, Bobbi, and Suzanne reviewed the New York registry's Primary Payer at DX auto-consolidation logic and recommended a small change to priority of codes. Preliminary testing in three SEER registries yielded 90 to 99 percent agreement with manually consolidated data, suggesting that the logic is worth testing. The next step will be to test the coding logic in each registry.

Linda reviewed NY's Primary Payer at DX auto-consolidation logic with the workgroup (see Squish #7552 for most current logic).

Discussion

The group agreed that a known valid value from a lower priority class of case group should supersede a 99 from a higher class of case group. If two or more records in a group have different valid values, participants agreed on the following tie breakers (in order):

- A priority order for a subset of Primary Payer at DX codes
- The record with the lowest record ID (proxy for earliest date loaded)

IMS will continue to test the coding logic at registries and provide data search results to the WG for review. The discussion can continue either via Squish and/or at the next meeting.

Auto-consolidation Rules for Other Data Items

The Date of Diagnosis, Primary Site, and Laterality auto-consolidation rules have been implemented in the Idaho registry, which can be tested in other registries using the system task. The Histology and Behavior data fields will be implemented soon. IMS will set up data searches for the registries and the WG Co-Chairs will perform an initial review and make comments. The California Central registry will need the coding logic forwarded to them separately.

Upcoming Auto-Consolidation Work Group Calls

The August 15, 2019, Auto-Consolidation WG call conflicts with the August 14–15, 2019, Quality Improvement Experts (QIE) in-person meeting and will be cancelled. The next Auto-Consolidation WG call is scheduled for September 19, 2019, and will cover both source validation and auto-consolidation in a 90-minute meeting.