

**SEER*DMS Auto-consolidation Work Group
Source Record Validation Subgroup
Teleconference Summary
June 18, 2020
3:00 to 4:00 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 Work Group (WG) conference call on June 18, 2020. Participants included:

REGISTRIES:

California Central
Connecticut
Detroit
Idaho
Iowa (Bobbi Matt, WG co-chair)
Kentucky (Frances Ross, WG co-chair)
Louisiana
Minnesota
New Jersey
New York
Seattle
Utah

NCI: Peggy Adamo, Lois Dickie

IMS: Linda Coyle, Nicola “Nicki” Schussler, Alex Song

SCG: Carolyn Fisher, rapporteur

Action Items

Participants agreed to the following action items:

- IMS will implement the proposed auto-consolidation rules for radiation fields in the SEER*DMS system.
- Registries will review the Squish issue #7719 data to facilitate finalizing Date of DX auto-consolidation rules.
- Linda agreed to create a Squish issue to document the progress on applying an auto-consolidation rule for Type and Date of First Recurrence.

Review of the 2020–2021 Goals and Objectives

Linda Coyle

IMS (Linda Coyle and Suzanne Adams), WG co-chairs (Bobbi Matt and Frances Ross), the NCI (Marina Matatova), and the California Central registry (Cheryl Moody) met to discuss updating the WG goals. A 2-page document—[Goals and Objectives 2020–2021](#)—is posted on the SEER*DMS portal and contains a list of the fields currently in progress (Table 1, SEER*DMS Rules for CTC Level Data Items). The goals and objectives have not changed but reinforce those of the previous years. Included in the rule development process is a step to use existing SEER*DMS databases to validate the testing protocol.

Rules for Radiation Fields (CTC Summary Polisher)*Scope 2003*

Nikki Schussler noted that IMS is proposing to remove the logic related to Scope 2003+ (i.e., years 2003 and beyond) from auto-build so that SEER*DMS copies values from the records if they are not blank. The next step will be to use a polisher based on IF 109, which involves setting Date of Diagnosis (DX) codes by year and histology (site). The registries agreed with the proposed automation logic.

Review of Rules Available for Evaluation

Regarding the logic rules for Radiation Phases I, II and III, IMS is proposing to alleviate the number of edits. The proposed automation hierarchy (worst to best) is first by location/facility and second by modality. The proposed radiation therapy rules are included in Squish issue #8133. Nikki reviewed those rules with the WG.

Discussion

Cheryl noted that the California Central has been reviewing the radiation codes to develop registry-specific consolidation logic, which the registry will compare to the IMS logic.

Linda asked if further time is needed to review the proposed rules for radiation therapy prior to uploading them to the SEER*DMS system. Participants in the call did not request additional time, so IMS will begin implementing the radiation rules across the registries.

Date of DX

Linda reported that IMS evaluated the auto-consolidation rules for Date of DX based on the Idaho registry logic (Squish issue #7719). IMS implemented the rules in the Idaho and Massachusetts registries and plans are to do the same in the Kentucky and Utah registries in the near future. The Utah registry has implemented a requirement for manual review if the Date of DX is different between two abstracts and for pathology reports with dates prior to the Date of DX. The goal is to have a rule for every data field to indicate that a record has been processed in the SEER*DMS system. Linda asked registries to review the Squish issue #7719 data to facilitate finalizing Date of DX auto-consolidation rules.

Discussion

Participants discussed the option of assigning Date of DX assigned based on ambiguous terms (e.g., suggestive or concerning) with the earliest date selected in a manual consolidation process. There is not consensus across registries regarding this approach. Recording the date of the confirmed diagnosis has been the general practice in the Iowa and Utah registries. The Minnesota registry does not auto-consolidate such records with an uncertain Date of DX, but the coders will flag them as auditable or non-reportable. The Detroit registry uses the reportable ambiguous terms for Date of DX when appropriate for histology but not cytology cases.

Auto-Consolidation Rule and Source Record Validation

When the abstract is coded correctly, the Type and Date of First Recurrence (Recurrence) rule should be sufficient and automatically links to the validation aspect. The challenges lies in coding when recurrence is coded incorrectly in the abstract.

Discussion

Linda asked whether Recurrence rules exist for handling abstracts consistently coded incorrectly. A participant noted that if the Behavior and Recurrence codes are mismatched, then the Behavior code could be incorrect. Other data fields (e.g., positive exam for *in situ* tumor) could confirm the Behavior code. Linda suggested that the WG consider Behavior as the core field for developing logic that identifies and then responds to the failed edits (validation). Other participants agreed that record errors should be resolved prior to making any changes in the Behavior codes. Linda suggested not building the corrective step into the auto-consolidation rule.

The Recurrence fields have not been routinely collected and currently are being incorporated into SEER*DMS system. Linda agreed to document the progress on applying an auto-consolidation rule for Type and Date of First Recurrence in a Squish issue, where registries can provide input.

Next Steps and Upcoming Auto-Consolidation Work Group Call

Registries should review Table 1, SEER*DMS Rules for CTC Level Data Items in the Goals and Objectives 2020–2021 document and provide input on additional data fields to include. IMS will ensure that the Table 1 remains up-to-date as the rules are implemented.

The next WG call is scheduled for July 16, 2020, from 3:00 to 4:00 p.m. and will focus on prioritizing utilization of the existing auto-consolidation rules, particularly the Date of DX and Primary Payer at DX rules.