SEER*DMS Auto-Consolidation and Validation Work Group
Teleconference Summary
April 27, 2021
1:00 to 2:30 p.m. ET

Representatives from the NCI, IMS, the Scientific Consulting Group, Inc. (SCG), and nine cancer registries participated in the SEER*DMS Auto-Consolidation and Validation Work Group (WG) conference call on April 27, 2021. Participants included:

REGISTRIES:

California Central
Connecticut
Idaho
Iowa (Bobbi Matt, WG co-chair)
Louisiana
Minnesota
New Mexico
Seattle
Utah

NCI: Marina Matatova

IMS: Suzanne Adams, Linda Coyle, Fabian Depry, Nicki Schussler, Alex Song

SCG: Kathryn Brown-Huamani, rapporteur

Action Items

Participants agreed to the following action items:

- Participants were asked to consider the proposals for coding benign and borderline brain tumors and provide feedback using the Squish issue that Linda agreed to create for this topic. Linda also agreed to ask all registries to respond to the proposals.
- Linda agreed to post the list of non-paired sites and data searches to look for discrepancies in Squish for registry feedback.
- Linda agreed to speak to IMS developers about the possibility of recalculating stage.
- The Central California registry will examine their data for Tumor Size Clinical data to determine whether the proposed logic is feasible.
- Participants agreed to ask Bobbi and Loretta Huston (Utah registry) to review common conflicts in the data for the Tumor Size Pathological field. IMS will make changes based on their findings, which will be made available to all registries.
- IMS will review a request for rules for AJCC TNM Known over Unknown coding and make a recommendation, which will be disseminated to this WG via Squish for review.
- Record validation will be discussed during the next Administrative WG meeting, and next steps will be determined.

Updates for Prior Topics

Date of Diagnosis Auto-Consolidation Rule

Linda thanked the registry staff who responded in Squish regarding their preferences for the strictness of the Date of Diagnosis Autoconsolidation Rules. Developers are implementing the suggested changes, including rules configured for different levels of strictness. IMS expects to have these changes fully implemented in SEER*DMS by mid-May 2021.

Workgroup Leadership Changes

Tonya Bradenburg will work with Bobbi as co-chair of the SEER*DMS Autoconsolidation and Validation WG, replacing Cheryl Moody who is retiring. Loretta will replace Kacey Wigren and has begun to work with Cheryl on the Record Validation WG. Mary Brant from the Central California registry and Regina Eck from the Idaho registry will work with Loretta on the Record Validation WG once Cheryl retires.

Discussion

Review LVI Logic for Benign Brain

Linda noted that some corrections may need to be made to the rules for Benign Brain. The goal is for registries to code borderline and benign brain tumors in a consistent manner (either code "8" for all diagnosis years or year-specific logic). IMS would like to determine the preference of the Autoconsolidation WG members. Bobbi advocated for consistently coding all borderline and benign brain tumors as "8" because this is not a required site and the coding rules regarding these types of tumors have not been consistent over time. SEER*DMS could recode all such tumors as "8" on the CTCs while retaining the original codes on the records. Participants were asked to consider the proposals for coding benign and borderline brain tumors, possible other options for coding these tumors, and provide feedback using the Squish issue that Linda agreed to create for this topic. Linda also agreed to ask all registries to respond to the proposals.

Discussion

In response to a query, Linda explained that the new logic would automatically code all borderline and benign brain tumors as "8" regardless of the code received so that edits would not be necessary.

Laterality and Non-Paired Sites

IMS reviewed the logic for coding laterality because of minor discrepancies for non-paired sites. IMS and NCI then worked together to determine new laterality coding rules for non-paired sites. Linda agreed to post the new rules in Squish for registry feedback.

Proposed Logic **Suzanne Adams**

New logic has been proposed for two fields, Tumor Size Clinical and Tumor Size Pathological, which have similar logic. These fields have been required since 2016, but the logic discussed during the meeting is based on SEER Manual 2021 coding instructions.

Tumor Size Clinical

The current guidance directs registrars to code tumor size before neoadjuvant treatment and surgery. Different hospital registries code Tumor Size Clinical differently and missing and conflicting values are common. Multiple proposals were made to the group.

- The proposed logic could code the largest value when two conflicting values are close (i.e., within 10 millimeters). Manual review could be performed for differences larger than 10 millimeters.
- Manual review could be performed for all conflicts and future information could be used to revise codes when applicable.
- Manual review could be performed for conflicts in cases where Tumor Size affects staging.

Discussion

Linda asked participants what data might inform new coding logic for Tumor Size Clinical. Bobbi indicated it would be useful to examine how frequently conflicts reflecting differences of more than 10 millimeters occur. Other participants agreed that examining patterns in the conflicting values for Tumor Size Clinical would suggest whether new coding logic proposals are appropriate. Another participant suggested examining the number of cases with conflicting values that would lead to different stage groups assigned to the same tumor. This level of conflict would warrant manual review. Participants generally agreed that a review of cases would be useful prior to deciding on an approach for handling Tumor Size Clinical coding conflicts.

Linda raised the possibility of recalculating stages for records received rather than accepting whatever derived stage is determined by the vendor. A participant pointed out that Extent of Disease, Metastasis, and Lymph Nodes will always affect stage. Linda agreed to speak to IMS developers about the possibility of recalculating stage. Logic for recalculating stage would need to be developed before adopting new autoconsolidation rules. The Central California registry will examine their data for Tumor Size Clinical to determine whether steps 1 through 4 of the proposed logic would work. The next step will be to develop a review for conflicts in this field. A broader review of data will inform the rules for inducing manual review (e.g., 10 millimeter or stage group rule).

Loretta suggested using the direct T value to resolve conflicting stage group values. If conflicting values differ enough to change the T value, the stage group should be recalculated.

Tumor Size Pathological

The Tumor Size Pathological field is based on resection but size cannot be used when neoadjuvant therapy was given. Registry staff have attempted to determine whether neoadjuvant therapy has been administered by examining new data items.

Discussion

Participants noted that the Tumor Size Pathological consolidation rules could be handled similar to Tumor Size Clinical, in which all conflicts of known values (the last step in the logic) are reviewed.

Participants agreed to ask Bobbi and Loretta to review common conflicts in the data for this field. IMS will create data searches, which will be made available to all registries.

Next Steps

AJCC TNM Known over Unknown

A request was made to set a rule for AJCC TNM Known over Unknown. IMS will review and make a recommendation, which will be disseminated to WG members for review. After registry staff have reviewed the recommendation, a decision will made about discussing it during a WG call.

Discussion

Linda and Bobbi clarified that the new rule would apply when a record is received from an AJCC facility that has TNM codes in addition to record(s) from a non-AJCC facility for the same case.

Record Validation

Record validation will be discussed during the next Administrative WG meeting, and next steps will be determined.