

### Comprehensive Overview of Registry Plus CRS Plus

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Division of Cancer Prevention and Control

Registry Plus CRS Plus March 27, 2019



#### **CCR Tools for Processing Data**

- Registry Plus tools used to support central registry operations of processing, maintenance, and use of central registry data
  - Prep Plus
    - Register and edit data from reporting sources
      - Assigns unique AbsRefID
    - Prepare abstracts for processing in CRS Plus
  - · CRS Plus
    - Link, consolidate, maintain, and use central cancer registry data

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#### **CRS Plus - (Central Registry System)**

- Used to manage central registry---link, consolidate, and maintain source records in a central database
- Creates consolidated patient and tumor tables for the same person and tumor with the best values from multiple sources
- Provides for automatic determination of multiple primary tumors and consolidation of data items from multiple case reports into incidence records
- Produces standard extracts for NPCR and NAACCR callfor-data submission, user-specified extracts, and NAACCR-formatted files

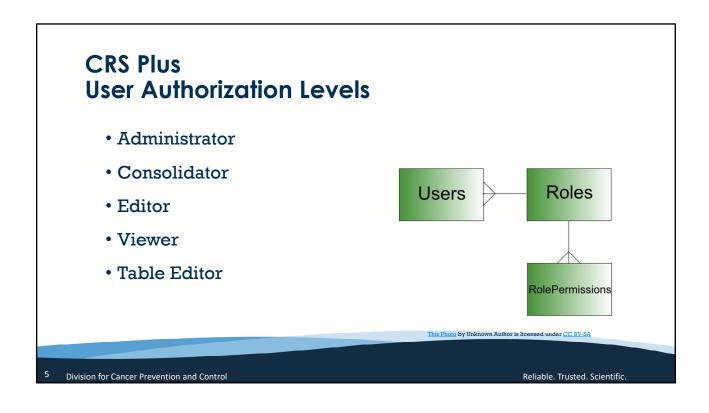
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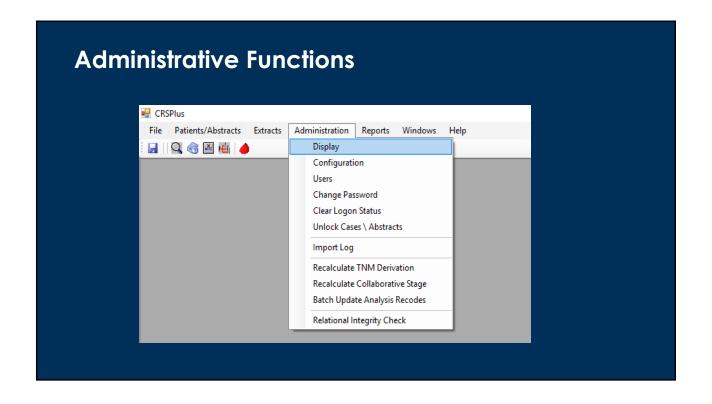
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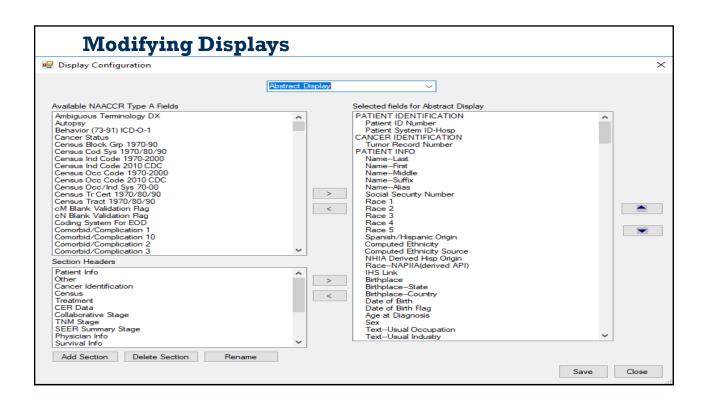
#### **CRS Plus Features**

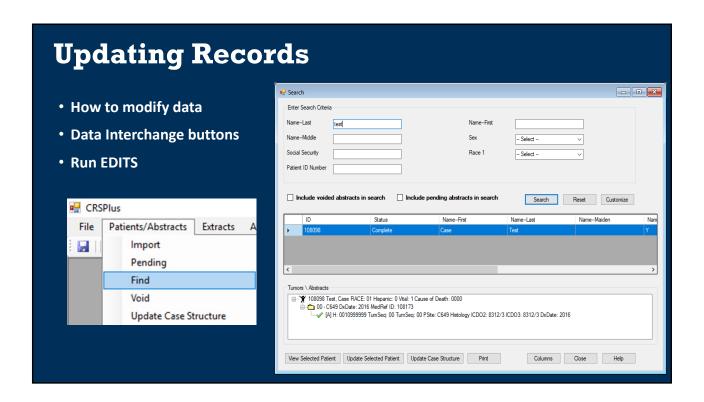
- Retain all source records
- Query tool to extract data
- Provides standard management reports
- Incorporates staging algorithms for CS and TNM
- Customizable to meet registry needs

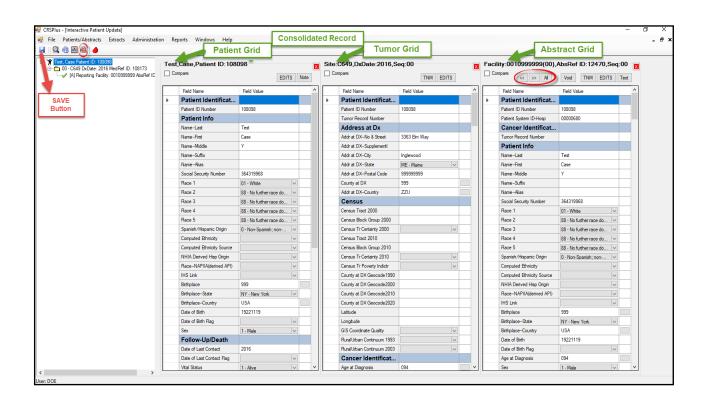
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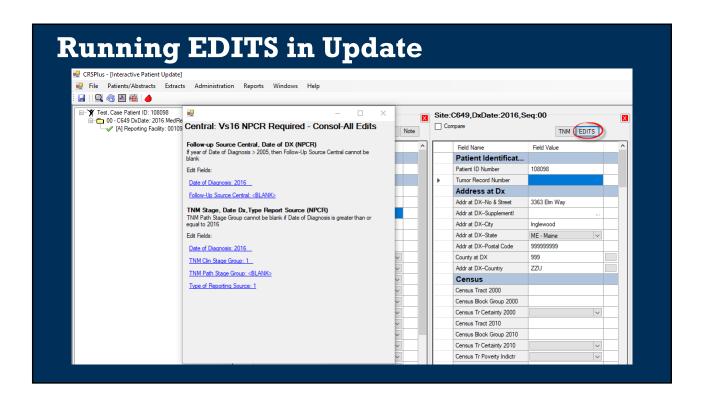


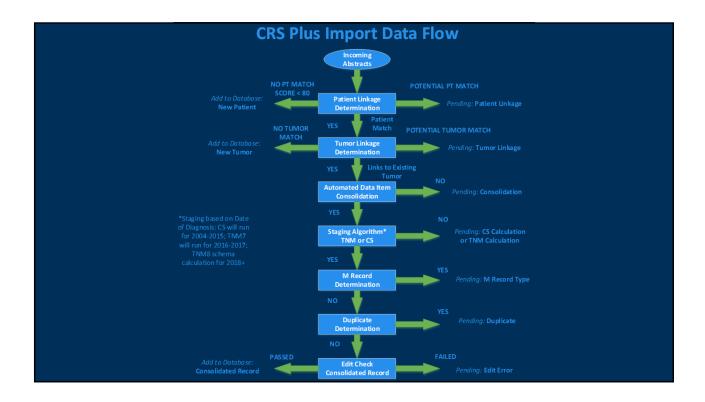








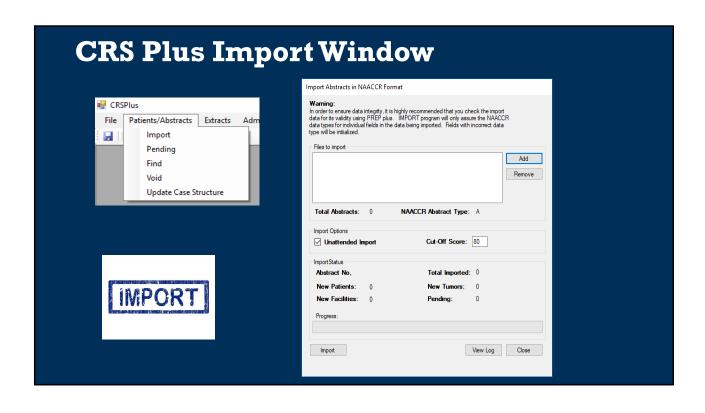


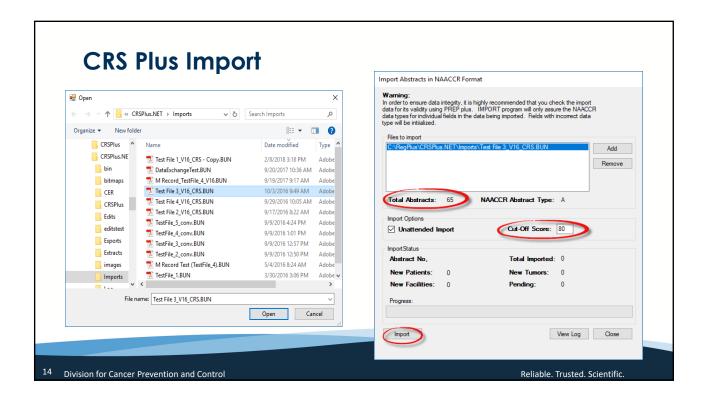


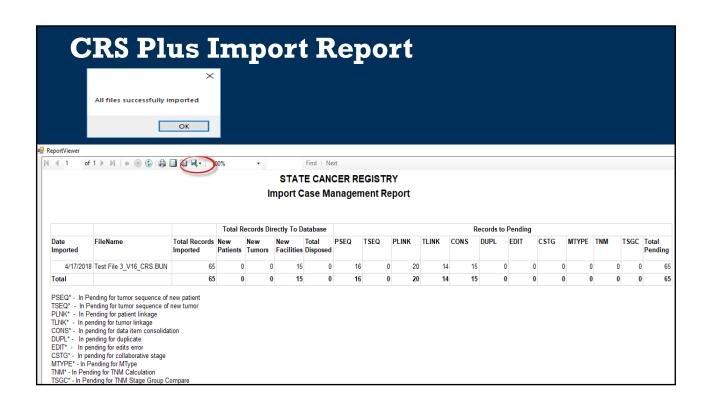
#### Importing Prepped Bundles from Prep Plus

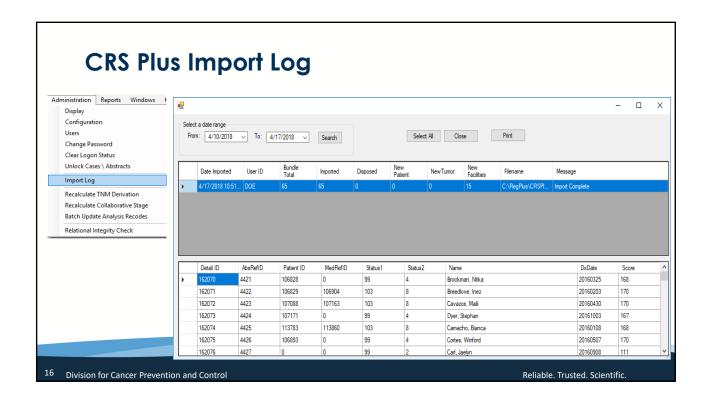
- Select files to import
- Unattended import allows user to import multiple files without manual intervention in between files (can run overnight)
- Import Activity Report
- Import Log
  - Provides tracking of all imports

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#### Flag for Release of Records

- Code values and definitions defined by Registry Plus Users Group (RPUG) for Unusual Follow-up Method
- Carried over from Prep Plus and populated in Unusual Follow-Up Method for Interstate Data Exchange VA and DoD records
- Can also be manually updated in CRS Plus for individual cases (i.e. At patient's request)

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#### TLC Plus (Tumor Linkage & Consolidation)

- Provides automated support for CTR decision-making
  - Do multiple abstracts for the same person represent SAME or DIFFERENT tumors?
  - For multiple abstracts for the same tumor, what consolidated values should be used for analysis?
    - Demographic (Patient tables)
    - Cancer identification (Medical Summary tables)
    - Treatment summary (Medical Summary tables)
- TLC Plus decisions can be verified by CTR
- Consolidation rules can be modified or de-activated by central registry

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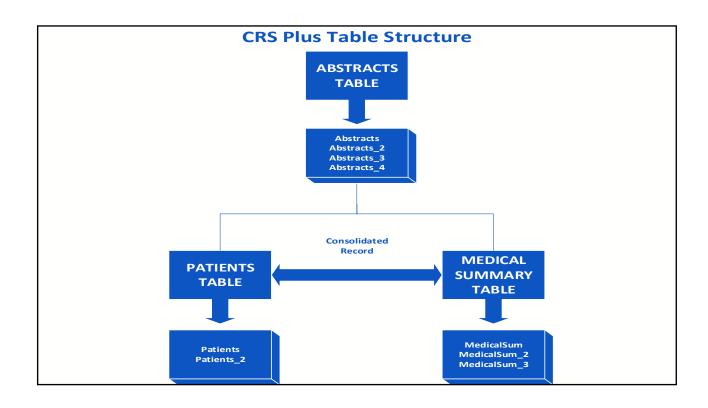
#### **Abstracts Table-Status2**

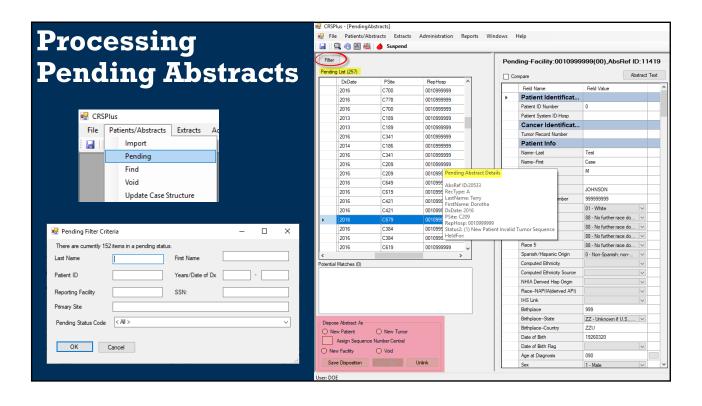
Why is the abstract in pending?

Status2	Description
0	Manually Sent Back to Pending
1	Invalid Tumor Sequence on New Patient
2	Patient Linkage cannot be determined
4	Tumor Linkage Manual Review
8	Incomplete consolidation (manual review required)
9	Duplicate abstract
10	Edit Error (failed edits after auto-consolidation)
11	Collaborative Stage Calculation Error
12	Invalid Sequence on New Tumor
13	Modification Record
16	TNM Calculation
18	TNM Stage Group Comparison

## Defined Data Flow

Pending Status	Meaning/Action
Patient Linkage	Potential Patient match
Sequence New Patient	Does not link to patient in database; Seq > 00
Tumor Linkage	Potential Tumor match
Sequence New Tumor	Potential new tumor; review sequence number
Data Item Consolidation	One or more data items requires manual review
Duplicate Check	Based on Reporting Facility
Modification Record	Updated record reported by Same Facility
Staging Algorithm: TNM or CS	Cannot derive NPCR Derived TNM Stage Group or CS – one or more items invalid
Edit Error	Sent to pending for edits





#### **Patient Linkage**

- First step: Blocking performed to identify all consolidated records similar to the incoming record
  - · Soundex of last name
  - Birth date
  - SSN
- Blocking –allows patient linkage to be completed more efficiently

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#### **Patient Linkage**

- Second step: Matching specific data items from the incoming record against all consolidated records to assign match score
- Data items used to compute score:

Date of Birth SSN
First Name Sex
Middle Name Race 1

Last Name



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#### **Patient Linkage**

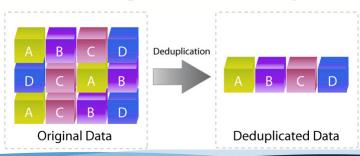
- Matching algorithm assigns different scores for exact or partially matched data items
- Full weight assigned when short names match
- CRS Plus uses two cut-off scores to identify potential matches
  - Highest possible score 170
  - All records with a score of 155 or higher are considered definite matches (Patient ID transferred)
  - Records with score less than 80 are eliminated as matches (Low score can be determined by Registry)

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#### **Deduplication**

- Abstracts with limited or unknown demographic information
  - Dispose to database as New Patients if score is lower than low cutoff value
- Deduplication should be performed routinely

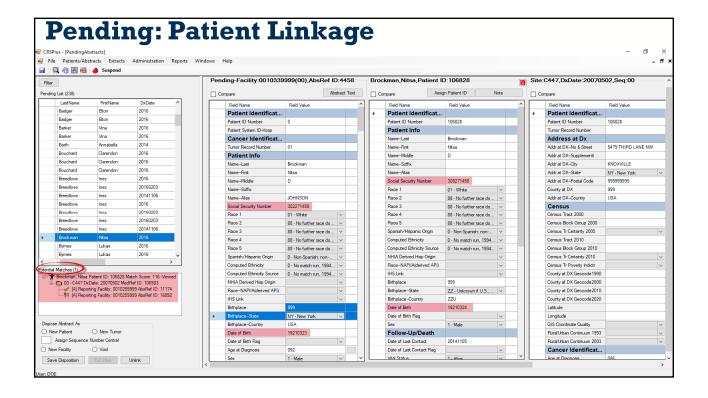


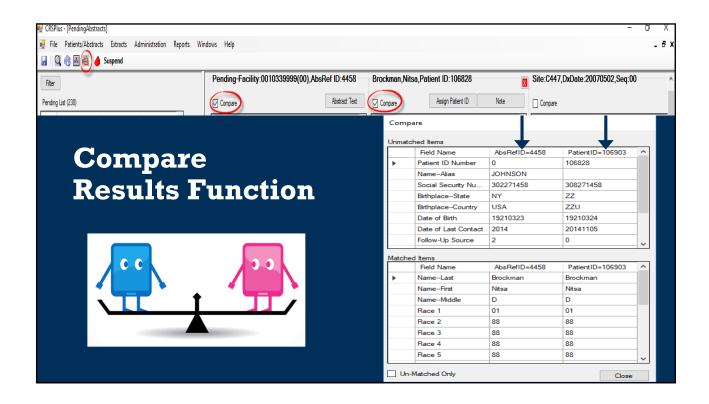
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#### Patient Linkage Potential Dispositions

- New Patient: No records with match score =>80
  - · Record sent for sequence number check
  - New Patient record and Tumor record created
- Pending Patient Linkage: One or more records with scores = 80-154 OR one record with score => 155 but another record matched
  - Record sent to pending for manual patient linkage
- Linked to Patient: Only one record with score => 155 OR one record with score => 155 and other records matched with scores significantly lower
  - Patient ID assigned and record proceeds to TLC Plus

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#### **Automated Tumor Linkage**

- TLC Plus automated tumor linkage process to determine if record can be linked to an existing tumor
- Involves matching of specific data items from incoming abstract against linked consolidated records
- Data items used to determine Tumor Linkage:

Primary Site Behavior Histologic Type Laterality Diagnosis Date Reporting Facility

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#### **Site and Histology Pairs**

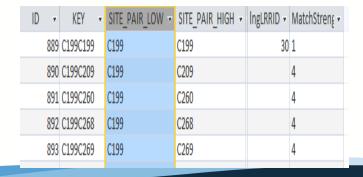
- NAACCR Site and Histology Pair Tables
- Agreement Code Definitions
  - Pairs that correspond to written SEER rules for same site
  - Pairs that are a reasonable extension of SEER rules
  - Pairs that experience has shown are likely same but maybe handled differently by registries
  - · Pairs that require special handling

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#### **Registry Plus Site Pairs**

- Utilizes NAACCR Site Pair Table
- Assigned Match Strength 4 to indicate pair of codes often representing same tumor



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#### **Automated Tumor Linkage**

- Automated Tumor Linkage Logic Programmed Based on SEER MP/H Rules and SEER Solid Tumor Rules for the following Sites:
  - Colon
  - Rectosigmoid
  - Rectum
  - Prostate
  - Melanoma
  - Breast
  - Lung
- Manual Review Necessary if Information from Multiple Sources is Different

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#### **Sequence Number Central Assignment**

- Automated calculation of Sequence Number Central
  - Based on Chronological Order of Diagnosis Date
- Re-sequencing of Remaining Tumors

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#### Tumor Linkage Potential Dispositions

#### New Tumor:

- Tumor determined to be new primary, not currently on database
- New Tumor record created and record proceeds to automated consolidation

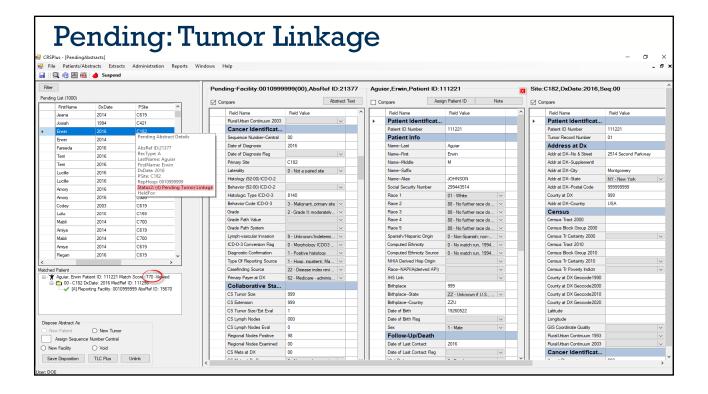
#### Pending Tumor Linkage:

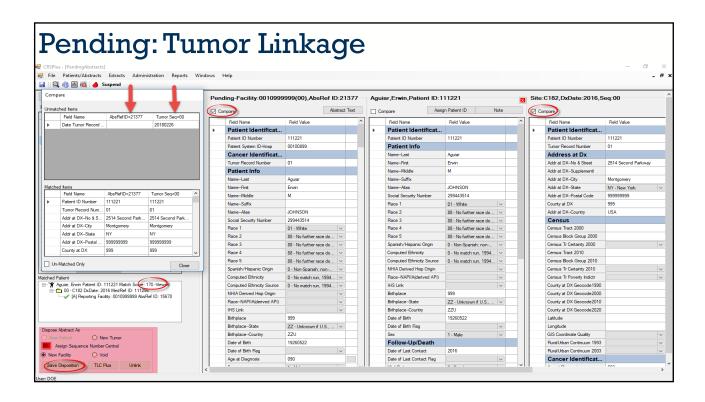
- Automated Tumor linkage not determined
- · Record sent to pending for manual tumor linkage

#### Consolidate:

- · Tumor determined to be same primary
- · Record proceeds for automated consolidation

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#### **Data Item Consolidation**

- TLC Plus applies user-defined consolidation rules (TumorLinkageRules.mdb, tblConsolidationRules)
- Consolidation rules define how data from two or more linked records are evaluated to select 'best' value
- Application of consolidation rules can be automated, manual, or a combination
- If rules are not defined for a consolidated data item, the field value from the first abstract received will be maintained but can be manually updated.

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#### **Data Item Consolidation**

- Consolidated record value is not considered
- Consolidation compares values from incoming record to all source records



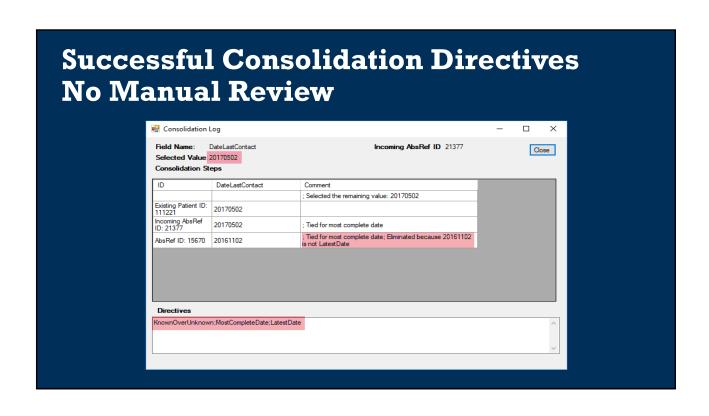
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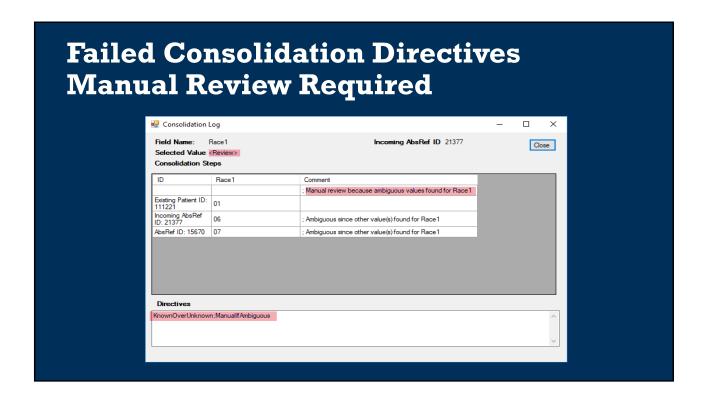
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## Data Item Consolidation Potential Dispositions

- Update: All consolidation directives processed successfully
  - Consolidated record updated and incoming record disposed to database
- Manual Review: Not all consolidation directives completed successfully
  - Record sent to pending for manual data item consolidation
  - Values successfully determined through automated consolidation can be updated manually

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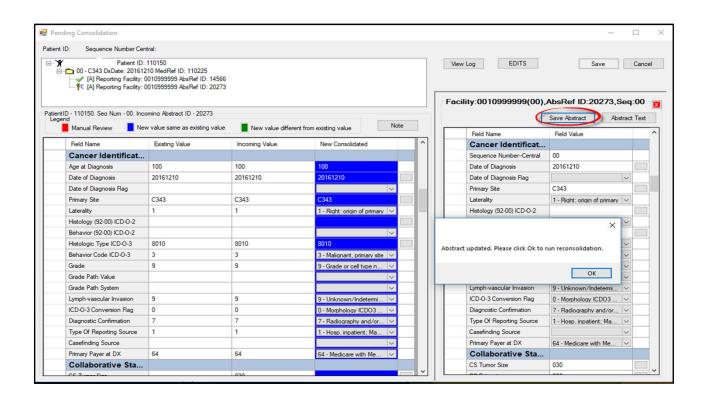




#### Update Abstracts in Consolidation/ Automated Re-Consolidation

- Abstracts (Pending abstract and associated abstracts) can be modified while working on Consolidation in .NET
  - No longer need to exit pending, remember patient identifier, search, and update in Interactive Case Update
- Once Modifications to Abstracts are Saved in Pending Consolidation, Automated Consolidation will Run
- Look-ups and picklists available in Pending Consolidation

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#### Can the Directives be Modified?

- Yes, in the TumorLinkageRules.mdb, tblConsolidationRules table
- The order of the directives and directive strings can be modified to meet registry needs
- Directives can also be de-activated



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#### **Duplicate Check**



- Comparison of Reporting Facility is completed for all incoming records linked to an existing patient and existing tumor
- If Reporting Facility codes <u>differ</u>, record is <u>disposed to</u> database
- If Reporting Facility codes are <u>identical (duplicate)</u>, record is sent to pending

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## Duplicate Check Potential Dispositions

- Add: Facility record is added to the database
- Void: Facility record is voided and not included in the database
  - Record is sent to the Void section and can be retrieved if accidentally voided
- Update: Facility record is added to the database and user is forwarded to the Interactive Patient Update window to modify values/void the record

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#### **Collaborative Stage Algorithm**

- The Collaborative Stage Algorithm runs through the cstage.dll
- Records processed successfully through the automated tumor linkage and consolidation but fail the Collaborative Stage Algorithm are sent to pending for review of CS items.

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#### **Collaborative Stage Recalculation**

- CS Recalculation Batch process to recalculate CS Version Latest on all applicable records in the database when new CS versions are implemented
- Uses cstage.dll
- Option to recalculate CS on tumor records only or on both abstracts and tumor records
- Reports are generated to provide listings of records failing CS Calculation

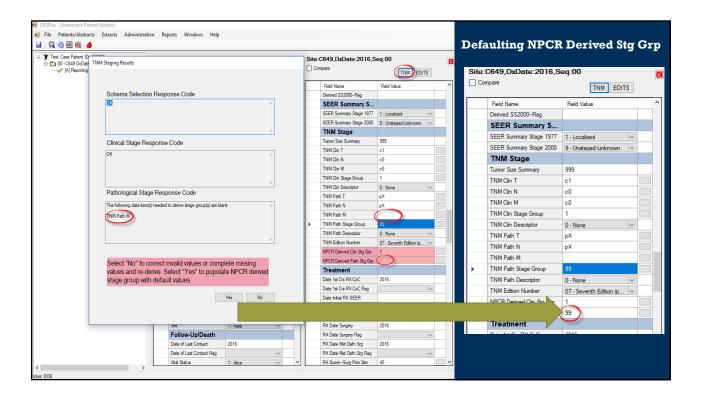
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#### **TNM7 Algorithm**

- The TNM algorithm runs through the TNM7\_Staging.dll
- Calculates NPCR Derived TNM Stage Group Data Items
- Records processed successfully through automated tumor linkage and consolidation but fail the TNM algorithm are sent to pending for review of TNM items.

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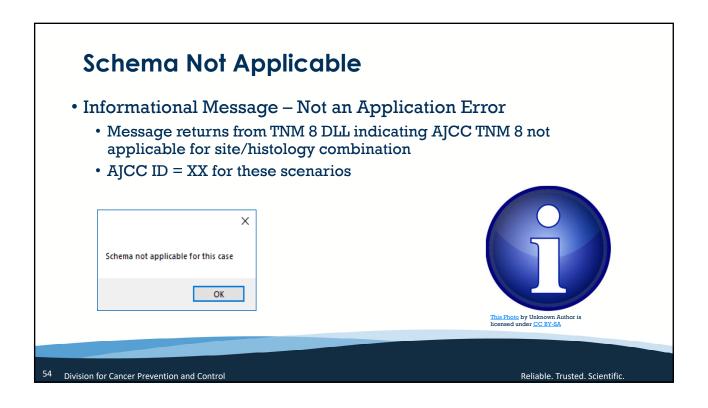


#### **TNM7 Recalculation**

- TNM7 Recalculation Batch process to recalculate NPCR Derived Clin Stg Grp (3650) and NPCR Derived Path Stg Grp (3655) on all applicable records in the database when new TNM7 DLL versions are implemented
- Uses latest TNM\_Staging.dll (TNM7)
- Option to recalculate TNM on tumor records only or on both abstracts and tumor records
- Reports are generated to provide listings of records failing TNM Calculation

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# TNM8 Schema Selection • Schema Selection to Calculate Schema ID and AJCC ID for Cases Diagnosed in 2018 or later • Schema ID required for all records • Edits based on valid values according to Schema ID and AJCC ID • Although AJCC ID not required by NPCR, AICC ID incorporated in TNM 8 DLL • No Calculation of NPCR Derived TNM Stage Group Data Items for TNM8 Valid input Valid input Valid input Valid input Reliable. Trusted. Scientific.



#### **Edit Check**

- NAACCR EDITS are run against the consolidated record
- Two edit sets necessary one to run against the consolidated records and one to run against abstracts
  - · Appropriate edit set is defaulted and automatically applied

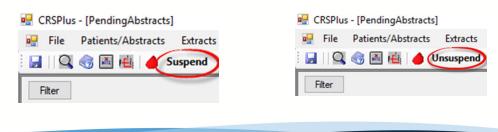


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#### **Suspending Records in Pending**

- Records can be suspended or held to staff for several reasons
  - Obtain additional information and dispose record at a later time
  - Training new staff, hold to manager for review

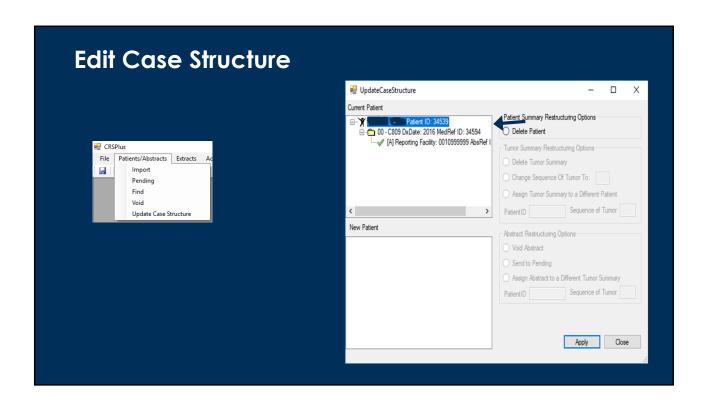


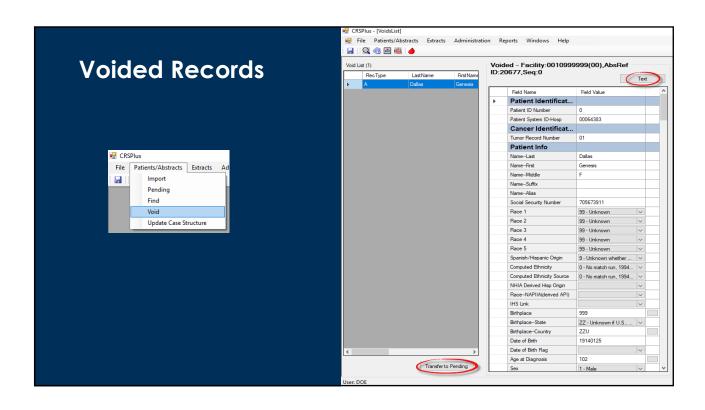
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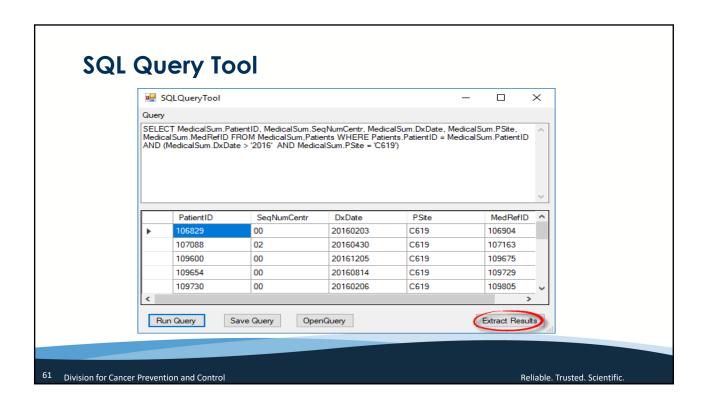
## Edit Case Structure Case Structure Can Be Modified Void Abstracts Update Sequence Numbers Unlink Records Send Abstracts to Pending to Link Appropriately

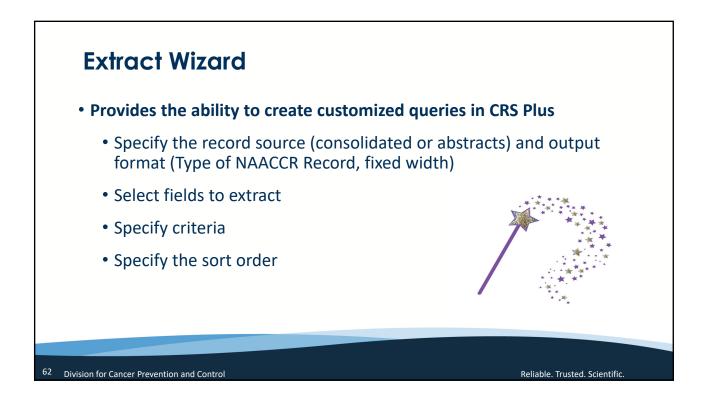
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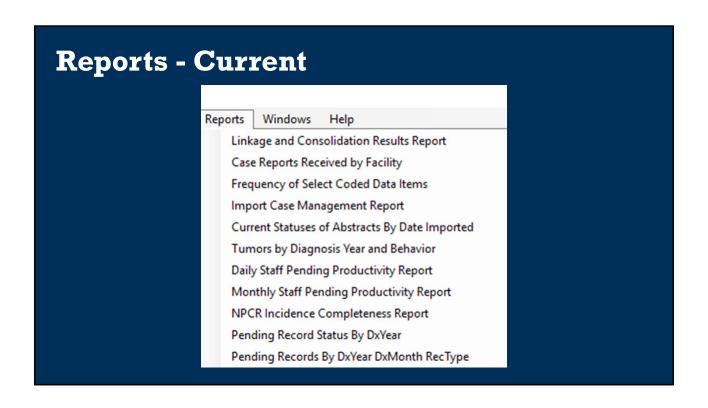


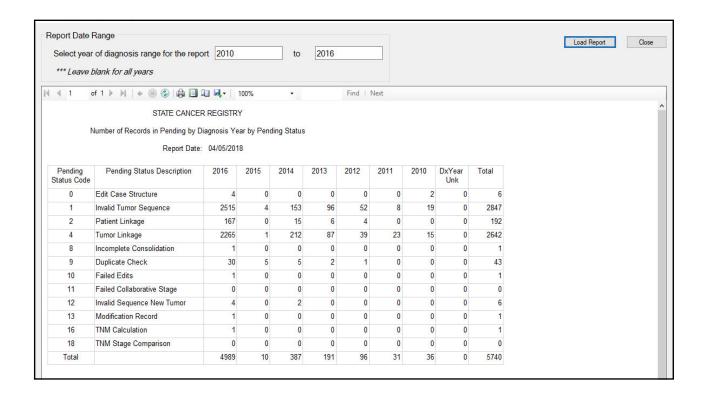












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