Data Quality Corner

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The CRGC has successfully submitted the 2018 data submission file to the National Cancer Institute's SEER Program! Thank you to all the CRGC registrars who worked tirelessly through challenging situations to submit the 2018 cases, leading to a CRGC 2018 completeness rate of 99.25%! Phenomenal work effort by everyone! This is a testament to the level of professionalism, resolve and dedication by the registry community.

This is also a good time to identify some data quality issues, including those noted for the 2018 data items. Please review the issues cited below and check your own database, to ensure proper coding, making the necessary revisions as needed.

My thanks to the CRGC Data Quality Control Specialists: Nai Robinson, CTR, Taina Valone, RHIA, CTR and Dee LeTendre, RHIT, CTR, for their continuous dedicated work to improve data quality!

Abstracting and coding questions should be submitted to the CCR Inquiry System. If you do not have a login to access the CCR Inquiry System, please contact CRGC Administrator for the CCR Inquiry System: Dee LeTendre at dletendre@crgc-cancer.org

Primary Site	Data Item	Coding Issue and Comments
Brain	Surgery Code	Brain surgery is over coded to 55 (brain lobectomy) when documentation proves only a tumor resection was done.
Meninges	ICD-O-3 Site Code	Meningioma cases not coded to Meninges
All Sites	Race Code	Race is documented in text fields but not coded in the Race field.
Breast	ER/PR Percent Positive	• Note 4 of the instructions was largely ignored, coding a range rather than the actual percent even when there was an actual percent recorded in the text. • Often, the percent was recorded with an R preceding

		the actual percent value, for example, 60% was wrongly recorded as R60 rather than the correct code 060.
	Grade Pathologic	• Note 2 of the coding instructions states to record the highest specimen grade in this field, even if the clinical grade is higher than the pathologic grade. • Code 9 should only be used if there is no resection done, or if neoadjuvant treatment is given, or if no grade is given per Note 6.
	Response to Neoadjuvant Rx	• Code 9 vs 0; Code 9 should only be used if there was Neoadjuvant therapy given but the response was not addressed, or, if there is not enough information about whether Neoadjuvant treatment was given. If Neoadjuvant treatment precedes the primary site surgery, this information should be in the notes. If there is no mention of pre-surgical treatment, then this field should be coded 0. Analytic cases should very rarely necessitate the use of code 9.
Colorectal	CR Margin	• Code XX.9; Unknown or Not documented, was used for cases where text clearly supported Code XX.7; No resection done. • Code XX.9 was also used

		when there was documentation stating “CRM neg, NOS or No residual tumor.” These scenarios should be coded to XX.1.
Endometrium	Pelvic or Para-Aortic Nodal Dissection Nodes Examined	• Per CAnswer Forum; Para-aortic nodes for endometrial carcinoma, there is a pending change coming that will more clearly distinguish Code X9 from Code 00. (This will also apply to the Pelvic nodes examined field). Currently, code X9 is being used when there were no Para-aortic nodes examined, due to the option; “Para-aortic lymph nodes not assessed” included in that code. This explanation is similar to that of code 00; “No para-aortic nodes examined”.
	FIGO Stage	• Note 1 instructions clearly state not to code FIGO grade but this was the mistake creating the most errors for this data item.
Lung	Tumor Nodules	• Note 2, instructs to code separate tumor nodules identified by imaging or pathology specimen. In many instances there was chest imaging performed and no nodules were mentioned but instead of using Code 0, code 9 (Not documented in medical record), was inappropriately used, • Note 8, instructs when it is appropriate to use Code 9;

		when there is no relevant imaging or resection.
Prostate	Number of Cores Examined	• The mistake most often made was to assume that only the areas with positive cores were examined. In many of these cases, there was text stating "remainder of cores negative", yet, the only cores counted were those from areas that had positive outcomes. • Note 2 of the instructions states that if the number of cores examined is not SPECIFICALLY documented, the correct code is X6 not X9.
Prostate	Number of Cores Positive	• Note 2 of the instructions state that if the number of cores positive is not SPECIFICALLY documented, the correct code is X6 not X9.