Call for Cases

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SUBJECT: 2020 Field Testing

DATE: July 24, 2020

The NAACCR Mid-Level Tactical Group will be conducting field testing to determine how well proposed SSDIs (implementation 2022) are developed and to collect feedback from registrars prior to implementation of these data items. The field test assessments ask registrars to code the proposed SSDIs using original medical records, so we are asking registrars to submit cases to assist with this process. Specific instructions on the type of cases needed and the submission process are outlined below. Please send cases as soon as they are located; we ask that you do not hold cases until the September 1 deadline.

Requirements are detailed below.

I.   **Description of Cases Requested**
Confidentiality
Cases must be de-identified before submitting. Remove/delete all personal identifying information to protect privacy and assure confidentiality.
    Personal identifiers include:
- **Patient name**
- **Physician names**
- **Healthcare facility name**
- **Any address and/or geographic information (street, city, state, zip code)**
- **Telephone numbers**
- **Date of birth**
- **Social security number**
- **Medical record number**
- **Any other identifying information**

Remove or delete all personal identifiers from each page of the medical record.

1. **Neoplasm type:** Submit at least 1 case per SSDI when possible. There is no minimum or maximum number of cases that can be sent. The cases should be reportable cases that are **single primaries only**. The most relevant reports that are needed are in parentheses.
   a. Breast: ER Summary/PR Summary/HER2 Summary (pathology reports, including special studies, addendums)
      1. Cases with multiple tumors (abstracted as one primary) with multiple results of ER/PR/HER2
      2. Cases with primary tumor DCIS and positive lymph node metastasis with the ER/PR/HER2 available from the lymph node metastasis
   b. Cervix: p16 (pathology reports, including special studies, addendums)

c. Lung: Visceral Pleural Invasion (pathology reports, including special studies, addendums)
1. Cases where the pathology report indicates visceral pleural invasion
Note*: Do not send cases where Visceral Pleural Invasion is based only on imaging*
d. Ovary: Residual Tumor Volume Post Cytoreduction (pathology reports, including special studies, addendums)
1. Cases where Cytoreduction surgery has been completed with or without neoadjuvant therapy
e. Plasma Cell Myeloma (Multiple Myeloma): High Risk Cytogenetics reports
1. Cases where High Risk Cytogenetics has been in addition to the bone marrow biopsy confirming the plasma cell myeloma. Prefer reports that are based on FISH analysis; however, any reports that contain information about high risk cytogenetics are very much appreciated
f. Prostate: Number cores examined/positive (pathology reports, including special studies, addendums)
1. Cases where the cores examined/positive listed as a summary in the CAP Protocol do not match up with the microscopic description of the number of cores examined/positive
g. Grade (pathology reports, including special studies, addendums)
1. Cases where the clinical grade documented is the preferred grade, and the pathological grade is not the preferred grading system (for example, for Colon and Rectum: Well diff documented in biopsy, but documented as low grade in the surgical pathology report)
2. Cases where a clinical grade is available and there is histological confirmation of metastatic disease and no surgical resection is done
3. Schemas to search in: Breast, Colon and Rectum, Esophagus, Head and Neck, Lung, Head and Neck, Pancreas, Stomach

Note: May also send Grade cases from other schemas where it's not clear from the instructions on how to code.

2. **Difficulty Level:** Most of the cases should be among the common, not rare or difficult. These cases should be typical cases registries can expect in their overall caseload.

3. **Diagnosis Date:** Please send 2020 cases if possible. If enough 2020 cases cannot be found, it is acceptable to send 2018-2019 cases.

4. **Required Parts of Medical Record**: Please include all records that would be available to an abstractor collecting the case at the facility.

The case files could include information such as the following:
1. Discharge Summary(ies)
2. History and Physical(s)
3. Consultation(s)
4. Imaging Report(s), in chest/abdominal/pelvic CT and PET-CT scans
5. Procedure Report(s)
6. Operative Report(s)
7. Pathology Report(s) (i.e. Special studies, Addendums, etc.)
8. Immunophenotyping (flow cytometry and/or immunohistochemistry)

9. Genetic testing
10. Reports on tests frequently occurring outside the hospital (i.e. cytogenetics)

II. Case Preparation
- Electronic submission to IMS (see instructions for how to send cases below). If you do not have cases in electronic format, then please scan the records into pdf or OCR format to send electronically.
- Remove all personal identifiers from all reports.
- Number the cases sequentially, beginning with Case 1 (Case 1, Case 2, Case 3, etc.) on electronic file name, not on inside of document.
- Please retain for future uses, the patient ID or medical record number or any other useful information that will help you identify the original source. Please do not transmit these numbers.

Case Submission: Please **do not hold** cases until the deadline. Send cases as soon as you locate them.

Last Day to Submit Cases: **September 1, 2020**

When to send: Please send cases as they are identified. Multiple submissions are preferred rather than waiting to send them all right before the deadline

How to send: **Instructions for submitting cases**
Case data will be collected by Information Management Services, Inc., who provides technical support for SEER.

When you are ready to transmit the case data, please email Nicki Schussler (SchusslerN@imsweb.com). Please include your organization's name and that the data is ready for transmission. DO NOT include the case data on this initial email.

You will then receive an email via the IMS Encrypted data exchange server referencing the call for data. Please respond to this email from the encrypted data exchange, attaching your data file. If you are required to encrypt the file by your organization's policies, please provide a phone number and Nicki will contact you to get the password.