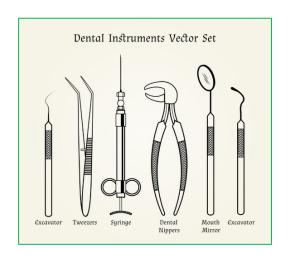
2018-2019 EDITS Problem Edits, Rationale, Corrections

FCDS Annual Conference
July 31, 2019
Orlando, FL
Steven Peace, CTR

EditWriter

PRESENTATION OUTLINE

- FCDS EDITS Policy Why?
- New National EDITS
- New Florida EDITS
- Using EDITS in Your Software
 - Case Level Edits
 - Batched Level Edits
 - FCDS Inter-Record Level Edits
 - Edits Run After You Make Corrections
- CDC/NPCR and NAACCR EDITS Metafiles
- NCDB EDITS/RQRS EDITS/Other Metafiles



FCDS EDITS Policy – Why?

- Data Acceptance Policy FCDS EDITS
- Batch submissions will be edited immediately during the upload process using the standard FCDS EDITS metafile. This metafile is published on the FCDS website and is available for use by software vendors and other interested parties who wish to run edits prior to data submission.
- Each record must pass ALL inter and intra-item edits before acceptance by FCDS.
- Records that require a NAACCR edit override (FORCE) will pass the edit check process and will be accepted.
- However, upon review at FCDS it may be determined the case does not meet the criteria for edit override (FORCE) and a correction may be made to the case.
- For the cases requiring an edit override or Force, FCDS staff will review submitted text to determine if sufficient information has been provided to override the edit in question.
- When the information provided in text is insufficient, unclear, equivocal, incomplete or incorrect, the reporting facility will have two weeks from the time of case transmission to send FCDS the appropriate information from the patient's medical records to support the code(s) assigned.
- FCDS QC Staff will use documentation provided to validate coding and set relevant override flag(s).

FCDS EDITS Policy – Why?

- FCDS has always believed that the closer to the medical record and abstract the user can find an error the more likely the error will be corrected using information from the actual medical record and not just 'correct' the edit to make it pass.
- FCDS has required 'sufficient text' to support key abstract codes. Staff will not hesitate to request more information if your text does not support your codes or when your case fails edits with no documentation provided to clearly document need to override the edit.
- By providing multiple edit reviews in the abstracting process; registrars learn from their mistakes, learn how to document cases better, and know what to expect from FCDS when the only cases FCDS should receive are the cases that you really want to have staff 'FORCE' or 'override' a standard edit. This has become increasingly important with site/histology to ensure the case is assigned the correct Schema ID/AJCC ID/Grade ID, etc.

FCDS EDITS Policy – Why?

50% of Cases Submitted as "FORCE/OVERRIDE" are NOT FCDS Staff Must Correct Each of These as ERRORS in Data

Total Cases – FC Visual Review (FC Review to assess case for possible FORCE)	10,721	6%
• FORCED (EDIT Override Confirmed and FORCE was set - NOT an error)	4,393	2.5%
• CORRECTED (1 or more corrections made based on text – NOT a FORCE)	4,446	2.5%
DELETED (duplicate case, not a reportable neoplasm, not a new primary)	1,882	1%



Using EDITS in Your Software

- You May Use Edits/EDIT Metafiles Multiple Times
 - Case Level Edits FCDS Record Level EDITS Metafile
 - Batched Level Edits
 - FCDS Inter-Record Level Edits
 - Edits Run After You Make Corrections
 - EDITS Metafile for FCDS Batch Submission
 - NCDB EDITS Metafile for NCDB Submission
 - RQRS EDITS Metafile for RQRS Submission
 - NPCR EDITS Metafile Used at FCDS for National Call for Data
- Know Which Metafile You Need and for What Purpose
- EDITS Metafile(s) May Be Embedded in Your Software
- You May Have to go Find the EDITS Metafile(s) Needed
- You can always download EditWriter5 this gives you the administrative notes, edits logic and a test bench to use when testing your edit against the latest metafile.

4 Formal Releases of v18 EDITS Metafile

1464 Total EDITS in NAACCR Metafile – Not All Programs Use All EDITS

New 2018-2019 National Edits

Edit Name	Edit Tag	Central: Vs	Central: \	Hosp: Vs	1 Hosp: Vs1	Hosp: Vs1	Hosp: Vs1	SEER	Canadian C
ER Summary, Breast, ER Percent (NAACCR)	N5032			Х	X		X		
ER Summary, Breast, ER Percent, CoC Flag (SEER)	N6120							X	
Esophagus and EGJ Tumor Epicenter, Date DX (NAACCR)	N2732	X	X	X	X		X	X	X
Esophagus and EGJ Tumor Epicenter, Schema ID, Required (NAACCR)	N2856			X	X		X	X	
Estrogen Receptor Percent Positive or Range, Date DX (NAACCR)	N2677	X	X	X	X		X	X	X
Estrogen Receptor Percent Positive or Range, Schema ID, Required (NAACCR)	N2876			X	X		X		
Estrogen Receptor Percent Positive or Range, Schema ID, Required, CoC Flag (SEER)	N3913							X	
Estrogen Receptor Summary, Date DX (NAACCR)	N2733	X	X	X	X		Χ	X	X
Estrogen Receptor Summary, Schema ID, Required (NAACCR)	N2877	X	X	X	X		Χ	X	X
Estrogen Receptor Total Allred Score, Date DX (NAACCR)	N2678	X	X	X	X		Χ	X	X
Estrogen Receptor Total Allred Score, Schema ID, Required (NAACCR)	N2878			X	X		Χ		
Estrogen Receptor Total Allred Score, Schema ID, Required, CoC Flag (SEER)	N3914							X	
EthnSrc, Date of Diag (SEER IF72)	N0120	X						X	
Extent of Disease 12-Digit ICDO3 (SEER IF26E98)	N2365							X	
Extranodal Extension Clin (non-Head and Neck), Date DX (NAACCR)	N3002	X	X	X	X		X	X	X
Extranodal Extension Clin (non-Head and Neck), Schema ID, Required (NAACCR)	N3003			X	X		X		
Extranodal Extension Clin (non-Head and Neck), Schema ID, Required, CoC Flag (SEER)	N3915							X	
Extranodal Extension Head and Neck Clin/Path, EOD Regional Nodes, CoC Flag (SEER)	N3090							X	
Extranodal Extension Head and Neck Clin/Path, Summary Stage 2018 (NAACCR)	N6091			X	X		X		
Extranodal Extension Head and Neck Clin/Path, Summary Stage 2018, CoC Flag (SEER)	N6116							X	
Extranodal Extension Head and Neck Clinical, Date DX (NAACCR)	N2729	X	X	X	X		X	X	X
Extranodal Extension Head and Neck Clinical, Schema ID, Required (NAACCR)	N3000			X	X		X		
Extranodal Extension Head and Neck Clinical, Schema ID, Required, CoC Flag (SEER)	N3916							X	
Extranodal Extension Head and Neck Path, EOD Regional Nodes (SEER)	N5045							X	
Extranodal Extension Head and Neck Path, Reg Nodes Pos/Ex (NAACCR)	N6107			X	X		Χ	X	
Extranodal Extension Head and Neck Path, Summary Stage 2018 (NAACCR)	N5044			X	X		Χ	X	
Extranodal Extension Head and Neck Pathological, Date DX (NAACCR)	N2730	X	X	X	X		Χ	X	X
Extranodal Extension Head and Neck Pathological, Schema ID, Required (NAACCR)	N3001			X	X		Χ	X	
Extranodal Extension Path (non-Head and Neck), Date DX (NAACCR)	N3004	X	X	X	X		Χ	X	X
Extranodal Extension Path (non-Head and Neck), Reg Nodes Pos/Ex (NAACCR)	N6108			X	X		X		
Extranodal Extension Path (non-Head and Neck), Reg Nodes Pos/Ex, CoC Flag (SEER)	N6109							X	
Extranodal Extension Path (non-Head and Neck), Schema ID, Required (NAACCR)	N3005			X	X		X		
Extranodal Extension Path (non-Head and Neck), Schema ID, Required, CoC Flag (SEER)	N3917							X	
Extranodal Extension, Merkel Cell, EOD Regional Nodes, CoC Flag (SEER)	N3043							X	
Extranodal Extension, Merkel Cell, Summary Stage 2018 (NAACCR)	N5046			Х	Х		X		
Extranodal Extension, Merkel Cell, Summary Stage 2018, CoC Flag (SEER)	N6117							X	

NEW 2018-2019 FCDS EDITS

Logic Changed

Description, administrative notes, error messages changed

Name change

Edit set change

FCDS has tested more than 25 FCDS EDITS Metafiles

	NAACCR v18C Metafile	CHANGES from V18B to V18C
	EDIT SETS	
	EDIT SETS	
	FCDS - Incoming Abstracts	Added: Microsatellite Instability (MSI), Schema ID, Required (NAACCR) Removed: B Symptoms, Date DX (NAACCR)
	<u> </u>	
	TABLES	
		Rows for 00450 other than C760 and 00552 removed from table
	DISCRIM1	AJCC XX removed from C695, C739, C760
		00821, AJCC 82.1 removed where SD1= 1,9
		00830, 83.2, 83.3, 8811-8818, 8835-8837, 1, 2 removed from table
	DISCRIM2	9 added to all sites for 00111
	NODESIZE	p0, 000, 000 and c0, 000, 000 added for each site/histo group
	1	groups 4B and 4C, c3 and p3 changed to c3A and p3A
	EDITS	
N5027	Grade Clin, Grade Path (NAACCR)	
N3083	Grade Pathological, Post Therapy, RX SummPrim Site Surg (NAACCR)	ALL LODGE : IT IS OFFICE OFFICE
FL3030	Histologic Type ICDO3, Primary Site, Date of Diagnosis (FCDS)	Added 8514 as invalid for C500-C509 Corrected description and logic in number 2, from 8480 and 8550 invalid if site not C340-C349, to 8550 invalid if site is C340-C349
N4911	Histologic Type ICDO3, Solid Tumor Rules (NAACCR)	
N4019	Lymphovascular Invasion, Schema ID (COC)	Logic corrected so any LVI code allowed for Schema ID 00750. Description, logic updated to require code 8 for 00710, 00790, 00795, 00811, 00812, 00821, 00822, 00830 only. Other schemas previously requiring code 8 moved into list allowing any LVI code.
FL2370	MorphologyType/Behavior ICDO3 (FCDS)	Description, logic modified to add 8343/2 as valid histology/behavior code for 2017+ diagnoses
N2211	Primary Site, T 2016 - Ed 7 (COC-NPCR)	X added to values for T for 57B, Primary Cutaneous Lymphoma
N0574	RadRegional RX Modality, Reason for No Rad (COC)	Description, logic updated to skip if date of diagnosis 2018+, blank, or invalid
N3969	Reason for No Radiation, PhI Radiation Treatment Modality (NAACCR)	Description, logic updated to require Phase I Radiation Treatment Modality = 00 or 99 if Reason No Radiation = 8

Problem Florida EDITS

- REMEMBER: FCDS only sees the FCDS EDITS that can be submitted with FORCE = Y. Other Edits should be cleared at the facility prior to submission or may be rejected (just the case or possibly the entire batch).
- So, by the time FCDS gets your data it is pretty clean.
- That said, there are a number of recurring FCDS EDITS that we have struggled with for a number of years.
- And, we have a few new ones that are a struggle.
- Figuring out the edit failure is usually pretty straightforward – but, not always – sometimes one edit is related to another edit and changing one data item requires another item or two or more be changed, too.
- These are still great learning tools but, don't just change data to clear the edit...understand the edit and make the data correct – not the data 'acceptable' just to pass the edit.

Top 25 Most Common Florida EDITS

3	Count	Error	₩	-	Description
4	6938	9	94		Sequence already exists for this Accession Number in the master file
5	4525	35	57		Histologic Type ICDO3/Behavior Code ICDO-3 not valid with Primary Site
6	3914	10)6		Probable duplicate detected in master file
7	2068	3	32		Patient has multiple primaries and Dx Confirmation is not equal to 1, 2, 4 or 5 on all Sequences
8	1822	9	91		Demographic information on Sequence in pending file does not match that in master file
9	1724	9	92		Sequence 02 being processed without a Sequence 01 in pending file or 00 or 01 in master file
10	1711	37	77		Patient has multiple primaries and Dx Confirmation is not equal to 1, 2, 4 or 5 on all Sequences
11	1391	9	95		There are required Sequence(s) missing for this Accession Number
12	1225	10)4		A Sequence 01 exists in the pending file without a Sequence 02
					Sequence Greater than Zero with III-Defined Primary Site (C76.* or C80.9) or III-Defined Lymphoma or III-
13	1099	24	15		Defined Leukemia
14	924	15	57		Sequence 02 exists in workfile but Sequence 01 failed edits
15	921	13	36		Radiation Rx Date must be less than 240 days after Diagnosis Date
16	841	13	35		Surgery Rx Date must be less than 240 days after Diagnosis Date
					If Date of Birth is less than June 25, 2011 (20110625), the first 3 digits of Social Security Number must not =
17	787	121	L 4		734-748 and must be less than 773
18	672	20)6		SEER Summary Stage 2000 must not equal 0 when Dx Confirmation not equal to 1, 2 or 4
					The Addr CurrentCity, CountyCurrent, and/or Addr CurrentPostal Code combination is not valid
19	625	90)1		according to the United States Postal Service (USPS).
20	609	7	73		This Site requires a Laterality code of 0
					The zip code, county, and/or city name spelling combination is not valid according to the United States
21	606	45	50		Postal Service (USPS).
22	576	86	55		If Addr at DXState not = FL or ZZ, County at DX must = 998
23	561	25	8		Admit and/or Diagnosis Date cannot be greater than Current Reporting Period
24	519	10)5		A Sequence 00 or 01 exists in the master file while processing a Sequence 01
25	415	159	99		RX Date Mst Defn Srg and RX Date Mst Defn Srg Flag cannot both be blank
26	368	16	53		Breast, Prostate - Hormone Rx Date must be less than 365 days after Diagnosis Date
27	362	13	37		Chemotherapy Rx Date must be less than 240 days after Diagnosis Date

Next 25 Most Common Florida EDITS

3	Count	Error	-	-	Description	~
4	340	:	161		Breast, Prostate - Radiation Rx Date must be less than 365 days after Diagnosis Date	
5	330		864		If Addr at DXState = ZZ, County at DX must = 999.	
6	320	:	139		Immunotherapy (BRM) Rx Date must be less than 240 days after Diagnosis Date	
7	314	:	246		Sequence 00 and Sequence 01 cannot exist within the same batch being processed	
8	291		48		This Site requires a Laterality code of 1, 2, 3, 4, 5, or 9.	
9	243		257		Check Laterality - Laterality must equal 0, 1, 2, 3, or 5. Laterality cannot = 4 or 9 when Stage = 0 (In Situ)	
10	242		833		Adult Age/Site/Hist conflict	
11	221	1	771		If TNM Path T is coded, TNM Path M must not be blank	
12	212		887		Addr at DXCity is not a valid FL city name	
13	198	10	656		For 2016 diagnosis year, site/histology combination, TNM Path Stage Group should = 88	
14	184		90		Cannot have Sequence 02 and Sequence 00 in the same batch	
15	163		895		Addr CurrentCity is not a valid FL city name	
16	152		74		Diagnosis Date must be less than or equal to Date First Contact plus 30 days	
17	143		160		Breast, Prostate - Surgery Rx Date must be less than 365 days after Diagnosis Date	
18	129		313		Unlikely combinations of Age and Morphology Type	
19	121	10	653		For 2016 diagnosis year, site/histology combination, TNM Path Stage Group is invalid	
20	119		89		Patient Age questionable with Marital Status	
21	117		378		Patient has multiple sequences with an III-Defined primary site, III-Defined lymphoma, or III-defined Leukemia	
22	114	4	467		The format of the Address Current is not a valid USPS address	
23	108	:	138		Hormone Rx Date must be less than 240 days after Diagnosis Date	
24	99	4	468		The format of the Address at DX is not a valid USPS address	
25	99		836		Benign histology - please review	
26	98		189		Morphology usually benign or borderline - based on ICD-O-3 - check behavior	
27	98	9	955		Surgery Rx Date must not be earlier than Diagnosis Date	

Call FCDS with Questions

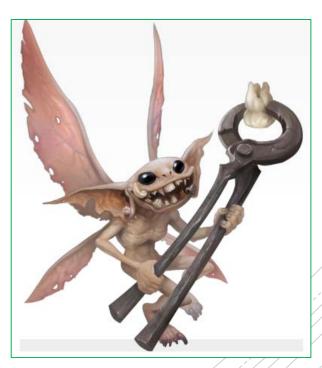
Problem Florida EDITS

GOOD LUCK – Learn Lots & Call FCDS with Questions









Any Questions?

