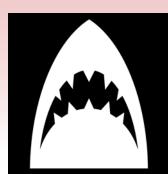# Software Issues/Delays

- CTRs abstracted cases with very minimal capability in software for the 2018 changes in the beginning.

- Cases were abstracted at the best of the CTRs capability at the time, knowing those cases would have to be revisited numerous times before submission to FCDS.

Software: CRStar-specific

- Had a 'band-aid' in place so that CTRs could run cases through an outside software (GenEDITS Plus 5) until the built-in edits were ready
- Had a 'band-aid' for radiation fields and SSDIs
- Had placeholders for AJCC fields
- Had STORE manual on-line
- Released NCDB screens in Feb.

Software Issues/Delays

- Took installation by IT of the hospital to physically download GenEDITS Plus 5 software onto 20+ computers individually (+++hours)

- Registry managers had to train individuals in the new software

- New metafiles were released; CTRs had to open IT tickets to download the new files (required Admin Rights on all PCs)

Software Issues/Delays

- Once CRStar provided built-in edits, CTRs were able to run edits without the use of GenEDITS Plus 5. Any issues encountered / edits that wouldn't clear were entered as Support Portal tickets

- For the cases that had errors and tech team was working on, those cases were put aside until a new update was loaded in CRStar (again, rerunning the case through edits)

Software Issues/Delays

- *Though hiccups and issues were encountered with CRStar, our registry is still very thankful that this software had a plan in place to capture as much data as possible until the massive undertaking of 2018 changes were made to the software. There were patchwork buttons used for 2018 AJCC Staging and Radiation coding changes and fields registrars were able to utilize in the time being.*

- *Some other software vendors <u>still</u> don't have the capability to abstract 2018 cases.*

Software Issues/Delays

That said, we continue to run into this sort of situation:

• Software vendor: field is obsolete, do not code

• Central Registry: no entity collects this field any longer, leave blank

Now doing software-generated "pre-edits" on cases before trying to send to Central Registry, getting an edit *that is cleared only by filling in those obsolete, blank fields! -wait, cleared some of the time. Ugh!*

_SYS Schema ID, Date of Diagnosis (NAACCR) *[N2823]*
E: 1883: Schema ID must not be blank for cases diagnosed 2018 and later

Schema ID #3800	(Start Pos: 1726)	Value: --blank--
Date of Diagnosis #390	(Start Pos: 544)	Value: [20180529]

Manuals

- Edits to the AJCC – purchased originally for all staff members, then changes and errata were published. Registrars had to print and reference the new errata to keep up to date.

  - Then entire new AJCC was published with all the new errata, CTRs needed to either purchase a new book or…..??

  - Would it be available as an e-book? Yes?? Bought it, hospital won't allow me to open on work laptop

  - Currently using the kindle form since this is most updated. Some team members have problems downloading to computers. Hospital has firewalls. Monies wasted purchasing AJCC books x many.
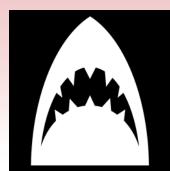
Manuals

- 2018 Solid Tumors Rules underwent numerous changes before a final version was available; staff who attended 2018 State meeting(s) felt they wasted time and money as many of the manuals were still in 'draft' mode and not final (having Deja vu on this again – see email from Lois Dickie at SEER dated 07.17.2019)

- " " NCRA meeting in 2018

- Solid tumor rule book does not have the answers to some of the site questions

Manuals

- Radiation treatment requirement needs to be simplified – FORDS vs Store. Physician notes are different from the software requirement.

E.g. Description of technique use for treatment.

Training

- Staff was required to participate in CEUs addressing 2018 changes. Countless hours of webinars attended, furthering backlog of cases to be abstracted.

- Will need a QC plan in place ASAP for reviewing 2018 abstracts to see if staff is abstracting correctly. FCDS QC every 25th record will not be enough.

Training

- Cases with "I" in the State Flag Field = Incomplete for staging reasons, histology etc. Manager has to pay keen attention to make sure that those cases are re-visited and completed by abstractors. (we abstract high volumes of cases).

- Extensive time spent to clear edits on cases that were abstracted prior to TNM upgrade, and we still have some way to go with more upgrades coming.

Training

- Additional hours required for staff to complete training in order to perform abstracting tasks.

- Monthly mandatory staff meeting now in place to make sure that all staff members are on the same page and that each abstractor is aware of the changes and how to apply these changes to every case abstracted.

Training

TNM and group stages are not mapping for some cases – stages for these cases have to be entered manually.

(somewhat rectified)

Some staff members are researching additional information to assist fellow co-workers to complete treatment grid – such as radiation.
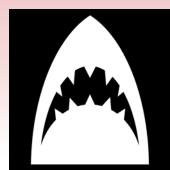
Training

- Registrars are foregoing national, regional, and state meeting, as they wait for the final change(s?) to take place before they pay (unsupported) for information that will soon become obsolete.

Contractual Assistance

- No use of contractual help, but hours and hours of overtime was offered to keep as current as possible in abstracting.

- Current backlog is at 9 months.

More changes to come!

Solid Tumor Manual

State/National Edit Issues

MBI