

Additional Information for Software Providers: NCDB Call for Data for Submission Years 1986, 1991, 1996, 2001 and 2006

The information in this document is supplemental to the document, *Case Submission Transmission File Specifications and Format: NCDB Call for Data for Submission Years 1986, 1991, 1996, 2001 and 2006*, which provides comprehensive layout and formatting instructions. The first portion of this document addresses changes since the last Call for Data. The second portion of this document provides detailed information to help providers assure their facilities will have a more successful submission experience. See <http://www.facs.org/cancer/ncdb/datasubmission.html> for all data submission information.

Layout for Submission

All submissions and resubmissions during this Call for Data must be in NAACCR 11.1 layout. There are no moved columns or transformations required since the previous submission period, but eight new items have been added: *ICD Version Comorbid* (NAACCR Item #3165), *Comorbidities and Complications #7 - #10* (NAACCR Item #3161, 3162, 3163 and 3164), *RX Summ – Systemic/Sur Seq* (NAACCR Item #1639), *NPI – Reporting Facility* (NAACCR Item # 545), and *NPI – Archive FIN* (NAACCR Item # 3105). All except the last two were new registry items in 2006; they may be blank for cases diagnosed prior to 2006. The latter two will be discussed in more detail below.

Submission Year Definitions

The items required to be collected, and therefore the edits required to maintain data quality, are defined by year of diagnosis. For this NCDB Call for Data, the following submission year definitions apply:

- 1986** Cases: All cases with the year portion of Date of Diagnosis = 1986
- 1991** Cases: All cases with the year portion of Date of Diagnosis = 1991
- 1996** Cases: All cases with the year portion of Date of Diagnosis = 1996
- 2001** Cases: All cases with the year portion of Date of Diagnosis = 2001
- 2006** Cases: All cases with the year portion of Date of Diagnosis = 2006 *plus* cases diagnosed prior to 2006 with the year portion of Date of First Contact = 2006

Reports for cases diagnosed after 2006 or with a Date of First Contact after 2007, and reports with either date prior to 1985 will be rejected. Cases with an unknown year of diagnosis or unknown year of first contact will be rejected.

NCDB requests data for 1986 from facilities whose reference date includes 1986. However, if the facility knows those data are so corrupted as to be unusable, the 1986 cases may be withheld. We ask all providers to include 1986 cases in the transmission as the default option.

Cases to Submit

Class of Case 0, 1 and 2 (analytic classes) with CoC-required types of tumors must be submitted for the years requested. Class of Case 6 is accepted but not required. NCDB also accepts tumor types that CoC does not require if those cases are analytic. However, some non-required cases have been found to fail some Collaborative Stage edits even when they are correctly coded. Consequently, you may want to exclude those cases, or at least check very carefully that they pass all edits before submitting them. The following describes the types of tumors *required* by CoC (See **FORDS Revised for 2007**, *Case*

Eligibility, page 3):

- Cases with a Behavior Code of 2 or 3. Juvenile astrocytoma (9421) is listed in ICD-O-3 with a behavior of 1, but it is *required* and should be reported with a behavior code of 3, by agreement among North American standard setters.
 - EXCEPTION 1: Primary skin cancers (C44._) with histology codes 8000-8110 are not required for cases diagnosed on or after January 1, 2003. For cases diagnosed prior to that date, skin cancers in that histologic range are required to be abstracted, followed and reported if their AJCC stage group is II, III or IV.
 - EXCEPTION 2: Cervix in situ, and intraepithelial neoplasia grade III (8077/2) are not required to be abstracted or reported.
- Non-malignant (behavior code 0 or 1) primary tumors of the intracranial and central nervous system sites (C70._, C71._, C72._, C75.1, C75.2 and C75.3) if they were diagnosed on or after January 1, 2004.

Dates for Submission

Submission opens *September 10, 2007*. All cases covered by the Call must be submitted by *November 2, 2007*, for compliance with Standard 3.6. All cases that are originally rejected and 2006 cases (as defined above) with data quality (edit) problems must be corrected and resubmitted by *June 1, 2008*, for compliance with Standard 3.7. The submission period begins three weeks earlier than in recent years, and initial submissions are required two weeks earlier, allotting one additional week for the full submission period. We encourage all facilities to submit early in the period for more prompt processing, and ask providers that submit for their registries to submit as soon as the data are available to them throughout the period rather than waiting until all can be submitted at the deadline. Large numbers of last-minute submissions can cause considerable delays in NCDB processing.

NPI Facility Codes

All medical provider facilities were required by the federal government to apply for a National Provider Identifier (NPI) number by May 23, 2007. See <http://www.cms.hhs.gov/NationalProvIdentStand/> for more information. Small groups have another year to apply, but facilities with CoC programs are unlikely to fall into that category. Two NPI items are requested with this Call for Data, though blanks will be permitted for each this year if the facility has not obtained an NPI number before their data are submitted: *NPI – Reporting Facility* (NAACCR Item # 545), and *NPI – Archive FIN* (NAACCR Item # 3105). The *NPI – Reporting Facility* should be the NPI for the facility that is maintaining the case. The *NPI – Archive FIN* is the NPI of the facility on January 1, 2007, or when the case was first abstracted after that date, and it *will never change* even if the facility goes through a merger in the future.

Facilities are required by law to use their NPI number for all billing, so the billing or accounting department is a likely resource for registries that do not know their number. Note that CoC Network programs typically involve facilities that are not affiliated administratively, so the constituent facility NPI numbers are likely to be different.

CoC is not requesting any NPI numbers other than for the reporting facility in this Call for Data. However, all facility and physician NPI numbers should be in the database structure beginning in 2007 and should be recorded in the registry as they become available.

Collaborative Staging

All CS input and derived codes should be in correct form for CS version 01.03.xx or CS version 01.04.xx. CoC will not apply a CS version vs. diagnosis date inter-item edit, but all conversions are expected to be in place now and any obsolete codes for cases diagnosed in 2004 or more recently will be flagged in error. See <http://www.cancerstaging.org/cstage/index.html> for specifics. Cases diagnosed prior to 2004 may be blank, but they may have CS values coded. If they are coded, they will be subject to all CS edits.

New and Revised Edits

Registrars and registry software providers were notified early in 2007 that all edits in the NCDB submission edit metafile would be drawn from the NACR111 metafile hospital edit sets, with limited exceptions. If registrars these edits consistently with their data at the time cases are abstracted, little or no last-minute editing will be required. NCDB encourages registry software providers that implement standard NAACCR edits in their software to employ the most recent versions of the hospital-related edit sets for use with case abstracting. The following are the NAACCR metafile edit sets used as primary source material for NCDB's submission edits (NCDB does not collect the confidential portion of the transmission layout, but the confidential hospital edit set is also applicable for hospital use):

Hosp: Vs 11 CoC Required Nonconfidential 1
 Hosp: Vs 11 CoC Required Nonconfidential 2
 Primary Site, AJCC Stage Group Edits, SS Edits

CS Input Field Edits – CoC
 CS Derived Field Edits – CoC

For use with GenEDITS Plus use the edit set, Hosp: Vs11 COC Required Non Confid, which currently incorporates all nonconfidential hospital-related edits. See http://www.naacr.org/index.asp?Col_SectionKey=7&Col_ContentID=136 for differences between the NACR111 metafile and its predecessors (and successors).

The communications to registrars and software providers identified some exceptions, which are described as follows:

1. NCDB writes a few submission-specific edits that are not in the standard edit sets, such as the dates of diagnosis, that may be included in the submission. These edits are not applicable for routine use at the time the case is abstracted.
 - The following NCDB edit was modified for this Call for Data:
 DX 1985-2006, 1st Contact 1985-2007 (NCDB) Updated years accepted for this Call for Data
 - Some edits added by NCDB are related to transmission record specifications, and the items they edit are not maintained in registry files.
 NAACCR Record Version (NAACCR) Unchanged since last year
 Record Type (NCDB) Unchanged since last year
 - The following NCDB-written edits have not changed since last year:
 Class of Case (NCDB)
 Edit Over-rides (NCDB) Morph Coding Sys--Current (NCDB)
2. Occasionally, NCDB introduces edits that have not been in use in the hospital-specific standard edits listed above. If such an edit is used next fall, NCDB will not assign a score to it; that is, failing it will not affect CoC Approval status.
 - None are included for this Call for Data. Edits for *Date Case Completed* have 0 scores because the item is not required by FORDS.

3. NCDB will update any edit found in the meantime to inappropriately fail a case that should pass (typically by using one from a subsequent NAACCR update).
- The metafiles NAACCR 11.1A and NAACCR 11.1B, are released or in the planning stage. Any revised edits that correct edits in the NCDB111 metafile and *are not more restrictive than the original edit* will be used by NCDB to evaluate submitted data. In the unlikely situation that a correction is made by NAACCR that would make the edit more restrictive, NCDB will write a version of the edit that implements the correction but not the increased restrictions. Any revisions made to the NCDB111 metafile will be posted when they become available, and providers will be notified.
 - The following edits are modified from the published NAACCR 11.1 version, consistent with those that will be posted for NAACCR 11.1A. The NPI numbers were originally expected to have initial digits that distinguished individuals from organizations, but the EDITS workgroup confirmed that plan was not implemented. These edits do not check for the value of the first digit.

NPI--Archive FIN (NCDB)	NPI--Reporting Facility (NCDB)
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 - The following edit is modified from CS edit in the published NAACCR 11.1 version, consistent with that which will be posted for NAACCR 11.1A. It skips some histologies not skipped in the original, and allows an additional code option for breast cancer cases.

CS Extension, CS Lymph Nodes, CS Mets at DX (NCDB)

 - **All inter-item CS edits have been modified to be skipped for benign and borderline behavior (0, 1) except intracranial and CNS primaries (C70.0-C72.9, C75.1-C75.3) which are not skipped, consistently with NAACCR 11.1B.**
 - The NAACCR 11.1A and 11.1B metafiles **were** produced by EditWriter 3 (EW3). Note that the DOS-based version of GenEDITS will not process metafiles generated by EW3. Its metafiles are intended to be processed by GenEDITS Plus, a full-service Windows version of GenEDITS **introduced recently**. GenEDITS Plus runs with metafiles produced by either EditWriter 3 (new form) or EditWriter 2 (old form that has been in use by registries for over a decade). NCDB **is introducing** registrars to GenEDITS Plus for this Call for Data. **The NCDB_18A metafile was processed by EW3 and can be run only with GenEDITS Plus.** *No changes in the function of the original edits are introduced by this process.*
 - Software providers are advised that the new Edit Engine (EditCn32.dll), released for production in 2005, has been applied for API batch editing in large registries (California and NCDB, among others) for more than a year using metafiles produced by EditWriter 2. GenEDITS Plus uses the new Edit Engine. If you are using EDITS API processing in your software, or if you reproduce the edits in your own software language, the release of GenEDITS Plus with the new Edit Engine should not affect your software.

ROADS Items Edited for this Call for Data

The NAACCR 2003 Implementation Guidelines require that registry software retain key surgery items in their ROADS form for tumors diagnosed prior to 2003. The following edits are applied to the respective items according to the definitions in **ROADS**, and are unchanged since the previous Call for Data.

RX Hosp--Reg LN Examined (COC)	RX Summ--Scope Reg 98-02, Primary Site (COC)
RX Hosp--Scope Reg 98-02 (COC)	RX Summ--Scope Reg 98-02, Primary Site, ICDO3 (COC)
RX Hosp--Surg Oth 98-02 (COC)	RX Summ--Surgical Approach (COC)
RX Hosp--Surg Site 98-02 (COC)	RX Summ--Surgical Approach, Date of DX (COC)
RX Summ--Reconstruct 1st (COC)	RX Summ--Surgical Approach, Primary Site (COC)
RX Summ--Reg LN Examined (COC)	RX Summ--Surg Oth 98-02 (COC)
RX Summ--Reg LN Examined, Date of DX (COC)	RX Summ--Surg Oth 98-02, Date of DX (COC)
RX Summ--Scope Reg 98-02 (COC)	RX Summ--Surg Oth 98-02, Primary Site (COC)
RX Summ--Scope Reg 98-02, Date of DX (COC)	

The content included in the supplemental ROADS items Tumor Markers 1, 2 and 3 was incorporated into the CS site specific factors for tumors diagnosed beginning in 2004, and facilities that collected that information under ROADS were encouraged to continue collecting those fields until CS was implemented for continuity of their data. The following edits permit the fields to be blank, but require them to be consistent with the ROADS definitions if they are not blank.

Tumor Marker 1 (SEER TUMMARK1)	Tumor Marker 2, Primary Site (COC)
Tumor Marker 1, Primary Site, Morph (COC)	Tumor Marker 3 (SEER TUMMARK3)
Tumor Marker 1, Primary Site, Morph ICDO3 (COC)	Tumor Marker 3, Primary Site (COC)
Tumor Marker 2 (SEER TUMMARK2)	

Cancer Program Standards Submission Requirements

With respect to data submitted to NCDB, the current Standards for CoC approved programs require:

- 3.2 "Appropriate CoC data standards and coding instructions are used to describe all reportable cases"
- 3.6 "Complete data for all analytic cases are submitted to the National Cancer Data Base (NCDB) in accordance with the annual Call for Data"
- 3.7 "Annually cases submitted to the National Cancer Data Base (NCDB) for the most recent accession year requested meet the established quality criteria and resubmission deadline specified in the annual Call for Data"

Programs can qualify for commendation if their on-time data for submission year 2006 (as defined above) are submitted error-free. We find that is a very popular goal.

Clinical Checks

As part of CoC's quality initiatives (<http://www.facs.org/cancer/qualitymeasures.html>), NCDB last year introduced Clinical Checks, a metafile designed to identify adequacy of coding for measuring case management quality, as contrasted to data quality. Several software providers have requested copies of the metafile. It is at <http://www.facs.org/cancer/ncdb/edits.html>, modified based on our experience during the past year. Warnings on the Clinical Checks do have any effect on facility CoC Approval Program status.

Hints for Assuring Successful Transmissions

NCDB has identified the following points that require particular attention with respect to software:

1. We recommend that software providers assist registrars by enabling them to select cases for submission or resubmission based on case identifier, diagnosis date, class of case and primary site, in addition to the automatic selection of cases for the current Call for Data.

This will facilitate resubmission of small numbers of corrections at any time, late submissions of prior Calls for Data, and easier submission and resubmission of data for CoC quality initiatives. However, we still recommend that the registry software makes selection of cases for the current Call for Data automatic for registrars. Please be aware that submissions and resubmissions are subject to the current NCDB submission metafile and data layout requirements at the time the submission or resubmission is made.

2. Have you transmitted every item required by NCDB, with no “fillers” that replace valid data? Are the new items included?

Some software default fillers will pass edits, and are first discovered by registrars when their data are used for FIPS Level II (American Cancer Society site by stage reports), NCDB Benchmark Reports, or the CoC quality initiative reports (CP³R and e-QulP), or are recognized by NCDB staff in other types of data analyses. These problems can require software upgrades and resubmissions by affected facilities when the problem is found later, at considerable additional effort for the registry software provider.

3. Have you used GenEDITS to test for inconsistencies between the registry record and the transmission record?

Even if all NCDB Call for Data metafile edits are incorporated into registry software, it is advisable to ascertain in advance that no edit failures are introduced in the data extraction process for current and historic cases.

4. Is the Facility Identification Number (FIN) correct (the number provided by the American College of Surgeons), and is it placed correctly (NAACCR Item # 540, columns 382-391)?

Note that an incorrect number will not be identified by GenEDITS if it is properly formatted, but it will cause the transmission to fail. See <http://www.facs.org/cancer/coc/fin.html>.

5. Archive FIN (NAACCR Item # 3100, columns 392-401) may be blank for pre-2003 diagnoses, but must be in valid FIN form for all 2003 and subsequent diagnoses, and for any record on which it is non-blank.

Archive FIN must be the FIN for the facility when it originally abstracted the case, and never changes; it may be identical to the facility's current FIN.