



**Workshop: Data Quality Beyond Edits. It is not meant to lay out a specific methodology, but rather to serve as a guide for registries who wish to conduct more extensive quality control activities not validated by standardized edits. For more tools and resources visit [www.naacr.org](http://www.naacr.org).**

### Sources for Quality Control Task Resolution

Cases with discrepancies identified during quality control tasks can be resolved using a variety of sources. Time available for resolution may depend on registry workload and personnel resources.

1. Check source record text – coded items should match source record text and all applicable coding rules should be applied per the appropriate coding manual.
2. Check with reporting facilities – discrepancies that can not be resolved within the record may be followed back to the reporting facility for further investigation.
3. Check with third-party sources – discrepancies that can not be resolved within the record may be checked with other sources including data aggregators (i.e., Lexis Nexis), vital records data, linkage with other state agency data (i.e., hospital discharge data, drivers license records, voter registration), or claims data.



## Data Quality Beyond Edits



### Demographics

Groups	Description	Check
<b>Dx Date</b>	Review diagnosis date at the turn of the year (ex. Dec/Jan with unknown day).	<input type="checkbox"/>
<b>Age</b>	Review patients with current age >100 with vital status alive. More than likely patient is deceased, check death files or obituary search.	<input type="checkbox"/>
<b>Sex</b>	Run NAACCR SEX Edits. Review/verify transgender cases. Check text to confirm sex code. Review male breast cases. Review text to confirm sex.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Race</b>	Review multi race patients against race priority rules. Use Appendix D of SEER Reporting Manual. Unknown race/ethnicity - review text, follow-up to reporting source.	<input type="checkbox"/> <input type="checkbox"/>
<b>SSN</b>	Review invalid SSN: Per SSA, no SSN has the first three digits "000," "666," or "900-999" or with the second group of two digits "00" or with the third group of four digits "0000".*	<input type="checkbox"/>
<b>Address</b>	Look for blocks of addresses that might not be accurate (i.e- prisons).	<input type="checkbox"/>
<b>Tips</b>	Linkages to improve all demographics: — Death files — Birth files — Motor vehicle files — Claims data	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

\* 1. RM 10201.035 Invalid Social Security Numbers (SSNs). Social Security Administration.

<https://secure.ssa.gov/apps10/poms.nsf/lnx/0110201035>.



Site Histology

Groups	Description	Check
<b>Head and neck</b>	Review site C00 with histology 8090 - 8110; verify primary should not be skin.	<input type="checkbox"/>
<b>Hemato.</b>	Review ALL - Acute Lymphoblastic Leukemia (histology 9811-98xx) cases with age >25.	<input type="checkbox"/>
<b>C50</b>	Review site C50 (2018+) with histology 8010 (to see if should be recoded to 8500 per Solid Tumor Rules - STR). Review site C50 with histology 8543/2 (confirm if in situ).	<input type="checkbox"/>
<b>C53-C57</b>	Review site C559 for more specific code.	<input type="checkbox"/>
<b>C70-C72</b>	Review site C70-71 with Surgery Code = 40-55 to verify correct code assigned. Codes 40 and 55 are partial or total resections of lobe of brain. Not done very often.	<input type="checkbox"/>
<b>C80</b>	Review unknown primary sites (C809) - if your % of C809 is higher than expected.	<input type="checkbox"/>
<b>STR</b>	Special studies when STR change; use changes from 2007 Multiple Primary and Histology rules (MPH) section to ID cases to review.	<input type="checkbox"/>



## Data Quality Beyond Edits



Staging

Groups	Description	Check
<b>Stage</b>	Review cases with unknown stage (TNM, EOD or Summary Stage).	<input type="checkbox"/>
<b>Grade/ behavior</b>	Review rare in situ sites (C25.0, C25.1, C56.9, C57.0, C62.9, C34) with behavior /2.	<input type="checkbox"/>



Deduplication and Multiple Primaries

--

**Description**

**Check**

Review bilateral primaries to make sure not 2 primaries.  
Resolution of duplicate patients and tumors.  
Review patients with sequence number >08.  
Run NAACCR de-duplication protocol using Match\*Pro.


»» Data Quality Beyond Edits



Additional visual review

--

**Description**

**Check**

Review diagnostic confirmation coded to 4-9 to make sure a more specific or microscopic code could not be used.

Review laterality coded to 9 to see if a specific laterality can be assigned.

Review cases if difference between date of diagnosis and date of treatment is long to verify correct date entered - based on NCCN (National Comprehensive Cancer Network) guidelines

Review text for accuracy of coding for site C44 - Breslow depth - compare to T value

Review text for accuracy of lab value coding for site C619 - PSA lab value (and value closest & prior to bx date)




## Data Quality Beyond Edits



Do **NOT** do any of the following:

Do **NOT** code vital status based on current age and/or prognosis.

Do **NOT** code race based on address.

Do **NOT** change a data item just to pass edits.

Do **NOT** change data items without clear evidence (don't make assumptions).

Do **NOT** assume that the most recently received record is the most complete/most correct one.

Do **NOT** use override option just to pass the edit.



## Data Quality Beyond Edits



Always do the following:

Review your standard setting organizations and/or funding agencies data quality report for the most recent diagnosis year.

Run frequencies by unknown primary site, race/ethnicity, histology, sequence number, sex, diagnosis date.

Review your overrides.

Work with your software vendor to flag reviewed cases.