**Los Angeles Pathology Infrastructure Call Agenda**

Monday 7/9/2018

4:00pm – 5:00pm est

Webex

<https://cbiit.webex.com/join/matatovam2>  |  731 856 083

* Review and refine registry infrastructure (tools, transfer mechanisms, pathology processing systems)
  1. Were there any specific reasons for choosing the individual pathology routes at your registry? (e.g. certain labs had certain technical requirements)

All Los Angeles ePath feeds are set up via AIM, with the exception of Quest Diagnostic Laboratory. The SEER grant for AIM ePath installations allowed facilities to favor this route.

* 1. Who reaches out to the labs at your registry or do the labs reach out to you?

Due to California Assembly Bill 2325 (AB 2325), the California central registries were asked by the state to conduct outreach to path labs in our respective catchment areas to help facilitate their move towards electronic pathology (ePath) reporting. In the past, Los Angeles has conducted similar outreach, but less aggressively because of the lack of legislative backing for an ePath reporting mandate.

* 1. Are there any labs or hospitals that use multiple routes to send you pathology reports? (e.g. Hospital A sends data by sftp and through AIM)

Currently, no. With the exception of Quest, facilities (labs or hospitals) with an ePath installation only utilize one mode of transmission (AIM). We still conduct on-site casefinding at a few facilities where we obtain scans of non-electronic path reports.

* + 1. If so, can you provide the background to this setup

N/A

* 1. Are there are restrictions in potentially changing from one pathology route to another?

There are no restrictions as long as California Cancer Registry (CCR) requirements are met:

<http://www.ccrcal.org/pdf/AB2325/CA_Volume_V_constraints.xlsx>

* 1. Are you currently considering any additional pathology routes or processes?

Yes, the following Transmission Methods will be accepted by the CCR to meet AB 2325 ePath reporting requirements as of January 1, 2019:

- A web service

- Secure File Transfer Protocol (SFTP)

- Minimal Lower Layer Protocol (MLLP)

- Direct Data Entry Web Portal

The following are acceptable ePath report formats:

- Simple Narrative

- Synoptically Structured Health Level Seven (HL7)

- Synoptically Structured HL7 using College of American Pathologists (CAP) Electronic Cancer Checklist (eCC)

- CAP eCC Structured Data Capture (SDC) Extensible Markup Language (XML)

* 1. Are there any pathology routes at your registry better than others and why?

We are currently familiar with AIM transmission and cannot comment on the effectiveness/quality of other routes.

* 1. Are there any pathology routes that are not functioning effectively for your registry?

The AIM transmission is effective, but there is room for improvement in terms of reducing false positive rates. When the ePath mechanism was set up, the California central registries agreed to cast a wide net in terms of ePath report capture as some registries utilize this mechanism for capturing study cases, follow-up data, and other uses.

* Review pathology processing questions
  1. How many Total Pathology Reports were received in 2016 (calendar year)

(Request clarification on whether this question refers to total of ePath and non-ePath reports received or ePath alone.)

* 1. Of the total pathology reports in question #1 how many were:
     1. Electronic (please provide total number): Roughly 78%
     2. Non-electronic (please provide total number): Roughly 22%
  2. Of the total pathology reports in question #1, how many of the reports are:
     1. Reportable: 50-65%
     2. Non-reportable: 35-50%
  3. Of the pathology reports that were part of reportable cases in #3a how many were:
     1. Electronic: 78%
     2. Non-electronic: 22%
  4. As of today, how many total cases are identified through pathology reports at your registry (%): ~95% (others from Death Clearance)
  5. As of today, what is the proportion of histologically confirmed cases (CTCs) for which there is at least one pathology report: ~100%
* Review post-call questions (if time allows)