**Louisiana Pathology Infrastructure Call - Minutes**

Monday 7/30/2018

11:00am – 12:00pm Eastern

**Attendees:** Marina Matatova, Paul Fearn, Serban Negoita, Brent Mumphrey, Mei-Chin Hsieh, Lisa Pareti, Mary Anne Lynch, Alyssa Wang

**Background:** The goal of this meeting is to learn about the LA registry’s e-path infrastructure to be able to conduct useful future pilots related to pathology reports

* Review and refine registry infrastructure schematic (tools, transfer mechanisms, pathology processing systems)
  1. All blue arrows demonstrating the schematic look good currently
     1. LA does not use pre-processing warehouse (**need to remove from diagram**); monitoring images thru AIM Epath Monitor
  2. **Summary:** PHINMS and E-path are two primary paths; sFTP for some out-of-state labs
     1. Some things are received through sFTP (usually out-of-state labs) – this is not currently in blue
     2. Otherwise, reports from national labs (fairly minimal number of reports) usually go through PHINMS 🡪 goes into folder dumped into autoloader folder 🡪 then into DMS with no processing of them beforehand (LA usually tries to process them only after they are in DMS to limit pre-processing)
     3. E-path will go straight into DMS; some imaging things are not going into DMS and are being put into another application
  3. **NCI question:** Do you use AIM CNS-Imaging primarily for images? **Answer:** Yes
  4. Abrevio – AIM approached LA earlier this year; said NCI would front license for Abrevio if LA could test how the registry would use Abrevio
     1. LA currently in testing/training phase (testing how well it auto-extracts from free-text of report) - began using Abrevio 1 month ago
        1. LA wants to test the accuracy rate
        2. Out of DMS registries, GA and LA received installation of Abrevio
     2. Imaging fees(?) sent to Abrevio
     3. No arrow from Abrevio going into DMS right now; however, if this were the case, both images and reports would go to Abrevio then to autoload folder then to DMS
  5. **NCI question:** What type of document will go from Abrevio to autoloader? Some sort of NAACCR abstract or other?
     1. **Answer:** Any clinical doc would go into it and then it would come out as a NAACCR abstract for DMS – it would only have demographics, site, and other basic things (lose clinical history, pathology notes, radiology report, etc.)
     2. LA does not think this is a good setup as doc would lose all document text; LA working with Abrevio to create XML doc with all original text remaining
  6. LA registry said it would be nice to use one software to upload both images and pathology docs, rather than using several systems
  7. **NCI question:** Is LA interested in collaborating with GA to test Abrevio accuracy? **Answer:** Yes
     1. Serban will touch base with Kevin Ward, GA, on collaborating; will schedule meeting if so
     2. Valentina Petkov will likely lead this project
     3. GA is at the same point as LA right now; GA is ready to start some testing
  8. AIM approached LA and that NCI will cover the testing cost at end of 2017
     1. NCI to pay for first year
     2. If LA continues, then LA will cover following years
  9. Transmed server is at LA registry and one at each lab; all servers talk to one another
     1. One hospital did not have transmed, and had to load info into LA transmed server; but now that hospital has own transmed server
  10. Quest interested in sending paths through AIMS (APHL Informatics Messaging Services platform) sponsored by the Association of Public Health Laboratories thru departments of health

Infrastructure Questions:

* Were there any specific reasons for choosing the individual pathology routes at your registry? (e.g. certain labs had certain technical requirements) Who reaches out to the labs at your registry or do the labs reach out to you?
  1. Two major ways- AIM and PHINMS (both started before Brent worked there; set up by someone else)
  2. AIM was always way going to go since SEER funding it
  3. No LA law at time about lab path reporting to registry
  4. After, LA registry reached out to most-volume labs (in-state labs) and told them they need to report within 2 mos.; LA registry could go into their lab and install their software
  5. More difficulty with out-of-state (OOS) labs until CDC efforts to get these OOS labs onboard, using PHINMS
     1. LA registry has CDC contact if have any OOS lab issues
     2. OOS labs are national labs housed outside of LA; OOS lab and national lab are terms used interchangeably; some specimens may be processed in LA
* 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)
  1. 1 hospital (DiOn?) thru AIM and PHINMS
  2. Everyone else uses 1 avenue
* Are there are restrictions in potentially changing from one pathology route to another?
  1. LA registry likes AIM because more complete; ‘smarter’ when reading path reports; AIM is real-time everyday
  2. PHINMS is querying; not as real-time as AIM; labs curate and decide what to send to registry; PHINMS not really anything to do with pathology, more like a secure method of transmitting reports
* Are you currently considering any additional pathology routes or processes?
  1. None except the Quest one (AIMS)
* Are there any preferred pathology routes at your registry (in terms of efficiency or cost)?
  1. LA registry prefers AIM

Pathology Processing Questions:

* How many Total Pathology Reports were received in 2017 (calendar year)
  1. **101,322 as of last Thursday**
* Of the total pathology reports in question #1 how many were:
  1. Electronic (please provide total number): **980,617**
  2. Non-electronic (please provide total number): **2,705**
* Of the total pathology reports in question #1, how many of the reports are:
  1. Reportable: **77,991**
  2. Non-reportable: **25,913**
* Of the pathology reports that were part of reportable cases in #3a how many were:
  1. Electronic: **75,286**
  2. Non-electronic: **2,615**
* As of today, how many total cases are identified through pathology reports at your registry (%): **19,210 total cases microscopically confirmed in 2015; 15,989 CTCs microscopically consolidated, 83% of total cases connected to CTC; 94% had path attached to** 
  1. **86% in 2016**
* As of today, what is the proportion of histologically confirmed cases (CTCs) for which there is at least one pathology report.
  1. **83%, but will go up**
  2. **94% of all cases are coded as microscopically confirmed**

Questions from registry

* Paper paths
  + Diagram does not include paper path
    - LA registry scans those paper path reports and uploads them as images
  + **Registry question:** Is NCI interested in paper path reports? **Answer:** Yes
  + Processing: review, upload to mail/fax machine, scan and load into DMS
  + Less than 3% of total; low-volume labs; 2,705 for 2017 out of 101,322
* **NCI question:** Any other type of records used aside from NAACCR record?
  + **Answer:** They have a short abstract, casefinding record, trying to get death certificates and getting imaging reports to be able to load directly in DMS
  + For short abstracts, it would typically be non-analytic cases

LA registry will send responses to the post-call questions