**Seattle Pathology Infrastructure Call Minutes**

Monday 8/20/2018

4:00pm – 5:00pm Eastern

Attendees: Jennifer Hafterson, Mary Potts, Jonathan Allred, Lisabeth Cron, Christopher Waldner, Ming Ma, Chris Poon, Tiffany Janes, Carolyn Callaghan, Marina Matatova, Paul Fearn, Alyssa Wang

**Action Items**

* Marina to finalize Seattle schematic
* Marina to send that final schematic to Seattle for their review
* Seattle will send the rest of their responses to Marina, including for the pathology processing questions and post-call questions

**Minutes**

* **Pathology route schematic**
  + Route 1: SFTP to local system to SEER\*DMS
    - The registry uses this route for military hospitals which require a more secure system **(DO NOT SHARE WITH DMS COMMUNITY)**
    - This goes into Transformer path screening (in-house developed software) for standardization and then exported into an autoloader folder to be uploaded into SEER\*DMS
  + Route 2: Monthly labs/hospitals (Kaiser and large derm lab and others with large volume) submit path reports through an upload website interface
    - Goes through Transformer for standardizing to SEER\*DMS
  + Route 3: AIM Transmed virtual server on lab side that sends path directly to Seattle; Seattle filters 100% of path through their local software at the registry
    - Legacy filtering/path screening 🡪 autoloader 🡪 SEER\*DMS
  + Route 4: Lab/hospital to Mirth to in-house filtering/screening software to autoloader folder/ SEER\*DMS
    - Mirth is an HL7 interface used by Seattle; Mirth is similar to AIM Transmed
    - Mirth goes into local software to filtering/screening
    - Some labs and hospitals have Mirth, but not all
    - Mirth now called NextGen
  + Route 5: Data feed from Washington State Cancer Registry that comes to Seattle from PHINMS
    - Geographic filtering that grabs reports for Seattle region; those files are sent to Seattle on a sporadic basis
  + Route 6: Hard copy
    - These will be mailed to Seattle
    - Registry may also physically pick up reports from a facility
    - Then they will scan and upload to PDF file, similar to *Route 7*
  + Route 7: Some local dermatology offices and 2 gastrointestinal offices create electronic PDF pathology reports for Seattle instead of hard copies (less than 1,000 reports a year)
    - Some upload through Route 2 (upload website interface)
    - Some send through fax number
      * This scans faxes to electronic PDF file
      * This PDF file goes into Seattle network folder
      * Seattle print them for processing
    - Seattle checks if tumor is in database
      * If not, Seattle makes CTC in SEER\*DMS
      * Seattle has autoloader that uploads PDF to CTC/SEER\*DMS
* **Infrastructure Questions:**
  1. **Were there any specific reasons for choosing the individual pathology routes at your registry? (e.g. certain labs had certain technical requirements)**
     1. 1992, first lab went paperless, and it was the largest lab in the region
     2. Registry took what they could receive; all were originally set up as monthly submissions manually run and transmitted by the labs
     3. Labs allowed registry to do the case selection at CSS
     4. Registry does have to delete negative path on a schedule
     5. Seattle does filtering at their end
        1. Seattle can use their key words
        2. Seattle can re-run key words on older paths to bring it into their system
        3. Otherwise, very hard to get historic submissions from labs and labs will also charge for that (Seattle can go back as far as 5 years to check for quality control)
        4. Seattle is missing VA path reports/data feed- no mechanism for Seattle to check reporting from VA
  2. **Who reaches out to the labs at your registry or do the labs reach out to you?** 
     1. Close to 100% reporting by 2000
        1. Some derm offices and GI clinics contact either the state registry or Seattle. Chris Poon responds to each. Hospital registrars sometimes tell Seattle about changes in path lab reporting (but not so often anymore)
     2. Missing Path Tracker Application *(Seattle in-house processing application)* to identify holes in reporting of current facilities in potential new labs
        1. Derm offices
        2. GI clinics
        3. Urology
        4. Hematopoietic
        5. Military (VA, DoD)
        6. NCPR-AERRO – missing path reports are often discovered that should have been received from this process
        7. Non-SEER region path labs (Salem, OR, UCSF)
        8. Challenge: non-CSS region labs buying labs or obtaining CSS-region clients
           1. For example, InCyte- not providing enough path reports to Seattle
           2. Seattle cannot negotiate directly with these labs
        9. Seattle has 25 labs and 2 in the works (InCyte and Olympic memorial)
           1. Seattle trying to implement AIM through InCyte and trying to address the DoD issue
  3. **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) If so, can you provide the background to this setup**
     1. Most use a single route
     2. Polyclinic is an exception (Cellnetix)
  4. **Are there are restrictions in potentially changing from one pathology route to another?**
     1. Mirth is free/open source, so Seattle likes this route
     2. AIM offers selection functionality and can convert to HL7 format
     3. Mirth is a listener
     4. What is used to move from lab to Mirth? It depends on the facility
        1. Seattle started using Mirth when a lab wanted to send files to Seattle via Mirth and LLP protocol/secure internet transport
  5. **Are you currently considering any additional pathology routes or processes?**
  6. **Are there any preferred pathology routes at your registry (in terms of efficiency or cost)?**

1. **Pathology Processing Questions**
   1. **How many Total Pathology Reports were received in 2017 (calendar year)**
      1. Sum of HL7 + PDFs
      2. Seattle does not get many PDFs
      3. Seattle has a table of counts by specimen year and reportable/nonreportable
   2. **Of the total pathology reports in question #1 how many were:**
      1. **Electronic (please provide total number)**
      2. **Non-electronic (please provide total number)**
   3. **Of the total pathology reports in question #1, how many of the reports are:**
      1. **Reportable**
      2. **Non-reportable**
   4. **Of the pathology reports that were part of reportable cases in #3a how many were:**
      1. **Electronic**
      2. **Non-electronic**
   5. **As of today, how many total cases are identified through pathology reports at your registry (%)**
      1. NCI clarification: How many cases will be totally missed if Seattle didn’t get the pathology report
      2. Mary Potts: Seattle cannot get this information because of how they do casefinding; Seattle leads with path report and tells hospitals what they should be submitting; Seattle doesn’t do histologic confirmation for all sites
         1. The answer would technically be 100%; Seattle only gets an abstract because they have already seen the pathology for the case
   6. **As of today, what is the proportion of histologically confirmed cases (CTCs) for which there is at least one pathology report.**
      1. NCI question: Out of 14,991 histologically-confirmed tumors, how many have at least 1 pathology report? Seattle response: Seattle will redo that query and get that answer