**NY Comments on the E-path Metrics Summary**- October 11, 2019

Overall comments:

The New York State Cancer Registry (NYSCR) should not be compared to SEER18 registries with respect to E-path metrics. Our E-path project was initiated nearly twenty years ago with the goal of identifying incident cancers that were not being reported, because they were not treated in hospitals. We targeted independent (non-hospital-based) laboratories that received specimens from dermatologists or urologists, because we knew that we were undercounting melanomas and prostate cancers among New Yorkers. Over the past seven years, without any NCI support, we have worked with some high-volume hospitals to install AIM software for E-path reporting from their laboratories. However, our hospital-based E-path reporting is a minor part of our overall E-path reporting and only covers a relatively small percent of our total cases.

Further, in order to maximize workload efficiency, the NYSCR prefers that consolidated tumor records be populated by complete (usually hospital-submitted) abstracts before supplementary information, such as that provided through E-path, is added for consolidation. If tumors were ‘built’ based on E-path records, many of the data items would be either unknown or default-filled – and many of those values would have to be manually updated once the complete abstract was received. As a result, although E-path records are frequently received before a complete abstract is received for the same tumor, we hold off on processing the E-path records until most of the expected hospital reports have been received for a given diagnosis year. This does not preclude our ability for early case identification using the E-path reports.

Because of our emphasis on identifying otherwise-unreported cancers, our E-path records necessitate following-back to the ordering provider to obtain case reports on the thousands of ‘path lab only’ tumors found through E-path reporting by independent laboratories. We would welcome the opportunity to learn from other registries how they screen E-path records to identify reportable cancers and how they go about obtaining complete information from the ordering providers on cancers that are identified through E-path reporting.

Presentation specific:

It might have improved the presentation if the methods slides had been shown right after slide 4, so that each metric would have been defined prior to being graphed.

Slide # 3 (“E-path metrics goals)”:

1. Rank the goals according to relevancy. If they are ranked, consider moving number three to the first spot.

Slide # 5: “Pathology Report Coverage 2015-2017 (# of histologically confirmed CTCs with path reports with a specimen date within 60 days of the date of Dx)”;

* This is an example of a metric for which New York is handicapped relative to SEER18.

Slide # 7: “Proportion of SEER Reportable CTCs by Type of Path Report: 2015-2017”.

* There is a problem with defining a ‘structured’ path report as a report that contains “a coded value for the primary site in the original HL7 message”.
  + Every pathology report has (or should have) a ‘site of origin’ for the specimen. The true ‘primary site’ is coded only after Certified Tumor Registrars review all incoming reports on a tumor.
  + A report may come in with a ‘coded value’ for the site of origin and not be in the HL7 message format and still be structured.
  + Also, a report may be ‘structured’ and in the HL7 format and not be coded.
* Similarly, because NY focused on obtaining E-path primarily from independent pathology laboratories as a way to improve case ascertainment (and without the benefit of SEER’s contract with AIM), NY should not be held to the same expectations as SEER18.
  + Generally, pathology reports coming from independent path labs do not have the site of the tumor coded as a single code. That might be expected from hospital-based laboratories (or reporting facilities) where the patients are being diagnosed and treated.

Slides # 8 and 9: NY should not be judged based on these metrics because of its pre-SEER approach mentioned above.

Slide # 10: “Number of Pathology Report Types (non-structured, structured, paper, etc.) for NY, 2015-2017”.

* The same comment as above regarding the definition of ‘structured report’.

Slide # 11: “Path Processing for reports linked to abstracts: 2015-2017”.

The definition 6a: “Number of pathology reports uploaded at X months with no abstract” is confusing.

Slide # 12: New York has a CTC linked to almost every pathology report because we build a ‘lab only’

tumor from every pathology report that has been deemed ‘reportable’ during E-path screening.

Thank you for your forbearance.