Using SEER*Educate

For Clinical Practicum Advisors

September 17, 2019

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Fred Hutchinson Cancer Research Center
Topics

• Affiliation Process
• For ICAs: Identifying completed assignments by students/mentees
• Troubleshooting Tips
• SEER*Educate as a tool for Advisors
Affiliation Process

• A process to affiliate individual SEER*Educate accounts with the NCRA Organization account

• NCRA Organization Account (as of 09/17/19):
  – “Director” Permission:
    • Ms. Mary Maul, and relevant NCRA staff for general oversight
    • Independent Clinical Advisors (ICAs)
  • Note: Setting up user groups does NOT affect user permission.
  – “Individual” Permission: Students
How to Affiliate

Step One

ICAs, Students
Sign Up for SEER*Educate if don’t have an account (https://educate.fredhutch.org/)

Step Two

ICAs
Inform Mary Maul and relevant NCRA staff the ICA’s email and student’s email used to register

Step Three

Mary Maul (and relevant NCRA staff)
Send SEER*Educate invitation to new ICAs and students to affiliate
Step Three (how-to)

Mary Maul & relevant NCRA staff:

• Log In
• Click **Switch to Manager View** at top right
• Click **Invite Users!** And enter the invitee’s

Manager Dashboard

This dashboard enables managers to easily invite new users and to provide a quick view of the 25 most recent test results by users.

You can use Show Scores to toggle on/off the display of scores. Elapsed time is also available for display but please be aware that the time is based on end time minus start time. If a user pauses a test, the paused time is still included in the elapsed time.

The Useful Information menu provides more information on how to use the management functionality and provides the means to manage users.

The Preview Tests menu enables managers to preview tests without taking the tests. Managers may choose to use this view when discussing cases at staff meetings.

**Note:** As of 1/30/17, data items that are not applicable for a site-specific case are included in the preview. For example, SSF 4 – SSF 25 on bladder cases are displaying even though these SSF do not apply to bladder cases. This will be fixed in the next release.

The Reporting menu provides access to Excel reports.

Managers may now easily switch between the Manager View and the User View. When a manager logs in, the view automatically defaults to the User View.

For help navigating this new Manager View, please [Contact Us](#).
How to Affiliate

Step Four
ICAs, Students
Look for an email from Educate@fredhutch.org
Subject Line: “SEER*Educate User Affiliation”

Step Five
ICAs, Students
Follow the email instructions. Click on the affiliation link and log in SEER*Educate

Step Six
ICAs
Inform Mary Maul and relevant NCRA staff the affiliation is successful
How to Affiliate

Step Seven
Mary Maul (and relevant NCRA staff) | Give new ICAs “Director” permission on SEER*Educate’s Manager View UI, and set up the appropriate User Group(s) if necessary

Step Eight
Mary Maul (and relevant NCRA staff) | Inform new ICAs that their account permission has been adjusted and ready to use

Step Nine
ICAs | Test the permission. On Manager View UI, click Reporting > Manager Excel Reports. Make sure their student(s) are listed under User dropdown when running any of the reports

(As of 09/17/19)
Step Nine for ICAs (how-to)

As of 09/17/19

This report shows coding accuracy at the data item level, one tab per individual, showing all selected cases completed by the individual. Percentage correct values below the benchmark are displayed in red font. Incorrect responses are shaded in pink. The filename for this report is CodingPerformance.xls.
# Upcoming Permission Changes for ICAs

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Director</th>
<th>Manager (ICAs)</th>
<th>Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager View UI</td>
<td>Full view on everyone</td>
<td>Limited view on associated student(s)</td>
<td>No</td>
</tr>
<tr>
<td>Management Reports (individual test results)</td>
<td>Everyone</td>
<td>Associated student(s)</td>
<td>Self only</td>
</tr>
<tr>
<td>Account Administration</td>
<td>All, including adjusting permissions</td>
<td>Viewing the list of associated students and students that have pending invitations</td>
<td>No</td>
</tr>
<tr>
<td>Initiate Invitations to new ICAs and Students</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

(Not live yet)
ICAs: Identifying completed assignments

• **Method 1**: Manager Dashboard (homepage of the Manager View)
• Best for a quick view on student’s progress in completing most recent assignments

Manager Dashboard

My Users’ Recent Activity

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Training Area</th>
<th>Test</th>
<th>Date Taken</th>
<th>Elapsed Time</th>
<th>Score</th>
<th>Critical Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td>Seattle Puget Sound</td>
<td>Dx 2018 Solid Tumor Rules &gt; Breast 2018</td>
<td>Breast 01</td>
<td>9/16/2019</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• Filter & Settings
  – Date Range
  – Who
  – Show Scores toggle
• Method 2: Transaction History Report (Reporting > Manager Excel Reports)
• Best for viewing test activities over a longer period and whether a mentee is retaking tests instead of moving through new material
• Each tab (worksheet) represents test activities from each user selected
This report displays login times, starting and ending times for each test, and whether a user paused a test. Time paused will be included in the duration (total time to complete a test). The results of each individual are displayed in separate tabs. The report parameter, Min Duration (min), can be used to limit the display of completed tests with test duration higher than or equal to the minimum value entered. The default of 0 returns all user activity.

**Start Date:**
09/16/2019

**End Date:**
09/16/2019

**Affiliation:**

**Group:**

**User:**

**Min Duration (min):**
0

---

**Transaction History Report**

<table>
<thead>
<tr>
<th>Date</th>
<th>Login</th>
<th>User</th>
<th>Login Name</th>
<th>Series</th>
<th>Module</th>
<th>Test</th>
<th>Start</th>
<th>Pause</th>
<th>End</th>
<th>Duration (Mins)</th>
<th>Total Score</th>
<th>Critical Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/3/19</td>
<td>08:06</td>
<td>Doe, Jane</td>
<td>JamedoxTEST</td>
<td>DX 2019 Histology  (Solid Tumors)</td>
<td>Other Sites - Group 9</td>
<td>Other Sites 026</td>
<td>09:07</td>
<td></td>
<td>09:11</td>
<td>2.25</td>
<td>66.67</td>
<td>0.00</td>
</tr>
<tr>
<td>9/4/19</td>
<td>09:31</td>
<td>Doe, Jane</td>
<td>JamedoxTEST</td>
<td>DX 2019 Histology  (Solid Tumors)</td>
<td>Other Sites - Group 9</td>
<td>Other Sites 037</td>
<td>09:14</td>
<td></td>
<td>09:14</td>
<td>0.50</td>
<td>100.00</td>
<td>0.00</td>
</tr>
<tr>
<td>9/5/19</td>
<td>08:52</td>
<td>Doe, Jane</td>
<td>JamedoxTEST</td>
<td>DX 2019 Histology  (Solid Tumors)</td>
<td>Other Sites - Group 9</td>
<td>Other Sites 019</td>
<td>09:19</td>
<td></td>
<td>09:19</td>
<td>0.50</td>
<td>100.00</td>
<td>0.00</td>
</tr>
<tr>
<td>9/6/19</td>
<td>08:13</td>
<td>Doe, Jane</td>
<td>JamedoxTEST</td>
<td>DX 2019 Histology  (Solid Tumors)</td>
<td>Other Sites - Group 9</td>
<td>Other Sites 040</td>
<td>09:19</td>
<td></td>
<td>09:19</td>
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<td>100.00</td>
<td>0.00</td>
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<tr>
<td>9/9/19</td>
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<td>JamedoxTEST</td>
<td>DX 2019 Histology  (Solid Tumors)</td>
<td>Other Sites - Group 9</td>
<td>Other Sites 043</td>
<td>09:35</td>
<td></td>
<td>09:35</td>
<td>0.75</td>
<td>66.67</td>
<td>0.00</td>
</tr>
</tbody>
</table>
Troubleshooting Tips

• ICAs/Students:
  – I do not know if I already have a SEER*Educate account ➔ contact SEER*Educate helpdesk team.
  – I never receive any invitation email for User Affiliation ➔ please check your SPAM folder.
  – The report I ran shows no results ➔ Ensure the proper Start/End Date is entered.

• Everyone:
  – For all other inquires, please email SEER*Educate helpdesk team at Educate@fredhutch.org.
Seattle SEER Registry Experience

• Local only version of SEER*Educate for 10 years
  – Leverage training exercises for reuse over time
  – Explain how to arrive at the preferred answer
  – Identify trends for discussion (data-item reports)

• NCI funded Seattle to expand SEER*Educate for a national audience
  – NCI Contract HHSN26120180004I
Incremental Learning

• Registrar must acquire **a depth and breadth** of knowledge across many sites
  – Increasing number data items
  – Increasing complexity of coding guidelines

• **Transferable skill** of learning how to use the various coding guidelines

• Is our **understanding better today** than it was yesterday?
Pair Trainer with New Hire

**Trainer**
- Introduces coding resources and data items for each new set of exercises
- Encourages trainee to NOT focus on the overall score but on improving one’s understanding from the rationales
- Require trainee to NOT immediately retake exercises (ethics pledge)
- Reviews data item level report of “first response” to identify trends
- Have a verbal discussion about the data item report/questions

**New Hire**
- Reads the coding guidelines in advance of completing first exercise for a site
- Reads the rationales for all data items
- Uses a notebook or Word Document to write down questions to discuss with the trainer
- Generates data item level report for trainer and asks/sends questions
- Does not retake any tests (unless directed to) but moves to next assignment
- Does not agonize over each test. Makes decisions and gets the feedback.
We start with Solid Tumor Rules

• If you miss the reportable primary, you have missed all the data items
  – Tackle one critical concept/data item at a time
• Learn to use the rules (M rule and H rule)
• Provides practice on six data items
  – Diagnosis date, sequence number, primary site, laterality, histology, and behavior
• Needed for Casefinding Path Practicum
How to start STR?

• Have the trainee read the STR manual:
  – General instructions
  – First Site (Breast)

• Have the trainee also read the SEER manual regarding the data items
  – Diagnosis date, primary site, laterality, histology, and behavior

• Make appointment to work through Breast Case 1 and 2 together
How to start STR (cont.)

• Talking through Breast 01 and Breast 02
  – Critical to provide a good start
  – Have the trainee talk as much as possible
  – Ask leading questions that help the trainee get to the correct way to use the manual

• Important to focus on the M rule and the H rule for the trainee
  – Reflects understanding of how to use the manual
Trainer should do Breast 01 and Breast 02 in advance

Description from SEER*Educate

The case scenarios used in the Solid Tumor coding exercises were created from a composite of abstracts. For the purpose of completing this exercise, assume that the summarized information in the scenario represents all available information related to determining the number of primaries and coding primary site and histology.

For each site module, the first case gives a step-by-step instruction on application of the Solid Tumor Rules. The rationale for the Number of Primaries field for Case 1 is a narrative description of how to use the Solid Tumor Rules to determine the number of primaries and applicable M Rule, and the histology and applicable H Rule. All other data fields have their own rationales. For Cases 2 through 5 in each site module, rationales are provided for each data item but without the step-by-step instruction format used in Case 1.

The rationales for each case scenario indicate how to use the Solid Tumor Rules to arrive at the preferred answer. However, the rationale does not include decisions for moving to each subsequent M Rule and/or H Rule until encountering the applicable one marked as "Stop at Rule ___." Including those steps would have added to the length of rationales. Rationales will be updated to include Notes about why certain M or H Rules used by test takers do not apply.

The number of primaries data item has been weighted at 7 points and is the only critical field. (A critical field is worth more than 1 point.) The M Rule and H Rule are weighted at 0.25 points. The remaining data items are each weighted at 1 point. The intention of this weighting is to facilitate assessing one's application of the Solid Tumor Rules to arrive at the correct number of primaries. Because one can sometimes arrive at the correct number of primaries by different rules, the M Rule and H Rule fields are weighted very low to have very little impact on one's overall score.
Resources and Special Instructions

Resources:  The coding form has look-ups that contain codes for every data item. Access the lookups by clicking on the light bulb icon next to the field. The codes for Number of Primaries, M Rule, and H Rule are specified in the Code tab. These three fields are not standard NAACCR data items that a registrar codes in the cancer registry database. These fields are used in SEER*Educate to help users assess their understanding of the Solid Tumor Rules.

Use the 2018 Solid Tumor Coding Manual to determine the number of primaries and the correct M and H Rules. The Solid Tumor Coding Manual is available on the SEER website.

For histology, apply the site-specific H Rules from the Solid Tumor Rules first. Confirm the histology using:

- Any additional table(s) in the site-specific Equivalent Terms and Definitions
- 2018 ICD-O-3 Update Table
- ICD-O-3 Manual if the histology is not included in the Solid Tumor Rules or 2018 ICD-O-3 Update
- SEER Program Coding Manual 2018

Instructions:  Instructions for M rule and H rules

- Some scenarios require the registrar to make two passes through either the M rules or H rules. On any scenario where two passes are required, enter on the coding form the M rule or H rule from the FIRST pass. SEER*Educate only accepts one correct answer. For the purposes of testing in SEER*Educate, the rule from the FIRST pass is considered the correct answer.

Date field format

- All date fields in mm/dd/yyyy. Use 99 for unknown month or unknown day.
We suggest sticking to the scenario and avoiding overloading the trainee with “what if” digressions.

Click here to open the case scenario required for the test in a new window.

Breast 01 Scenario

Dx 2018 Solid Tumor Rules (Closes for CE on 12/31/2022)

Abstacted Text

Physical Exam
02/13/2018 - cc: Pt presents with palpable lump in Lt breast. Pt has known fibroadenoma in Lt breast, prev bx proved benign.

Scans
02/13/2018 - Mamma Lt: Heterogeneously dense breast. 5cm lobulated mass in Lt UIQ at 11:00. Despite hx of large fibroadenoma, this mass is concerning for malign.
02/23/2018 - MRI Breast: UIQ Lt breast w/ rim enhancing mass measuring 5.3 cm. Mass abuts chest wall. Additional satellite lesion seen within UIQ. No lymphadenopathy.

Operative Reports
02/15/2018 - Lt breast U/S-guided core biopsy, UIQ (procedure only).
03/09/2018 - Lt breast simple mastectomy, Lt SLN bx (procedure only).

02/15/2018 - Path Report #1
Lt breast, 11:00 5 cm from nipple, U/S-guided core biopsy: Final Diagnosis: Sarcomatoid neoplasm, pending expert consultation.

Addendum:
No outside consultation was performed on this case, as the diagnostic questions were resolved by the subsequent mastectomy.
First case for each STR site has step-by-step rationale

CORRECT

Data Item: Number of Primaries

Response: 2

Correct Answer: 2

Rationale:

Instructions for accessing the Solid Tumor Rules Manual

The Solid Tumor Rules must be downloaded from the SEER website at https://seer.cancer.gov/tools/solidtumor/.

The rationale for the first case of every site group will have step-by-step instructions. The remaining 4 cases in each site group will have rationales supporting the preferred answer but will not contain step-by-step instructions. All step-by-step instructions in SEER*Educate rationales will be based on the General Instructions, the Equivalent Terms and Definitions for the site, and the site-specific rules. Always have the Solid Tumor manual open when you are working on solid tumors diagnosed 2018 or later.

Before coding primary site and histology for a scenario that includes a reference to more than one disease process, one must first determine the number of primaries that exist using the M Rules.

Step 1: Review the scenario to determine the number of tumors (not the number of primaries) documented. The patient has multiple tumors identified; the 03/09/2018 mastectomy identified two simultaneous tumors. Because the patient has multiple tumors, you have determined that you will use the Multiple Tumors module within the Multiple Primary Rules.

Step 2: Open the Breast Multiple Primary Rules. Once in the rules, go to the Multiple Tumors module. The rules within the module are intended to be reviewed in consecutive order from Rule M4 through Rule M18. Stop at the first rule that applies to the case you are processing. Stop at Rule M14. Abstract multiple primaries when separate/non-contiguous tumors are on different rows in Table 3 in the Equivalent Terms and Definitions.

Rule M14, Note 1 confirms timing is irrelevant (the tumors may be simultaneously diagnosed). Additionally, Note 2 confirms that each row in the table is a distinctly different histology.

The 03/09/2018 mastectomy pathology report proved two tumors with NOS terms/synonyms (listed in Columns 1 and 2) that are on different rows of Table 3. The larger tumor is metastatic carcinoma which is a NOS histology (8575) listed in Column 1 of one row, while the smaller tumor is ductal carcinoma. Ductal carcinoma is a synonym (Column 2) for Carcinoma NST (8500) which is listed in a different row than metastatic carcinoma. Therefore, these are multiple primaries since Note 2 for Rule M14 confirms histologies listed in different rows are distinctly different histologies.

Note: M Rule(s) that do not apply to this case.
Click and expand Coding Trend Analysis to display the reports to use for assessing your understanding of the Practical Application tests at the series level (e.g., C5V02.05 coding series), the module level (e.g., C5V02.05 Head and Neck module) and the data item level. Click and expand CE Reports to see how many continuing education (CEs) you have earned. Click and expand CTR Prep and General Knowledge to display reports providing a quick overview on your test performance in both the CTR Prep and General Knowledge training areas. And if you are interested in seeing the latest list of all available tests currently being offered, or other interesting usage data, check out the available reports in Test Index and Usage.

Visit our Report Guide for the detailed description of each report. By default, all the reports return test data from today’s date. Using a longer period will increase the wait time while the report is running; however, you may change the date range before running a report.

Expand the individual report panel, click the report you intend to run, modify the Start Date and/or End date, modify any other report parameters and click Run Report. The reports are generated as Excel spreadsheets. Depending on your browser settings, you may see a dialog box asking if you want to open or save the file or you may see a visual indication by your browser that the file is being saved to the downloads folder on your computer.
This report shows coding accuracy at the data item level across tests for any Dx 2018 Solid Tumor Rules modules within the specified date range.

Each module is equivalent to a primary site group. The results of different modules are displayed in separate individual tabs to allow the identification of problem areas in the determination of the number of primaries and the coding of site and histology. Percentage correct below 70% is highlighted in red to assist those studying for the CTR exam; however, registrars working in the field should consider targeting a higher percentage goal. Assess performance and identify problem areas after each module (5 cases) to facilitate discussions with trainers on specific areas.

**Start Date:**
09/15/2019

**End Date:**
09/15/2019

**Module:**
8 items selected

**Benchmark:**
70

**Case:**
40 items selected

**Data Items:**
All (Critical and Non-Critical)

**Affiliation:**
Seattle Pugel Sound

**Group:**
6 items selected

**User:**
Specific User

**Site:**
8 items selected

**Case #:**
40 items selected

**Critical:**
All (Critical and Non-Critical)

**Response Type:**
Earliest
Coding Trend – Data Item by Case

<table>
<thead>
<tr>
<th>Points</th>
<th>Question</th>
<th>Breast 01</th>
<th>Breast 02</th>
<th>Breast 03</th>
<th>Breast 04</th>
<th>Breast 05</th>
<th>Question</th>
<th>% Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.00</td>
<td>Number of Primaries</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>Number of Primaries</td>
<td>80.00</td>
</tr>
<tr>
<td>0.25</td>
<td>M Rule</td>
<td>M4</td>
<td>M7</td>
<td>M10</td>
<td>M5</td>
<td>M14</td>
<td>M Rule</td>
<td>60.00</td>
</tr>
<tr>
<td>1.00</td>
<td>Diagnosis Date 1</td>
<td>03/09/2018</td>
<td>06/09/2018</td>
<td>02/23/2018</td>
<td>02/12/2018</td>
<td>04/12/2018</td>
<td>Diagnosis Date 1</td>
<td>80.00</td>
</tr>
<tr>
<td>1.00</td>
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<td>01</td>
<td>Sequence Number 1</td>
<td>80.00</td>
</tr>
<tr>
<td>1.00</td>
<td>Primary Site 1</td>
<td>C509</td>
<td>C504</td>
<td>C505</td>
<td>C505</td>
<td>C508</td>
<td>Primary Site 1</td>
<td>80.00</td>
</tr>
<tr>
<td>1.00</td>
<td>Laterality 1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>Laterality 1</td>
<td>100.00</td>
</tr>
<tr>
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<td>Histology 1</td>
<td>8575</td>
<td>8520</td>
<td>8522</td>
<td>8500</td>
<td>8503</td>
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<td>80.00</td>
</tr>
<tr>
<td>0.25</td>
<td>H Rule 1</td>
<td>H24</td>
<td>H14</td>
<td>H23</td>
<td>H16</td>
<td>H7</td>
<td>H Rule 1</td>
<td>40.00</td>
</tr>
<tr>
<td>1.00</td>
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<td>3</td>
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<td>Behavior 1</td>
<td>100.00</td>
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<tr>
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<td>03/09/2018</td>
<td>06/09/2018</td>
<td>/ / /</td>
<td>/ / /</td>
<td>07/19/2023</td>
<td>06/24/2019</td>
<td>Diagnosis Date 2</td>
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<td>1.00</td>
<td>Sequence Number 2</td>
<td>02</td>
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<td>Primary Site 2</td>
<td>C509</td>
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<td>C509</td>
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<td>Primary Site 2</td>
<td>40.00</td>
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<td>H12</td>
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<td>H2</td>
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<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>Behavior 2</td>
<td>60.00</td>
</tr>
</tbody>
</table>

- Pink represents incorrect response (except for 2\(^{nd}\) primary on Breast 03)
- When only one primary, the data items for 2\(^{nd}\) primary are not applicable
- Identify one or two items to discuss (typically H rule or M rule at the start)
  - Did they pick the correct set (unknown if single, single, multiple)
  - Do they understand the tables in Equivalent Terms/Definitions?
  - Do they recognize the priority order of documentation?
  - Did they stop at the first applicable rule?
Getting back to the scenario

• When responding to questions, look at the scenarios (Don’t trust trainee’s paraphrasing)
• Two ways to redisplay the scenarios
User View, Training Menu, Test-taking History, View Results

Select Test

- Practical Application - CEs Available
  + Dx 2018 EOD and Summary Stage (Closes for CEs on 12/31/2020)
  + Dx 2018 Grade (Closes for CEs on 12/31/2022)
  + Dx 2018 Heme (Closes for CEs on 12/31/2021)
  + Dx 2018 MPH for Melanoma and Other Sites (Closes for CEs 12/31/2021)
  + Dx 2018 Solid Tumor Rules (Closes for CEs on 12/31/2022)
- Breast 2018
  - Breast 01 (86%)
    - Breast 02
    - Breast 03
    - Breast 04
    - Breast 05
- Colon 2018
- Head and Neck 2018
- Kidney 2018
- Lung 2018
- Malignant CNS 2018
- Non Malignant CNS 2018
- Urinary 2018

Test-taking history of the selected test

<table>
<thead>
<tr>
<th>Date Tested (Last 5 Entries)</th>
<th>Test Result (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/15/2019</td>
<td>86</td>
</tr>
</tbody>
</table>

View Results
Manager View, Preview Tests

Practical Application

- Practical Application - CEs Available
  + Dx 2018 EOD and Summary Stage (Closes for CEs on 12/31/2020)
  + Dx 2018 Grade (Closes for CEs on 12/31/2022)
  + Dx 2018 Heme (Closes for CEs on 12/31/2021)
  + Dx 2018 MPH for Melanoma and Other Sites (Closes for CEs 12/31/2022)
  - Dx 2018 Solid Tumor Rules (Closes for CEs on 12/31/2022)
- Breast 2018
  - Breast 01
  - Breast 02
Breast 01 Scenario

Dx 2018 Solid Tumor Rules (Closes for CE on 12/31/2022)

Abstracted Text

Physical Exam

02/13/2018 - Pt presents with palpable lump in Lt breast. Pt has known fibroadenoma in Lt breast, prev bx proved benign.

Scans

02/13/2018 - Mammo Lt: Heterogeneously dense breast. 5cm lobulated mass in Lt UIQ at 11:00. Despite hx of large fibroadenoma, this mass is concerning for malig.

02/23/2018 - MRI Breast: UIQ Lt breast w/ rim enhancing mass measuring 5.3 cm. Mass abuts chest wall. Additional satellite lesion seen within UIQ. No lymphadenopathy.
### Results

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time spent</td>
<td>00:00:00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical score</td>
<td>0.00 / 7.00 (0%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncritical score</td>
<td>0.00 / 12.75 (0%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total score</td>
<td>0.00 / 19.75 (0%)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INCORRECT**

**Data Item:** Number of Primaries

**Response:**

**Correct Answer:** 2

**Rationale:**

Instructions for accessing the Solid Tumor Rules Manual


The rationale for the first case of every site group will have step-by-step instructions. The remaining 4 cases in each site group will have rationales supporting the preferred answer but will not contain step-by-step instructions. All step-by-step instructions in SEER*Educate rationales will be based on the General Instructions, the Equivalent Terms and Definitions for the site, and the site-specific rules. Always have the Solid Tumor manual open when you are working on solid tumors diagnosed 2018 or later.

Before coding primary site and histology for a scenario that includes a reference to more than one disease process, one must first determine the number of primaries that exist using the M Rules.

**Step 1:** Review the scenario to determine the number of tumors (not the number of primaries) documented. The patient has multiple tumors identified; the 03/09/2018 mastectomy identified two simultaneous tumors. Because the patient has multiple tumors, you have determined that you will use the Multiple Tumors module within the Multiple Primary Rules.
Seattle’s Current Order

• Practical Application
  – Dx 2018 Solid Tumor Rules (in menu item order)
  – Dx 2018 MPH for Melanoma and Other Sites
  – Dx 2018 Heme (we do all 30; at least do 15)

• Casefinding
  – Path Practicum 01 (9 hours)
  – We have new hires do Path Practicums 02-06 instead of repeating Practicum 01 (this is their job)
Casefinding

Casefinding Tests

No NCRA CEs for Casefinding Tests - Practicum Hours Only

Casefinding is a fundamental activity in cancer registries. Cancer is not one disease but hundreds of disease processes. A registrar uses multiple resources in determining reportability and coding the primary site codes of the reportable primaries. The goal of the SEER*Educate path casefinding exercises is to teach people how to use the various resources.

For SEER*Educate, you must use these casefinding procedure documents because the preferred answers are based upon them.

1. Casefinding Overview
2. General Guidelines
3. Facility-Specific Path Casefinding Rules for SEER*Educate

In addition, you should refer to the following:

4. SEER Program Coding and Staging Manual or the STORE Manual for reportability guidelines, including ambiguous terminology
5. Solid Tumor Rules Manual
6. Hematopoietic Database and Manual

To receive a SEER*Educate certificate report for nine casefinding practicum hours, you must complete 100 reports (an entire module) with an overall average of 85%. We highly recommend that users not immediately repeat exercises to improve scores.

Everyone’s goal should be to learn how to perform casefinding. Immediately repeating an exercise tests a person’s short-term recall of the answer. It does not test a person’s ability to recall and apply the casefinding rule described in the rationale.
# Casefinding Report

## Path Group 001

<table>
<thead>
<tr>
<th>Date</th>
<th>PG001-01</th>
<th>PG001-02</th>
<th>PG001-03</th>
<th>PG001-04</th>
<th>PG001-05</th>
<th>PG001-06</th>
<th>PG001-07</th>
<th>PG001-08</th>
<th>PG001-09</th>
<th>PG001-10</th>
<th>Question</th>
<th>% Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/05/2019</td>
<td>100.00</td>
<td>0.00</td>
<td>0.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>0.00</td>
<td>100.00</td>
<td>100.00</td>
<td>Potentially Reportable</td>
<td>70.00</td>
</tr>
</tbody>
</table>

## Path Group 002

<table>
<thead>
<tr>
<th>Date</th>
<th>PG002-01</th>
<th>PG002-02</th>
<th>PG002-03</th>
<th>PG002-04</th>
<th>PG002-05</th>
<th>PG002-06</th>
<th>PG002-07</th>
<th>PG002-08</th>
<th>PG002-09</th>
<th>PG002-10</th>
<th>Question</th>
<th>% Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/05/2019</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>0.00</td>
<td>100.00</td>
<td>100.00</td>
<td>Potentially Reportable</td>
<td>90.00</td>
</tr>
</tbody>
</table>

## Path Group 003

<table>
<thead>
<tr>
<th>Date</th>
<th>PG003-01</th>
<th>PG003-02</th>
<th>PG003-03</th>
<th>PG003-04</th>
<th>PG003-05</th>
<th>PG003-06</th>
<th>PG003-07</th>
<th>PG003-08</th>
<th>PG003-09</th>
<th>PG003-10</th>
<th>Question</th>
<th>% Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/05/2019</td>
<td>0.00</td>
<td>66.67</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>66.67</td>
<td>100.00</td>
<td>100.00</td>
<td>66.67</td>
<td>100.00</td>
<td>Potentially Reportable</td>
<td>90.00</td>
</tr>
</tbody>
</table>

Note: Primary Site is always worth 1.00 point when there is one or more potentially reportable cases.

---

## Practicum Certification - Hours Earned

<table>
<thead>
<tr>
<th>Path Practicum 01 (9 hours)</th>
<th># Tests Completed</th>
<th>Average for # Tests Taken</th>
<th>Certification Average Based on 100 Tests</th>
<th>Practicum Hours Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100</td>
<td>100%</td>
<td>100%</td>
<td>9</td>
</tr>
</tbody>
</table>

Students are awarded 9 practicum hours earned when they achieve 85% accuracy average across 100 cases within a Path Practicum. No partial hours (1-8) are awarded within SEER*Educate; however, a mentor can independently assess a student’s performance on a combination of SEER*Educate Path Practicum assignments and other outside assignments and write a customized certification for that student.

I pledge that the results above reflect my own work and adhere to my school/organization's ethics code, code of conduct, and instructions on not immediately repeating SEER*Educate tests within at least 48 hours. I pledge that I can repeat the above results in a proctored test situation where I have no access to previous test results.

Signature:
# Seattle’s Current Order – Sites

<table>
<thead>
<tr>
<th>Site</th>
<th>CTR Prep – Dx 2018 Histologies (Solid Tumors)*</th>
<th>Practical Application Dx 2018 EOD and Summary Stage</th>
<th>Practical Application Dx 2018 SSDI</th>
<th>CTR Prep – Surgery Drills**</th>
<th>Practical Application Dx 2018 Grade</th>
<th>STR or MPH or Heme (2nd Pass)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>20 cases</td>
<td>10 cases</td>
<td>10 cases</td>
<td>20 cases</td>
<td>5 cases</td>
<td>5 cases</td>
</tr>
<tr>
<td>Colorectal</td>
<td>10 cases</td>
<td>10 cases</td>
<td>10 cases</td>
<td>30 cases</td>
<td>5 cases</td>
<td>5 cases</td>
</tr>
<tr>
<td>Lung</td>
<td>20 cases</td>
<td>10 cases</td>
<td>10 cases</td>
<td>10 Cases</td>
<td>5 cases</td>
<td>5 cases</td>
</tr>
<tr>
<td>Melanoma</td>
<td>10 cases</td>
<td>10 cases</td>
<td>10 cases</td>
<td>20 cases</td>
<td>5 cases (Table 98)</td>
<td>5 cases (MPH)</td>
</tr>
<tr>
<td>Prostate</td>
<td>None</td>
<td>10 cases</td>
<td>10 cases</td>
<td>10 cases</td>
<td>5 cases</td>
<td>5 cases (MPH Other)</td>
</tr>
<tr>
<td>Bladder</td>
<td>10 cases (Urinary)</td>
<td>5 cases</td>
<td>None</td>
<td>10 cases</td>
<td>5 cases</td>
<td>5 cases</td>
</tr>
<tr>
<td>Kidney</td>
<td>10 cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroid</td>
<td>None</td>
<td>5 cases</td>
<td>None</td>
<td>None</td>
<td>5 cases</td>
<td></td>
</tr>
<tr>
<td>H&amp;N</td>
<td>10 cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5 cases</td>
</tr>
<tr>
<td>Malig CNS</td>
<td>10 cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5 cases</td>
</tr>
<tr>
<td>Non-Malig CNS</td>
<td>10 cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5 cases</td>
</tr>
<tr>
<td>Heme</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Dx 2018 Heme (30 cases)</td>
</tr>
</tbody>
</table>

*SEER* Educate will be releasing more Dx 2018 Histologies between September 2019 and August 2020.
More Examples of Data Item Level Reports

Dx 2018 Histology Example

<table>
<thead>
<tr>
<th>Breast - Group 01</th>
<th>Date</th>
<th>Points</th>
<th>Question</th>
<th>%Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>09/05/2019</td>
<td>1.00</td>
<td>Primary Site</td>
<td>66.67</td>
</tr>
<tr>
<td></td>
<td>09/05/2019</td>
<td>1.00</td>
<td>Histology</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td>09/05/2019</td>
<td>1.00</td>
<td>Behavior</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td>09/05/2019</td>
<td>1.00</td>
<td>Breast 01</td>
<td>66.67</td>
</tr>
<tr>
<td></td>
<td>09/05/2019</td>
<td>1.00</td>
<td>Breast 02</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td>09/05/2019</td>
<td>1.00</td>
<td>Breast 03</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td>09/05/2019</td>
<td>1.00</td>
<td>Breast 04</td>
<td>66.67</td>
</tr>
<tr>
<td></td>
<td>09/05/2019</td>
<td>1.00</td>
<td>Breast 05</td>
<td>66.67</td>
</tr>
</tbody>
</table>

EOD Example – Note: Site, histology, behavior were read-only fields

<table>
<thead>
<tr>
<th>Breast 06-10</th>
<th>Date</th>
<th>Points</th>
<th>Question</th>
<th>%Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>07/19/2019</td>
<td>0.00</td>
<td>Primary Site</td>
<td>50.00</td>
</tr>
<tr>
<td></td>
<td>07/19/2019</td>
<td>0.00</td>
<td>Histology</td>
<td>25.00</td>
</tr>
<tr>
<td></td>
<td>07/19/2019</td>
<td>0.00</td>
<td>Behavior</td>
<td>25.00</td>
</tr>
<tr>
<td></td>
<td>07/19/2019</td>
<td>2.00</td>
<td>EOD Primary Tumor</td>
<td>75.00</td>
</tr>
<tr>
<td></td>
<td>07/19/2019</td>
<td>2.00</td>
<td>EOD Regional Nodes</td>
<td>75.00</td>
</tr>
<tr>
<td></td>
<td>07/19/2019</td>
<td>2.00</td>
<td>EOD Mets</td>
<td>75.00</td>
</tr>
<tr>
<td></td>
<td>07/19/2019</td>
<td>2.00</td>
<td>Summary Stage 2018</td>
<td>75.00</td>
</tr>
</tbody>
</table>

While there are three very pink rows, pick one data item (EOD Regional Nodes) for discussion
Additional Comments

• For the clinical practicum students, evaluate each student individually
  – Appreciate the exceptional students
  – Recognize this is a lot of material for the average person to complete and understand

• Evaluate the questions the students ask

• Encourage students to work on additional exercises in SEER*Educate beyond the practicum time
Additional SEER*Educate for Students

- Disease Information – Multiple-choice content

- CTR Prep - No CEUs
  + Cancer Registry Management
  + CoC Cancer Program Standards
  + Coding Drill - Dx 2018 Histology (Solid Tumors)
  + Coding Drill - Histology (Heme and Lymphoid)
  + Coding Drill - Site
  + Coding Drill - Surgery
  + Coding Guidelines

- Disease Information
  + General
  + Breast
  + Colon
  + Lung
  + Melanoma
  + Prostate
  + Statistics Practice

Questions

Which lymph nodes are removed in a traditional axillary lymph node dissection?

- A. Level I axillary lymph nodes
- B. Level I and II axillary lymph nodes
- C. Level I, II and III axillary lymph nodes
- D. None of the above

Flag for follow-up

Which term is not used to refer to a form of breast conserving surgery?

- A. Quadrantectomy
- B. Tylectomy
- C. Wedge resection
- D. None of the above

Flag for follow-up
Acknowledgements and Disclaimers

• Funded by NCI Contract HHSN26120180004I
• Acknowledge Seattle registry staff for beta testing all new and changed material in SEER*Educate
• The opinions and views expressed in this presentation are those of the authors and do not reflect the view of the National Cancer Institute.
Thank you for the work you do
Questions?