# Chapter 9: Screening for Reportability

SEER*DMS uses a combination of automated and manual screening tasks to determine whether a source record contains data related to a reportable case. The Reportability field in the record table is set in these tasks, this field determines how a record is processed in the SEER*DMS workflow.

Records that are not reportable update follow-up information for a patient. Some non-reportable records are purged from the database after processing, if required by registry policies.

Reportable records follow the workflow summarized below (see Chapter 4 for detailed workflow diagrams). When the text below says that a record will "build a new CTC" it means that it will build a new Patient Set with a CTC or it will build a new CTC within an existing Patient set.

If a record's Reportability field is set to reportable:

- Abstracts – a reportable abstract builds a new CTC or is linked to an existing CTC. This is completed via match and consolidation tasks. The workflow for a reportable abstract is not complete until it is linked to a CTC (the one it created or one that it matched).
- Pathology reports – the record may build a new CTC, like an abstract. Not every reportable pathology report automatically builds a CTC; workflow rules are defined per registry needs. An Abstract Facility Lead (AFL) is created for every reportable pathology record. The AFL stays open until an abstract is received, registry AFL criteria are met, or registry staff review and close the AFL. Registry staff can run a Build CFO process to create CTCs from pathology records that are unlinked and have an open AFL.
- Case finding records – a reportable case finding record will not build a CTC automatically. An AFL is created for a reportable case finding record, per registry rules. Similar rules are applied to close AFLs and build CFOs as were described above for pathology reports.
- Death certificate records – an AFL is built for each reportable death certificate record. Rules based on the NAACCR death clearance manual are used to match reportable death certificates to CTCs. Registry-defined AFL algorithms determine when to close the AFL. Registry staff can run a Build DCO or Build MDO process to create CTCs from DC records.

The automated task to screen for reportability occurs early in the workflow after Autocoding and Record Edits. If possible, this automatic task will set reportability. If not, a user will code reportability in a standard **Screening** task or a **Pathology Screening** task.

In this chapter, you'll learn about

- Coding Site, Histology, Behavior, and Reportability
- Values of the Reportability Flag
- Automated Screening Task
- Screening and Processing Pathology Reports
  - Auto-coding Pathology Reports
  - Path Screening Tasks: Single vs Multi
  - Path Screening (Single) Task
  - Options for Manual Path Screening Tasks
  - Path Screening (Multi) Task
  - Using the Auto-complete Feature
  - Batch Updates of Path Reports
  - Options for Path Processing
- Screening Tasks for Other Record Types

# Coding Site, Histology, Behavior, and Reportability

Site, histology, and behavior are not coded in most HL7 pathology import files; but are coded for abstracts in NAACCR XML imports. Therefore, path reports need to be coded in SEER*DMS but abstracts do not. A manual screening task is rarely required for abstracts and other records that contain coded values for site, histology, and behavior. For these records, the auto-screener sets reportability based on the registry's screening algorithm (see Help > Screening). A manual screening task is only created for abstracts if the auto-screener could not determine reportability because site, histology, or behavior is missing. This occurs in a very small percentage of abstracts.

To facilitate path coding, the NCI and the Department of Energy (DOE) engaged in an interagency collaboration, the NCI-DOE MOSSAIC project, to develop Natural Language Processing (NLP) algorithms. MOSSAIC stands for Modeling Outcomes Using Surveillance Data and Scalable Artificial Intelligence for Cancer. MOSSAIC NLP algorithms are used in SEER*DMS to auto-code pathology reports. Algorithms are implemented as Application Programming Interfaces (API). An API allows one application, in this case SEER*DMS, to call another application (an NLP algorithm).

- The path extraction API auto-codes site, histology, behavior, and laterality on a path report based on the narrative text fields.
- The reportability API identifies pathology reports related to reportable cancers. Path reports identified as reportable by the API are either auto-coded or sent to a manual Path Screening task for coding. Path reports that are flagged as non-reportable by the API are set to non-reportable. They are used for follow-up and then exit the workflow.

The path extraction and reportability APIs are executed during the Autocoding task. A manual Path Screening task is created if the reportability API returned reportable and the report could not be auto-coded. The Path Screening task has a specialized interface that highlights keywords in the text fields to facilitate the coding of site, histology, behavior, and laterality. The user codes site, histology, behavior, and laterality if they consider the report to be potentially reportable. If it is a non-reportable report, then the user does not need to code those data items. They can flag the record as non-reportable, code a non-reportable reason, and enter an optional comment. When the user sets the record to non-reportable the automated screening rules will not be applied.

The automated screening task sets the record reportability field after site, histology, behavior, and laterality are coded via imported values, path extraction API, or by a user in a manual Screening or Path Screening task. Note: imported values of these fields are available for nearly all abstracts. A small percentage of pathology reports also have coded values for these fields in the original HL7 import file. The imported values are set in the path report, if available in the HL7 message.

### Abstracts

For abstracts, a manual Screening task is created if the auto-screener cannot determine reportability or if your registry's APIs require review of non-reportable abstracts. Some registries only expect to receive reportable abstracts and therefore require a manual review for any abstract with a non-reportable site and morphology.

### Electronic Pathology Reports

Most electronic pathology reports received by SEER*DMS registries are in a structured narrative format. This is narrative text divided into labeled sections: clinical history, nature of specimen, gross observation, microscopic observation, final diagnosis, comments, etc.

Information related to site and morphology are provided in text and not in coded data items. SEER*DMS applies Natural Language Processing (NLP) algorithms to code site and morphology codes. Reports that cannot be auto-coded are sent to a Path Screening task for manual coding.

### Paper Pathology Reports

A small percentage of path reports are paper-based reports scanned and loaded as image files into SEER*DMS. A SEER*DMS user codes site and morphology in an Image Data Entry task. The record moves forward to the automated screening task. A manual Screening task is created if the auto-screener cannot determine reportability based on the site and morphology.

### Imaging Report Records

Imaging reports contain a radiologist's interpretation of diagnostic images (X-ray, PET/CT scans, etc.). Imaging report records are received in Health Level 7 (HL7) format. However, NLP algorithms used for e-path cannot be applied to imaging reports at this time. If the registry's workflow requires coding of imaging reports, then reports are coded in manual tasks.

### Death Certificate Records

All SEER*DMS registries receive electronic death certificates. These are data files with a record for each death certificate. A death certificate record contains patient identifiers, primary cause of death, secondary causes of death, and related information. A SEER*DMS polisher auto-codes site and morphology based on the first listed cause of death that is a reportable cancer. The auto-screener determines reportability. The Morphology polisher codes site and morphology on death certificate records; documentation is provided in SEER*DMS (go to Help > Polishers).

### Health Index Records

Hospital discharge data are processed as health index records in SEER*DMS. The same polisher that codes site and morphology based on cause of death is applied to disease codes on health index records. Refer to help text for Morphology polisher in SEER*DMS (go to Help > Polishers).

## Values of the Reportability Flag

The possible values for the reportability flag are described below. The criteria used to set each value are defined in registry configuration settings and documented on the Screening help page.

**Reportable** – The record contains data for an eligible case as defined by your registry's criteria.

**Auditable** – An optional value used by registries to identify path reports that may be reportable but require confirmation. Registry-specific rules determine when a record is coded as Auditable.

**Non-reportable** - The record contains data for a disease that is not collected by your registry. SEER*DMS processes the record to obtain follow-up information.

**Unknown** – Reportability flag not set. This includes records that have not gotten to the Screening step in the workflow and records that are waiting in a manual Screening or Path Screening task.

**Not applicable** – The record does not require screening, for example, it may be a supplemental record for a linkage and is only used to set vital status and date of last contact.

These icons are used in SEER*DMS to show a record's reportability:

- N Non-reportable
- A Auditable
- U Unknown (the record has not yet been screened)
- N/A Not applicable; the record type is not screened (e.g., supplemental records)

## Automated Screening Task

The Automated Screening Task occurs early in the workflow; it is executed after auto-coding polishers are applied (see Workflow Diagrams in Chapter 4). This task applies an algorithm to set the Reportability Flag in a three-step process.

Step 1 validates fields required by the algorithm. The reportability flag is set to unknown; and a manual Screening or Path Screening task is created if a validation rule fails. Standard rules check the values of site, histology, and behavior. Registry-specific rules for other fields may be applied.

Step 2 applies a second set of rules, the "reportable rules." The reportability flag is set to reportable if one of these rules returns true. This set of rules is based on SEER and/or NPCR case finding rules; registry specific logic is applied if the registry has additional reportable disease codes. The screen shot below shows an example of reportable rules used in 2025.

**Reportable Rules.** Reportability will be set to Reportable if any of the following are true:

- ICD-O-3: behavior is 0 or 1 and site is C70X-C72X, C751, C752 or C753
- ICD-O-3: behavior is 2 or 3 and;
    - not (site is C44X and histology is 8000-8005, 8010-8046, 8050-8086 or 8090-8110)
    - not (site is C53X and behavior is 2)
    - not (site is C619 and behavior is 2)
- ICD-O-3: behavior is 1 and site is C569 and histology in (8442, 8451, 8462, 8463, 8472, 8473, 8474)

If Step 2 returned false (not a reportable record) then Step 3 determines whether the reportability flag should be set to auditable or non-reportable based on registry-defined logic.

## Auto-coding Pathology Reports

This section provides an overview of the logic used in the Path Coding with NLP record polisher. Some site and histology combinations are always sent to a manual task for review (per registry requests). Please refer to the Polisher page of the SEER*DMS help system for details.

The Path Coding polisher sets primary site, histology, behavior, and laterality for electronic path reports. The polisher predicts values for the fields using Natural Language Processing (NLP) algorithms. The NLP algorithms were developed as part of the NCI-DOE Collaboration Project. The NLP algorithm returns six prediction flags (true/false):

- There is one report-wide prediction flag. This flag is true when the NLP algorithm predicted values with the highest level of confidence.
    - The accuracy rate for each individual field is greater than 97%; and the accuracy rate for all fields combined is also above 97%.
    - If the report-wide prediction flag is true, then the path report is auto-coded.
- There are five field-level prediction flags, one for each of these fields: 3-character site, 4-character subsite, histology, behavior, and laterality.
    - The NLP algorithm is extremely accurate, but not quite as confident if the report-wide flag is false but all field-level flags are true.
    - A percentage of these reports will be auto-coded. A random sample will be sent to manual path screening for QC purposes.

Auto-coding Rules:

- If the report-wide prediction flag is true:
  - Set primary site, histology, behavior, and laterality.
  - The polisher will use the 4-character subsite if it was successfully predicted (this is expected when the report-wide prediction flag is true).
- If the report-wide prediction flag is false:
  - If field-level prediction flags for site, histology, behavior, and laterality are true then set the fields.
    - The polisher will use the 4-character subsite if it was successfully predicted; otherwise, the 3-character site will be used.
  - Otherwise, do not set the fields and create a manual path screening task.
    - This happens when NLP could not predict one or more fields: (site and subsite flags are both false) or histology flag is false or behavior flag is false or laterality flag is false.

If the 3-character site is to be used:

- C21 is converted to C210
- C14, C22, C30, C38, C42, C48, C76 – no conversion; create a manual path screening task to code site on the record.
- For all other sites, a 9 is added as the 4th character.

All fields are validated against their lookups. A manual task is created if a value is not valid.

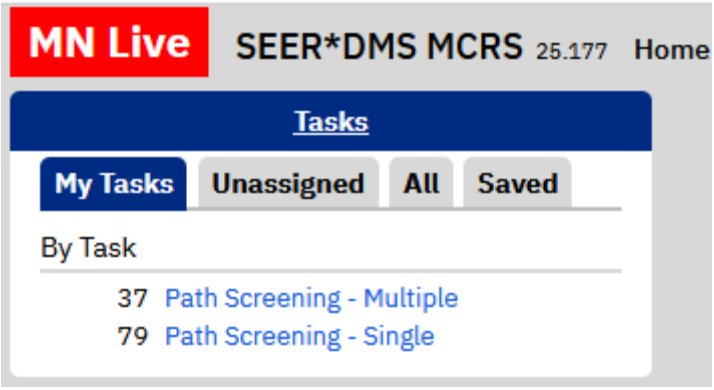
## Path Screening Tasks: Single vs Multi

Requires system permissions: *screening* and *rec_edit*

There are two manual tasks to code site, laterality, morphology, and reportability on Path Reports. Path Screen (Single) is used when a single Path Report for the same patient and specimen needs to be coded. Path Screen (Multi) is used when more than one Path Report for the same patient and specimen needs to be coded. In the current version of SEER*DMS, up to five Path Reports are grouped into a Path Screen (Multi) task if they match on patient identifiers, are either linked to the same patient set or are all unlinked, and match on Path Number and Event Date (the Event Date is set to Date Specimen Collected on Path Reports).

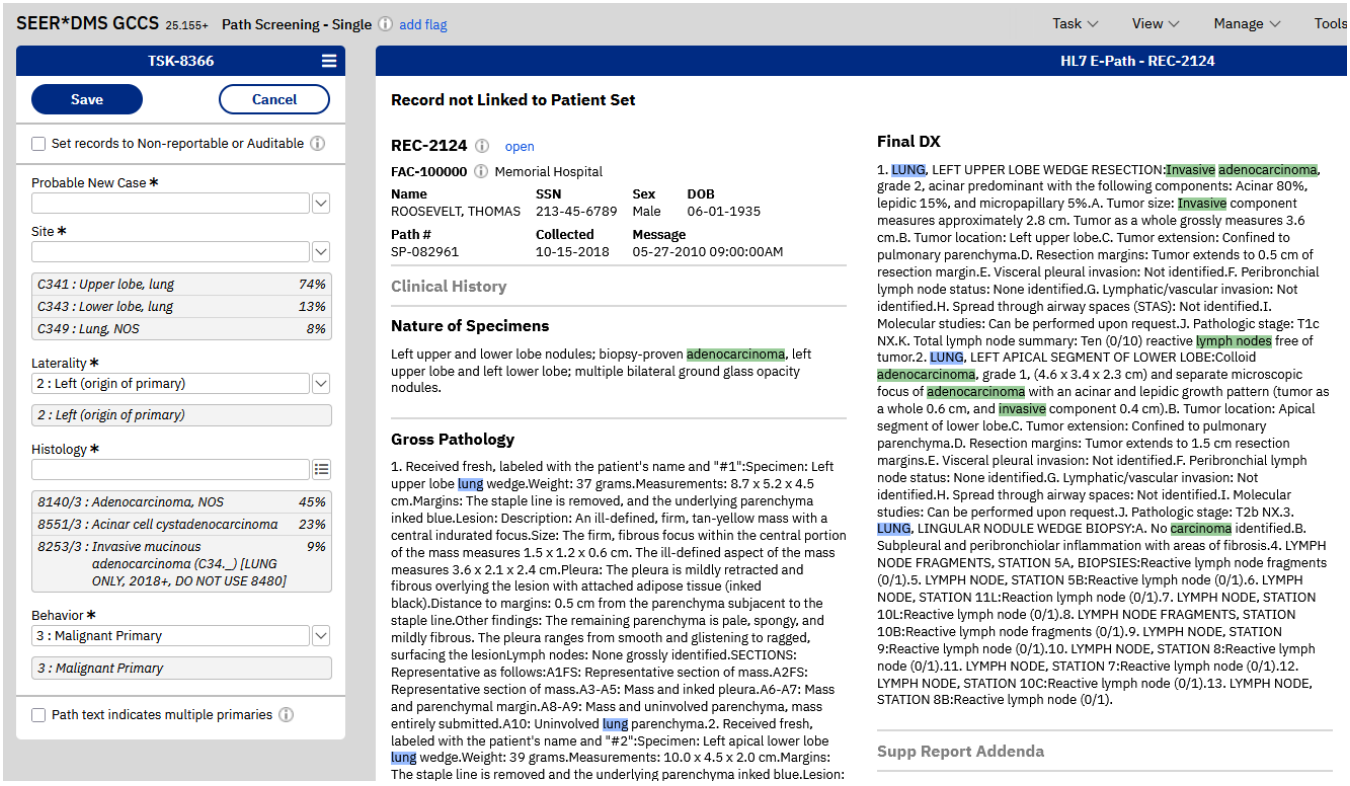
Very few registries manually screen Imaging Report records. In those registries that do, the Path Screen (Single) task is used. The Path Screen (Multi) task is not available for IR records.

To start a Path Screening session, click one of the Path Screening shortcuts on the SEER*DMS home page (shown below). That will take you to the worklist. Click the task ID in the worklist to open a task. As you complete each task, the next task in the list will open automatically.



# Path Screening (Single) Task

The screenshot below shows a Path Screening (Single) Task. The Path Report is in this task because the reportability API indicated that it is a potentially reportable report; and the confidence level of the NLP auto-coding algorithm was not high enough to auto-code the report. Therefore, the report needs to be manually coded in this task.




Up to three NLP predictions are shown for each field. These are shown in order of a relative confidence score. In this example, the polisher determined that the site might be C341, C343, or C349. The score shown next to each possible result does not indicate probability. It indicates that the polisher had higher confidence in the first value over the second; and higher confidence in the second value over the third. One of these values may be right or they may all be wrong. A person needs to read the path report and code the site and morphology.

*To code a Path Report and complete a Path Screening (Single) task:*

1. Review the pathology text.
2. If this is not a reportable report:
   a. Check the box at the top of the left panel. In this screen shot, that checkbox is labeled "Set to Non-reportable or Auditable". The auditable option is only available in some registries, as requested by registry management.
   b. Follow your registry's coding instructions to code the Non-reportable Reason and enter a Reportability Comment. These fields are optional in some registries. Please ask your registry manager for instructions.
   c. Click Save.

3. Probable New Case – this field is not shown in all registries. It is shown if requested by registry management. Follow your manager's instructions for coding this field. In general, it is intended to identify reports that can be built into CTCs without further review.
4. If the report indicates cancer, then code site, laterality, histology, and behavior:
    a. If the correct value is listed in the NLP predictions returned by the polisher:
        i. Click the row with the correct value. For example, if you determine that C341 is correct then click the row on the left that says *C341: Upper lobe, lung*.
    b. If the correct value is not listed:
        i. Manually enter the correct value. Use the lookups for each field.
    c. Click Save. SEER*DMS will automatically calculate reportability based on the site and morphology that you entered.

A small percentage of reports will contain information for two primary cancer diagnoses. Check the box on the left panel if the path report indicates multiple primaries. When you complete the task, SEER*DMS will create a separate record for each primary defined in the Path Screening task.

## Options for Manual Path Screening Tasks

The following fields can be coded in a Path Screening task, if requested by registry management.

- **Probable New Case** – If the option to show this field is on, the registry manager must provide specific coding instructions to staff. In general, it is intended to identify reports that can be built into CTCs without further review. Instructions provided by other registry managers to their staff can be provided upon request via SEER*DMS Technical Support.
- **CF Physician** – This is an optional field that can be set by a polisher or manually in Path Screening. The polisher logic applies a priority to select a physician from other physician fields in the record. This physician would then be used for case-finding lists and reports.
- **Ordering Facility** – This is a standard field that is not shown in Path Screening by default. It is shown for those registries that need to update the field in Path Screening.
- **Site and Histology Titles** – These are separate options that determine whether site title and/or histology title are collected in Path Screening tasks. The user can, but is not required to, enter values for the fields. Two registries use the options to allow staff to enter text that may be useful to other staff who later edit or consolidate the data. Many registries do not collect these in Path Screening to minimize time to complete the task.

Other registry options available for manual Path Screening tasks are:

- **Link to CTC** – This option is controlled by a user permission. If a user has the *link_in_screening* permission then they will have the ability, in a Path Screening task, to force the linkage of the path report record to a CTC in the record's Patient Set. This option is only shown if the user has the permission and the record is linked to a Patient Set.
- **Require user to code a Reason for Auditable Reports** – requiring a coded value for reason indicates why the user did not set reportability to reportable. This is used by some registries that choose not to code site and morphology on auditable reports (see below).
- **Require user to code Site and Morphology on Auditable Reports** - If this option is on then a user must code site, laterality, and morphology when reportability is set to Auditable. Example use case: one registry codes a report as auditable when it contains non-definitive cancer diagnosis while indicating a potential case for which follow-back may be needed to

confirm the diagnosis. Primary site and histology are coded based on the potential diagnosis, which allows for more efficient linking of auditable records to existing tumors or tumors created from abstracts received after the pathology record screening process.

- **Allow Coding of Site and Morphology when Record is Not Reportable** - If this option is on then the user who indicates that a report is non-reportable has the ability to code site and morphology in the task. If it is turned off, then site and morphology fields are not shown when non-reportable is selected. Currently, this option is not used in any registry because it increases the overall time to complete Path Screening tasks.
- **Annotation of Recurrence Fields** - Recurrence fields were shown in Path Screening tasks for a 2021 NCI annotation project. This option is not currently available.

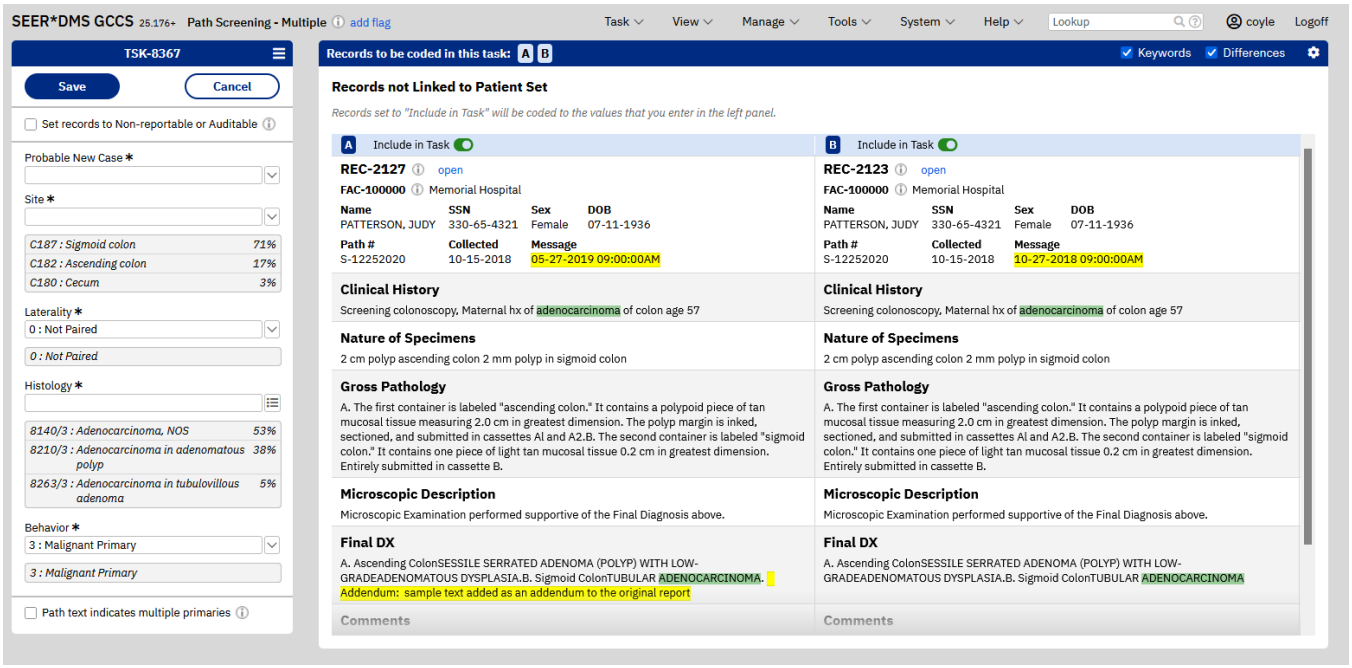
## Path Screening (Multi) Task

The screenshot below shows a Path Screening (Multi) Task. Tasks for the same patient and specimen are shown in a single task. In the current version of SEER*DMS, Path Reports are grouped into a Path Screening (Multi) task if they match on patient identifiers, are either linked to the same patient set or are all unlinked, and match on Path Number and Event Date (the Event Date is Date Specimen Collected for Path Reports). A maximum of five reports are shown in a task.

Notice the "Include in Task" toggle for each report. All reports flagged as "Include in Task" will be coded using the left panel. If you turn off "Include in Task" for a report then it will be coded individually.

Tips for Path Screening (Multi) tasks – follow this priority when coding:

1. Use the left panel to code site, laterality, histology, and behavior **if any report** indicates a reportable disease.
2. Only use the left panel to set reports to Non-reportable or Auditable if **all reports** are Non-reportable or Auditable.
3. If there are no reportable reports and you need to code some as Non-reportable and others as Auditable, use the left panel for some and code the others individually. It does not matter which set is coded using the left panel and which are coded individually.




*To complete a Path Screening (Multi) task:*

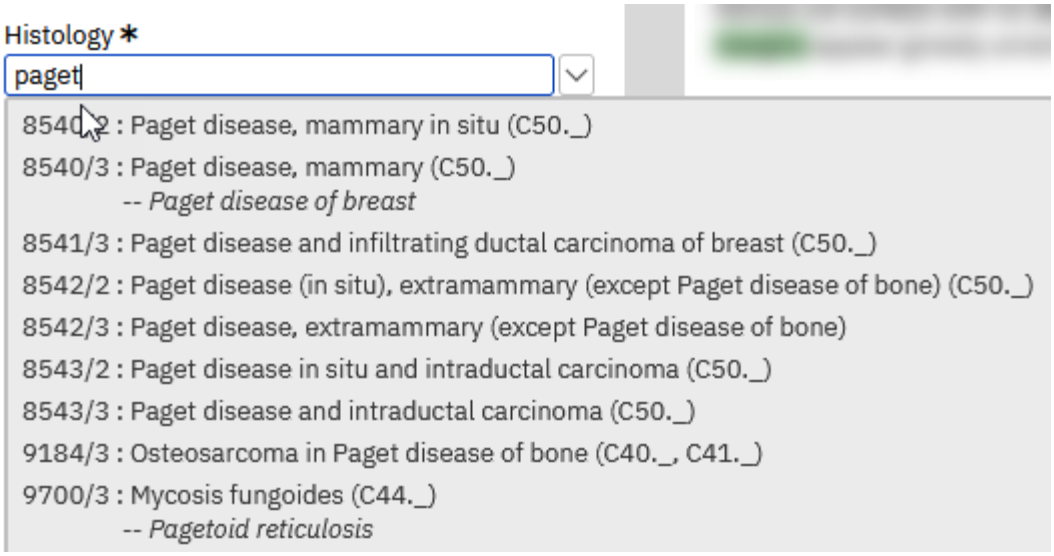
1. Review the pathology text in each record using these display options:
   a. Take note of the number of records when you first open the task. Each record is labeled alphabetically. If there are 5 reports then the message above the right panel will say, "Records to be coded in this task: A B C D E. In the screen shot above, there are two records labeled A and B.
   b. Be sure to read all reports. The number of reports that are visible when you open the task will depend on your monitor's size and settings. Scroll to the right, if needed.
   c. Keywords and Differences are options at the top right of the screen. Text that differs in reports are highlighted in yellow if the Differences option is on. Keywords are highlighted in other colors if the Keywords option is on.
   d. Click the gear symbol to specify whether you want Keywords and Differences highlighted by default when you open path screening tasks.
2. Set the **Include in Task** option for each report:
   a. Start with Report A and work through each report.
   b. To code this report by setting fields in the left panel, leave Include in Task turned On. (Refer to the tips on previous page when deciding whether to code via the left panel.)
   c. To code this report differently than the other reports, turn off Include in Task. You will then have the option to:
      i. Code in Different Task – use this option if this record is for a different reportable diagnosis than other reportable records in the same task. It will move to a new path screening task for coding. Only use this option if you need to code some of the reports with a different set of values for site, histology, behavior, and/or laterality.
      ii. Delete on Save – the record will be permanently deleted from the database. Use this option per your registry's policies.
      iii. Auditable – set this record to Auditable.

iv. Non-reportable – set this record to Non-reportable.

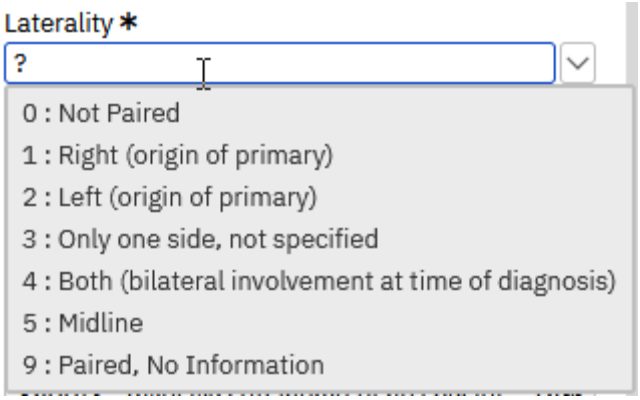
3. Use the left panel to code the reports that are Included in Task.
   a. The records that will be coded in the task are listed at the top of the left panel.
   b. Follow the instructions in the Path Screening (Single) Task section of this chapter to code reports using the left panel. You have the same options as when completing a Path Screening (Single) Task. The codes will apply to all records included in the task.
4. Click Save
5. Review the Summary of Changes. Click cancel to return to the task or click confirm to accept the changes and exit the task.

## Using the Auto-complete Feature

You may use search text or a code to find the correct value for a field. For example, start typing "paget" or 8540 for histology. A list of possible values will be displayed. Select a value and the system will set histology and behavior based on that morphology.




Enter a question mark to see all values for a field. This screen shot shows the values for laterality.



## Batch Updates of Path Reports

IMS continues to work with registries to automate batch updates based on the reportability API, keyword algorithms, and text queries. In the meantime, registry managers can use the Path Batch Update interface to select and process batches of path reports that are in Path Screening (Single) tasks. Please submit a SEER*DMS Technical Support issue if you would like one of your queries to be included in an automated process for your registry.

The Path Batch Update tab will be shown in the worklist if:

- You are assigned to a role that includes the *path_batch_update* permission.
- And the worklist Task Type filter is set to Path Screen (Single)

The batch update interface can be used to apply the following changes to path reports in manual Path Screening (Single) tasks and to the tasks:

- Set a batch of path reports to non-reportable. The manual Path Screening task for each report will be closed. The path report will move forward to the next step in the workflow. The report will follow the same workflow path as if its manual task were opened, the report set to non-reportable, and the task completed. The registry workflow rules will determine the next steps.
- Add or remove worklist flags for a set of Path Screening (Single) tasks.
- Set the Task Review Status for a set of tasks. Task Review Status is a flag that is only used when using the Path Batch Update screen. If you review a set of reports but do not want to make any changes to those reports, set this flag. You can then use the filter so that they are not listed when you review another batch of reports.

*To use Path Batch Update feature:*

1. Go to the list of all tasks in the left panel of the Home Page.
2. Click the link for Path Screening (Single).
3. Go to the tab labeled Path Batch Update. This is only shown to users with the path batch update permission.
4. If needed, use filters on the left panel to select tasks. The left panel includes standard worklist filters and a section to define Path Text Queries. The filters that are most likely to be used for Path Batch Updates include:
    a. Flag – registry managers assign Worklist Flags to identify priority tasks, problem tasks, and tasks for specific projects.
    a. Event Date – this is the record's Event Date. This field is set by a polisher (see Help > Polishers to review the logic). This date is set to the Date Specimen Collected on a pathology report, if the date is available.
    b. Import and Import Date – Use these filters to select tasks for path reports based on Import ID or date imported into SEER*DMS.
    c. NLP Site Group – use this filter to select tasks based on the calculated SEER Site recode assigned by the Record NLP Predict polisher. Logic in SEER*DMS assigns calculated SEER Site Recode based on the top three sites and histologies returned by the Path Extraction API.
    d. Site and Histology – you may use these filters to search for tasks based on the site coded in the record's primary site and histology fields. However, these may be missing

in many reports that are in manual Path Screening tasks. It will be populated in some reports with a value returned by the Path Extraction API. Consider using the NLP Site Group filter instead.

e. CAP eCC Synoptic – if your registry receives path reports with CAP eCC Synoptic text then it is important to use this filter when reviewing batches of Path Screening tasks. Reports with text in CAP eCC Synoptic should not be set to non-reportable using batch updates.

f. Comment – use this filter to search for tasks based on the worklist Comment. If there is a comment, it is shown in the leftmost column of the Path Batch Update tab.

g. Data Search Filter – use this filter to apply the logic from a saved Data Search. This can be used to apply more complex logic than is possible in the Path Batch Update tab. It can be prohibitively slow to use a Data Search filter. Please request IMS assistance by submitting a SEER*DMS Technical Support issue.

h. Task Review Status – use this filter to exclude tasks that were already reviewed in the Path Batch Update interface.

5. Add Text Queries

   a. Click Add to create a new query.

   b. Select a field or fields from the list of text fields. If you select multiple fields then the search criteria will be applied to field1 OR field2. For example, if you add a query to search for "malignant" in Full Diagnosis or Full Text then it will return path reports that have the word malignant in one of those fields.

   c. You can add another query using different fields. The search logic will be query1 AND query1 and query3, etc. For example, if you added one query to search for "malignant" in Full Diagnosis and you add a second query to search for "malignant" in Full Text then you would only see reports with malignant in both fields.

6. Apply a batch update to the selected Path Screening (Single) tasks:

   a. Set to Non-reportable – use this with caution. Please consult with registry management and IMS technical support to develop registry guidelines for using this feature. The manual Path Screening task for each report will be closed. The path report will move forward to the next step in the workflow. The report will follow the same workflow path as if its manual task were opened, the report set to non-reportable, and the task completed.

   b. Set Worklist Flags – you may add or remove Worklist Flags to the selected tasks.

   c. Set Task Review Status – setting the status gives you a way to find tasks that you reviewed previously or to find tasks that you have not reviewed.

## Options for Path Processing

These are examples of workflow options available to SEER*DMS registries.

- **Delete Non-reportable Path Reports** – Pathology reports identified as non-reportable may be auto-deleted. This can be applied to records identified by NLP algorithms as non-reportable and/or records manually coded as non-reportable. The reports can be used to update patient set data with follow-up information before deletion. This process includes the option of flagging a randomly selected set of these reports for quality control. The records flagged for quality control are path reports that were identified as non-reportable

and flagged for deletion. The registry manager can review and then manually delete these reports (individually or as a batch).

- **Identify and Delete Path Reports based on Text Comparisons** – Registries often receive new versions of a pathology report. Later versions may contain a new section labeled as an addendum or the new version may include additions to several text fields. IMS developed and implemented algorithms to compare text on two path reports and determine if all text on one path report is contained in the other. It is now possible to use this algorithm in the workflow. The path report record with the most complete text would be retained; less complete versions of the same pathology report would be deleted or hidden. These algorithms were developed in 2025 and are not currently integrated into any registry workflow. Please contact SEER*DMS Technical Support if your registry is interested in being a pilot registry for this project.
- **Other Workflow and Algorithm Options** – Registry specific rules are used for all record types, including pathology reports. This includes workflow rules to increase automation in consolidation and linking processes; and algorithms related to case-finding lists and algorithms related to AFLs. Contact SEER*DMS technical support for more information.

Other path processing options may be available. Please submit a SEER*DMS Technical Support issue for a full review of path processing in your registry.

## Screening Tasks for other Record Types

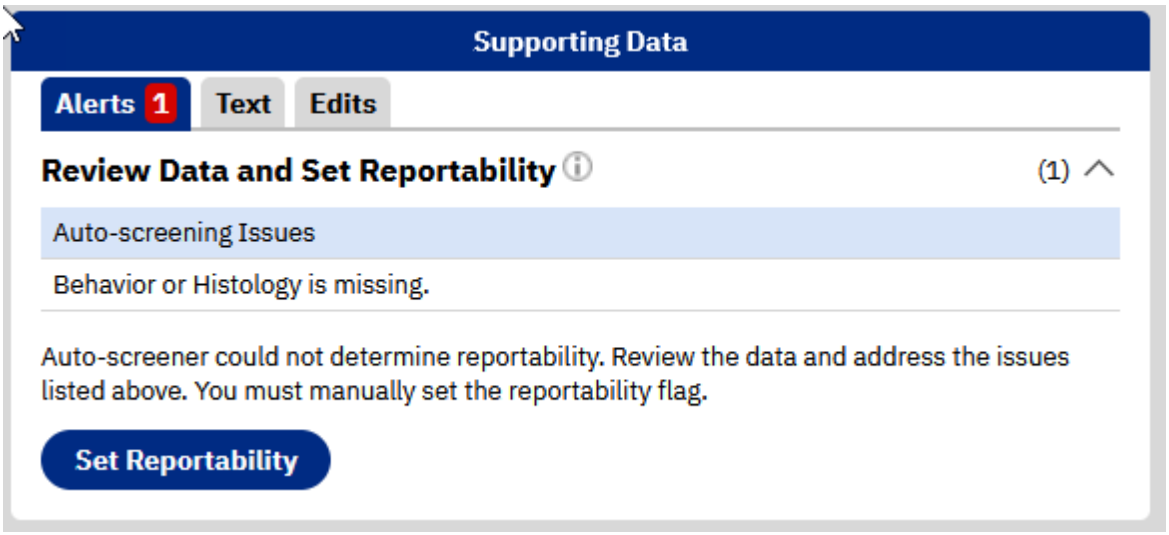
Requires system permission: *screening* and *rec_edit*

Records created via abstracting software are submitted to SEER*DMS with pre-coded values for site and morphology. SEER*DMS only creates a manual task to code these data items if they are missing or not valid.

The auto-screener sets the reportability flag for nearly all abstracted records; a manual Screening task is created for a very small percentage. A manual task is created if the auto-screener cannot determine reportability; or if, according to your registry's algorithms, non-reportable abstracts always require review. Some registries only expect to receive reportable abstracts and, therefore, require a manual review for any abstract with a non-reportable site and morphology.

To open a screening task, click a **Screening** link in the worklist summary on the home page. The Information column for each task will show a message from the auto-screener. For example, the auto-screener requires a valid value for site. If site was missing or blank, then the auto-screener message would be "missing site." A similar message would be listed if the record failed other Auto-Screener Rules. The auto-screener rules and algorithms are described on the Screening help page.

Once you open the task, the record will be displayed in the record editor. Messages from the auto-screener will be displayed in the **Alerts** tab in the right panel. In this example, the screener could not determine reportability because the record does not have a value for behavior or histology.




*To set a record's reportability flag in a standard Screening task:*

1. Review the auto-screener messages displayed on the **Alerts** tab.
2. Set values on the CTC page for missing critical fields (site, histology, behavior, etc).
3. Review the record to ascertain reportability:
   a. Click the links in the left navigation panel to review fields on other data pages.
   b. If text is not displayed on the main data panel, click **Text** to open a pop-up window showing the text fields or go to the Text tab in the right panel.
4. If you can ascertain reportability for this record, set the reportability status field:
   a. Click **Set Reportability** on the Alerts tab.
   b. Select a **Reportability** value from the drop-down list.
   c. If you have selected *Auditable* or *Non-Reportable*, document your findings by selecting a coded value in the **Non-Rpt Reason** field and entering text for the **Non-Rpt Comment**.
5. If you are unable to determine reportability, use one of these options.
   a. If further information from the abstractor or physician is required, you may submit a request for follow-back information.
   b. If you require assistance, you may reroute the screening task to your manager or a colleague by following the instructions in *Chapter 4: Using the Worklist*.
6. Click **Save**.
7. Click **Save & Exit**.