August 2020 SEER COVID-19 Q&A

https://seer.cancer.gov/tools/covid-19/qa.html

Cases for COVID-19 Text Abstraction

Q: Please clarify the date criteria for collecting the COVID-19 data. Are we including the information in our abstracts for cases that were diagnosed in 2020 and were abstracted after June 1, 2020, or is it for all cases diagnosed in 2020 regardless of when they were abstracted and cases that are not 2020 but are abstracted after June 1, 2020? —

A: The COVID-19 instructions apply to any case abstracted on or after 6/1/2020 which was diagnosed on or after 1/1/2020, unless you have different instructions from your state/central registry. SEER does not expect registrars to go back and conduct additional abstracting work on cases completed before 6/1/2020. Most cases diagnosed before 1/1/2020 would have been completed by 6/1/2020. While not required by SEER, abstraction of information for cases diagnosed before year 2020 or completed before 6/1/2020 could be useful for understanding the impact of COVID-19 and if abstracted, the information will be accepted by central registries.

Q: Does SEER want Registrars to report this information on every case that is abstracted with a diagnosis year of 2020 until further notice? For example - the information in the Lab Text and Remarks Text will provide COVID test interpretation and dates. For cases that were negative for COVID or unknown if a viral test was done (which is not recorded), do registrars still add the text to the Treatment fields? —

A: Record information in the treatment text fields when one of the treatments is affected by the pandemic. If there was no effect on treatment, no need to record anything in the treatment fields. Do report negative tests in the Lab Text field.

Q: Is the COVID data collection specifically for SEER registries at this time? —

A: The COVID data collection is required for SEER registries. Other registries may participate if desired; however, their data will not be submitted to SEER.

Formatting of Text

Q: You list, SURG TX delayed D/T COVID-19 & given as subsequent TX after progression, can we shorten that and list SURG DELAYED D/T COVID-19 & GIVEN AS SUB TX AFTER PROG?

A: This is fine.

Q: Within RX TEXT--RADIATION (BEAM), you have EBRT [XRT; RT] DC D/T COVID-19. Do we have to have all three EBRT [XRT; RT] listed or can we just list the abbreviation that ours states (example: XRT DC D/T COVID-19)?

A: Use the one that pertains to your situation. These abbreviations are interchangeable by NAACCR standards. The COVID-19 Abstracting Guidance document has been updated to make this more clear.

Q: For uniformity, what should be used to represent the unknown values within a partial date? We were thinking 99 (examples: 99/99/9999 or 99/99/2020)

A: Use 99 or xx, whichever works for your software.

Q: Does CAPS vs lower case matter in the text entry?

A: CAPS are preferred but not required. Follow usual rules for recording text.

Types of Tests

Q: The guidelines say to record the last negative viral nucleic acid test when there are no positive tests. I take that to mean that a negative antibody test would not be recorded. Is that correct? "Record the interpretation and date of the last negative test when no positive tests are available, but one or multiple negative SARS-CoV-2 viral nucleic acid are documented"

A: Record the last test for both when a negative viral nucleic acid test and a negative antibody test are documented for the same patient. Record the date of each negative test. Viral RNA tests only indicate current infection; antibody tests indicate prior exposure. You can have a meaningful negative viral RNA test if it has been long enough between symptom onset and testing and a positive or negative antibody test depending on when the blood was drawn relative to the infection. Both are meaningful. The COVID-19 Abstracting Guidance document has been updated to make this more clear. Example: COVID-19 viral NEG 03/09/2020 antibody NEG 05/09/2020

Q: PCR positive COVID-19 results in abstracts: The PCR test is not referenced in the guidelines from SEER, yet it appears to be the most widely used test the registrars are seeing at this point. Please advise how to proceed.

A: Yes, polymerase chain reaction (PCR) and reverse-transcription PCR (RT-PCR) are the most common diagnostic viral nucleic acid tests. They should be abstracted as a diagnostic viral nucleic acid test. The COVID Text Abstracting Guidance has been updated to reflect this information.

Information to Record in Text

Q: If a first course of treatment was changed, are you wanting details about the changes, such as date of original treatment and date it was finally initiated?

A: We did not ask for details about the changes to keep this effort as streamlined as possible and to reduce the amount of time it would take to record this information. If you want to provide the extra information, that is fine. But there is no expectation on our end for that information.

Q: Is it acceptable to add additional text AFTER the text in designated format? For example, "U07.1 06/01/2020 - pt recovered from COVID-19 last month, per Dr. Smith".

A: If you want to provide the extra information, that is fine. But there is no expectation on our end for that information.

Q: If first course of treatment was changed and immunotherapy and/or hormone therapy was added, would this be a change to immunotherapy and/or hormone therapy? If not, should a variable be added to denote that these treatments were added to first course of treatment as an alternate modality? We had a patient whose original treatment plan was to be surgery, but due to facility limitations related to COVID, the patient was given hormone therapy because surgery was postponed.

A: Record the facility limitations in the remarks text field as: Z75.3 mm/dd/yyyy [unavailability or inaccessibility of health care facilities]. Also, record the postponement of surgery in the surgery text field as: SURG TX delayed D/T COVID-19. If surgery took place after disease progression, record as: SURG TX delayed D/T COVID-19 & given as subsequent TX after progression. The hormone therapy will be recorded in the hormone field, so that information will be captured.

Q: We have cases where the patient was administered hormone therapy while they waited for surgery or RT treatments due to pandemic limiting or cancelling surgeries at our facility. Is this something we need to capture?

A: Record the facility limitations in the remarks text field as: Z75.3 mm/dd/yyyy [unavailability or inaccessibility of health care facilities]. Use the appropriate text fields to record the delay in surgical and/or RT treatment.

Q: The guidelines state U07.1 is to be used to code only a confirmed diagnosis of (COVID-19) and goes on to say that lab confirmation can be used to assign this code. My question is: Molecular and Antigen tests are diagnostic tests; however, an antibody test is not diagnostic. Since an antibody test is not diagnostic, should U07.1 be assigned if there is not a confirmed diagnosis from additional sources (physician statement, EMR, death certificate), and the only positive test result is from antibody testing?

A: The antibody test is not really "diagnostic" so if that is all you have, don't record the ICD-10 code in the text field. But, if the ICD-10 code is documented or COVID-19 is documented in the medical record, even when only an antibody test was done, do record the ICD-10 code in the text field. The rationale is as follows: In the absence of documentation of COVID-19 in the medical record or death certificate and without a positive antigen test, a positive antibody test just says that the person was infected with SARS-CoV-2 and does not support that they develop the clinical manifestations of COVID-19, the disease caused by SARS-CoV-2 infection.

Q: What time frame constitutes a delay? For instance, if it's only delayed for a couple of weeks, would we still put in the text that it was delayed?

A: Any delay attributed to the pandemic should be documented.

Q: Normal NCCN guidelines are to have surgery, but the patient declines due to COVID fears. As a result, chemo/immuno are recommended but again the patient declines (the patient has not received any treatment). Would we put the DC D/T COVID-19 for the surgery, chemo and immunotherapy fields, or would we just put it in the surgery field since it's the recommended treatment per NCCN guidelines?

A: Document the surgery and the chemo/immuno DC. The patient could have received these treatments, but declined these due to the COVID situation, so we want that documented.

Q: If the patient refuses the standard NCCN guideline treatment for a site, and the physician gives other options instead and patient still refuses due to the pandemic, would you just code the NCCN guideline fields or all additional recommendations as well?

A: In this situation, record the refused treatments that correspond to the NCCN guidelines for this patient's cancer diagnosis and record the other options that were offered and refused. The patient could have received these treatments, but declined these due to the COVID situation, so we want that documented

Q: Do you know if there has been any decision on how to code cases where hormone is given for a couple of months while they await surgery? It's technically not neoadjuvant treatment, but when we code it, our software doesn't like it because we aren't putting in a post-therapy stage.

A: This sounds like a question for the AJCC forum in CAnswer Forum: Should hormone therapy given while awaiting surgery delayed due to COVID be recorded as neoadjuvant? If not, your software may need to be adjusted.

Q: The instructions state that if treatment was recommended before but administered after disease progression, record surgical treatment in Second Course Rx fields. Since Second Course RX field are not required fields, are you wanting second course treatment to be coded for cases where, due to COVID, treatment was recommended before but administered after disease progression?

A: Second course treatment should be recorded in second course treatment fields if those fields are being collected by the facility/registry. If they are not collected, no need to record second course treatment. The COVID-19 Abstracting Guidance document has been updated to make this more clear.

Q: We can have a case where patient is noted to be COVID-19+, but we don't have the type of test performed or date. In this scenario, we need to enter the U07.1 without a date?

A: You should at least know the year. For cases you are working on now, the year will be 2020.

Q: If we need to put in COVID text and treatment text in the Remarks text field, does it matter which one is entered in the text field first?

A: No, the order does not matter.

Q: If a patient wants a bilateral mastectomy/reconstruction but only unilateral without reconstruction is offered due to OR scheduling, etc., how is this coded? It is a treatment change to what was wanted/planned, so how is this documented? The patient was treated.

A: If this change was made because of limited access to the facility or postponement of non-essential procedures due to the pandemic, abstract the date of decision to postpone and the Z75.3 code as shown. Z75.3 mm/dd/yyyy Also, abstract the change in surgical treatment in the Surgery text field as shown. SURG TX CHG D/T COVID-19

Q: If patient comes in for cancer diagnosis but also was positive for COVID-19 and they stopped cancer diagnosis and treatment, what to do in this case?

A: If you have information about the interpretation and the type of SARS-CoV-2 test, record it in the DX PROC--LAB TESTS text field. If you have information about the specific cancer treatments that were cancelled, record this information in the appropriate text field according to the COVID-19 Abstraction Guidance document. If you do not know the specific cancer treatments that were cancelled, use the Remarks text field as shown in this example. FCOT DC D/T COVID-19

Q: Treatment delays – what date to record – date of original surgery – and date of rescheduled procedure?

A: Abstract the date of the decision to postpone the treatment. The date of the rescheduled procedure will be captured in the usual data item.

Miscellaneous

Q: Has there been any testing of this reporting methodology?

A: The Abstraction Guidelines document has been reviewed by over 20 hospital registrars selected by NCRA, in addition to registrars from SEER central registries, NCI physicians and NCI SEER Program staff. NCI has developed text mining algorithms and has used them for other projects. SEER will evaluate the methodology quarterly and will continue to work closely with SEER Registry Managers, the SEER Quality Improvement Experts group, NCRA, and NAACCR to adjust the methodology if necessary.