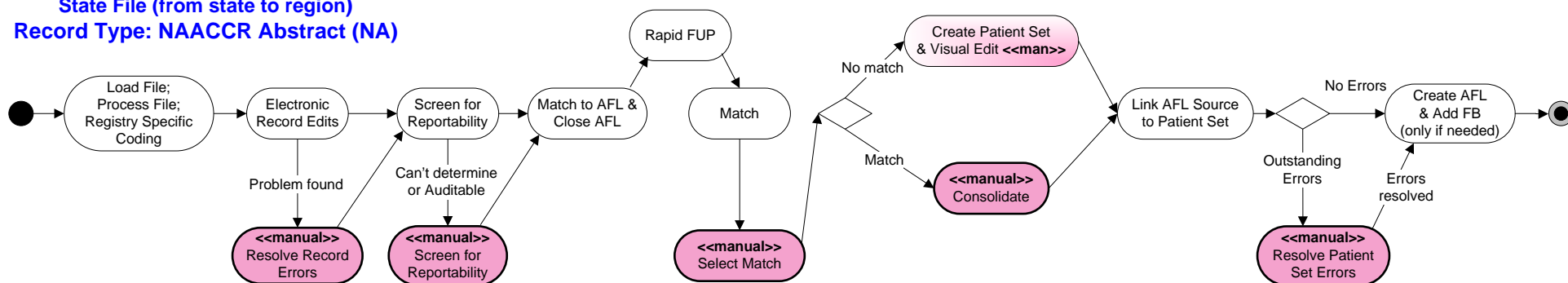**Record Type: Health Record (HR)**
Including Initial Abstract,
State File (from state to region)
Record Type: NAACCR Abstract (NA)

AFL: Abstract Facility Lead – lead that indicates an abstract may be needed from a particular facility for the specified patient/cancer.
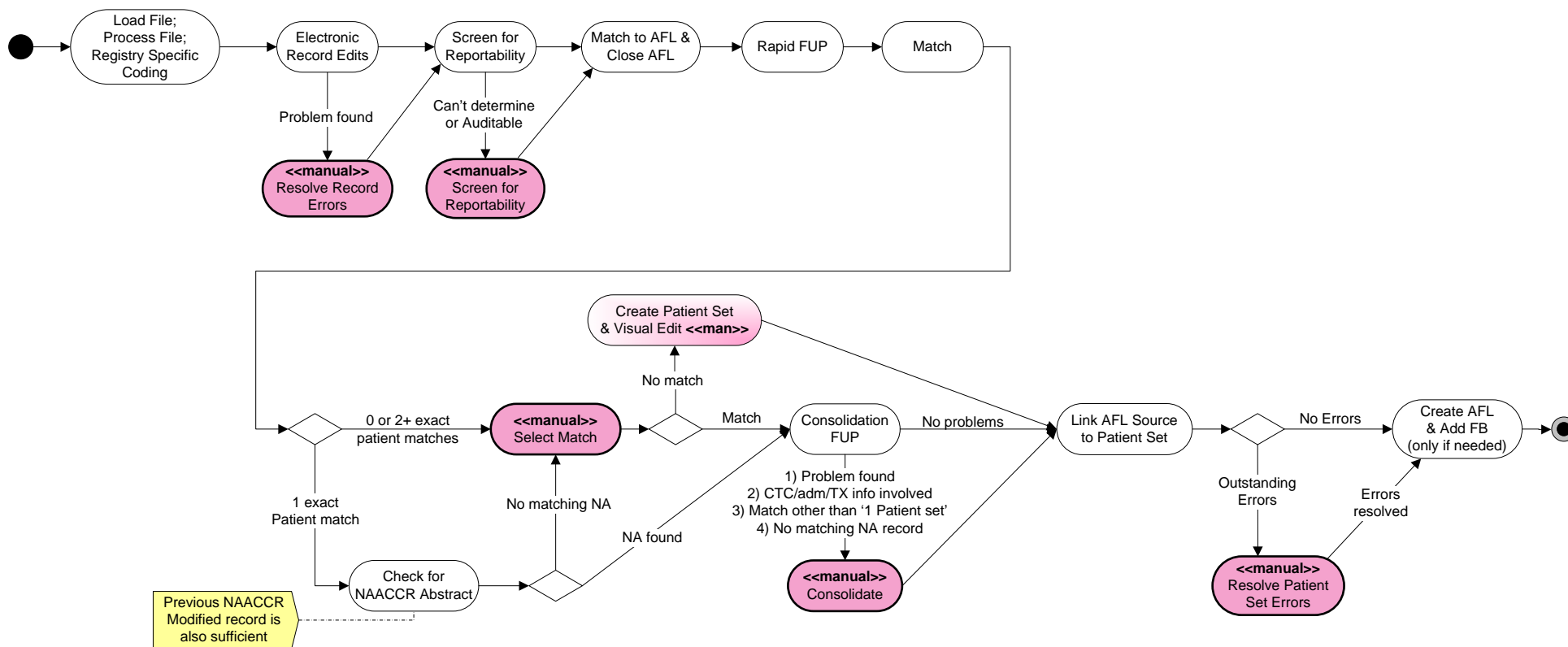**AFL Source**: The record a given AFL is based on.
FB: Follow-back – a specific question to a physician/facility regarding information on the record that is missing or needs clarification.
All white tasks are automated.

Match:
1) For normal matching, an automated (probabilistic) comparison between the incoming record and all Patient sets and unlinked records.
2) We propose that in order for the 'Select Match' step to occur, the results must include a patient set or a record capable of building a patient set during normal registry operations. If this is not the case, the situation would be treated as 'no match'. Abstracts and State file records can build patient sets.
3) When a match is discovered during normal matching, the human must specify at what level the record links to the patient set (selected or constructed), the patient level or a particular CTC. If a AFL source record is to be linked, it is attached to the same level as the incoming record which closed the AFL.

SEER Program: SEER*DMS Workflow Diagrams by Record   National Cancer Institute

Record Type: NAACCR Modified (NM)

AFL: Abstract Facility Lead – lead that indicates an abstract may be needed from a particular facility for the specified patient/cancer.
FB: Follow-back – a specific question to a physician/facility regarding information on the record that is missing or needs clarification.
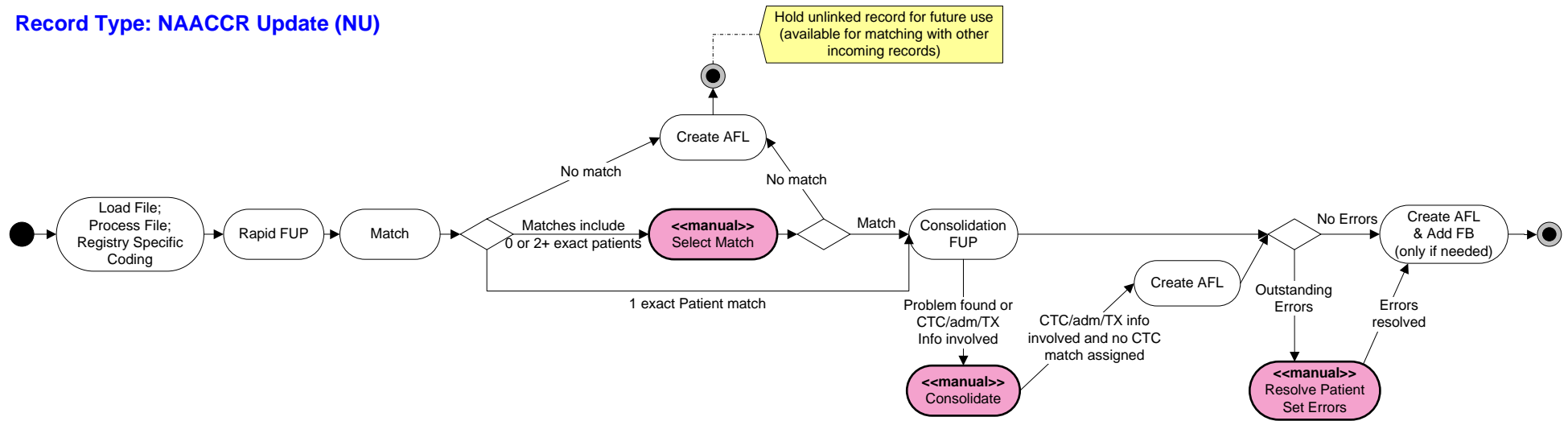**FUP**: Follow-up – here, activity performed in the name of passive follow-up
CTC: Cancer/Tumor/Case – the disease of interest
All white tasks are automated.

Match:
1) For normal matching, an automated (probabilistic) comparison between the incoming record and all Patient sets and unlinked records.
2) We propose that in order for the 'Select Match' step to occur, the results must include a patient set or a record capable of building a patient set during normal registry operations. If this is not the case, the situation would be treated as 'no match'. Abstracts and State file records can build patient sets.
3) When a match is discovered during matching for these record types, the link to the patient set would be established. If the record contains CTC/adm/TX information, the human must specify the matching CTC.

Record Type: NAACCR Update (NU)

Hold unlinked record for future use (available for matching with other incoming records)

AFL: Abstract Facility Lead – lead that indicates an abstract may be needed from a particular facility for the specified patient/cancer.
FB: Follow-back – a specific question to a physician/facility regarding information on the record that is missing or needs clarification.
FUP: Follow-up – here, activity performed in the name of passive follow-up
CTC: Cancer/Tumor/Case – the disease of interest
All white tasks are automated.

Match:
1) For normal matching, an automated (probabilistic) comparison between the incoming record and all Patient sets and unlinked records.
2) We propose that in order for the 'Select Match' step to occur, the results must include a patient set or a record capable of building a patient set during normal registry operations. If this is not the case, the situation would be treated as 'no match'. Abstracts and State file records can build patient sets.
3) When a match is discovered during matching for these record types, the link to the patient set would be established. If the record contains CTC/adm/TX information, the human must specify the matching CTC.

**Record Type: Short Health Record (SH)
Including Follow-up Abstract,
Partial Abstracts**

If submission is approaching and no additional information has arrived

Hold unlinked record for future use (available for matching with other incoming records)

Load File; Process File; Registry Specific Coding → Electronic Record Edits → Screen for Reportability → Match to AFL & Close AFL → Rapid FUP → Match

No match / No match / Match

<<manual>> Consolidate → Link AFL Source to Patient Set → No Errors → Create AFL & Add FB (only if needed)

Problem found / Can't determine or Auditable

<<manual>> Resolve Record Errors

<<manual>> Screen for Reportability

Match

<<manual>> Select Match

Outstanding Errors / Errors resolved

<<manual>> Resolve Patient Set Errors

<<manual>> Initiate SHO Builds → Create Patient Set If Needed → Create CTC Set If Needed → Close AFL

<<manual>> Visual Edit Patient Set

(task continues on from here normally)

AFL: Abstract Facility Lead – lead that indicates an abstract may be needed from a particular facility for the specified patient/cancer.
AFL Source: The record a given AFL is based on.
FB: Follow-back – a specific question to a physician/facility regarding information on the record that is missing or needs clarification.
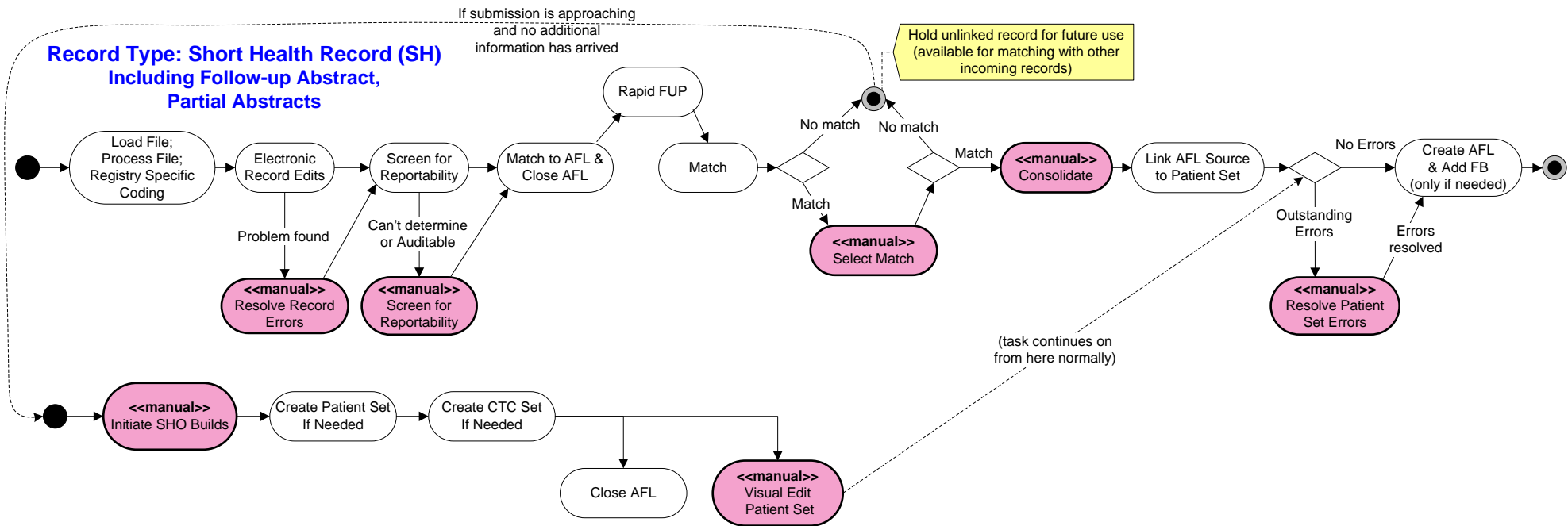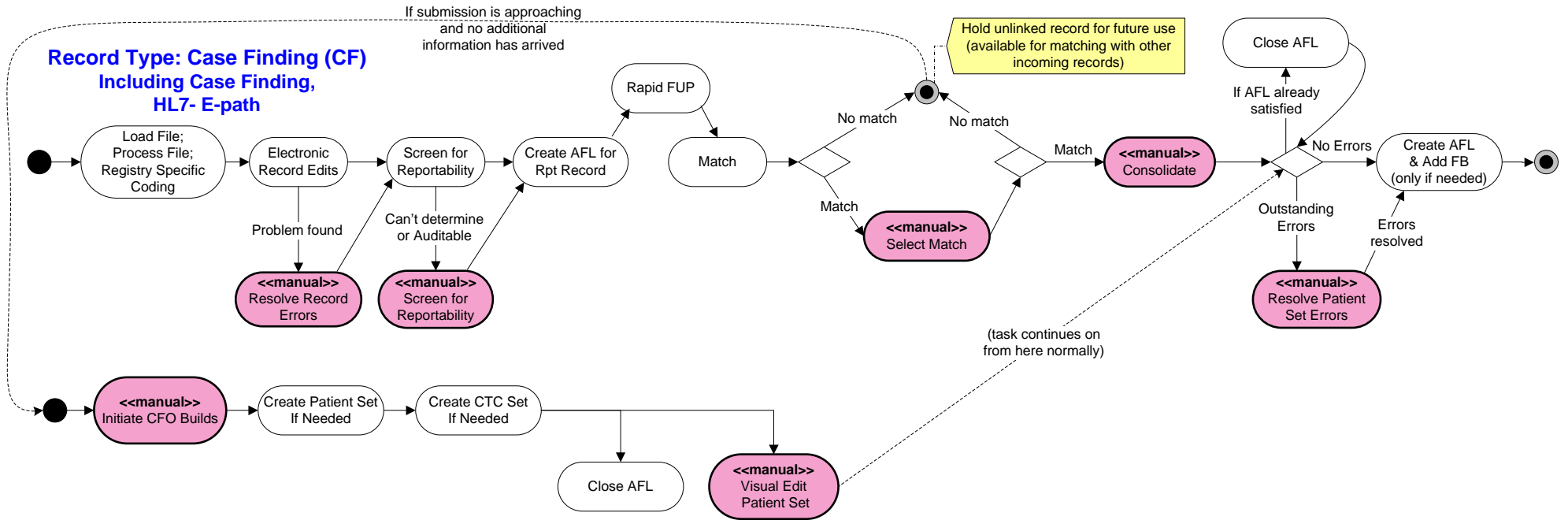**SHO Builds**: the construction of a patient set using a Short Health Record because that is the only data available.
CTC: Cancer/Tumor/Case – the disease of interest
All white tasks are automated.

Match:
1) For normal matching, an automated (probabilistic) comparison between the incoming record and all Patient sets and unlinked records.
2) We propose that in order for the 'Select Match' step to occur, the results must include a patient set or a record capable of building a patient set during normal registry operations. If this is not the case, the situation would be treated as 'no match'. Abstracts and State file records can build patient sets.
3) When a match is discovered during normal matching, the human must specify at what level the record links to the patient set (selected or constructed), the patient level or a particular CTC. If a AFL source record is to be linked, it is attached to the same level as the incoming record which closed the AFL.

Record Type: Case Finding (CF)
Including Case Finding,
HL7- E-path

If submission is approaching
and no additional
information has arrived

Hold unlinked record for future use
(available for matching with other
incoming records)

Close AFL

Rapid FUP

Load File;
Process File;
Registry Specific
Coding

Electronic
Record Edits

Screen for
Reportability

Create AFL for
Rpt Record

Match

No match

No match

Match

If AFL already
satisfied

No Errors

Create AFL
& Add FB
(only if needed)

Match

<<manual>>
Select Match

<<manual>>
Consolidate

Outstanding
Errors

Errors
resolved

Problem found

Can't determine
or Auditable

<<manual>>
Resolve Record
Errors

<<manual>>
Screen for
Reportability

<<manual>>
Resolve Patient
Set Errors

(task continues on
from here normally)

<<manual>>
Initiate CFO Builds

Create Patient Set
If Needed

Create CTC Set
If Needed

Close AFL

<<manual>>
Visual Edit
Patient Set

AFL: Abstract Facility Lead – lead that indicates an abstract may be needed from a particular facility for the specified patient/cancer.
FB: Follow-back – a specific question to a physician/facility regarding information on the record that is missing or needs clarification.
Rpt: Reportable – a record that is of interest to the registry
CFO Builds: the construction of a patient set using a Case Finding Record because that is the only data available.
CTC: Cancer/Tumor/Case – the disease of interest
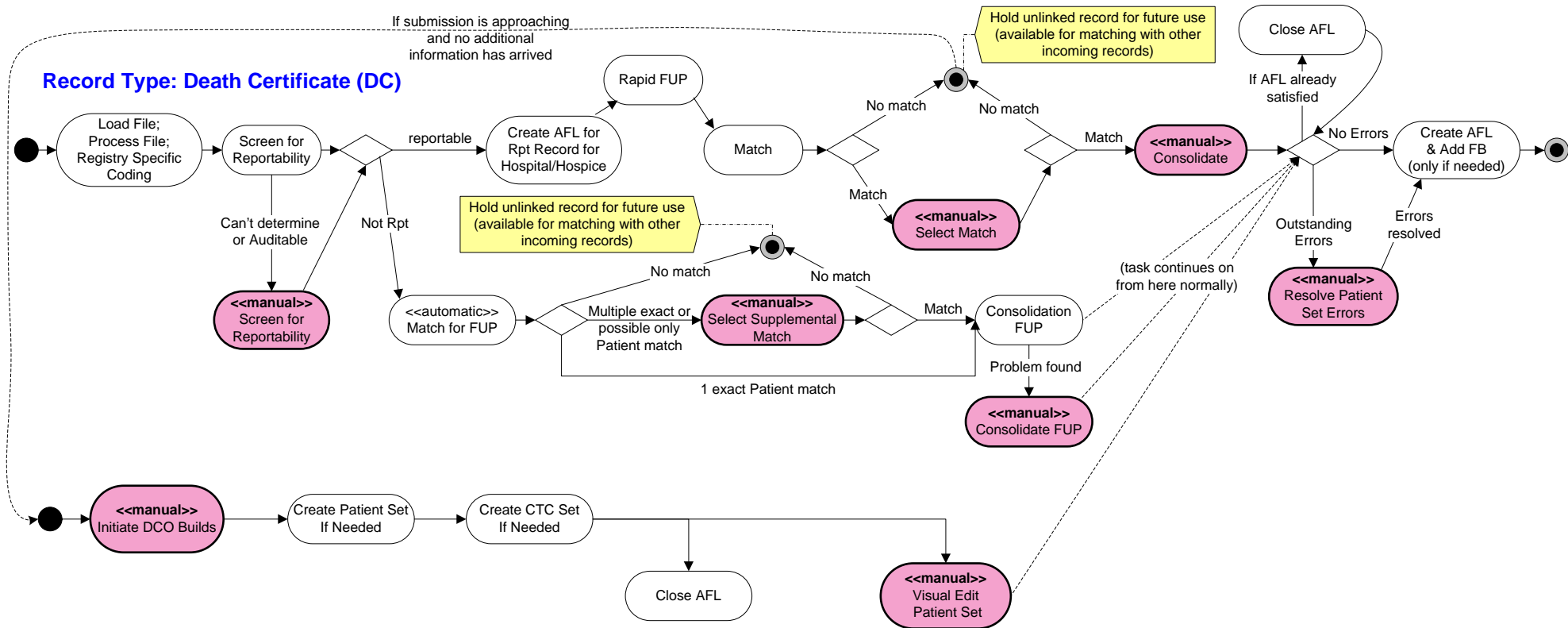All white tasks are automated.

Match:
1) For normal matching, an automated (probabilistic) comparison between the incoming record and all Patient sets and unlinked records.
2) We propose that in order for the 'Select Match' step to occur, the results must include a patient set or a record capable of building a patient set during normal registry operations. If this is not the case, the situation would be treated as 'no match'. Abstracts and State file records can build patient sets.
3) When a match is discovered during normal matching, the human must specify at what level the record links to the patient set (selected or constructed), the patient level or a particular CTC.
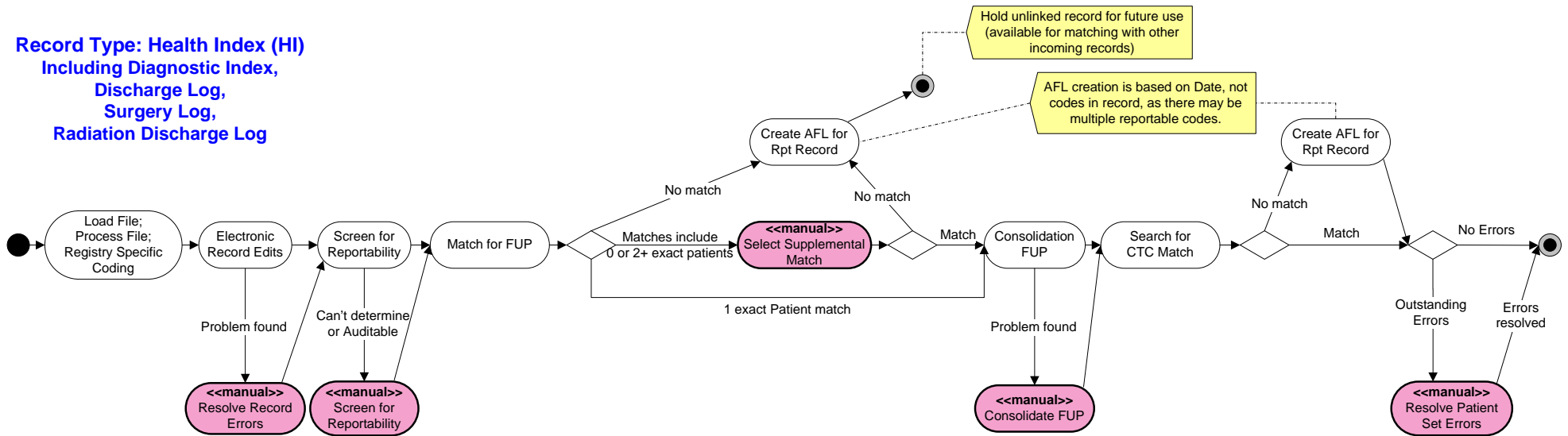
Record Type: Death Certificate (DC)

AFL: Abstract Facility Lead – lead that indicates an abstract may be needed from a particular facility for the specified patient/cancer.
FB: Follow-back – a specific question to a physician/facility regarding information on the record that is missing or needs clarification.
Rpt: Reportable – a record that is of interest to the registry
DCO Builds: the construction of a patient set using a Death Certificate because that is the only data available.
CTC: Cancer/Tumor/Case – the disease of interest
All white tasks are automated.

Match:
1) For normal matching, an automated (probabilistic) comparison between the incoming record and all Patient sets and unlinked records. For follow-up matching, an automated (deterministic) comparison between the incoming record and all Patient sets.
2) We propose that in order for the 'Select Match' step to occur, the results must include a patient set or a record capable of building a patient set during normal registry operations. If this is not the case, the situation would be treated as 'no match'. Abstracts and State file records can build patient sets.
3) When a match is discovered during follow-up matching, a link is established between the incoming record and the matching patient set. For normal matching, the human must specify at what level the record links to the patient set (selected or constructed), the patient level or a particular CTC.

Record Type: Health Index (HI)
Including Diagnostic Index,
Discharge Log,
Surgery Log,
Radiation Discharge Log

Hold unlinked record for future use
(available for matching with other
incoming records)

AFL creation is based on Date, not
codes in record, as there may be
multiple reportable codes.

Create AFL for
Rpt Record

Create AFL for
Rpt Record

No match

No match

No match

Match

No Errors

Load File;
Process File;
Registry Specific
Coding

Electronic
Record Edits

Screen for
Reportability

Match for FUP

Matches include
0 or 2+ exact patients

<<manual>>
Select Supplemental
Match

Match

Consolidation
FUP

Search for
CTC Match

Problem found

Can't determine
or Auditable

1 exact Patient match

Problem found

Outstanding
Errors

Errors
resolved

<<manual>>
Resolve Record
Errors

<<manual>>
Screen for
Reportability

<<manual>>
Consolidate FUP

<<manual>>
Resolve Patient
Set Errors

AFL: Abstract Facility Lead – lead that indicates an abstract may be needed from a particular facility for the specified patient/cancer.
Rpt: Reportable – a record that is of interest to the registry
FUP: Follow-up – here, activity performed in the name of passive follow-up
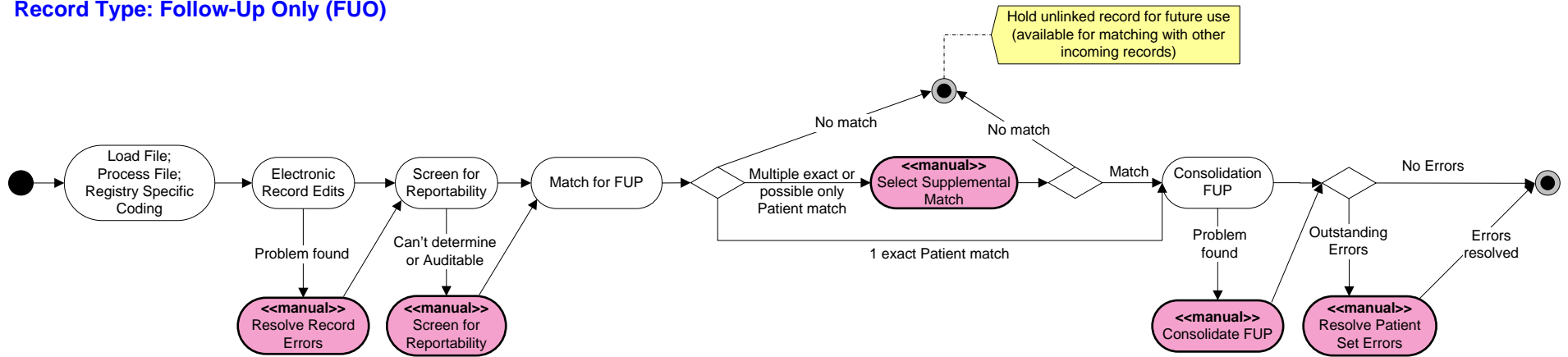**Health Index** – a log, list or index, usually from a hospital, that can be used to assure all cases have been found but does not contain sufficient data to
build a patient set. Disease index, discharge log, surgery index, etc.
All white tasks are automated.

Match:
1) For follow-up matching, an automated (deterministic) comparison between the incoming record and all Patient sets.
2) When a match is discovered during follow-up matching, a link is established between the incoming record and the matching patient set.
3) A CTC match would be when all the codes on the Health Index are accounted for in the patient set. The algorithm may vary by registry.

Record Type: Follow-Up Only (FUO)

Hold unlinked record for future use (available for matching with other incoming records)

Load File; Process File; Registry Specific Coding → Electronic Record Edits → Screen for Reportability → Match for FUP

No match

Multiple exact or possible only Patient match → <<manual>> Select Supplemental Match

No match

Match → Consolidation FUP

No Errors

1 exact Patient match

Problem found → <<manual>> Resolve Record Errors

Can't determine or Auditable → <<manual>> Screen for Reportability

Problem found → <<manual>> Consolidate FUP

Outstanding Errors → <<manual>> Resolve Patient Set Errors

Errors resolved

FUP: Follow-up – here, activity performed in the name of passive follow-up
All white tasks are automated.
Edits: For FUO, the edits may be more limited than other types. For example, the registry may choose to only verify that all physicians are coded.
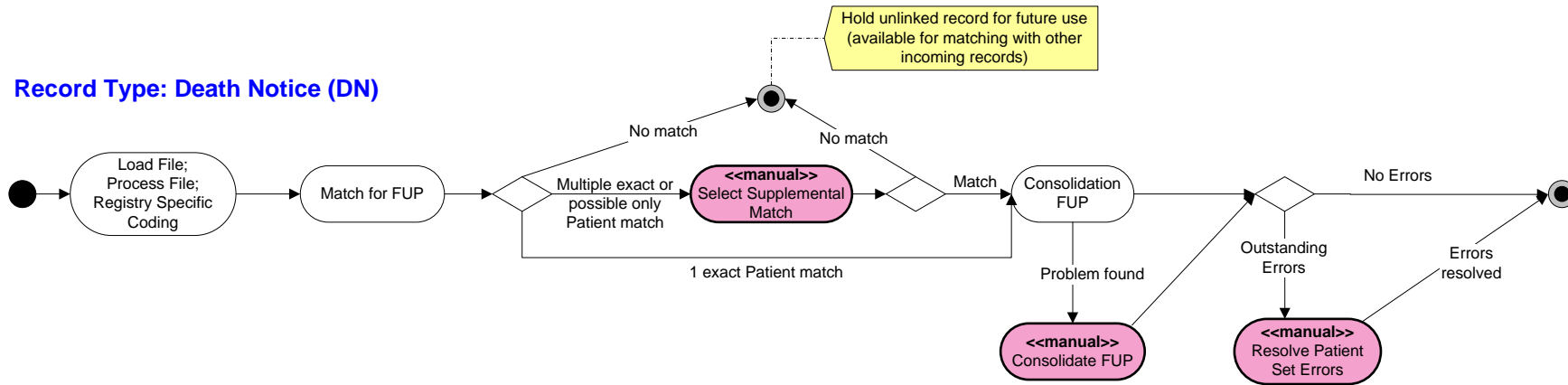Screen for Reportability: For FUO, the registry may choose to define all FUO records as reportable if they believe all records of this type are of equal interest.
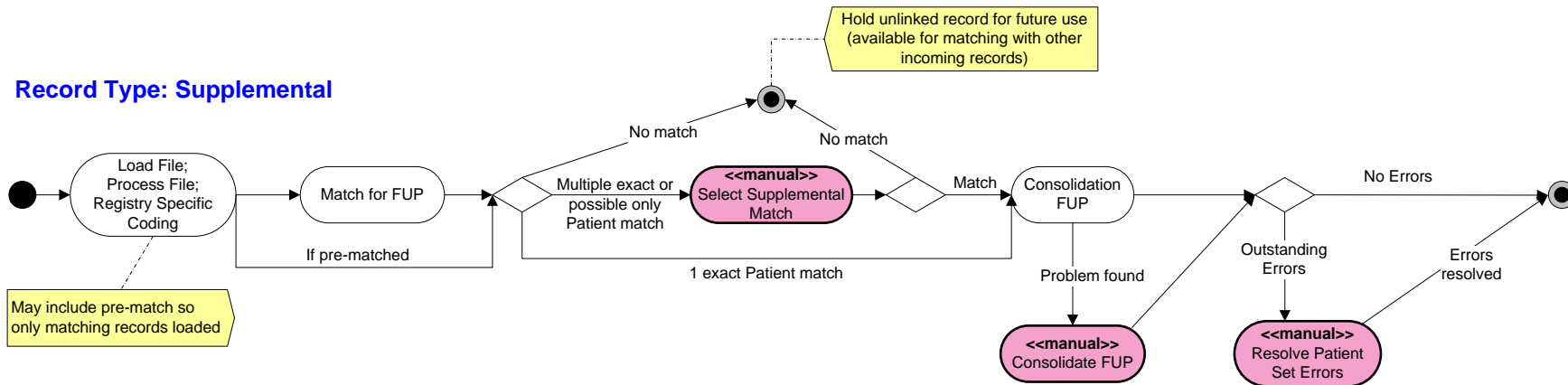
Match:
1) For follow-up matching, an automated (deterministic) comparison between the incoming record and all Patient sets.
2) When a match is discovered during follow-up matching, a link is established between the incoming record and the matching patient set.

Record Type: Death Notice (DN)

Load File;
Process File;
Registry Specific
Coding

Match for FUP

No match

Multiple exact or possible only Patient match

Hold unlinked record for future use (available for matching with other incoming records)

<<manual>>
Select Supplemental Match

No match

1 exact Patient match

Match

Consolidation FUP

No Errors

Problem found

Outstanding Errors

Errors resolved

<<manual>>
Consolidate FUP

<<manual>>
Resolve Patient Set Errors

Record Type: Supplemental

Load File;
Process File;
Registry Specific
Coding

Match for FUP

If pre-matched

No match

Multiple exact or possible only Patient match

Hold unlinked record for future use (available for matching with other incoming records)

<<manual>>
Select Supplemental Match

No match

1 exact Patient match

Match

Consolidation FUP

No Errors

Problem found

Outstanding Errors

Errors resolved

<<manual>>
Consolidate FUP

<<manual>>
Resolve Patient Set Errors

May include pre-match so only matching records loaded

FUP: Follow-up – here, activity performed in the name of passive follow-up
Supplemental: Records like the DMV, Voters or CMS that are solely used for follow-up and do not contain health information.
All white tasks are automated.

Match:
1) For follow-up matching, an automated (deterministic) comparison between the incoming record and all Patient sets.
2) When a match is discovered during follow-up matching, a link is established between the incoming record and the matching patient set.