

## **NRDS Content Working Group**

# Tuesday May 12, 2015 Meeting Minutes

Action Item	Who	By When
Define a list of systems that consume the OPEN Demography Data	Tina Taylor	5/15/15
Determine if Method of Payment is still a requirements	Andrea Denicoff	5/18/15
Send out meeting minutes	Neesha Desai	5/18/15
Verify if WG members are using the Treatment Form for logging cross over studies	Working Group	5/19/15

### **Agenda Topics**

**Meeting Recap** – Neesha Desai welcomed the callers to the meeting and provided a brief meeting recap from the last meeting.

**Content Review Strategy** – Tina Taylor explained that the end goal of this activity is to review the OPEN elements and their attributes and develop a set of recommendations to reconcile the OPEN elements with CDUS values.

**Content Review** – Tina Taylor reviewed the comments provided by the group in the NRDS Content WG Phase 1 Content Review.

#### Adopting/Changing Patients Codes

- Would the group be interested in adopting the Patients Codes from the CDUS PDF?
  - o Rebecca P: I would be interested in adopting the CDISC Codes
  - Peter C: There are CDEs that already make use of these codes for the Permissible Values (PVs); we use those.
- Mary V: From an integration standpoint, how will the CTSU manage if we change the standards?
  - Tina T: We will be working with CTSU and other groups to see what we can do. Right now we are just trying to identify the codes we would be interested in using and then we will work in the background.
- Katie Z: Another option would be to have CDUS update their system to accept the codes.
  If we go with coded values, a lot of us are still mapping at the end of the day. What is the
  difference of what we are doing now versus coding and still mapping? It would be better if
  CDUS just accepted how the codes are currently implemented.
  - Andrea H: I agree, it would be best if the CDUS reporting would just accept the way
    everyone else has been collecting the information and not require additional mapping.
    We need the standards to be consistent.
  - Peter C: I do recall Mike M. saying this could not be changed.
  - Andrea H: Maybe we need to start with defining the systems and then look at the recommendations and standards from that point. If the systems cannot be changed, then we need to look at the requirements for that system.

## National Cancer Informatics Program NCC



- Angela S: Ideally, this information will be coming out of Rave and this should be out of the groups' hands in the long term.
  - Katie Z: The current plan is that the abbreviated will come from OPEN and the complete would come from the back-end.
  - o Angela S: I thought the goal was to also get the complete from Rave in the long run.
  - Peter C: I believe there will be some mapping to ensure all of the data, and the different ways it is being represented, will be consistent. There needs to be harmonization but it depends on where we want it to take place (i.e. the output side or on the input side).
- Andrea D: The point of having the numeric values is to have a similar coding for sharing across the whole NCTN.
- The group agreed that any recommendation to standardize will be for future studies; there
  will be no requirement to go back and change previous studies.

### System/Consumers of Data Elements

- Katie Z/Andrea H: Do we have a list of systems/consumers of this data? Some of this
  information is a requirement to fill someone else's reporting needs. I am not sure if we
  should be standardizing it if we are not analyzing it.
  - o Tina T: This is a key reason we are discussing this; we should collect this information before so we can better understand how to move forward.

#### Elements Discussed/Recommendations

- Tina T: If we would like to make recommendations to change any of these elements, it would require curation assistance in the background.
  - o Smita S: We populate the patient information; we would have to understand that changing these coded values would change our system.
  - Ginger R: Any changes that impact the integration between OPEN and Rave will come with challenges. We did flag 3 CDEs with the OPEN forms that do not use the standards.
- **Gender of a Person** (currently a retired CDE) Rebecca P. recommends changing this field to Gender with the options of Female, Male, and Unknown.
- Country of Residence This value uses imported PV meanings
- Method of Payment (currently a retired CDE) Shauna H: Do we know why this field is required?
  - Andrea D: We have to report this information for patients that have government funded insurance (i.e. Tricare, Medicaid, Medicare, etc.). We can double check to see if it is still a requirement.
  - o Peter C: This was mandated around 15 years ago.
- Race Andrea D: This category is from the Federal Government.
  - Peter C: We are ok with this because we do not use this form; if we did, we would have some issues.

#### Treatment Assignment and Step Forms

- Shauna H: Is it worth visiting the requirement of having both the Treatment Assignment and Step forms? These forms have the same information on them and seems redundant.
  - Katie Z: A group level field was needed so that each NCTN could do whatever they needed with the fields; the first form is the source data and should always remain correct and unchanged.



## National Cancer Informatics Program NCC



- Angela S: We have custom functions, we have written, set up looking for 2 forms; if this was changed, we would have to go back and change our custom functions. We will be willing to make the change if it is only a change moving forward.
- Shauna Z: We should all go back and ensure no one is using the Treatment
   Assignment forms for the original purpose of logging crossover studies. If it is not
   being utilized for its purpose, we should discuss removing the redundant form and just
   keeping the Step form.

# **Next Steps**

- Verify if CDUS Reporting can change their requirements to accept the existing OPEN Demography content from NTCTN/ETCTN.
- Review the list of systems that consume the OPEN Demography content.

### Attendance:

Name	Affiliation
Andrea Hillman	Alliance
Katie Allen Ziegler	Alliance
Smita Subramanian	COG
Ginger Riley	CTSU
Mary Vienneau	ECOG-ACRIN
Tina Taylor*	ECOG-ACRIN
Christina Warmington	Essex Management
Neesha Desai	Essex Management
Andrea Denicoff	NCI
Gwen Deen	NCI
Chad Winch	NCIC
Rebecca Paulas	NRG
Vanita Patel	NRG
Angela Smith	SWOG
Cathy Rankin	SWOG
Peter Clark	Theradex