

SURVEILLANCE OF FOETAL ALCOHOL SYNDROME (FAS) USING SAS/FSP[®] AND SAS/AF[®] SOFTWARE WITH SCL

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ABSTRACT

About 8,000 babies are born each year with the characteristic birth defects or developmental disabilities associated with *in utero* exposure to maternal consumption of alcohol. These characteristics are collectively known as Foetal Alcohol Syndrome (FAS). The CDC uses an epidemiological approach to assist states to address public health problems. The first step to help South Dakota address the FAS problem was to develop and establish a surveillance system. SAS[®] software on the PC, featuring SAS/AF[®] and SAS/FSP[®] software, was used to construct a PC-based, menu-driven database management facility: Foetal Alcohol Syndrome Applications Facility (FASAF). FASAF is characterised by the capability for precise and accurate data entry using SAS Screen Control Language (SCL). FASAF, therefore, can be easily implemented in the field by nonSAS users for automated medical chart abstraction.

INTRODUCTION

According to the Centers for Disease Control and Prevention (CDC), about 4,000 babies are born each year with a defined set of abnormal physical characteristics or birth defects to mothers who have consumed inordinate quantities of alcohol while pregnant. Another 4,000 babies are born each year with a predisposition for cognitive and behavioural deficiency or developmental disabilities to similarly behaved mothers. These types of birth defects and developmental disabilities caused by *in utero* exposure of the baby to maternal consumption of alcohol are termed Foetal Alcohol Syndrome. Other not easily detectable effects of *in utero* exposure to alcohol are termed Foetal Alcohol Effects (FAE), or Alcohol Related Birth Defects (ARBD) and Alcohol Related Developmental Disabilities (ARDD).

In its epidemiologic approach to prevention of public health problems, the CDC assists states in setting up surveillance for these problems. Surveillance for FAS and FAE will allow the state to have a database on hand by which to be able to identify mothers at high risk to be delivered of an FAS/FAE baby, to be able to assist such mothers in reducing their risk, and to be able to provide assistance to those babies or children who are already characterized by FAS or FAE. That is, the state will have the ability to conduct case-prediction, early intervention and case management.

The task to provide surveillance assistance to the state of South Dakota has been borne out of an interagency collaborative effort between the CDC, the Indian Health Service, and the states of Alaska and South Dakota. The data entry facility described herein was to be used by clerical staff to enter data from hard copy medical record abstraction

forms, and is a component of the Foetal Alcohol Syndrome Applications Facility (FASAF). FASAF is the outgrowth of two sources of data collection and an automation tool. Specifically, the South Dakota FAS Surveillance Project draws upon medical chart abstraction administered by the FAS Surveillance Coordinator, and the developmental clinic visits conducted by the FAS Surveillance Director, a physician. The automation tool selected was SAS software, version 6.04, for the PC, and the applications developer blends the capabilities of the software with the preferences of the Project Director and Coordinator. This is reflected in the third objective to reaching the goal of developing and establishing an FAS surveillance system, that is, to control for accurate and precise data entry, since clerical staff, with little to no scientific experience, would perform data entry.

Since the developmental clinic component is still under development, the acronym FASAF will be used without loss of interpretation, to represent the medical chart abstraction database management facility.

METHOD

SAS/AF software

SAS/AF software was used to construct a menuing system in order to preserve user-transparency in creating and accessing SAS data sets. FASAF is characterised by a main menu DISPLAY window for database management (Figure 1). A

```
Chart Abstraction Main Menu
Select Option ==>

                SOUTH DAKOTA FAS SURVEILLANCE
                FASAF (VERSION 6)--CHART ABSTRACTION MAIN MENU

                Data forms

1. Medical chart abstraction--single-record data entry
2. Medical chart abstraction--multiple-record browsing
3. Growth chart--single-record data entry
4. Growth chart--single-/multiple-record browsing

                Other information

5. Orientation
6. Other activities (print select lists, counts, etc.)
7. Quit--Press F10.
```

Figure 1. FASAF main menu

from an abstraction form and in order to facilitate data entry, an identification or entry number is assigned to that form and keyed into the first data entry screen of that record. SCL is used to pass and display that number onto all following screens where this repeated field is protected from editing. This feature was set up in the PROTECT frame of the FSEDIT Attribute window. The entry number is also passed to the growth chart data set using the CALL SYMPUT and SYMGET macro variable assignment and retrieval functions in the respective PROGRAM catalog entries. This is done in order to reduce the chance of the user incorrectly keying the entry number when growth chart data are to be entered. The user can interrupt data entry and safely return to the point of interruption and, therefore, to the correct abstraction form being keyed. In addition, there are computed fields in the data entry facility which exempt the user from performing certain calculations or from keying summary information derived from examining the data already keyed or collected on the abstraction form. These features are hinted to the user by an on-screen expression: ["ENTER"-->] (Figures 5 and 6).

```

FSEDIT SD.ABSTFORM
Command ==>                               Obs 0
WARNING: No observations on data set. Please press END or ADD. Screen 13
                                           ICD-9 search code:   Entry #:
SECTION 5: PREVIOUS MENTIONS OF FAS/FAE/ARBD/ARDD
Date      Diagnostician      Diagnosis
-----
1 = FAS   2 = FAE
3 = FAS/FAE
4 = Suspect (S)/
  Probable (P)/
  Possible (P)/
  Rule out (R) FAS
5 = S/P/P/R FAE
6 = No FAS/FAE
7 = Alcohol exposure
  in utero
8 = ARBD  9 = ARDD

["ENTER"-->]      FAS/ S/P/P/R/ No. Alc. exp.
                  FAS FAE FAE FAS FAE FAS/ in utero ARBD ARDD
Frequency of
mention
[Screen 1-12: SHF F7; Screen 14-17: SHF F8]

```

Figure 6. Medical chart data entry, Screen 13

```

FSEDIT SD.ABSTFORM
Command ==>                               Obs 0
WARNING: No observations on data set. Please press END or ADD. Screen 3
                                           ICD-9 search code:   Entry #:
SECTION 1: PATIENT INFORMATION (2nd of 2 screens)
Gestational age      ___ weeks
Birth weight (gm) ___ or (lb) ___ (oz) ___ ["ENTER"-->] IUGR: ___
Length (cm) ___ or (in) ___
Head circumference (cm) ___ or (in) ___
Address at time of birth:      Date address recorded:
Street
City      County
State ___ Zip code ___
Other birth defects      ICD code
[Screen 1-2: SHF F7; Screen 4-17: SHF F8]

```

Figure 5. Medical chart data entry, Screen 3

Although the user may browse any of the data sets using the data entry selections from the main menu, during browsing as specifically selected from the main menu, the user is barred from any editing of the data. The main feature of these browse selections are to be able to display the data either one record at a time in data-entry layout as invoked by the FSEDIT routine in BROWSE mode, or to display the data in tabular form for a multirecord comparative display as invoked by the FSPRINT routine.

SAS Screen Control Language

SAS Screen Control Language (SCL) was developed, is transparent to the user, and executes for confirmation of main menu selection options and for quality control during data entry.

Once the user confirms his/her main menu selection via the confirmation window, the SCL SOURCE program executes and a CALL statement invokes the FSEDIT routine, the FSEDIT routine in BROWSE mode, or the FSPRINT routine,

where the latter two routines allow noneditable browsing of data, and the first routine allows data to be entered and data sets to be edited (Figure 7). This SCL code is also used to issue warning/informational messages, for example, how to quickly terminate the current session.

main:

```

if gcbs = 'Y' & gcbm = 'Y' then do;
  alarm; cursor gcbs;
  _msg_ = 'Make one selection only.';
end;

```

```

if (gcbs = 'Y' & gcbm ne 'Y') |
   (gcbs ne 'Y' & gcbm = 'Y') then do;

```

```

  call putlegend (1, ... 'p');
  call putlegend (2, ... 'c','r');
  call putlegend (3, ... 'c','r');
  call putlegend (4, ... 'c','r');
  call legend ('Growth Chart browsing--');

```

```

if gcbs = 'Y' then do;
  call fsedit('lr.gc','lr.fascat.gcsr','browse');
end;

```

```

if gcbm = 'Y' then do;
  call fsprint ('lr.gc');
end;

```

```

  call endllegend();
end;

```

return;

Figure 7. SCL--browsing growth chart data

Quality control of data entry was designed to allow for

nonscientific staff to key data. The three types of data checking include (i) 93 validation checks which ensure that the correct values are keyed, (ii) 12 consistency checks which ensure that logical entries are made among associated fields, and (iii) 20 range checks which ensure that outliers are not accidentally created by incorrect keying. SCL was developed to perform the first two of these data entry quality control checks. Validation and consistency checks used the ARRAY and IF statements. SCL was used to sound an alarm when a check failed, locate the cursor at the source of the error, and display a warning message using the ALARM, CURSOR, and _MSG_ statements (Figure 8). Range checks, including maxima and minima constraints, did not require SCL syntax, but were set up in the MAXIMUM and MINIMUM frames of the FSEDIT Attribute window. Another aspect of data entry quality control was the allowance of error override in certain cases. By design, this was contingent on supervisory approval since an error or warning message was always issued upon accessing a record which failed at least one SCL syntax check. Error override was implemented via the FSEDIT Params or parameter definitions window.

```

main:
.
link compute;
.
return;
.
compute:
/* --Validate previous mentions of FAS/FAE-- */
array pmdxnum {10} pmdx1-pmdx10;
do i = 1 to 10;
  if pmdxnum{i} ne . &
    pmdxnum{i} lt 1 | pmdxnum{i} gt 9 then do;
    alarm;
    _msg_ = 'Improper entry! Use codes on screen';
  end;
end;
/* --Produce on-screen distribution of previous
mentions of FAS/FAE-- */
array cntarr {9} cnt1-cnt9;
diffdx = 0;
do j = 1 to 9;
  cntarr{j} = .;
  do k = 1 to 10;
    if pmdxnum{k} = j then cntarr{j} + 1;
  end;
end;
/* --Produce 1 response on Screen 17 from Screen
13-- */
if cntarr{j} gt 0 then diffdx + 1;
end;
if diffdx gt 1 then multdx = 'Y';
else multdx = 'N';
/* --Produce 1 response on Screen 17 from Screen 5-- */
if etoh0 = 'Y' then alcdx = 'Y';
else alcdx = 'N';

/* --Compute IUGR given sex and gestational age and
birthweight-- */
/*
'Intrauterine growth as estimated from liveborn birth-weight
data at 24 to 42 weeks of gestation', Lula O. Lubchenco,
M.D., Charlotte Hansman, M.D., Marion Dressler, M.D., and
Edith Boyd, M.D. Pediatrics, November 1963. Pp. 793-800.

```

```

*/
if sex = 'M' & ga ne . & bwtgm ne . then do;
  if ga = 24 & bwtgm lt 610 |
    .
    .
    ga = 42 & bwtgm lt 2780 then iugr = 'SGA';
  else if ga = 24 & bwtgm gt 1230 |
    .
    .
    ga = 42 & bwtgm gt 3995 then iugr = 'LGA';
  else iugr = 'AGA';
end;
if sex = 'F' & ga ne . & bwtgm ne . then do;
  if ga = 24 & bwtgm lt 490 |
    .
    .
    ga = 42 & bwtgm lt 2690 then iugr = 'SGA';
  else if ga = 24 & bwtgm gt 1250 |
    .
    .
    ga = 42 & bwtgm gt 3840 then iugr = 'LGA';
  else iugr = 'AGA';
end;

return;

```

Figure 8. SCL--medical chart data entry

Other applications of SCL syntax during data entry were to open DISPLAY windows of HELP catalog entries at various points in the data entry facility. SCL was used to evaluate the entry of certain fields, and if incorrect or illogical entries had been keyed, a CALL DISPLAY statement would execute and these "pop up" help windows would open so as not to obscure the field in question. For other invalid entries, SCL was used to issue warnings and to draw the user's attention to an onscreen window displaying valid data entry values. SCL was also used for the computation and display of summary or sequential data fields mentioned above.

Finally, an informative and fully illustrated documentation/coding manual was prepared to be primarily a technical reference guide and also a user's manual insofar as onscreen information and instruction was incomplete. This manual, therefore, documented procedural requirements and anomalies and discussed the unique features of each screen. Prefacing the documentation was a one-page, quick-reference user's guide on how to implement FASAF. Appended to the documentation were the specifics on data entry quality control, illustrations of the "pop up" help windows, lists of variables and attributes of the database produced by PROC CONTENTS, and the SCL associated with confirmation windows and data entry.

RESULTS

The advantages of applying SAS/AF and SAS/FSP software to database management lies in the ability to custom design the facility to suit the end-user. In this case, considering the environment under which FAS surveillance is to take place and the data storage facilities, an application facility, FASAF, was able to be constructed with a security "front-end" immediately upon invoking SAS on the user's PC. The current disadvantage of this artful feature is that authorized data managers cannot readily access the database. Considering the expertise of the data entry personnel, SAS/AF and SCL

were combined to produce a user-friendly instrument with data entry controls for the nonSAS, nonscientific data entry personnel. However, for scientific staff, the obverse of smooth may prove to be sticky. Also, FASAF was developed on a Compaq 486 PC in Atlanta, Georgia and implemented on a Compaq 386 PC in Rapid City, South Dakota, whereby the contrasting demands between these two PCs, reflecting the limitation of resources, have become evident.

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CONCLUSION

In an effort to assist the state of South Dakota with addressing FAS, the CDC offered software support to develop and establish a surveillance system. Contracting through Battelle, SAS software was selected because of the attributes of SAS/AF and SAS/FSP software. The product presented to the South Dakota FAS Surveillance Project was a PC-based, menu-driven, multiscreen data entry facility known as FASAF which was designed to allow nonSAS users to easily implement FASAF. Implementation of FASAF results in the construction of a relational database. Using SAS SCL, quality control checks were built into FASAF allowing for the capability of implementing the facility in the field for a fully automated, precise and accurate data entry system. The features of SAS/AF and SCL contributed to the application opening with a security window thus disallowing unauthorized access to the system.

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