

**SEER*DMS Change Control Board (CCB) Users Group
Teleconference Summary
November 10, 2016
3:00 p.m. EST**

Representatives from NCI, IMS, SCG, and 13 SEER registries participated in the SEER *DMS CCB Users Group conference call on November 10, 2016. Participants included:

Registries:

Alaska
Connecticut
Detroit
Georgia
Hawaii
Iowa
Kentucky
Louisiana
New Jersey
New Mexico
New York
Seattle
Utah

NCI: Peggy Adamo, Lois Dickie

IMS: Linda Coyle

SCG: Kathy Brown-Huamani, Glendie
Marcelin, rapporteurs

Action Items

Participants agreed to the following action items:

- Scott [REDACTED] (Georgia) agreed to create a Tar file backup for all registries and create an additional username to allow for access to this file through a login.
- Linda and Scott agreed to provide all registries with pertinent information for the backup within a week's time.
- Linda and Scott agreed to send registries the information needed to access the backup file around November 17, 2016.
- Scott agreed to provide backup files for all registries.
- All registries should implement the SEER*DMS claims process.
- Registry staff should let Scott know whether it would be valuable to them to store import files in a third location.

Registry Hosted Backup of SEER*DMS Database

Georgia already is implementing hosted backup of their SEER*DMS database. Other registries have expressed interest in housing a database backup locally. Scott [REDACTED] (Georgia) agreed to create a TAR file backup for all registries and create an additional username to allow for access to this file. Username, password, hostname, filename etc., will be provided to all registries to allow for a weekly file grab. File sizes will be manageable and differ depending on registry capacity. The backup database will only be used for emergency purposes. Linda and Scott agreed to provide all registries with pertinent information for the backup within a week's time.

Discussion

Scott indicated that image files that are imported into SEER*DMS will be included in the database image TAR file. These files currently are kept in a PostgreS database.

“Self-hosting” means that end users would self-host or hold the backup file of the PostgreS database at their registry without applications. Scott asked for registry input on the value of storing import files in a third location.

Penetration Test of SEER*DMS

The penetration test of SEER*DMS will be conducted annually by an independent third party. A security audit also will be performed for the entire hosting service.

Claims Data Processing

Claims data will be stored separate from the standard records table. After removing functional duplicates, claims data will be matched against existing patient and tumor data to determine linkages. Links to a patient set and CTC are stored with the claim. The goal is to use the claims data to supplement treatment information for existing patient sets. In the future, claims may be used to identify new patients or tumors. The claims process initially will be implemented at the Georgia registry.

Because of the high volume of claims data, processing will be automated. Processing includes loading the data from text files and storing raw data using PRE_RECORD tables containing JSON fields. The use of PRE_RECORD tables avoids database restructuring, which is very costly. Claims data will not be screened for now because the data only are received from oncology practices. Queries can be run to identify patient sets that have certain kinds of claims information, such as chemotherapy agents and radiation therapy. The claims data processing model also can be applied to Medicare data.

Discussion

The claims tab will not have a number to indicate when a field is populated, but some type of indicator will be provided. Participants suggested creating an “alert” when there are conflicts (i.e., missing chemotherapy information). The goal is that, once the claims process is validated, there will be no instances of missing chemotherapy information because it will be added automatically during claims processing. Participants recommended incorporating a Quality Control (QC) task to claims data processing. The CCB will take responsibility for managing Quality Control (QC) tasks.

Unlimited Systems, a nationwide vendor, currently provides all the claims data, which are in a format that is used nationally. The ultimate goal is to automatically process claims data at the state level, rather than at the registry level.

The first course of therapy will be identified through a new TX page combined with algorithms based on the specific chemotherapeutic agent and time of administration.

SEER*DMS Development

The goals of the SEER*DMS development process are to improve user experience, increase automation, and ensure ongoing system maintenance. Priorities include data security, submission requirements, and supporting new data streams. A backlog also will be created to support the semi-annual data releases. In 2017 IMS plans to 1) clear the backlog created from issues reported in Squish only twice a year, 2) lower the response time for requests, 3) eliminate use of registry test servers for new releases, and 4) increase automation of tumor level fields. In 2016, IMS will continue to work on tumor level auto consolidation and work with Natural Language Processing groups at NCI to develop algorithms. Moving forward, the

CCB will evaluate its functions and effectiveness. NCI external reviewers will provide advice on the SEER*DMS development project and possible restructuring of CCB.

Announcements

The next SEER*DMS called is scheduled for Thursday, December 8, 2016, at 3:00 p.m. EST.