

## SEER 2020 SUBMISSION REQUIREMENTS AND GUIDELINES

Please direct all submission questions to [SEERSUBM-L@list.nih.gov](mailto:SEERSUBM-L@list.nih.gov)

	<b>February 2020</b>	<b>November 2020</b>	<b>Notes</b>
<b>Due Date</b>	2/29/2019	TBD	
<b>Reporting Year</b>	2018	2018	
<b>Cases submitted</b>	All resident cases thru 12/31/2018	All resident cases thru 12/31/2019; 2019 used for in-house research only	Complete and submit Attachment A <a href="http://seer.cancer.gov/tools/2020SubmissionAttachments-feb.docx">http://seer.cancer.gov/tools/2020SubmissionAttachments-feb.docx</a>
<b>Cases edited</b>	Cases do not need to be error-free. This is true for all years of diagnosis.	Cases diagnosed thru 12/31/2018 must pass all SEER edits. Cases with later years of diagnoses must pass interrecord edits, but do not need to pass other SEER edits.	
<b>SEER*Edits version</b>	Version 6.17.2	Version 6.19	
<b>Upload cases to</b>	February 2020 folder on portal	November 2020 folder on portal	<a href="https://seer.cancer.gov/subreports/teamspaces">https://seer.cancer.gov/subreports/teamspaces</a>
<b>File Format</b>	NAACCR Version 18.0	NAACCR Version 18.0	Required items: <a href="http://seer.cancer.gov/tools/seerfeb20.dataitems.pdf">http://seer.cancer.gov/tools/seerfeb20.dataitems.pdf</a>
<b>Sort Order</b>	Registry ID (NAACCR Item #40), Patient ID Number (NAACCR Item #20), and Record Number Recode (NAACCR Item #1775).		
<b>Follow-up</b>		Submission should meet your registry's contract standards and goals for follow-up.	See Attachment B for SEER Patient Follow-up Calculations

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<b>IHS indicator (NAACCR Item #192) and Record Linkage</b>	Not applicable	<p>All SEER registries, with the exceptions of the Alaska Native Tumor Registry and the Cherokee Nation Cancer Registry, need to submit a file to IHS. Please submit the current value that you have from the November 2018 IHS linkage. We will update your file with the new IHS linkage information prior to the December submission to NAACCR. The IHS indicator should have:</p> <ul style="list-style-type: none"> <li>• 0 if sent for linkage and no match</li> <li>• 1 if sent for linkage and matched</li> <li>• blank if case not sent for linkage</li> </ul>	See Attachment C for additional instructions
<b>NHAPIIA</b>	Use the NHAPIIA algorithms to update the API indicator (NAPIIA, NAACCR Item #193) and the Hispanic indicator (NHIA, NAACCR Item #191). These fields may be calculated by the registry's data management system or in a post-processing step. The algorithms and the NHAPIIA SAS program are available on the NAACCR Call for Data website. Every registry must run the algorithm.		Indicate option in Attachment A
<b>Collaborative Staging</b>	Please run your 2004+ data through the CS algorithm before submission. CS Version Derived [NAACCR item # 2936] must be CS version 02.05.		
<b>Survival Time Fields Based on Complete Dates</b>	Not applicable	<p>All registries must submit the calculated Survival Time date fields.</p> <p>SEER*Edits or SEER*DMS can be used to calculate the Survival Time fields.</p>	See Attachment D for instructions and more information
<b>Questions</b>	Send all questions and concerns to <a href="mailto:SEERSUBM-L@list.nih.gov">SEERSUBM-L@list.nih.gov</a>		

## SEER 2020 SUBMISSION REQUIREMENTS AND GUIDELINES

Attachment A

Submission to NCI

Please complete for each submission and email to:

[SEERSUBM-L@list.nih.gov](mailto:SEERSUBM-L@list.nih.gov)

Question	Response
Registry Name	
Registry ID number	
Date of File Transfer to SEER	
File Name	
Years of Diagnosis submitted	
Number of Cases submitted	
Instructions for Survival Calculation (Nov only) see Attachment D	<b>MUST SUBMIT CALCULATED FIELDS</b>
Date (month/year) of most recent National Death Index Linkage (Nov only)	

**NHAPIIA Options:** Registries may select one of the options listed below when executing the NHIA algorithm. The option setting affects counties in which less than 5% of the population is of Hispanic/Latino ethnicity or to include all records.

Which option did you use when running NHAPIIA?

1. Option 1 – Only run the surname portion of the algorithm only on cases reported as Spanish surname only or as unknown whether Spanish (item 190 codes 7 or 9). In this choice, the surname portion will not be run on cases coded as 0, non-Hispanic.
2. Option 2 - Run the surname portion of the algorithm only on cases with a code of 7 on data element 190 (to verify that the surname is on the list of allowable Hispanic surnames) AND convert all cases with a code of 9 (unknown if Hispanic) to a code of 0 (Not Hispanic).
3. All Records – Apply all NHIA algorithms to all records. Note: this is listed as NHAPIIA option 0 in the SEER\*DMS header information.

**SEER\*DMS Registries:** The NHAPIIA option is documented with the version information. Click the SEER\*DMS version on the home page.

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### **NAACCR Call for Data Dec 2020 (November submission Only):**

Do you want SEER to submit your data to NAACCR? YES or NO

NAACCR has requested certain items that are not required by SEER. Unless directed otherwise, we will send all NAACCR required data items, <http://www.naacr.org/DataandPublications/CallforData.aspx>. **Please indicate if there are any items you do not wish to include.**

**Known Data Problems including reasons:**

**Comments:**

### **Technical Contact**

Name:

Telephone number:

e-mail address:

### **Registry Manager Contact**

Name:

Telephone number:

e-mail address:

# SEER 2019 SUBMISSION REQUIREMENTS AND GUIDELINES

## Attachment D

### Survival Calculation Methods

The last reporting year for this submission is **2018**. The percent of patients diagnosed through 2018 who have current follow-up is defined as

$$P = 100(D + A)/T$$

Where....

- A patient is counted by selecting one record per person where sequence is 00 or 01.
- D is the number of patients who have died.
- A is the number of alive patients with follow-up dates on or after January 1, 2019
- T is the total number of patients. This includes A + D + the number of patients who were last known to be alive with follow-up dates prior to January 1, 2019.

P can be calculated for individual years of diagnosis up through 2018 and for all years combined.

### November Submission Requirements

Reportable cases followed into 2019	Contractual Standard	Minimum Acceptable
All invasive (includes bladder in situ)	>=95%	>=90%
Age < 20 (invasive)	>=90%	>=80%
Ages 20-64 (invasive)	>=90%	>=80%
Ages 65+ (invasive)	>=95%	>=90%
All In situ (excluding cervix in situ)	>=90%	>=80%
Benign and borderline CNS	Follow-up is expected but no contractual standards are set at this time	