SEER 2016 SUBMISSION REQUIREMENTS AND GUIDELINES

Please direct all submission questions to SEERSUBM-L@list.nih.gov

	February 2016	November 2016	Notes
Due Date	2/29/2016	11/1/2016	
Reporting Year	2014	2014	
Cases submitted	All resident cases thru 12/31/2014	All resident cases thru 12/31/2015; 2015 used for in-house research only	Complete and submit Attachment A http://seer.cancer.gov/tools/2016Submission_Attachments.doc
Cases edited	Cases diagnosed thru 12/31/2014 should be processed using the SEER*Edits software, but do not need to be error free.	Cases diagnosed thru 12/31/2014 must pass all SEER edits. Cases with later years of diagnoses must pass inter-record edits, but do not need to pass other SEER edits.	
SEER*Edits version	Version 6.10	Version 6.11	
Upload cases to	February 2016 folder on portal	November 2016 folder on portal	https://seer.cancer.gov/subreports/teamspaces
File Format	NAACCR Version 15.0 Filename: rr.sss16.txd.gz (where rr is 2 char registry and sss is submission (feb or nov)	NAACCR Version 15.0 (will re-evaluate in June to determine whether to require Version 16.0)	Required items: http://seer.cancer.gov/tools/seer15.dataitems.pdf
Sort Order	Registry ID (NAACCR Item #40), Patient ID Number (NAACCR Item #20), and Sequence Number Central (NAACCR Item #380).		
Follow-up		Submission should meet your registry's contract standards and goals for follow-up.	See Attachment B for SEER Patient Follow-up Calculations

	February 2016	November 2016	Notes
IHS indicator (NAACCR Item #192) and Record Linkage	Not applicable	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 2015 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: • 0 if sent for linkage and no match • 1 if sent for linkage and matched • blank if case not sent for linkage	See Attachment C for additional instructions
NHAPIIA	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
Collaborative Staging	Please run your 2004+ data through the CS algorithm before submission. CS Version Derived [NAACCR item # 2936] must be CS version 02.05.		
In-House Record Counts	Please submit count of 2014 records that are in-house but not yet processed AND if possible, provide estimate of likely number of records that will result in 2014 cases	Not applicable	See Attachment A
Survival Time Fields Based on Complete Dates	Not applicable	Use one of two methods to submit the data necessary for the Survival Time fields 1. Use SEER*Edits to calculate the Survival Time fields; and use the SEER*Edits option to mask the day segment of the date fields. 2. Or if appropriate for your registry, submit complete dates (including the day segment) for Date of Diagnosis and Date of Last Contact.	See Attachment D for instructions and more information
Questions	Send all questions and concerns to SEERSUBM-L@list.nih.gov		

SEER 2016 SUBMISSION REQUIREMENTS AND GUIDELINES

Attachment A

Submission to NCI

Please complete for each submission and email to:

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	
Number of 2014 records in-house but not submitted (Feb only)	
Estimate of likely 2014 cases (Feb only)	
Method for Survival Calculation (Nov only) see Attachment D	
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 NHAPPIA 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.

SEER 2016 SUBMISSION REQUIREMENTS AND GUIDELINES

Attachment A

Submission to NCI

Please complete for each submission and email to:

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NAACCR Call for Data Dec 2016 (November submission Only):
Do you want SEER to submit your data to NAACCR? YES or NO

IF YES:
1) What diagnosis years do you want submitted?
2) SEER Summary Stage 77(SS77):
    i) RECODED for what diagnosis years?
    ii) DIRECTLY CODED for what diagnosis years?
3) SEER Summary Stage 2000:
    i) RECODED for what diagnosis years?
    ii) DIRECTLY CODED for what diagnosis year?

NAACCR has requested certain items that are not required by SEER. Unless directed otherwise, we will send all NAACCR required data items, http://www.naaccr.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:

The last reporting year for this submission is **2014.** The percent of patients diagnosed through 2014 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, 2015
- 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, 2015.

P can be calculated for individual years of diagnosis up through 2014 and for all years combined.

November Submission Requirements

Reportable cases followed into 2015	**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	

SEER 2016 SUBMISSION REQUIREMENTS AND GUIDELINES

Attachment C

IHS linkage instructions

Record selection criterion:

1. SEER-reportable cases;
2. Diagnosed between 01/01/1988 and 12/13/2015 (inclusive);
3. Cases in this file should be the *same* as those that will be submitted in the November 2016 file (i.e., no more, no less) to the SEER Program. In previous years, we experienced some confusion when records that were submitted to the SEER Program had not been sent for linkage with IHS.

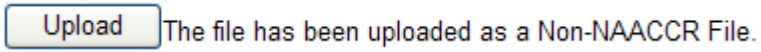
File structure:

1. ASCII format;
2. File structure as described in Table 1 (below);
3. Encrypted/password protected file (password to be sent separately via e-mail or direct telephone contact).

File can be delivered in one of the following 3 methods:

1. Submit your files electronically via the New Mexico Tumor Registry's sFTP web-site according to the following steps:
    a. Send an e-mail message to the following address: nmtrhelpdesk@nmtr.unm.edu
    b. Specify that you are requesting a folder on our secure sFTP web-site for the SEER-IHS linkage. Be sure to let NMTR Help Desk know which registry you are representing.
    c. NMTR Help Desk will receive an e-mail message that contains your assigned user-name.
    d. Respond to the NMTR Help Desk e-mail message; they will send you a password via a separate e-mail message. This second message will include instructions for accessing our sFTP site.
    e. Please feel free to contact Chuck Wiggins at (505) 272-3127 (direct) if you have questions.

2. IHS WebPlus – please contact Melissa Jim to set up a WebPlus account.
    i. Zip the extract file that will be used for the IHS Linkage.
    ii. Open Internet Explorer and type in the following web address: http://webplus.ihs.gov/logonen.aspx
    iii. Press Enter.
    iv. Type in the User ID and password that was emailed to you.
    v. Click Log in.
    vi. Click on the File Upload link.
    vii. Click on the New Upload button on the menu bar.
    viii. The Upload Abstract Bundle page will appear.
        1. Select non-NAACCR File button.
        2. Click on Browse to select the zip file to upload.
        3. Type in any comments.
        4. Click on the Upload button.
        5. Once the file is uploaded you should be able to see this message:



    ix. Click on Log out on the menu bar.
    x. Close Internet Browser.

3. Ship encrypted/strong-password-protected "hard copies" of the file via express courier service to:
    Charles Wiggins, PhD
    Director, New Mexico Tumor Registry
    2325 Camino de Salud NE, Building 229, Room G-63
    Albuquerque, NM 87131-0001

Follow up:

1. Results from the IHS linkage will be returned to each registry and to the NCI (only case identification number and linkage results will be provided to NCI; patient-identifying information such as name and social security number will be sent only to the IHS for linkage and will not be sent to NCI).
2. NCI will be responsible for updating the November submission files from the registries with the new IHS linkage results and will also supply the linkage results to NAACCR for those registries for which NCI has performed this submission in the past.

3. Registries that submit their own data to NAACCR must update their files with the IHS linkage results since the IHS Link variable [NAACCR #192] is included as part of the NAACCR call for data.

Version 15

Item #	Length	Column #	Condensed layout Column #	Name
10	1	1-1	1-1	Record Type
20	8	42-49	2-9	Patient ID Number
50	3	17-19	10-12	NAACCR Record Version
40	10	30-39	13-22	Registry ID
70	50	95-144	23-72	Addr at DX--City
80	2	145-146	73-74	Addr at DX--State
100	9	147-155	75-83	Addr at DX--Postal Code
90	3	156-158	84-86	County at DX
160	2	177-178	87-88	Race 1
161	2	179-180	89-90	Race 2
162	2	181-182	91-92	Race 3
163	2	183-184	93-94	Race 4
164	2	185-186	95-96	Race 5
190	1	189-189	97-97	Spanish/Hispanic Origin
220	1	192-192	98-98	Sex
230	3	193-195	99-101	Age at Diagnosis
240	8	196-203	102-109	Date of Birth
241	2	204-205	110-111	Date of Birth Flag
192	1	421-421	112-112	IHS Link
380	2	528-529	113-114	Sequence Number--Cntrl
390	8	530-537	115-122	Date of Diagnosis
391	2	538-539	123-124	Date of Diagnosis Flag
1750	8	2116-2123	125-132	Date of Last Contact
1751	2	2124-2125	133-134	Date of Last Contact Flag
1760	1	2126-2126	135-135	Vital Status
1810	50	2131-2180	136-185	Addr Current--City
1820	2	2181-2182	186-187	Addr Current--State
1830	9	2183-2191	188-196	Addr Curr--Postal Code
1840	3	2192-2194	197-199	County—Current
2230	40	3340-3379	200-239	Name--Last

Attachment C

IHS linkage instructions

Item #	Length	Column #	Condensed layout Column #	Name
2240	40	3380-3419	240-279	Name--First
2250	40	3420-3459	280-319	Name--Middle
2280	40	3466-3505	320-359	Name--Alias
2390	40	3506-3545	360-399	Name--Maiden
2290	60	3546-3605	400-459	Name--Spouse/Parent
2320	9	3619-3627	460-468	Social Security Number
2330	60	3628-3687	469-528	Addr at DX--No & Street
2335	60	3688-3747	529-588	Addr at DX--Supplement
2350	60	3748-3807	589-648	Addr Curr--No & Street
2355	60	3808-3867	649-708	Addr Curr--Supplement

Contacts:

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Attachment D

Survival Calculation Methods

There are two options for meeting the data submission requirement to enable more precise survival calculations. Additional information is available at: http://seer.cancer.gov/survivaltime/. Please submit questions and report software issues to SEERSUBM-L@list.nih.gov.

Method 1:

- Use SEER*Edits to calculate these survival fields. SEER*Edits uses complete Date of Diagnosis and Date of Last Contact, including day, and creates seven fields.
- The input file for SEER*Edits must include the day of diagnosis and day of last contact. Use the option to create a modified version of the file and check Calculate Survival Data Fields. Submit the modified file to SEER.
- This option should be used by registries that do not want to submit day of diagnosis and day of last contact.

Method 2:

- Provide day of diagnosis and day of last contact in your data submission file.
- SEER does not require day information and this method is optional.
- The day information will be held confidentially and will only be used for survival calculations.
- This is the preferred method because it will enable SEER to evaluate multiple imputation techniques for missing dates and methods that require more continuous survival data such as flexible parametric survival methods. This approach will also harmonize SEER with other survival efforts such as CONCORD.

Additional considerations:

- Regardless of the option chosen, please do not attempt to recode any missing date fields for Date of Diagnosis or Date of Last Contact. One purpose of the algorithm is to standardize specification of missing month and day fields.
- These data will in no way effect the Data Quality Profile.
- Choose the option that is best for your registry.