

**SEER\*DMS Change Control Board (CCB) Users Group**  
**Teleconference Summary**  
**January 12, 2017**  
**3:00 p.m. to 4:00 EST**

Representatives from NCI, IMS and 13 SEER registries participated in the SEER\*DMS CCB Users Group conference call on January 12, 2017. Participants included:

**Registries:**

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

**NCI:** Peggy Adamo, Lois Dickie, Carol Kosary  
**IMS:** Linda Coyle

**Action Items**

Participants agreed to the following action items:

- The SEER\*DMS review executive summary will be distributed to all registry principal investigators (PIs).
- IMS is looking for volunteer registries to auto-link abstracts to a CTC if the result is “single.”

**The SEER Change Control Board (CCB) 2017**

New NCI members will participate in the CCB in 2017. NCI members of the SEER\*DMS CCB will include Lynne Penberthy, Kathy Cronin, Carol Kosary, Serban Negoita, Peggy Adamo, Lois Dickie, Paul Fearn, and Marina Matatova.

To prepare for new initiatives, NCI engaged a committee of informatics and cancer surveillance experts to evaluate SEER\*DMS. The review committee visited Iowa, Louisiana, Georgia, and Seattle registries. The SEER\*DMS review executive summary will be distributed to all registry PIs. Registries will have an opportunity to comment on the review during the February and March CCB meetings. The CCB meeting schedule will remain the same until changes are finalized.

**SEER\*DMS Release Schedule**

Registries rely on test servers and prefer that they not be used to test new SEER\*DMS releases. DEV servers were created that can be used by IMS. Registries have complete control over their test servers. A

new release schedule in 2016 substantially reduced the impact of major SEER\*DMS releases on registry staff.

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 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. IMS will continue to work on tumor level auto-consolidation and work with Natural Language Processing groups at NCI to develop algorithms.

In 2017, new versions will be made available every 1 to 2 weeks. A new feature will be available to allow registries to set a recurring update schedule or force an *ad hoc* update.

### **New Update Feature – Scheduling Updates for Non-Business Hours**

The next version of SEER\*DMS will include a new feature that will allow a registry manager to schedule system updates. This feature will have two options:

- Define a recurring schedule to automatically update the system during non-business hours. For example, the system would check for available releases at 10:00 p.m. local time each Saturday; or at 5:00 a.m. local time each Sunday. The system would be offline for 15 to 45 minutes during each update.
- Force an update at a specific time. If the registry was waiting for a certain change that became available, the registry manager could coordinate the downtime with registry staff and force a same-day update.

Linda Coyle demonstrated the new feature. IMS recommendations related to this feature include:

- Perform frequent updates (every week or every two weeks).
- Avoid other events scheduled by registry staff.

IMS implemented a new monitoring system to alert registries if the system is unavailable for any reason.

### **Auto-linking Records**

A priority for SEER\*DMS development is to increase the proportion of abstracts and pathology reports that are auto-linked as part of the effort to increase overall automation of SEER\*DMS. SEER\*DMS will use 2016 Multiple Primary/Histology (MP/H) rules to:

- Set priority flags to indicate a new incident case for an existing patient.
- Link a higher proportion of abstracts in some registries.
- Link claims to CTCs.

Over the next 4 to 8 weeks, all matching abstracts should be auto-linked. Version 17 changes to SEER\*DMS workflow will make this step possible, and will require manual consolidation per a registry's current rules. MP/H algorithms return three values: single, multiple, and "questionable" (not actionable). IMS is looking for volunteer registries to auto-link abstracts to a CTC if the result is "single." The workflow would be implemented on the registry's test or the DEV server and reviewed by registry staff prior to deployment in production. Later in 2017, registries should consider auto-creating new CTCs from abstracts for which the result is "multiple" (i.e., records that do not match a CTC in the matching patient set). This activity could be limited to certain cancer sites or years of diagnosis.

In the next 2 to 4 months, all matching abstracts that provide new treatment data but do not have changes to other items should be auto-linked and auto-consolidated. Over the next 1-2 years, complete auto-linking and auto-consolidation rules should be implemented. The CCB auto-consolidation work group will define rules.

Benefits of auto-linking include:

- Provides a way to test linkages before taking the next step of auto-consolidation. No changes would be made to the CTC except that the record would be linked.
- Makes it easier to identify Consolidate tasks that are likely to yield a new CTC.

### **System Tasks to Track CTCs Included in a Submission**

Registries have occasionally requested a listing of CTCs that were submitted to SEER, NAACCR, NPCR, etc. The SEER\*DMS database includes tables that can be used to identify these CTCs. Those tables, however, could only be updated by IMS until now. The two tables include:

- Registry submission log – a link between each CTC and a submission.
- lkup\_registry\_submission – information describing the submission is stored in this table.

A system task was added to SEER\*DMS, so that one can add entries into these tables. There are two steps to adding a submission:

1. Enter information about the submission (e.g., agency, date submitted).
2. Upload the ID file that was created by the final extract used for this submission. An ID file is created with every SEER\*DMS extract. Use the ID file for the final extract.

Other considerations:

1. If registries find this feature useful, then CCB could consider a feature to allow users to go directly from the extract's Report Output task to the submission log.
2. There is a second task to remove a submission. This task allows users to make a correction.
3. Users will not see new system tasks unless they have the *sys\_update\_submission\_info* permission.
4. To review the new tasks or test on the registry test server, go to System > Tasks. The new tasks are "Submission Tracking – Add" and "Submission Tracking – Delete."
5. The tables allow users to write Data Searches (or system reports) to find cases that were submitted.

### **The SEER\*DMS File Transfer Module**

The File Transfer Module is a new feature added in version 17.11. This feature provides a secure mechanism to transfer documents and data to and from the IMS technical support team. It could also be used to transfer documents between other SEER\*DMS users. In the past, the SEER\*DMS portal would be used to transfer files to and from IMS for SEER\*DMS technical support. IMS hopes to phase out the portal for SEER\*DMS (registries still need to use the SEER Submissions Portal, Patterns of Care Portal, and other portals). The benefits of the SEER\*DMS File Transfer Module include:

- It is within SEER\*DMS so users do not need to log in to the portal.
- The data stay within SEER\*DMS. This reduces the number of technical staff who have access to the data files.

This module may be expanded in the future, but its use currently is limited to SEER\*DMS technical support and some *ad hoc* projects. The module is not being used for submissions and is not typically used for linkages. System permissions include:

- *file\_transfer\_limited*. Users with this permission can upload files, but can only see and download files that they upload or are assigned to their account.
- *file\_transfer\_manager*. Users with this permission have access to all files in the transfer module. The files are auto-deleted after an expiration time defined in the registry configuration (default value is 2 weeks).

## **National Provider Identifiers**

If well-coded, National Provider Identifiers (NPI) are useful for identifying the facility or physician who provided data. The NPI values are particularly well coded in claims data. NPI values, however, are not available at all registries; and can be difficult to update.

The National Plan and Provider Enumeration System provides a database of all NPIs in the United States (<https://nppes.cms.hhs.gov/NPPES/Welcome.do>). NPI data are provided through an online search tool: (<https://npiregistry.cms.hhs.gov/>), CSV files that are updated monthly at [http://download.cms.gov/nppes/NPI\\_Files.html](http://download.cms.gov/nppes/NPI_Files.html), and a REST API (<https://npiregistry.cms.hhs.gov/registry/help-api>). IMS added support for the API to SEER\*DMS so that registries can make use of this resource. The API might be used to:

- Implement an automated process to set the NPI value for facilities that currently have a missing value. The same could be done for physicians stored in the contacts table.
- Update other fields in the facility and contact tables with NPI data.
- Add facilities and physicians to the SEER\*DMS tables using NPI data.

## **Other IMS Efforts**

IMS is working on:

- Documenting recent registry experiences with the AGGIE geocoder.
- Adding new system reports and improving extracts.
- A Claims workflow.
- The auto-consolidation and MU2 work groups.

## **Announcements**

The next SEER\*DMS called is scheduled for Thursday, February 9, 2017, at 3:00 p.m. EST.