**The Surveillance, Epidemiology, and End Results Data Management System (SEER*DMS)**
**Claims Work Group**
**Teleconference Summary**
**May 20, 2019**
**1:00 p.m. to 2:00 p.m. EST**

Representatives from NCI, IMS, The Scientific Consulting Group, Inc. (SCG), and nine SEER registries participated in the SEER*DMS Claims Workgroup (WG) conference call on May 20, 2019. Participants included:

**REGISTRIES**

Detroit
Georgia (Kevin Ward, WG chair)
Idaho
Iowa
Louisiana
New Jersey
New Mexico
Seattle
Utah

**NCI**: Donna Rivera

**IMS:** Suzanne Adams, David Angelaszek, Linda Coyle

**SCG:** Lorrie Fritz, rapporteur

**Action Items:**

- IMS and NCI participants will discuss the possibility of creating a review tab or other visual cue that alerts registry staff to the need to review the treatment tab.
- IMS will look into automating collection of ER/PR status information.
- Donna Rivera agreed to discuss issues regarding the integration of radiation codes with her NCI colleagues.

**Casefinding**

Participants identified challenges in using claims to identify missing cases in their registries. For example, some claims were for treatments not specifically related to cancer. Possible reasons that claims might not identify reportable cases is that 1) the patient had cancer treatment in the distant past and therefore is not in the registry in a contemporary time period; 2) the patient currently is being followed by a medical oncologist but is not receiving oncologics. In such cases, the registry would want to follow back with the facility to collect these cases. Such follow-back might not be feasible or effective.

**Automation**

Participants discussed a scenario in which automation might be appropriate. If a patient set has a single CTC that matches a claim, treatment information from the claim could be automatically added. As an initial step, an alert could be created in SEER*DMS to let registry staff know that they should review the treatment tab when a patient set is missing treatment information but claims data show treatment has occurred. This option would apply to older cases for which data might have been missed in the past.

**Discussion**

Participants discussed whether they should continue to use AFLs for casefinding or develop some other automated approach. If an AFL is used, Linda would like to add an indicator in the prerecord file showing

casefinding. Follow back still might be necessary. Kevin suggested that follow back would not be necessary unless the registry wanted more information than was contained in the claims.

Linda clarified that an AFL means that the registry expects an abstract from a facility. She asked if casefinding would be performed only for missing cases or also for missing treatment information. A casefinding structure for claims would need to be determined.

Most participants agreed that they want to use claims to find new cases rather than perform follow back for missing treatment information. Some registries might want to perform follow back for next course therapy information.

Kevin suggested automating the process of identifying cancer cases that have treatment information when registries finalize their diagnosis year cases, and generating a list by cancer type and facility to assist registries with follow back. He noted that claims include a separate report for every chemotherapy treatment. A process is needed to consolidate all treatments into a single record.

Participants agreed that the automation should be done for casefinding. The next step would be for IMS to develop a way to generate lists of missing cases identified by claims. IMS staff will consider different approaches, discuss options with NCI staff, and present options during the next call. In the meantime, registries can examine their data searches. Because of duplication issues, the best approach might be to create a casefinding field in the prerecord rather than having claims trigger the creation of AFLs. Linda clarified that records are not consolidated by patient in the prerecord.

Claims from Unlimited have a number representing a unique patient. These numbers appear in the reports and lists received by the registry, which is used to deduplicate records. Kevin proposed using these numbers to follow back to capture cases that might have been missed. Registry participants noted that their staff would not have time to review these data unless there was a way to prioritize missing cases. Participants suggested possibly prioritizing by type of cancer (i.e., cancers that are likely to be missing a hospital source record, such as hematopoietic)

**Related Issues**

Previously, codes in claims data indicated that an ER/PR test was performed but did not show the test results. New billing codes distinguish between positive and negative results. IMS will look into automating collection of ER/PR status information. When new codes such as ER/PR status need to be added to a record, registries would like a visual indicator that an editor already has reviewed prior claims.

Radiation codes will need to be added at some point. NCI is hesitant to proceed with adding these codes to SEER reporting requirements because the current list of might not be complete and there might be integration challenges. These codes could remain within SEER*DMS and not be published in a public forum as a starting point for registries that receive a large amount of radiation billing data. Donna Rivera agreed to discuss the issue with her NCI colleagues with the goal of providing useful tools for registries and attempting to improve the data available to researchers.

**Next Claims Workgroup Call**

The next Claims WG call is tentatively scheduled for June 17, 2019.