Dear Investigator:

Thank you for your interest in the Surveillance, Epidemiology and End Results – Medicare Health Outcomes Survey (SEER-MHOS) data. Please use this application form to request SEER-MHOS files. The files will be sent to you as SAS transport files. In order to facilitate the review process, you must complete and provide all items on this form. Incomplete applications will be delayed. You must submit this completed form ***electronically*** to the SEER-MHOS contact along with a cover letter, completed and signed Data Use Agreement (DUA), documentation of IRB approval and, if necessary, the request for restricted variable form.

Thank you,

NCI SEER-MHOS Staff

Questions should be sent to the SEER MHOS contact:

Health Services Advisory Group
SEER-MHOS@hsag.com

<u>Application Checklist</u>

To be sent by email attachment to the SEER-MHOS contact:

☐ Cover letter

☐ Application:

    ☐ Your description of the project must include:
- a statement of main hypothesis/research question
- a statement about how the research has the potential to improve the quality of life of cancer patients enrolled in Medicare Advantage
- a description of study subjects and cancer sites to be included in the analysis
- a description that includes the year of the MHOS survey that will be used relative to the time of cancer diagnoses
- a brief justification of each cancer site requested (maximum of 10 sites)
- a brief justification of the request for Medicare Part D event (claims) if applicable)
- a brief explanation of key variables and analytic methods to be used
- a description of the personnel involved
- a timeline for completion
- a brief justification of the request for Medicare Advantage encounter data if applicable (add under "a brief justification of the request for Medicare Part D event (claims) if applicable")

    ☐ You must include an explanation of data storage and protection. Please be specific as to the location of all files and media and all protections that will be in place.

☐ Completed and signed Data Use Agreement (DUA)

☐ Documentation of IRB approval

☐ Request form for restricted variables (if applicable)

☐ Letter from funder (if applicable)

May also be sent by regular mail to the SEER-MHOS contact:

☐ Completed and signed DUA

☐ Completed and signed request form for restricted variables (if applicable)

Please send any questions to the SEER-MHOS contact:

Surveys, Research and Analysis
SEER-MHOS
Health Services Advisory Group
3133 East Camelback Road.
Suite 100
Phoenix, Arizona 85016-4501
SEER-MHOS@hsag.com

APPLICATION FOR SEER-MHOS DATA

Project Title:

I. Contact information: (please complete all information)

Principal Investigator:

Name:	
Institution:	
Address:	

Email:		Phone:		Fax:	

Student /fellow contact (if applicable):

Name:	
Institution:	
Address:	

Email:		Phone:		Fax:	

II. Project Description:

    A. <u>Title</u>

    B. Brief overview of your project (one or two sentences)

    C. Cancer sites being requested (no more than 10 sites are permitted per DUA, and each must be scientifically justified in the Project Description. See following URL for a list and taxonomy of cancer sites to be used for all SEER-MHOS requests: http://healthcaredelivery.cancer.gov/seer-mhos/obtain/costcalc.html

    D. Description of the Project (no less than 1 page, no more than 5 pages). Please include: statement of main hypothesis/research question, a statement about how the research has the potential to improve the quality of life of Medicare Advantage Organization cancer patients, a description of study subjects and cancer sites/phases to be included in the analysis with scientific justification, a brief explanation of key variables and analytic methods to be used, description of the personnel involved, and timeline for completion. Informative references should be included but do not need to be exhaustive.

    E. Data Storage and Protection: Please provide an explanation of where the data will be stored and how they will be protected from unauthorized access. Please also include information on the storage/protection of the media you receive containing the SEER-MHOS data. Be specific as to the location of all data. Please include assurances that no attempt will be made to identify individual patients, or Medicare Advantage Organizations, and assurances that publications and presentations of the data will not allow identification of patients or health plans.

    F. Funding Source: If your organization is a consulting firm, contractor, or pharmaceutical company, then your application must include a letter from the funder indicating that you are free to work and publish your findings without limitations by the funder.

    G. Restricted Variables: Selected variables are not released without the permission of the Principal Investigator of each of the SEER Registries. These variables include the contract number, plan contract number, plan identification number, and plan name. If you are requesting access to any of these variables, you must also submit the request form for restricted variables. NCI will provide a researcher with contact information for each of these registries; however it is the responsibility of the researcher to obtain permission from each registry.

    H. Part D Prescription Drug Event File: If Part D data are requested for the project, please provide justification for the medication and a list or table of variables from this file and how they will be included in the aims and analysis.

    I. Medicare Advantage Encounter Data File: If Medicare Advantage encounter data are requested for the project, please provide a list or table of variables from this file and how they will be included in the aims and analysis.

III. Data Files Requested:

A. A SEER-MHOS data file will be created for each cancer site requested. Please list the cancer sites in your study. NOTE: a maximum of 10 sites may be requested. Also indicate if patients not linked to SEER (non-cancer) are requested.

B. Researcher will confirm the Cohorts and files needed for the study by completing a checklist sent by IMS after this application is approved.