Dear Investigator:

Thank you for your interest in the Surveillance, Epidemiology and End Results – Consumer Assessment of Healthcare Providers and Systems Linked Data Resource (SEER-CAHPS). Please use this application form to request SEER-CAHPS files. The survey data files will be sent to you as SAS transport files, and the cohort and claims data files will be sent as column delimited 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-CAHPS 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-CAHPS Staff

Questions should be sent to the SEER-CAHPS email address:

NCISEERCAHPS@mail.nih.gov

Application Checklist

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

☐ Cover letter

☐ Application for SEER-CAHPS data

☐ Completed and signed Data Use Agreement (DUA)

☐ Documentation of IRB approval or exemption

☐ Request form for restricted variables (if applicable)

☐ Letter of verification/support from funder (if applicable)

Please send any questions to the SEER-CAHPS contact:

NCISEERCAHPS@mail.nih.gov

APPLICATION FOR SEER-CAHPS 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:

Please prepare a Project Description with headings corresponding to the sections below. Please adhere to all stated instructions. Note: your research project must include the need for CAHPS patient-reported experiences with care data. If you are only interested in examining claims, then please explore the SEER-Medicare data resource**. In addition, all SEER-CAHPS projects must be cancer-relevant for approval.** If there are any questions, please contact NCISEER-CAHPS@nih.gov.

1. Title of project
2. Description of the Project (no less than 1 page, no more than 5 pages).
   Please include:
     - a statement of main hypothesis/research question and research aims
     - a statement about how the research has the potential to inform quality of cancer care of older patients
     - a statement of how the research is relevant to the cancer control continuum
     - a description of study subjects and cancer site to be included in the analysis
     - a brief description and justification of each cancer site requested (maximum of 10 sites)
     - a description that includes the years of the CAHPS survey that will be used relative to the time of cancer diagnoses *(NOTE: The years of non-cancer cases will be based on the years of cancer cases requested, unless otherwise noted by the investigator in the application)*
     - an explanation of key variables and analytic methods to be used, including:
         - Key variables from each file
         - Analytic plan and proposed models
         - Estimated sample size (please see SEER*Stat Sample Size Estimator)
         - Plan to use recommended case-mix adjustment variables, or explanation/justification if case-mix adjustment is not to be used
         - Plan for handling CAHPS items and composites (please see guidance)
     - relevant Medicare CAHPS, SEER, and SEER-Medicare references
     - a description of the personnel involved
     - a timeline for completion
3. 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 will receive containing the SEER-CAHPS data. Be specific as to the location of all data. Please include assurances that no attempt will be made to identify individual patients or health plans, and assurances that publications and presentations of the data will not allow identification of patients or health plans.
4. Restricted Variables: Selected variables are not released without CMS/NCI approval and permission of the Principal Investigator of each of the SEER Registries. Restricted variables include the following unencrypted information: patient ZIP code, provider/hospital ZIP code, patient Census tract identifier, and unencrypted hospital provider numbers (NPIs). Investigators must submit their completed application form with a detailed justification for access to the unencrypted variable(s). In addition, a completed and signed request form and a list of people that will have access to these data must be included with this request. NCI and CMS will review the application, and once

NCI/CMS supports the request for these variables, investigators must obtain permission from each of the registries prior to release of unencrypted variables for that registry. The SEER-CAHPS contact will provide investigators with contact information for the SEER registries. Investigators who are requesting unencrypted variables are encouraged to allow sufficient time to obtain the approval from each SEER registry.

5. Request for NCI Hospital File: The NCI Hospital File includes information about hospitals that are part of the SEER-Medicare data. Requests for the Hospital File require justification and description of the use of the file in the SEER-CAHPS proposal and will undergo additional NCI review.

6. 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.