

SEER-Medicare Data**Health Services and Economics Branch
APPLIED RESEARCH PROGRAM****The SEER-Medicare Data**

The SEER-Medicare data are a unique resource that can be used for research related to the health care provided to persons with cancer. The database results from the linkage of two large population-based data sources: the Surveillance, Epidemiology, and End Results (SEER) cancer registries data and the Medicare enrollment and claims files.

The SEER program collects information about cancer site, stage, and histology for persons newly diagnosed with cancer who reside in one of the SEER geographic areas. Medicare's master enrollment file is used to identify which persons in the SEER data are Medicare beneficiaries. For people who are Medicare eligible, the SEER-Medicare data include claims for covered health care services, including hospital, physician, outpatient, home health, and hospice bills. The SEER-Medicare data include over 2.4 million persons with cancer—its linkage being a collaborative effort of the National Cancer Institute (NCI), the SEER registries, and the Centers for Medicare and Medicaid Services (CMS).


Potential Uses of the SEER-Medicare Data

The linked SEER-Medicare data can be used for a number of studies that span the continuum of cancer control activities (see Table).

Persons Included in the SEER-Medicare Data

The SEER-Medicare data include cases for the years each registry has been part of the SEER program. Medicare claims since 1991 are available for two cohorts of people included in the SEER-Medicare data—persons with cancer and a random sample of Medicare beneficiaries residing in the SEER areas who do not have cancer. Information from the non-cancer group can be used for comparative purposes, such as estimating the cost of care or the use of specific tests or procedures among Medicare beneficiaries who do not have cancer. Data for the non-cancer cases can also be combined with the data for the cancer cases to conduct population-based analyses of testing, treatment, and costs within the SEER areas.

Cancer Control Continuum

Diagnosis/Treatment	Survivorship	Second Occurrence	Terminal
<i>Patterns of care</i>	<i>Late effects of treatment</i>	<i>Rates of second primaries</i>	<i>Use of hospice services</i>
<i>Perioperative complications</i>	<i>Post-diagnostic surveillance</i>	<i>Relationship of initial treatment to second primaries</i>	<i>Patterns of care during the last year of life</i>
<i>Volume outcomes studies</i>	<i>Treatment of prevalent cancers</i>		
<i>Extent of staging</i>	<i>Survival</i>		
<i>Comorbidities</i>			
 Health disparities, quality of care, and cost of care			

How to Obtain SEER-Medicare Data

Maintaining patient and provider confidentiality is a primary concern of NCI, the SEER registries, and CMS. Although the SEER-Medicare data are de-identified, because of the breadth of the data, the SEER-Medicare data are not public use files. Investigators are required to obtain approval in order to acquire data. The purpose of the approval process is not to critique the methodology or merits of proposed projects, but to ensure the confidentiality of the patients and providers in SEER areas. NCI will work with investigators requesting data files to balance their research needs with those of the individuals and institutions included in the data.

Related Funding Opportunities

Researchers can seek support for analyses using the SEER-Medicare data from several NCI initiatives:

The Effect of Racial and Ethnic Discrimination/Bias on Health Care Delivery (PA-05-006)

<http://grants.nih.gov/grants/guide/pa-files/PA-05-006.html>

Cancer Surveillance Using Health Claims-Based Data System

http://cancer.gov/about_nci/doc.aspx?viewid=201D69BA-C2F9-4542-9EFF-5F49EC400DA0

For More Information

A complete list of publications using these data can be found at the SEER-Medicare website:

<http://healthservices.cancer.gov/seermedicare/overview/publications.html>

For more information on SEER-Medicare data, visit:

<http://healthservices.cancer.gov/seermedicare>