



ADDENDUM #3

RFP-2017-DPHS-03-CANCE

On July 15, 2016, the New Hampshire Department of Health and Human Services published a request to solicit applications from vendors to operate an incidence-based statewide cancer registry system to collect statewide data on new cancer cases diagnosed among New Hampshire residents and conduct data collection, data processing, quality assurance and database management activities.

The Department is publishing this addendum to:

3.5. Information Technology Activities

Delete subsection 3.5.4.

3.6. Database Management Activities

Delete 3.6.4.

Replace with:

- 3.6.4. Assure that the individual case records in the NHSCR automated database are computer-edited for duplicate records, invalid coding, improbable values, and inconsistencies prior to statistical processing and data compilation for analytical purposes. Areas to be edited include, but are not limited to:
- 1 Data Range Checks;
 - 2 Geographic Coding Assignment;
 - 3 Duplicate Record Checks
 - 4 Invalid values;
 - 5 Relational items as follows:
 - i. City at diagnosis field must only have values that exactly match legitimate New Hampshire City, town, or village names in list supplied by DHHS.
 - ii. City at diagnosis, the code for county and state of diagnosis must always agree and where city at diagnosis exists, a code for county at diagnosis must be provided.
 - iii. Vital status and cause of death fields must agree and cause of death must be a valid ICD9 or ICD10 cause of death code or one of the special NAACCR codes.
 - iv. Records should be checked to make sure that the Medical Doctor name is correctly entered into first and last name fields.
 - v. Records should be checked to compare sex of patient and the first name of the patient as a guide for determining correct entry of the record.
 - vi. No logical conflicts shall exist between all the treatment diagnosis fields and the related reason for no treatment fields.
 - vii. Apply applicable NPCR and NAACCR Central Registry edits to data fields.