

CRN Connection

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News from NCI

NCI Focus on Health Disparities Research

Health disparities research is a major priority of NCI. For a description of current activities and funding opportunities in this area, see the DCCPS website devoted to this topic at: <http://cancercontrol.cancer.gov/od/healthdisp.html>.

NCI has been asked by DHHS to take the lead on department-wide Progress Review on health disparities. NCI staff have produced an extensive background paper on the subject which is serving as the reference document for a Health Disparities Roundtable meeting that will take place in Chicago in October. This Roundtable will be followed by a broader Health Disparities Progress Review Group that will promulgate recommendations for DHHS research and program priorities related to goal of eliminating health disparities. Information about the DHHS Progress Review Group on Health Disparities is at: <http://www.chdprg.omhrc.gov/>.

-Martin Brown, NCI

Ed's Corner of the World

News from the CRN PI

Hopefully by now you have all seen the Application Packet for CRN Pilot Funds. If you haven't, check the CRN website, or e-mail us (jenter.c@ghc.org) and we'll get one to you. We realize that the September 15th deadline for an abstract is a tight deadline. However, we can be flexible with the date since the purpose of the Abstract is to help us identify the most appropriate reviewers.



If you can get us an Abstract by October 1st, we'll take it. However, be advised that we must adhere to the remainder of the timeline or we risk losing the funds. If you have any question about this or anything else about the pilot fund process, don't hesitate to contact us. We're hoping for lots of applications. Although we can't fund many projects, we will try to help all promising proposals in whatever way we can.

Ed



The Cancer Research Network (CRN) is a collaboration of 11 non-profit HMOs committed to the conduct of high-quality, public domain research in cancer control. The CRN is a project of NCI and AHRQ.

New CRNII Project: HIT 2

Using Electronic Medical Records to Measure and Improve Adherence to Tobacco Treatment Guidelines in Primary Care

A key element of this project is to use natural language processing to code tobacco use assessment and treatment as coded in the electronic medical record of four CRN health plans. This project presents some interesting challenges, not the least of which is to develop comparable data extraction procedures in four CRN health plans. The HIT 2 investigators started meeting in the fall of 2002 to develop these procedures and we are making good progress.

We are also applying natural language processing to develop a method for electronically coding tobacco use assessment and treatment as noted in the progress notes from primary care visits. Although there are clear, evidenced-based practice guidelines for tobacco cessation treatment in primary care, recording such treatment in the medical record is far from standardized. By the fall we will have a prototype parser for this task, and we will spend the winter testing and improving this parser in each of the four HIT health plans. We plan to start baseline data collection in the spring of 2004.

- Vic Stevens, KPNW

CRN Connection

The *CRN Connection* is a quarterly publication of the CRN developed to inform and occasionally entertain CRN Collaborators. It is produced under the oversight of the CRN Communications Committee.

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Please send comments or suggestions on this newsletter to Chelsea Jenter, CRN Project Director, at jenter.c@ghc.org. All submissions are welcome!

CRN Affiliated Projects

In addition to the core projects from CRNI (DETECT, PROTECTS and HIT) and CRNII (DCIS, MENU, and HIT2), the CRN has many affiliated projects. Below is a table of all of the funded affiliated projects to date. The CRN Connection has featured articles about some of these projects in past issues of the CRN Connection (all available for viewing on the CRN website). The CRN Connection will continue to feature progress from these projects in future issues.

Project Title	Acronym	Funding Source	Last seen in CRN Connection...
Design, Implementation and Analysis of a Clinician Survey		NCI Supplement	
Pilot Study to Identify Organizational Barriers to HMO Participation in Clinical Trials	Barriers Study	NCI Supplement	Jan 2001
Evaluation of End-of-Life Care for Prostate Cancer in the Managed Care Environment	Prostate EOL	CDC Task Order	Sep 2003
Enrolling Vietnamese and Chinese Women in Breast Cancer Treatment and Prevention Trials	Enrolling Asian Women	NCI Supplement	
Patient-Oriented Outcomes of Prophylactic Mastectomy	PM Outcomes	NCI R01 Grant	Aug 2000
Colon Cancer Survivors - Medications and Risk of Recurrence	CARE	NCI R01 Grant	Jun 2001
Cancer Surveillance in HMO Administrative Data	IMPACT	NCI R01 Grant	Jun 2001
The Impact of Endocrine Therapy on Survival in Men with Local or Regional Prostate Cancer-Feasibility Study	PETS	NCI Supplement	Nov 2001
A Pilot Study of Disenrollment among HMO Patients with Cancer	Disenrollment	NCI Supplement	Sep 2002
Lung/Colon Cancer Outcomes: The Cancer Research Network	CanCORS	NCI Cooperative Agreement	Sep 2002
Breast Cancer Treatment Effectiveness in Older Women	BOW	NCI R01 Grant	
Evaluation of Hospice Referral and Palliative Care for Ovarian Cancer in the Managed Care Environment	Ovarian EOL	CDC Task Order	
HRT Initiation and Cessation Following Results From the Women's Health Initiative	HRT Diffusion	NCI Supplement	
Medication Use and Risk of Esophageal Adenocarcinoma and Barrett's Esophagus	Esophageal Adeno	NCI Contract	
Michigan Center for Health Communications Research	CHCR	NCI P50 Grant	Sep 2003

New Cancer Communication Center

Information about cancer prevention is routinely conveyed to our health plan members through the medical profession, mass media, and other sources. But information is not enough to change health behaviors, nor prevent cancer. Research by University of Michigan professor Vic Strecher (and many others in the field) has demonstrated that tailoring health information to individual circumstances (motivational style, home environment, gender, etc.) is far more effective than generic health information. Yet the question of why tailoring works is not fully understood. The newly-funded Center for Health Communications Research (CHCR) hopes to open what Strecher calls "the black box" of tailoring to determine which components are most influential on health behavior change.

The Center is comprised of three research projects, and five cores that support the work of these projects. The projects are all randomized trials that will be conducted in two phases. Phase I uses an experimental design in which numerous tailoring variables are tested to see what has the strongest effect; in Phase II, the most promising elements will be tested to identify the optimal "dose," mode of delivery, and combination of effects.

Each project addresses a different aspect of cancer prevention: (1) smoking cessation; (2) fruit and vegetable consumption; and (3) decisions about prophylactic use of tamoxifen to prevent breast cancer. As mentioned above, the five cores will together provide a supportive infrastructure for the three projects: Administration Core; Biostatistics Core; Theory and Measurement Core; Tailoring Technology Core; and Recruitment and Data Collection Core.

Henry Ford Health System, Kaiser Permanente Georgia, and Group Health Cooperative are collaborating with the University of Michigan on this Center grant. The Recruitment and Data Collection Core will be based at GHC. It is charged with recruiting all subjects for the three studies, and collecting baseline and follow-up data via telephone surveys.

The CHCR is an exciting and innovative undertaking, and will definitely move the field of cancer communication science in new directions. Three other Centers were funded by NCI as part of this initiative. Each Center will receive \$10 million over five years. Future issues of the CRN Connection will include profiles of the individual projects in the CHCR.

- Sarah Greene, CHS

Project Profile: Evaluation of End-of-Life Care for Prostate Cancer in the Managed Care Environment

It is estimated that 220,900 new cases of prostate cancer will be diagnosed in 2003 and that 28,900 men will die of the disease. Although mortality rates have decreased in the last decade, death rates in African-American men are still more than twice as high as those of white men. In addition, approximately 70% of all diagnosed cancers are found in men 65 years of age or older. Therefore, prostate cancer in particular represents a group of patients, elderly and minority, at high risk for poor end-of-life care.

End-of-life care has come under much scrutiny in the last several years. Approximately 25% percent of annual Medicare expenditures can be attributed to about 5-6% of beneficiaries in their last year of life, although care received at the end of life has rarely been shown to meet the needs of dying patients and their families.

Over the past three years, Group Health Cooperative and Henry Ford Health System, through the Centers for Disease Control funded study, Evaluation of End-of-Life Care for Prostate Cancer in the Managed Care Environment, collected data on 454 men who died of prostate cancer. Preliminary analyses have focused on the completeness of the available information. Data for the last six months of life was collected from inpatient, outpatient, home health and hospice records. Unfortunately, nursing home records were unavailable in most instances. Preliminary analyses indicate that the date of the last available chart information was within the last month of life

for 398 study subjects (88%), within the last 7 days of life for 317 subjects (70%), and beyond the date of death for 11 subjects (2.4%; some of these post-death encounters involve bereavement encounters with family members). We were able to ascertain hospice admission status for 356 subjects (78%). Of these 356, 282 were admitted to hospice (79%). We were also able to obtain and review the hospice chart for 167 of the 282 subjects admitted to hospice (59%). Current analyses are exploring predictors of hospice admission and hospice length of stay.

Interestingly, chart reviews indicated that almost 20% (71) of patients and/or their families declined hospice the first time it was discussed, although 47 (66%) of these patients were later admitted to hospice. Much of the existing end-of-life literature suggests the need for increasing hospice discussions between patient and providers. The data collected here suggest that hospice is being discussed with prostate cancer patients, but patients and their families are not always ready for or receptive to the suggestion. Qualitative information on reason for refusal was captured during chart abstraction and is in the process of being coded for future analyses.

Lessons learned throughout this project are now being used to inform the more recently funded CRN project on end-of-life care for ovarian cancer, headed by Lisa Herrinton at Kaiser Permanente Northern California.

- Chris Neslund-Dudas, HFHS and Kari Boblke, GHC

CALENDAR OF EVENTS

International Conference on the Scientific Basis of Health Services

Washington, DC

September 20-23, 2003

DETECT group will present on Tuesday, September 23

More information at:

www.icsbhs.org

Frontiers in Cancer Prevention Research

Phoenix, Arizona

October 26-30, 2003

www.aacr.org/2003Prevention.asp

CanCORS Meeting

Seattle, WA

November 11-13, 2003

CRN Steering Committee, Project Leaders and Academic Liaison Committee

Bethesda, Maryland

December 4-5, 2003

CRN NEWS & MILESTONES

* The CDC has funded Year 2 of the Task Order Contract "Evaluation of Ovarian Cancer Care at the End of Life" at three of five original sites. Discussions with NCI have commenced, in hopes that support can be found for the other two original participating sites.

* As a follow-up to the seminal "Crossing the Quality Chasm" report, the Institute of Medicine has identified twenty priority areas for national action. Cancer pain control, with an emphasis on end-of-life care, is one of these priority areas. Given the interest of many CRN investigators in this important area, we will look for ways to engage in this dialogue.

*** October 1 Grant Submissions:**

-Causes and Consequences of HMO Disenrollment After a Diagnosis with Cancer (Terry Field, Meyers)



WHAT'S NEW ON THE WEB?

.NET Conversion of the CRN Web Site

In late September, the CRN Web site will transition to a new behind-the-scenes system called .NET (“dot net”). The first question that might pop into the mind for many users is “why”? We are transitioning for all these critical reasons:

First, KPNW/Center for Health Research is migrating all their Web sites to this new .NET technology, which includes and affects the CRN site.

Second, there are many technical reasons for the upgrade:

- .NET increases portability (we can ‘borrow’ code modules that were already developed for other projects and revise them based on our needs, thereby saving time and resources). For instance, the module that creates the news flashes on the home page can now be used to make specialized news items that will display for individual pages.
- Changing things on the CRN website will be easier and quicker with the new programming capabilities.
- When necessary, we will be able to institute security at the folder or document level.
- .NET will allow the capability to ‘search’ .PDF files.
- Development time for new complicated requests should be shorter, and we won’t outgrow our Web site.
- We will have a Web farm. If one server goes down, there is redundancy - i.e., the request just goes to the next machine.
- There is tighter security on this platform.

After the move to .NET, bookmarks (favorites) in your browser will have to be reset because the address is changing. Other than that, we will make every effort to make the move as invisible and convenient for you as possible. Your accounts should transfer automatically and your documents will be waiting at the new site. You will be automatically redirected to the new .NET site without having to remember a new site address.



Cancer Counter Coming to the CRN Web Site

A Cancer Counter will also be implemented on the new .NET Web site. This grew out of Terry Field’s studying the enrollment of cancer patients. The inaugural version of this Cancer Counter will improve CRN access to cancer information for grant proposals, increase access to data for quality improvement purposes, and enable the CRN to rapidly respond to NCI queries. The first Cancer Counter version gives simple counts of both cases and persons for contributing HMOs with tumor registering.

The data reported by this application are de-identified and anonymized as defined under HIPAA. There are no dates since diagnosis date is aggregated to DX year. Additional information will be listed in the Cancer Counter on-line policies, with two of the policies being:

1. Access is limited to those who have access to the CRN Web site.
2. Dissemination of information requires a PI’s permission from that site.



Document Archiving Process Now in Place

We have designed a process for archiving Web content, which still allows users to access the content. Archived content will now appear under a “Past” heading. An example of this would be “Documents” and “Documents - past”. This has already been done for the New Proposals area. View this area from the top of a page by “hovering” your mouse pointer over “Committees,” then click on “New Proposals Committee Home,” then scroll down. Check it out!

For assistance with password set-up, to change your password, or to arrange for remote posting authority, contact Gary Ansell at gary.ansell@kpchr.org or (503) 335-6735.

SDRC Non-Electronic Data Collection

The CRNII’s SDRC has focused its initial efforts on electronic data. Our interest is now expanding to include non-electronic modes of data collection, such as chart abstraction and surveys. There are a number of areas we expect to tackle, including recommendations for collection of information on comorbid conditions, use of computer-assisted telephone interviewing systems, and centralized bibliographies of quality of life and quality of care instruments. Beginning in September, we will schedule monthly conference calls among interested CRN investigators and staff to pursue these areas and any other relevant issues that arise.

If you are interested in participating in these calls, please e-mail Terry Field at tfield@meyersprimary.org.