

# CRN Connection

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*"Live as if you were to die tomorrow. Learn as if you were to live forever." —Gandhi*



*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.*

## News from NCI -

### Recent NCI reports that may be of interest:

◆ The Annual Report to the Nation on the Status of Cancer was published in the July 1, 2004, (Vol. 101, Issue 1) issue of the journal, *Cancer*. The authors of this year's report are Ahmedin Jemal, Ph.D. (ACS), Limin X. Clegg, Ph.D. (NCI), Elizabeth Ward, Ph.D. (ACS), Lynn A.G. Ries, M.S. (NCI), Xiaocheng Wu, M.D. (NAACCR), Patricia M. Jamison (CDC), Phyllis A. Wingo, Ph.D. (CDC), Holly L. Howe, Ph.D. (NAACCR), Robert N. Anderson, Ph.D. (CDC), and Brenda K. Edwards, Ph.D. (NCI). The report includes a special feature on cancer survival data.

◆ A 75 page report, Breast Cancer Surveillance Consortium: Evaluating Screening Performance in Practice, was recently published by NCI (NIH Publication No. 04-5490). The report, describing the organization, activities and research results of BCSC, is available online at: <http://breastscreening.cancer.gov/espp.pdf>. Hardcopies of the publication can be requested from Robin Yabroff: [yabroffr@mail.nih.gov](mailto:yabroffr@mail.nih.gov). From the report's preface: "The BCSC has proved to be an invaluable resource for all American radiologists, in its collection and dissemination of robust data on the current practice of mammography in a representative cross-section of the U.S." - Edward A. Sickles, M.D., Professor in Residence, Department of Radiology, UCSF

*—Martin Brown, NCI*

## Ed's Corner of the World

### News from the CRN PI

The CRN strategic planning process is underway. I am very grateful to our hard-working committee (Suzanne Fletcher, Ann Geiger, Sarah Greene, Dave Nerenz, and Tom Vogt) who are meeting over the summer to provide the Steering Committee with a report at our October meeting. Their purview is broad, but with special emphasis on increasing publications.

In this vein, we are pursuing the idea of a Journal supplement or monograph to highlight the CRN, and to display the range of our research. In response to a request for possible contributions to such an issue, we were delighted to receive 22 manuscript abstracts. We will be communicating with journal editors shortly.

This issue of the CRN Connection features our Academic Liaison Committee. As you can see, they are a diverse and highly distinguished group. What is less obvious is how much they have already contributed (e.g., reviewing pilot project proposals), and how important their involvement is to the Steering Committee, the NCI and to reviewers of our grants. They are highly valuable resources to us all.



*Ed*

# Meet the **ACADEMIC LIAISON COMMITTEE . . .**



**John Z. Ayanian,  
MD, MPP**

**Associate Professor of Medicine  
Health Care Policy - Harvard  
Medical School Boston, MA**

Dr. Ayanian's research focuses on the effect of patients' race, gender, insurance coverage, and socioeconomic characteristics and organizational characteristics on the quality of care. He is the principal investigator of studies funded by the Agency for Healthcare Research and Quality and the National Cancer Institute.



**Grover C. Bagby,  
Jr., MD**

**Director, OHSU Cancer Institute  
Portland, OR**

Dr. Bagby's research emphasis is on molecular pathogenesis of clonal evolution in human leukemias and on defining molecular determinants of cancer progression in patients with ovarian, prostate, and testis cancers.



**Otis W. Brawley,  
MD**

**Associate Director/Cancer Control  
Emory University - Atlanta, GA**

Dr. Brawley's interests include research in health disparities, and the screening, epidemiology, diagnosis, prevention and treatment of hormonal cancer.



**Susan Curry, PhD**

**Professor of Health Policy &  
Administration**

**University of Illinois - Chicago, IL**

Dr. Curry's research interests are health policy, health promotion, cancer control, community-based and self-help interventions.



**Frederick P. Li, MD**

**Professor of Medicine  
Dana-Farber Cancer Institute  
Boston, MA**

After two decades in the U.S. Public Health Service, Dr. Li's research focuses on cancer genetics, risk identification, and prevention.

**(Photo unavailable)**

**C. Tracy Orleans, PhD**

**Senior Program Officer/Senior  
Scientist, Robert Wood Johnson  
Foundation Princeton, NJ**

Dr. Orleans works in several areas — Tobacco, Health and Behavior, Health Care Quality, Childhood Obesity, and Research and Evaluation. Her work has a common theme of promoting the translation of clinical and behavioral research into practice and policy, and improving health care quality for the prevention and management of chronic disease.

**(Photo unavailable)**

**Gerald F. Riley, MSPH**

**Senior Researcher  
Center for Medicare & Medicaid  
Services Baltimore, MD**

Mr. Riley's primary research interests include Medicare managed care, cancer care, the Medicare disabled population, and end-of-life care.



**William A.  
Satariano, PhD,  
MPH**

**Professor of Epidemiology  
UC-Berkeley School of Public Health  
Berkeley, CA**

Dr. Satariano's research interests include the epidemiology of aging and disability, functional assessment, cancer rehabilitation and survival, physical activity and health in older populations, and the effects of the built environment on health and functioning.



**Rebecca A. Silliman,  
MD, PhD**

**Professor of Medicine & Public  
Health, Boston University and Chief  
of the Geriatrics Section of Boston  
Medical Center - Boston, MA**

The central focus of Dr. Silliman's past and current research has been on chronic disease management in old age, including breast cancer care in older women. At present, Dr. Silliman is the principal investigator of four grants funded by the National Institutes of Health and the John A. Hartford Foundation

**(Photo unavailable)**

**Sally W. Vernon, PhD**

**Professor of Epidemiology & Behavioral  
Sciences, University of Texas - Houston**

Dr. Vernon's current research interests include: designing behavioral interventions to increase participation in cancer screening including interventions to increase participation in breast, cervical, and colorectal cancer screening; studies of informed decision making for prostate cancer screening; and psychosocial aspects of cancer genetic testing



**Noel S. Weiss, MD,  
DrPH**

**Professor of Epidemiology**

**University of Washington - Seattle, WA**

Dr. Weiss' research is primarily in the area of cancer epidemiology. Part of his time is devoted to the study of epidemiologic methods and of the application of these methods to the understanding of the determinants of the outcome of illness.



**Alice S. Whittemore,  
PhD, MA**

**Professor of Epidemiology & Biostatistics,  
Stanford University School of  
Medicine Stanford, CA**

Dr. Whittemore is a researcher in the field of cancer epidemiology, and continues research into the particular etiologies of breast, prostate and ovarian cancers.

*-Maurleen Davidson, GHC*

## Scientific Interest Group (SIG):

### Health Services & Clinical Genetics

Convener: *Judy Mouchawar*

A “cancer genetic” SIG? All of cancer is genetic, so what does this SIG do that the rest of the CRN doesn’t? Ahhhh... the first challenge for the CRN Cancer Genetic SIG was to define itself. The CRN Cancer Genetic SIG began as a composition of investigators and researchers interested in actual tissue testing from affected or unaffected persons for genetic alterations associated with cancer risk or in issues around such testing services. Such interests included testing for germline or inherited mutations, as well as testing for somatic or acquired mutations.

The SIG met during the Dearborn meetings and diverse backgrounds and research interests were shared. From this discussion a natural split presented itself. Dr. Meg Mandelson (GHC) is leading the tissue and bio-specimen research group and the health services research group is being led by Dr. Judy Mouchawar (KPCO). Future outgrowths may include partnering with the CERT to participate in pharmacogenetic research.

Current activities of the SIG include Dr. Mandelson investigating a potential role for the CRN as a possible collaborator with the Early Detection Research Network. Also, Dr. Emily Harris (KPNW) is preparing a grant submission regarding the outcomes of BRCA1 and BRCA2 mutation testing.

Some sites are more suitable to participating in one or both of these groups based on their process of tissue collection and/or retainment protocols, as well as their tracking of genetic services. Most all of the CRN sites are represented within these 2 groups, but if you are interested in participating, please feel free to contact us!

*-Judy Mouchawar, KPCO*

## CRN NEWS & MILESTONES

- ① The fall Steering Committee Meeting has been scheduled for October 15-16, 2004 held in Seattle, Washington. The meeting is in conjunction with the 3rd Annual International Conference, of “Frontiers in Cancer Prevention Research, to be held October 16-20, at the Washington Convention Center in Seattle.
- ② The CRN will be profiled in an upcoming issue of the NIH Public Bulletin (<http://getinvolved.nih.gov>), an online resource designed to stimulate the public’s interest in NIH news and activities.

- ③ The CRN Publications Committee is developing strategies to increase the number of CRN papers published in this funding cycle. That “Top 10” list will appear in a future CRN Connection. In the meantime, don’t forget that all CRN manuscripts must be reviewed by the Publications Committee prior to journal submission.
- ④ The RFA on Transdisciplinary Research on Energetics and Cancer has just been published. See the notices at: <http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-05-010.html> and <http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-05-011.html>

## TALENTS AND CELEBRATIONS



The CRN Connection would like to inject an occasional “personal” touch by taking some time out of the day to recognize exceptional moments in the CRN family beyond R01’s and publications. For example, in previous issues, we have featured the “new Wagner twin grandsons”, and the “Davidson gymnast ranked #1 in the nation.”

Please send your brief story to Maurleen Davidson, CRN Connection Editor, [davidson.ms@ghc.org](mailto:davidson.ms@ghc.org) and we will do our best to include it in one of the issues. If you send pictures, please send in .jpg format.

*-Maurleen Davidson, GHC*

## CRN Connection

The *CRN Connection* is a publication of the CRN developed to inform and occasionally entertain CRN collaborators. It is produced with oversight from the CRN Communications Committee.

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..... Judy Mouchawar, Diana Buist,  
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Please send comments or suggestions on this newsletter to Maurleen Davidson, CRN Connection Editor, at [davidson.ms@ghc.org](mailto:davidson.ms@ghc.org). All submissions are welcome!

# HRT DIFFUSION

## HRT Initiation and Cessation following results from the Women's Health Initiative

Observational evidence largely supported the use of hormone therapy (estrogen plus progestin (EPT) and estrogen-alone (ET) for chronic disease prevention. In July 2002, the Women's Health Initiative (WHI) released the news that its Data and Safety Monitoring Board terminated the EPT randomized trial early because the risks outweighed the benefits.

We obtained NCI funding to examine the diffusion of the WHI's results into clinical practice. Data was gathered on overall and age-specific EPT and ET prevalence, along with discontinuation and initiation rates in the two years before the published results of WHI's EPT trial, and for five months after their release. Our observational cohort study worked in collaboration with the 10-site HMO Center for Education and Research on Therapeutics (CERT) Patient Safety Cohort. We extended the period of observation for the Patient Safety Cohort (originally 1/1/1999 - 6/30/2001) through December 31, 2002. From the original sample, we constructed a dynamic cohort of 169,586 women

40-80 years from GHC, HPHC, Fallon, KPCO, and HealthPartners. We defined EPT users as women who received combination products or estrogen preparations with  $\geq 1$  dispensing for a progesterone product. ET users included women who received estrogen preparations with no progesterone dispensing. We considered women to be continuous users as long as the hormones were dispensed within 60 days of the run-out date. A new run-out date was set with each successive dispensing rather than using cumulative number of pills from all dispensings.

Despite our necessary lag-time, we found an immediate reduction in EPT and ET use following July 2002. The overall prevalence of hormone use was 27.2% at baseline; 14.6% EPT and 12.6% ET. We found a 45.9% and a 27.8% reduction in EPT and ET prevalence, respectively, after July 2002. We also saw a reduction in the proportion of users who filled prescriptions for  $\geq 0.625$  mg of conjugated equine estrogen or its equivalence (43.7% and 18.9% decrease in the prevalence of 0.625

mg and  $>0.625$  mg conjugated equine estrogen [CEE], respectively) and an increase in users of 5.8% in  $<0.625$  mg. These findings are supported by self-reported data from other cohorts and national pharmacy sales. The evidence from WHI's EPT trial has made it increasingly clear that the risks of using EPT outweigh the benefits for women without menopausal symptoms. There is still substantial EPT use among women who are likely not using EPT for short-term therapy for the relief of menopausal symptoms. Long-term EPT use has important public health consequences. Further exploration of why women continue to use EPT and identification of alternative methods for addressing reasons for continued use are indicated.

We do not yet know whether improving knowledge of the risks and benefits of hormone replacement therapy would further decrease its use. However, as of July 2004, Katherine Newton (GHC) and Maureen Connelly (HPHC) are collaborating on a study to further explore women-level decisions about using hormone therapy. There is also an effort to increase follow-up from this current study through 2003 to examine how the trends of hormone use have changed with the additional WHI publications and to explore the uptake of other alternative medications for chronic disease prevention.

-Diana Buist, GHC

Figure 1. Percent of Estrogen plus Progestin (EPT) and Estrogen Therapy (ET) users that discontinue by study month

