

POSTER ABSTRACTS

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A Web-Based Tool for Accurate Piloting of Cancer Studies

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Background: Accurate piloting of cancer studies requires that enrollment data be combined with cancer data. This process can be costly and time-consuming because of the extra resources required to deal with the programming complexity that arises. We used cancer registry and enrollment data to develop a web-based tool that allows quick feasibility studies that can address enrollment requirements as well as cancer specifications.

Methods: GHC (Group Health Cooperative) health plan enrollment data were collected and processed to calculate months of enrollment before and after each individual cancer diagnosis date. These variables were combined with the SEER cancer registry data and summarized without identifiers. This summary dataset was the data source for a web-based tool that can accurately count the numbers of cases available for cancer studies. The tool allows specification of cancer type, patient characteristics, and time-frame. The tool produces a table that indicates the number of cases that were enrolled in various combinations of years pre and post diagnosis that can be used to accurately represent the number of cases available for study. Data for the tool resides in SAS datasets and the tool is delivered via Active Server Pages that script and run SAS programs in order to deliver SAS output to the web-browser. Optionally, the SAS program and log file generated by each request are available to the user. The tool was presented to investigators and programmers at the GHC Center for Health Studies.

Results: The tool was well-received and found to be very useful. Adoption by programmers was more complete than adoption by investigators which was sparse. Availability of auto-generated SAS programs for cancer identification has also helped standardize use of the cancer registry SAS dataset by programmers.

Conclusions: Development of research tools that utilize health-plan enrollment data can facilitate research by facilitating accurate identification of potential cases for study. Such tools also widen the scope of users, though adoption by programmers is more likely than adoption by investigators. Additionally, such tools can help standardize usage of clinical data sources.