POSTER ABSTRACTS

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Feasibility of Obtaining Automated Hormone Therapy Data for Classifying Prostate Cancer Treatment

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Background: Hormonal therapy may improve prostate cancer survival. However, a full study of this hypothesis, with sufficient power, may be cost and time-prohibitive if medical record review is required for all patients. The purpose of this pilot is to determine feasibility of obtaining automated data as the sole source of information about hormone therapy administration. Because men with prostate cancer receive hormonal treatment through outpatient prescriptions as well as in the clinic setting, data availability/completeness is unknown.

Methods: This study was conducted among men diagnosed with prostate cancer from 1990 through 1998, at four Cancer Research Network Health Plans: Group Health Cooperative, Henry Ford Health System, Kaiser Permanente Northern California, and Kaiser Permanente Southern California. Hormone therapy documentation was obtained from outpatient pharmacy and from in-clinic automated data. Using these hormone therapy data, three hormone exposed patients and three unexposed patients per year were identified for medical record abstraction at each HMO. Data abstracted included hormone type, prescription date, dose, and duration.

Results: Overall, 20,678 patients with local or regional prostate cancer were identified and 3,007 (15%) had early hormone therapy treatment according to automated data. Among 215 abstracted charts, preliminary analysis shows that automated data correctly classified hormone exposure in 80% of cases. The magnitude of agreement varied by calendar year and by HMO. Further analyses are underway to quantify the impact that misclassification may have on results of a study evaluating the effect of early hormone treatment on prostate cancer survival.

Conclusion: Automated data can be used to classify hormone treatment exposure among men diagnosed with prostate cancer. The accuracy of automated data varies by HMO and by calendar year. Further analysis will determine whether a full study of hormone therapy and prostate cancer, using only automated data with these four CRN sites, is warranted and the parameters with which such a study should be undertaken.