



## Ed's Corner of the World

*Report from the CRN PI*



The CRN developmental pilot fund program is an important part of the CRN's commitment to develop new researchers and research proposals. We received 21 excellent proposals on topics ranging from cancer risk factors to patient-provider communications to the quality of cancer surgery. Each proposal was reviewed by two experts invited from within our

own research centers and collaborating academic institutions. Nearly all proposals were viewed favorably making final decision-making very difficult. The CRN Steering Committee selected four very strong proposals for 2008 funding. See page 2 for titles.

Because of the strength of the proposals, CRN leadership has plans to help all pilot proposal authors develop their proposed project ideas further. To this end, every PI has been assigned at least one dedicated CRN mentor. Our goal is that each of the 21 pilot proposals, not just those funded, ultimately matures into a proposal for major funding.

## News from NCI

Greetings from Wendy in the NCI program office! Martin Brown asked that I update you about an exciting CRN project currently underway that is designed to provide information about CRN to potential collaborators and important decision-makers. We (with the hard work of CRN's Leah Tuzzio, Sarah McDonald, and NCI writer Kelly Blake) have created a 39-page brochure titled "The HMO Cancer Research Network: Capacity, Collaboration, & Investigation". The content includes an overview of CRN history, research themes, collaboration process, data resources, organizational structure, PI contact information, research projects, and publications. We anticipate this document will be published in early June 2008. The intended audience is colleagues and leadership within NIH and the Department of Health and Human Services, key members of the extramural



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*CRN stakeholders identify 8 focal areas for future research*

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*Reports from 6 completed studies*

- **Happy Anniversary!**

*The CRN enters its 10th year*

- **Achievements, Awards and Opportunities**



*The Cancer Research Network (CRN) is a collaboration of 13 non-profit HMOs plus one CRN-affiliated HMO committed to the conduct of high-quality, public domain research in cancer control. The CRN is a project of NCI and AHRQ.*

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## News from NCI

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community such as grantees and potential grantees, heads of professional societies, and foundations with whom we partner. We will distribute the brochure to collaborators and future researchers among the HMO CRN organizations and partners, and also to members of the Board of Scientific Advisors at NCI at their upcoming June meeting.

Among the most important goals for this publication are to raise awareness about how investigators and other organizations can collaborate with the CRN, to disseminate information about new research priorities and plans for CRN3, and to recognize research achievements within existing CRN projects. We eagerly anticipate that readers will have greater capacity to undertake research projects which will benefit and broaden our research community. Stay tuned for notification of web access to this publication.

*-Wendy McLaughlin (NCI)*

# Mapping the CRN's Areas of Research

In the fall of 2007, key CRN leaders identified nearly 100 research topics relevant to the CRN. In 2008, the CRN sought input on these topics from National Institutes of Health colleagues, CRN research staff, advisors, non-CRN cancer researchers, and patient advocates. Over 200 of these stakeholders were invited to participate in a concept mapping process led by Concept Systems, Inc.® (<http://www.conceptsystems.com>)

to identify scientific priorities for the CRN. The process included mapping the research topics, organizing them into a conceptual framework and rating their importance and feasibility. The eight CRN priority research themes that emerged from this exercise, although not exclusive, include most of the CRN's current work and areas of particular interest for future research.

*- Leah Tuzzio (GHC)*

## *CRN's Research Themes*

- Data Resources and Infrastructure
- Enhancing Cancer Communication and Decision Making
- Healthcare Delivery, Quality, Costs and Outcomes
- Health Insurance Benefit Design and Patterns of Care Utilization
- Cancer Epidemiology, Prevention and Health Promotion
- Psycho-social Factors and Burden of Cancer
- Research Translation and Patterns of Screening, Treatment and Care
- Building Capacity to Support Emerging Areas of Cancer Control Research

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## Pilot Proposals Selected for Funding in 2008

- \* Development of a Versatile Geospatial Database within the CRN (PIs: Andrea Cook, GHC and Tracy Omega, Dartmouth)
- \* Socioeconomic Diversity in Integrated Healthcare Delivery Systems (PI: Chyke Doubeni, Meyers)
- \* Chemotherapy and Coinsurance: The Effect of Cost Sharing on Cancer Care (PI: Deb Ritzwoller, KPCO)
- \* Opportunistic Colorectal Cancer Screening: Providing Home Fecal Immunochemical Test Kits to Patients in the Context of Annual Flu Vaccine Campaigns for Adults Age 50 and Older (PIs: Carol Somkin, KPNC and Michael Potter, UCSF)

# Meet the Lovelace Clinic Foundation !

*The CRN Site Profile Series continues, with an introduction to to our 2nd newest member site.*



Created in 1990, Lovelace Clinic Foundation (LCF) is a 501(c)(3) non-profit health research institute with a close affiliation with Lovelace Health System (LHS) in **Albuquerque, New Mexico.**

## LCF Facts & Features

In the mid-1990s, LCF and LHS were national pioneers in the development and evaluation of clinician-driven disease management programs (Episodes of Care®).

LCF has been a member of the **HMORN** since 1998, a **CERT** site for nine years and **CRN** site for the past two years. We were actively involved in the major CERT Prescribing Safety initiative, our investigators have led a CERT study of COPD medications, and we are active in the **CVRN** as well as CRN.

## Leadership

**Maggie Gunter, PhD**, has led the LCF organization since its inception.



New Mexico's **ethnically diverse population** (40% Hispanic) makes it an interesting laboratory for examining disparities.

A distinctive feature of LCF beginning in 2000 has been our involvement in **community-wide and state-wide research and intervention projects** that include not only Lovelace, but **other competing health systems**. Prime among these have been two large Medicare Case management demonstrations and a statewide initiative (begun in 2004) to build a health information exchange network with funding from AHRQ, the Office of the National Coordinator for Health Information Technology (DHHS), the New Mexico State Legislature, and numerous health systems, employers and other community organizations.

## Solving the puzzle to access data

Unlike most other HMORN members, LCF is not part of the Health System (the "covered entity") so data access after HIPAA has been somewhat complex. Lovelace Health System has become less integrated in the past year (the Medical Group is now independent, but still closely affiliated with LHS, while LHS includes only the Lovelace Health Plan and the four Lovelace hospitals). Therefore, LCF has been working to develop separate data agreements with the Health Plan, the hospitals and the newly independent Medical Group (now called Albuquerque Health Partners).



*When you plan a visit to Albuquerque, NM, be sure to schedule it to take in its awe-inspiring International Balloon Fiesta starting the first weekend in October.*

*- Maggie Gunter and Kathy England (LCF)*





# Information Technology and Science

*In mid-2005, the NCI funded the following six Administrative Supplements to the CRN, all related to information technology. Read on, for reports from the project leaders on work completed and future plans.*

## **Increasing Technology to Maximize Use of the Virtual Data Warehouse (VDW) at all CRN Sites**

*Funded Sites: KPNW, KPH, KPCO, Henry Ford, HealthPartners, GHC, Marshfield, Lovelace*

Although this supplement was not scientific, it allowed migration of the local Virtual Data Warehouse (VDW) data to a dedicated server at eight CRN sites. This enhanced our ability to generate rapid, high-quality turn-around on projects. The utility of the VDW has become evident to more people and it is being more widely used. The VDW is now considered to be a resource beyond the CRN and is viewed as a utility that serves multiple consortia and many single-site projects. This supplement funded

two of the newer CRN sites: Lovelace and Marshfield, which helped them start developing their local VDW.

## **Development of a shareable analytic dataset for studies of racial disparities**

*PI: Terry Field, ScD (Meyers)*

The aim of this project was to develop a shareable analytic de-identified dataset to examine racial disparities in survival and cancer stage at diagnosis. We added data programs to the VDW to collect comorbidity data, which resulted in the establishment of an annotated centrally available SAS program designed to extract data for establishing the Charlson Comorbidity Index for newly diagnosed cancer patients. Also, we linked the cause of death codes to look-up tables to identify deaths due to specific cancers. With a project led by Dr. Chyke Doubeni, the project team is still attempting to include socioeconomic variables from the local sites through geocoded links to census data.

## **Development of a method to assess obesity and treatment using the Electronic Medical Record (EMR)**

*PI: Brian Hazlehurst, PhD (KPNW)*

This study had three aims: 1) Develop the concepts and rules necessary to assess obesity status, prevention, and treatment using EMRs; 2) Use this knowledge to extend MediClass, a technology for analyzing both coded- and free-text clinical data in any EMR, to the obesity domain; and, 3) Use this MediClass obesity application to describe obesity treatment in primary care

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## **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.

Contributors . . . . . Kathy England, Terry Field, Maggie Gunter, Reina Haque, Gene Hart, Brian Hazlehurst, Wendy McLaughlin, Larissa Nekhlyudov, Leah Tuzzio, Ed Wagner

Oversight. . . . . Martin Brown, Terry Field, Wendy McLaughlin, Deb Ritzwoller, Cheri Rolnick, Leah Tuzzio, Ed Wagner, Robin Yabroff

Editor. . . . . Sarah McDonald

Please send comments or suggestions on this newsletter to Leah Tuzzio, [tuzzio.l@ghc.org](mailto:tuzzio.l@ghc.org).

Curious about the Virtual Data Warehouse?  
Check out the HMORN's Collaboration Toolkit:  
[http://www.hmoresearchnetwork.org/resources/collab\\_toolkit.htm](http://www.hmoresearchnetwork.org/resources/collab_toolkit.htm)

# IT Science

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within KPNW. The project team built an automated method to classify the EMR for assessing health status and care delivery for obese and overweight patients. This automated method provides an important first step in allowing comprehensive assessment of obesity status, counseling and treatment in large populations. A follow-on R01 application to advance this work at HealthPartners and Harvard Pilgrim Health Care was submitted in March, 2008 (Victor Stevens, PI).

## Outcomes of genetic counseling for heritable breast/ovarian cancer

*PIs: Emily Harris, PhD and Brian Hazlehurst, PhD (KPNW)*

While genetic counseling and testing for inherited breast/ovarian cancer susceptibility are widely available, little is known about how they impact health or health care behaviors. This study created a method to identify those who are eligible for counseling, those who receive counseling, and the reasons for that counseling, using automated analysis of the EMR. We developed and evaluated

a MediClass application, allowing for comprehensive search of the EMR, including both coded and free-text data fields. The study demonstrated that individuals who are at risk and who receive genetic counseling for inherited breast/ovarian cancer susceptibility can be automatically identified. This study provides the basis for developing search and categorization algorithms for future large, collaborative studies.

## Diffusion of breast MRI technology in community clinical settings

*PI: Larissa Nekhlyudov, MD, MPH (HPHC)*

Magnetic Resonance Imaging (MRI) of the breast has been approved by the FDA for diagnostic purposes but not for screening of the general population, yet uses of both have been reported in medical practices and appear to be rising. The aim of this study was to better understand the utilization of breast MRI and the variations in use across community clinical settings. Preliminary findings suggest that the use of breast MRI by 225 women at HPHC between 2001-04 with prior breast cancer increased from 2001 to 2002, but then remained stable through 2004. The indications were evenly distributed and the utilization of breast MRI steadily increased among women without prior breast cancer, mostly

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# The CRN Turns 10!

On **April 29, 2008**, the NCI issued the Notice of Grant Award (NoGA) for CRN's 10<sup>th</sup> year!

CRN's very first NoGA was issued on **June 1, 1999**.

Other historic events on June 1:

**1999:** Napster debuts. *Yet CRN scientific productivity continues unabated!*

**1969:** Tobacco advertising banned on Canadian radio & TV. *Nice job, Canada!*

**1792:** Kentucky admitted as 15th US state. *We can only imagine the subcontract negotiations...*



*At the very first CRN meeting, hosted by KPH in Honolulu in the spring of 1999, CRN team members proudly pose around a crucial grant document. Way to go, team!*

## POP QUIZ

**Q:** What was the #1 Billboard Hit on June 1, 1999?

**A:** Livin' la Vida Loca by Ricky Martin

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# CRN News & Milestones

Since January 2008, CRN project teams have published **10 manuscripts** and stimulated the publication of **2 commentaries**. Check out CRN's publications on NCI's CRN Web site!  
<http://crn.cancer.gov/publications>

*Patient Education and Counseling* (PEC) invites papers for a special issue on **Patient-Centered Communication in Cancer Care**. Submit manuscripts to:  
<http://ees.elsevier.com/pec> PEC's online submission system will be open for submission for this issue from July 1-September 30, 2008.



## Congratulations, Martin Brown!

### The HMO Research Network Recognition Award

*To honor*

***Martin L. Brown, Ph.D.***

*For your vision, ongoing support and commitment to creative problem-solving. You are a valued colleague, leader and friend to the HMO Research Network and most especially to the Cancer Research Network.*

## IT Science

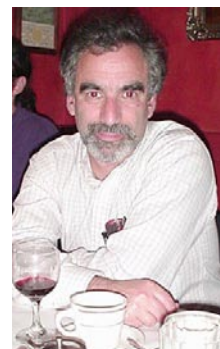
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for diagnostic purposes and less commonly for screening. Additional analyses assessing the downstream effects of breast MRI and a larger study to examine the diffusion of breast MRI across the CRN are pending.

### **Comparing pancreatic cancer identification using health plan automated data and SEER Cancer Registry**

*PI: Reina Haque, PhD, KPSC*

The aim of this study was to inform the development of an automated data algorithm using the VDW and validation with chart abstraction to rapidly identify patients with recently diagnosed pancreatic cancer. The challenge encountered in this study was extracting imaging data from radiology databases. Unlike cancers of other anatomic sites, the diagnosis of pancreatic cancer is also based on imaging procedures in addition to pathology information. This pilot study generated preliminary data for a larger study proposal.



*Martin considers how best to balance scientific rigor with budgetary constraints at a historic CRN dinner meeting*