

CRN Connection

Volume VIII, Issue 4

September 2007

Ed's Corner of the World

News from the CRN PI



This issue of the CRN Connection highlights the distinguished members of our Academic Liaison Committee (ALC). We have added new members to the ALC including our first patient representative. Since the CRN's inception, the ALC has been an invaluable resource. Its members provide advice on strategic scientific issues and directions, serve on CRN Committees, and review proposals and manuscripts. Some ALC members have become active participants, even leaders, in CRN research projects. The role of the ALC will increase in importance in CRN3 as we reevaluate our scientific priorities and try to balance the needs of our primary constituents - HMO-based investigators and research centers - with the NCI's expectation that the CRN become "a national resource" for cancer research. The members of the ALC generally share our scientific interests and values, and understand the contributions that an effective network like ours can make to cancer control.

News from NCI

CRN members may find a recent research summary on colorectal cancer screening of interest:

Klabunde CN, et al. Improving Colorectal Cancer Screening in Primary Care Practice: Innovative Strategies and Future Directions. *J Gen Intern Med*, 2007;22:1195-1205.

The lead author of this summary is my NCI colleague Carrie Klabunde. The article summarizes the results of a series of research studies funded under a joint Program Announcement sponsored by NCI and AHRQ. This review is particularly



compelling because it uses recent recommendations from the Society for General Internal Medicine and the American Academy of Family Physicians as a conceptual framework for categorizing and evaluating research results that address the problem of improving system wide performance of colorectal cancer screening.

(Continued on Page 5)

In This Issue

Focus Group Methods:

The MENU team shares how focus groups helped them design a healthy eating intervention.

Update from the SDRC:

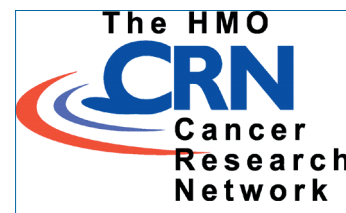
Learn how many CRN sites have taken full advantage of the CRN's support for data management.

CRN Publications:

The CRN continues on its roll to publish study results and get media attention!

The CRN3 Academic Liaison Committee:

Meet the members!



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.

The advantage of conducting focus groups in research is acquiring opinions from a variety of people for whom a new product or study is targeted. These opinions enable design or modifications that will appeal more widely. Through planning, designing questions, facilitating expressions of differences, and non-judgmental listening, focus groups allow us to learn more about beliefs, attitudes, and ways that people experience things.

The purpose of the MENU Choices study's 16 focus groups was to learn and then confirm what things would prompt a change in eating fruit and vegetables, and what web program features would draw and retain participants. Sessions were two hours long with a short mid-session break. Attendees were paid \$50 for participating, and refreshments were provided. To encourage a more open discussion, we maintained consistency of gender and ethnicity within each group session. Each of the five MENU sites selected people at random within the age and eligibility requirements of our study's target sample (generally healthy, 21 – 65 years old, internet access, active email account and local to the area.) All sites sent an invitation letter that included



Making Effective Nutritional (MENU) choices study sites:

Henry Ford Health Systems
Health Partners Research Foundation
Group Health Cooperative
Kaiser Permanente Colorado
Kaiser Permanente Georgia

an opt-out choice. Some sites' letters invited a call-in to enroll. Other sites followed the letter with a recruitment phone call. A confirmation letter including a map was sent a week prior to the focus group. A reminder call was made within 2 days of the focus group. We confirmed 12 people for each group, with a goal that 8 people would attend.

One facilitator attended all (but one) of the focus groups and a second local facilitator who matched the ethnicity of the group and/or a research assistant was present at all sessions. All focus groups were tape recorded and transcribed for analysis. The facilitator explained reasons that the group was gender and

ethnically homogeneous at the start of the session.

After the sessions, the facilitator created a summary of themes from the responses, with confirmation from the site representative. These themes influenced the design of the MENU program and website.

What we learned from the focus groups was surprising and very valuable. While we committed to 16 groups to achieve geographic diversity, we had confirmation of themes after the first 8 focus groups. Notable items included hardly any geographic or ethnic

(Continued on Page 3)

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 and Collaborations Committee.

Contributors. . . .Gwen Alexander, Martin Brown, Terry Field, Leah Tuzzio, Ed Wagner

Oversight. . . .Martin Brown, Terry Field, 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.

What is the CRN Publishing These Days?



The CRN continues on its roll to publish study results and get media attention! In 2007, CRN investigators have published over 10 CRN manuscripts. Here are some of the publications that are hot off the press...

Fortuny J, et al. Use of anti-inflammatory drugs and lower esophageal sphincter relaxing drugs and risk of esophageal and gastric cancers. *Clin Gastroenterol Hepatol* 2007 Jul 20; [Epub ahead of print]

The **Medication Use and Risk of Esophageal Adenocarcinoma & Barrett's Esophagus with Administrative Databases** study team investigated whether use of LES-relaxing drugs was related to an increased risk of esophageal and gastric cardia adenocarcinoma, and whether use of NSAIDs was related to a reduced risk of esophageal and gastric cancers. The possibility that corticosteroids and aspirin might reduce esophageal cancer risk warrants further consideration.

Buist DSM, et al. Receipt of breast cancer therapy and adjuvant therapy are not associated with obesity in older women with access to health care. *J Clin Oncol* 2007; 25(23):3428-36.

The **Breast Cancer Treatment Effectiveness in Older Women (BOW)** team examined whether there was an association between body mass index at time of breast cancer diagnosis and at receipt of primary tumor therapy and adjuvant therapy. They concluded that receipt of appropriate primary therapy and adjuvant therapy is not associated with BMI in older women with access to health care. Additional research in larger samples and more diverse settings is needed.

Rolnick SJ, et al. What women wish they knew before prophylactic mastectomy. *Cancer Nurs* 2007 Jul-Aug;30(4):285-91; quiz 292-3

The **Patient-Oriented Outcomes of Prophylactic Mastectomy** study team conducted a qualitative analysis to identify women's information needs before undergoing prophylactic mastectomy. Findings suggest that information needs of many women undergoing prophylactic mastectomy, particularly those selecting bilateral prophylactic mastectomy, have not been sufficiently addressed. Clinicians and health educators should be aware of patient needs and counsel women accordingly.

-Leah Tuzzio (GH)

Focus Group Methods

(Continued from Page 2)

differences, and few differences between men and women in eating preferences, motivations to change, and interests in a web-based program. However, male participants expressed greater preference for the bells & whistles and free choice/links to move around within a session. Responses were influenced by the experience of receiving an incentive for focus group attendance (some suggested \$1000 as an incentive.)

Feedback on what people liked more or less in the "test" website was very valuable in our eventual website design. We included much less text per page, incorporated mobility features (to appeal to men) and used web-based rather than phone-based surveys in the MENU program.

A manuscript is in preparation that will describe findings from the MENU focus groups.

-Gwen Alexander (HFHS)

DID YOU KNOW?

You will soon be able to search the projects' publications via an on-line CRN publication database, which will be linked to the National Library of Medicine's PubMed database. To easily find CRN publications, all you'll have to do is visit

<http://crn.cancer.gov>

Update from the CRN Scientific & Data Resources Core (SDRC)

Although the virtual data warehouse (VDW) was designed and developed to support multi-site CRN projects, many sites have taken full advantage of the CRN's support for data management by making the VDW available for local single-site and non-cancer related studies. We checked in with several CRN data managers for an update on their sites' experiences using the VDW. Here is a summary of their responses.

At KPCO, GH and KPNW, the VDW is being put to use by the majority of data managers and analysts for local research studies. The conditions analyzed (such as ALS, tuberculosis, rheumatoid arthritis, general anxiety disorders, autism, and diabetes) have ranged far beyond cancer. For example, KPCO is using the VDW to assess the impact of the coverage gap in Medicare Part D while KPNW is studying the rates of diabetes screening following pregnancies that involved gestational diabetes.

Sites have added a number of variables for local needs. Many of these are site-specific codes that assist analysts to distinguish types of enrollment and product lines, sources and details of encounter information, and assigned primary care physicians. This development highlights the need for CRN analysts who develop programs

Interviewer:

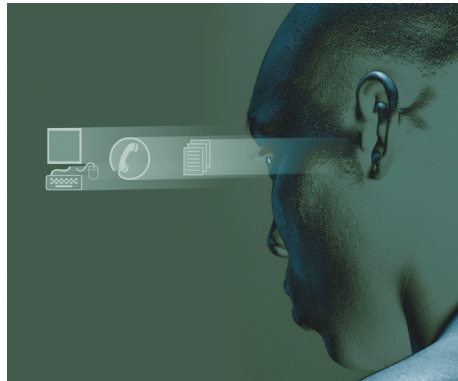
Terry Field -- Meyers Primary Care Institute

Interviewees:

Jen Ellis -- Kaiser Permanente Colorado (KPCO)

Roy Pardee -- Group Health (GH)

Don Bachman -- Kaiser Permanente Northwest (KPNW)



to extract data from other sites' VDWs to precisely list the variables being extracted since many of these datasets have expanded to include additional, unexpected variables.

The data managers described a number of important advantages that the VDW offers them.

» As expected, the major advantage has been enormous savings in the time required to assemble datasets. This is particularly useful for preparation for research, but full scale research studies have benefited from the savings in time and programmer effort as well.

» At many sites, there are a large number of potential data sources spread across the legacy systems. For the

VDW, the site data managers have taken the time to access all of these sources, providing their investigators with more complete data than has usually been available in the past. For example, at KPNW Don Bachman has reviewed the available race and ethnicity data in 12 local sources and constructed one dataset with the optimum information.

» Each data manager also commented on the extent to which local use of the VDW has led to improvements in data quality (as originally postulated by the CRN's uber data manager, Gene Hart). Although previous local datasets were checked and corrected on a study by study basis, these improvements often did not benefit other users. The VDW encodes these corrections permanently.

» As specific studies have developed commonly needed algorithms, the SDRC team has shared macros across-sites for such variables as the Charlson/Deyo, RxRisk, and body mass indices. These have been put to use for local studies.

(Continued on Page 5)

CRN NEWS & MILESTONES

Check out the new CRN Web portal:

<https://appliedresearch.cancer.gov/crnportal/>



The MENU project has preliminary results to tease us for manuscripts to come! At baseline, ~35% of participants had previously tried to increase fruit and vegetables, compared to ~85% at the 12 month follow-up, consistent across all 3 arms of the study. At the 6-month mark, 60% of participants reported trying a new fruit and 55% had tried a new vegetable; ~95% of study participants said they would recommend MENU to someone else and 62% had shared the MENU program information with others.

Congratulations to the HMORN

Cardiovascular Research Network for scoring well on their application. Let's keep our fingers crossed they get funded!

Overdue congratulations to...

Josephine (Jody) Calvi (formerly Hinchman), MPH on her marriage to Brian Calvi in November 2006! Jody is a Research Associate/Program Evaluation Consultant at the Center for Health Research Southeast (KPGA).

Erin Aiello Bowles, MPH on her marriage to Ryan Bowles in May 2007! Erin is a Research Associate at Group Health Center for Health Studies.

The annual **CRN Steering & Academic Liaison Committees' meeting with NCI** will be held in **Rockville, MD October 28-29, 2007**.

Save the date for the **2008 HMORN conference in Minneapolis from April 13-16**.



SDRC Update

(Continued from Page 4)

Perhaps the most interesting new development is the role of the VDW as a model for other groups. The data warehouse staff at Oregon Health & Science University is building VDW datasets from their electronic data sources so their file extractions can be simplified and so that data can be linked and compared with KPNW. In addition, VDW files have been created using data from the Oregon Community Health Information Network (OCHIN). The OCHIN data contain utilization from a network of safety net clinics throughout Oregon.

In short, it is clear that the opportunities and benefits arising from the development of the VDW have spread far beyond the original vision.

-Terry Field (Meyers Primary Care Institute)

News From NCI

(Continued from Page 1)

Many CRN members are also familiar with Carrie's work in the area of comorbidity measurement. She has just published a study that updates and refines the NCI Combined comorbidity index (known to many of us as the "Klabunde index"). See:

Klabunde CN, et al. A refined comorbidity measurement algorithm for claims-base studies of breast, prostate, colorectal, and lung cancer patients. *Ann Epidemiol* 2007;17:584-590.

-Martin Brown (NCI)

NATIONAL MEETINGS

The Obesity Society
October 20-24, 2007
New Orleans, LA

Society for Medical Decision Making
October 21-24, 2007
Pittsburgh, PA

Association for Cancer Research (AACR)
AACR Cancer Health Disparities
November 27-30, 2007
Atlanta, GA

AACR Cancer Prevention Research
December 5-8, 2007
Philadelphia, PA

CRN3 Academic Liason Committee 2007-2012

Name	Position	Institution	Research Emphasis
John Ayanian, MD, MPP	Professor, Medicine & Health Care Policy	Harvard Medical School/ Brigham and Women's Hospital	Quality of care, access to care, health care disparities
Leslie Bernstein, PhD	Professor and Director, Department of Cancer Biology, Division of Population Sciences Dean for Faculty Development	City of Hope National Medical Center and Comprehensive Cancer Center	Cancer epidemiology, lifestyle practices, outcomes of cancer therapy, survivorship, quality of life
Susan Curry, PhD	Professor, Health Policy & Administration Director, Institute for Health Research & Policy	University of Illinois at Chicago	Behavioral sciences including health risk modification
Russ Harris, MD	Professor, Medicine	University of North Carolina	Preventive medicine & primary care
Robert Hiatt, MD, PhD	Director, Population Sciences Professor, Epidemiology & Biostatistics	University of California San Francisco Comprehensive Cancer Center	Efficacy and effectiveness of cancer screening in diverse community settings, adolescent health
Anne Hristov	Cancer survivor & advocate for others (Volunteer on Dana Farber's Adult Survivor Council)	Dana Farber Harvard Cancer Center	N/A
C. Tracy Orleans, PhD	Distinguished Fellow & Senior Scientist	Robert Wood Johnson Foundation	Population-based strategies for tobacco control, health promotion and chronic illness care, health care system policy
Gerald Riley, MPH	Senior Researcher	Centers for Medicare and Medicaid Services	Medicare, cancer care, end-of-life care and costs of care
William A. Satariano, PhD, MPH	Professor, Epidemiology & Community Health	University of California Berkeley School of Public Health	Epidemiology of aging, cancer survival, quality of life
Deborah Schrag, MD, MPH	Associate Attending Physician, Departments of Epidemiology and Biostatistics & Medicine	Memorial Sloan-Kettering Cancer Center	Quality of cancer care
Rebecca Silliman, MD, PhD	Chief, Geriatrics Professor, Medicine & Public Health	Boston University Medical Center	Breast cancer care for older women: quality of care, survivorship
Sally Vernon, PhD	Director, Division of Health Promotion & Behavioral Sciences Professor, Epidemiology & Behavioral Sciences	University of Texas-Houston School of Public Health	Interventions to increase participation in cancer screening, health promotion interventions (focus on cervical cancer)
Noel S. Weiss, MD, DrPH	Professor, Epidemiology	University of Washington	Cancer epidemiology, epidemiologic methods, clinical epidemiology