

CERCIT: Research to Keep Texans Informed About Cancer Care

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The Texas Public Health Journal's winter 2013 issue, featured cancer prevention research findings from studies funded through the Cancer Prevention and Research Institute of Texas (CPRIT). The voter-approved program has also invested taxpayer dollars in a cancer-specific comparative effectiveness research initiative called CERCIT (Comparative Effectiveness Research on Cancer in Texas). This multidisciplinary consortium of investigators at the University of Texas Medical Branch (UTMB), University of Texas M. D. Anderson Cancer Center (MDA), the University of Texas School of Public Health, Rice University, Baylor College of Medicine and the Texas Department of State Health Services Texas Cancer Registry is addressing important questions about cancer screening, the quality of cancer treatment, the quality of post-treatment surveillance and the quality of supportive care for cancer patients and survivors. Collaborating institution logos are displayed in figure 1.

The four CERCIT research projects are evaluating aspects of cancer related care by assessing overutilization, underutilization and appropriate utilization of care as recommended in established guidelines. Since the early nineties, researchers have used analytic methods that have been tested and documented to study these issues in elderly persons through the use of specialized population-based administrative datasets infused with Census Bureau data. Now, specifically in Texas, our investigators are able to examine changes over time from a variety of perspectives, including those of the patient, provider, neighborhood and medical system.

CERCIT research projects are supported through four project cores that: 1) obtain, manage and secure research data [Data Management Core]; 2) train junior level physicians to become the next generation of cancer outcomes and comparative effectiveness investigators in Texas [Training Core]; 3) disseminate the findings of our research

[Knowledge and Translation Core] and 4) provide guidance toward attaining our goal of creating a statewide resource for outcomes and comparative effectiveness research in cancer for Texas [Administrative Core].

Each of the project cores is described more completely in the following articles.

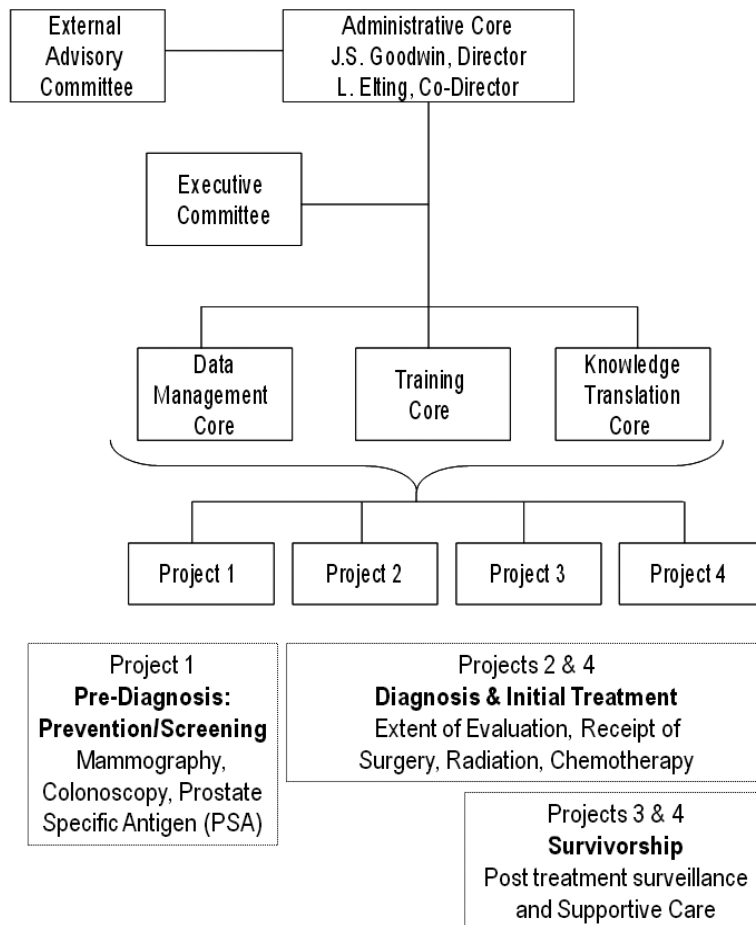
The CERCIT project is led by principal investigator Dr. James S. Goodwin from the University of Texas Medical Branch (UTMB) and co-directed by Dr. Linda S. Elting from the University of Texas MD Anderson Cancer Center (MDA). Other project and core lead investigators include Drs. Sharon H. Giordano (MDA), Taylor S. Riall (UTMB), Catherine D. Cooksley (UTMB), Jean Freeman (UTMB), Karl Eschbach (UTMB), Anthony DiNuzzo (UTMB) and Vivian Ho (Rice University). A complete list of CERCIT investigators may be found on the "About Us" page of our website at www.txcercit.org. The overall project framework is depicted in figure 2. The CERCIT investigators are grateful to the Editorial Board and Editorial Team of the Texas Public Health Journal for providing this opportunity to present highlights to date of our accomplishments. We believe our work to be essential in providing convincing evidence that can impact cancer related care decisions made by public health professionals, care providers, cancer patients and survivors and their families. We encourage the readers of this focused issue to learn more about our project and visit our website often for updates and new research findings.

Acknowledgement: This work was supported [in part] by the Comparative Effectiveness Research on Cancer in Texas (CERCIT) Grant #RP101207, funded by The Cancer Prevention Research Institute of Texas (CPRIT).

Figure 1. CERCIT Partner Institution logos



Figure 2. CERCIT Conceptual framework and research project topic areas



The “Cores” of CERCIT

*Data Management Core – Principal Investigator:
Catherine D. Cooksley (UTMB)*

BACKGROUND:

When our CERCIT project began in late 2010, the University of Texas Medical Branch (UTMB) Sealy Center on Aging and the Center for Comparative Effectiveness and Cancer Outcomes (CCECO) had already established themselves as leaders in the field of Comparative Effectiveness Research. CERCIT investigators, Drs. James Goodwin, Jean Freeman and Taylor Riall had all published extensively on their research using the Surveillance Epidemiology End Results (SEER) linked Medicare databases. At the same time, health services researchers at the UT MD Anderson Cancer Center, Drs. Linda Elting and Sharon Giordano, were doing similar work with state, national and international data. Together, this group of Texas researchers realized that since Texas was not a part of SEER, there was no comprehensive linked Texas cancer-claims data resource to use for these types of research in Texas.

The SEER Medicare data collection, compiled jointly by the National Cancer Institute (NCI) and the Centers for Medicare and Medicaid Services (CMS), has been a widely used resource for research on cancer care at the national level. These data are supplemented with data from other data sources including the American Medical Association (AMA), Provider of Services (POS) and the Census Bureau.¹ Knowing that many Texans have some insurance and a substantial number of them are covered by government insurance (Medicare and/or Medicaid), the researchers formed a consortium to develop a Texas cancer and claims data resource. The CERCIT word data core project provides the infrastructure for the data that is being used in

the research projects and reports. The objectives we set out to accomplish were to:

1. Construct a new software and hardware environment for the CERCIT data resource.
2. Provide support for a Texas cancer registry and medical claims data linkage.
3. Construct the CERCIT data resource around Texas cancer linked claims data.
4. Establish a comprehensive data security plan.
5. Coordinate data extraction, file delivery and report generation.
6. Explore use of Texas claims data to enhance the population-based cancer registry.

METHODS:

The UTMB’s Sealy Center on Aging comparative effectiveness research was being supported by an established data program. CERCIT data management core resources were used to enhance that existing system. Greater storage capacity allowed the expanded research data environment to accommodate the data to be used for the CERCIT projects. Additional security measures and operating system software provided the infrastructure needed to carry out efficient and protected data access and retrieval. Concurrent data systems enhancements took place at the partner institutions of the UT MD Anderson Cancer Center and Rice University.

The institutional review boards at the University of Texas Medical Branch at Galveston, the UT MD Anderson Cancer Center, Rice University and the Texas Department of State Health Services approved the study as did the privacy review board of the Centers for Medicare and Medicaid Services. Under the guidance of the NCI and CMS,

the Texas Cancer Registry (TCR) data was linked to Medicare claims data for the first time.^{2,3} Updates to this linked TCR Medicare database are being coordinated between TCR, CMS and UTMB.

CERCIT data resource datasets are securely housed at the institutions actively involved in the analysis of each. Variables included in each of the datasets include demographic and geographic information at the patient and provider levels and diagnostic information at the patient level. Person level records include a unique patient indicator that is encrypted at the source of the data (either TCR or CMS) prior to release to the CERCIT investigators. The data we use is highly protected so that individuals cannot be identified. As indicated by the institutional review board approvals, this encryption and other safeguards mandated, render the risk to patient confidentiality as extremely minimal.

RESULTS:

Table 1 includes a description of the datasets included in the CERCIT data resource as of March 1, 2013. The majority of the research being done by our project investigators and included in this focused journal issue is based on one or more of these datasets. On average over the 11 years of Medicare and 9 years of Medicaid data we are studying, there are claims records for 3 million and 1.5 million beneficiaries per year respectively. Our investigators are evaluating the three most common types of cancer screening among beneficiaries, mammography, prostate specific antigen (PSA) and colonoscopy. Study cohorts are selected to enhance generalizability and to reduce bias.⁴ We have identified cohorts of eligible Texas Medicare beneficiaries who have had at least one cancer screening test per year between 2000 and 2009. Table 2 is one of the CERCIT reports that

can be generated from our website.⁵ It describes the rates for each of the three screening tests by year in this older population. The peek for mammography, PSA and colonoscopy screenings in this group, whose care is covered under the Medicare program, appeared to be in 2007.

From 1995 through 2009, the total number of new cancer cases reported in Texas numbered nearly 1.3 million. Cancer specific information for each reported case is compiled by the Texas Cancer Registry.⁶ Approximately 98% of all people aged 65 and older in TCR between 1995 and 2007 were matched with Medicare enrollment and claims files. The first TCR linked Medicare dataset available for CER on cancer cases in Texas includes data on nearly 760,000 cases. Data includes case demographics, stage of disease, first course of therapy, and survival to allow calculation of cancer prevalence, cancer incidence and survival. The Medicare claims data include information on hospital stays, physician services, and hospital outpatient visits.

Supplemental datasets included in the CERCIT data resource have been compiled by CERCIT investigators and include aggregated data files designed to allow linkage to other source files by geographic variables. Geographic levels at which these files can be linked are: census tract, 5 and 3 digit zip code tabulation areas and others.⁷

CONCLUSION:

In a short amount of time, CERCIT investigators from several institutions have joined forces and skill to develop and begin using a Texas focused set of data to look deeply into the delivery and quality of cancer related care in Texas.

Table 1. Datasets currently included in the CERCIT Data Resource

File type	Years Covered	Institution Approved
Texas Cancer Registry (TCR)	1995-2009	UTMB, MDA, Rice
Claims: Medicare 100% Texas	2000-2010	UTMB
Claims: Medicaid 100% Texas	2000-2008	UTMB
TCR linked Medicare Claims	Cancer: 1995-2007 Claims: 2000-2009	UTMB, MDA, Rice
*TCR linked Medicaid Claims	Cancer: 1995-2009 Claims: 2000-2008	UTMB, MDA, Rice
**Supplemental Geographic	Varies: datasets cover time frames between 200-2009	Public Use

*In progress, scheduled for release in Spring of 2013.

**Denotes datasets available for download from our website at www.txercit.org

Table 2. Cancer screening rates by year for select Texas Medicare beneficiaries aged 65 and older

Year	Breast			Colon			Prostate		
	Screen	Total	%	Screen	Total	%	Screen	Total	%
2000	271280	834216	32.52%	96877	1390698	6.97%	243159	556482	43.70%
2001	293265	900808	32.56%	116613	1516471	7.69%	268024	615663	43.53%
2002	319187	945987	33.74%	140735	1605645	8.77%	297281	659658	45.07%
2003	325054	975109	33.34%	153353	1662247	9.23%	314930	687138	45.83%
2004	335108	980711	34.17%	158833	1679310	9.46%	326680	698599	46.76%
2005	335392	980345	34.21%	163089	1682761	9.69%	331372	702416	47.18%
2006	331809	957002	34.67%	159137	1649427	9.65%	336761	692425	48.64%
2007	325174	934682	34.79%	157733	1615739	9.76%	340727	681057	50.03%
2008	321575	952639	33.76%	153877	1652543	9.31%	349275	699904	49.90%
2009	324800	961159	33.79%	148777	1670942	8.90%	348238	709783	49.06%
Total	3182644	9422658	33.78%	1449024	16125783	8.99%	3156447	6703125	47.09%

Our CERCIT researchers have done comparative effectiveness research on a variety of populations with and without cancer. The research they are doing with CERCIT data is often complemented with their work on studies that have assessed care captured in private insurance claims data. As well, their work with survey data provides information on those not covered by any insurance. In this issue of the TPHJ several articles describe the work of the CERCIT investigators in detail. The article by Jaramillo and Tan provides some interesting insights into cancer screening and trends in Texas and how these are being studied. The work described in the papers by Smith et. al. and Rodriguez use the new Texas linked Medicare dataset to evaluate care of Texans with specific types of cancer. The study done by Eberth et. al. is an example of enhancing administrative data (such as most CERCIT data is), with survey data that provides information on behaviors reportedly related to cancer. This study not only expands our analyses to examine the cost of care to payers but also our focus, to encompass cancer survivors. Survivorship is an increasingly important issue for healthcare providers and consumers. CERCIT data resource development continues. In a process similar to that used to link the TCR and Medicare databases, TCR data will be linked with Medicaid claims data for Texans. Again, the linkage is being coordinated between TCR, CMS and UTMB. Additionally, the existing linked TCR Medicare data is being updated to include cases diagnosed through 2009 and their claims through 2010. The investigators and collaborators in the CERCIT project look forward to sharing more of our results with you – the public health professionals who can help us promote smart, quality cancer related care.

ACKNOWLEDGEMENTS:

The lead investigators in the CERCIT data management core acknowledge the work of all the analysts and collaborators on the projects at UTMB, MDA and Rice. Many thanks to Drs. Dong Zhang, Vivian Ho, Yong-fang Kuo, Hoang Nguyen and Melanie Williams and Yu-li Lin and Cheryl Bowcock for their diligence in ensuring a quality data resource.

The collection of cancer incidence data used in some of these studies was supported by the Texas Department of State Health Services and Cancer Prevention Research Institute of Texas, as part of the statewide cancer reporting program, and the Centers for Disease Control and Prevention's National Program of Cancer Registries Cooperative Agreement #5U58/DP000824-05. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the DSHS, CPRIT, or CDC.

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5. www.txercit.org accessed Feb 2, 2013)
6. (<http://www.cancer-rates.info/tx/index.php> accessed Feb 3, 2013).
7. (<http://www.txercit.org/Files/Documentation.pdf> Accessed 2013)

Training Core- Principal Investigators:

Drs. Jean Freeman (UTMB) and Linda Elting (MDA)

BACKGROUND:

One of the major objectives of CERCIT is to train the next generation of cancer outcomes and comparative effectiveness investigators in Texas. To this end, the CERCIT Training Core recruits and educates

investigators in cancer comparative effectiveness research. For a selected group of clinician scientists from the participating institutions, the Core provides mentored training, focused on the skills and research experiences necessary to become investigators and future leaders and mentors in cancer outcomes research.

The main objectives of the CERCIT Training Core are to:

1. Provide courses, workshops, seminars, and learning activities focused on comparative effectiveness research using the Texas Cancer Registry and related databases.
2. Develop individual mentoring programs for selected early career clinician-scientists at the CERCIT consortium institutions.

METHODS:

The faculty expertise, resources, and academic infrastructure to accomplish the aims and objectives of the Core do not exist at a single institution. Therefore, the CERCIT Training Core operates as a research and training consortium involving the five institutions.

This consortium is well suited to develop education, training, and career development activities focused on cancer CER using the Texas Cancer Registry linked to other databases (see Data Management Core). The five institutions are located in close geographic proximity (within 50 miles) and have a record of previous collaborations. Below we highlight some of the strengths directly related to education and training in CER and cancer using large databases.

University of Texas Medical Branch (UTMB). UTMB has established academic and training programs in cancer and large database research. Strengths include a Clinical Science PhD Program with success in training clinician-scientists in health services research, an established Sealy Center on Aging with funded programs in cancer comparative effectiveness research, T32 grants with emphasis on cancer and aging that support pre- and postdoctoral fellows, and Core investigators with extensive experience using SEER, Medicare, and Texas Cancer Registry databases. UTMB is also home to the UTMB Cancer Center and the Center for Comparative Effectiveness and Cancer Outcomes (CCECO) (see: <http://www.utmb.edu/>).

MD Anderson Cancer Center. MD Anderson is one of the nation's original three comprehensive cancer centers established by the National Cancer Act of 1971. It is both a degree-granting academic institution and a cancer treatment and research center located in the Texas Medical Center in Houston. MD Anderson maintains a Department of Faculty Development that sponsors and supports many programs for faculty and trainees. These are divided into three areas: professional and career development; faculty health and well-being, and leadership. Components of these programs are included in CERCIT training activities (see: <http://www.mdanderson.org/>).

University of Texas School of Public Health. The School of Public Health offers the MS, MPH, DrPH and PhD in fields related to public and population health. Faculty in the School are involved in a wide range of research with substantial experience and expertise in the analysis, interpretation, and dissemination of research involving administrative, public, and research databases. The School supports a number of Centers with direct relevance to the CERCIT Training Core. These include the Center for Health Services Research, the University of Texas Prevention Research Center, the Center for Transforming Public Health Systems, and the Institute for Health Policy (see: <http://www.sph.uth.tmc.edu/>).

Rice University – James A. Baker III Institute for Public Policy. The Baker Institute for Public Policy at Rice University is internationally recognized as a forum for scholarly discourse and debate regarding important public policy issues and topics; including health care delivery and reform. It provides distinct opportunities for training,

education, and interaction with national and international experts in health care policy. Professor Vivian Ho is the James A Baker III Institute Chair in Health Economics and a member of the CERCIT team. (see: <http://www.bakerinstitute.org/>)

Baylor College of Medicine. The Baylor College of Medicine includes a Graduate School of Biomedical Sciences and School of Health Professions in addition to the Medical School. The Graduate Schools offer 14 graduate programs. Of particular interest to the CERCIT is the Clinical Scientist Training Program. The Clinical Scientist Training Program is committed to educating and training individuals to become successful, independent clinical investigators and future leaders in academic medicine and biomedical research. (see: <http://www.bcm.edu/cstp/>).

The members of the consortium work together to accomplish the goal of increasing the number of scientifically competent investigators conducting cancer focused comparative effectiveness research using the Texas Cancer Registry and other databases. To this end, the Core continues to provide:

- Workshops designed to introduce trainees and investigators in Texas to the need for and opportunities that exist to conduct comparative effectiveness research using administrative and research datasets. The goals of the workshops are to raise awareness and provide basic introductory information regarding the Texas Cancer Registry and related databases with a focus on the linked Texas Cancer Registry and Medicare claims data. The workshops cover information on basic data management and analysis and raise awareness among investigators on the importance of database research.
- Comparative Effectiveness Research Seminars where trainees present preliminary data, innovative uses of the linked databases, ideas for research topics, analyses, initial drafts of papers or ideas for grant applications and receive feedback in the form of suggested research questions to address, issues related to research methodology, interpretation of study findings, other pertinent research on the topics and alternative approaches to pursue, and ways of framing the research aims for a grant application.
- Research and Writing Interactive Seminars where senior faculty present on topics that involve written products (Literature Reviews, Study Design, Scientific Communication). Trainees share their work (e.g. drafts of manuscripts and grant applications) in future seminars and receive critiques from other seminar members. The process is facilitated by Dr. Goodwin.

A list of the workshops and seminars provided to date may be found at: <http://www.txercit.org/Activity.aspx>

RESULTS:

To date, twenty clinician scientists have been recruited as trainees for the program, 12 from UTMB and 8 from MD Anderson. They include a diverse mix of faculty in surgical and medical oncology. The trainees have contributed (as first or co-author) to 20 publications or in press manuscripts related to cancer comparative effectiveness research. The studies address different topics related to cancer CER including complications of treatment, end of life care, survival estimates and adherence to recommended therapies.

In addition to their contributions to the scientific literature through CERCIT publications, the trainees contribute to the overall success of the CERCIT project in other ways. They enhance the education of their fellow scholars, peers and area comparative effectiveness researchers through presentations of their work during our workshop series. Of utmost importance is their development of skills to translate their knowledge into key messages for the public and policy makers in Texas. Working with CERCIT mentors and experts from all the CERCIT research and core projects, CERCIT scholars are be-

coming adept in disseminating their work to other investigators who can then apply relevant methods and findings to their own research.

CONCLUSIONS:

Our CERCIT investigators believe our training program to be unique. Scholars in our program have been successful in publishing their findings in outstanding scientific journals and presenting their work at local, state, and national meetings. Some have gone on to secure grants to continue their research after their training was completed. However, of utmost importance to Texas consumers, cancer survivors and many others, our training program participants have been very productive in reaching the public with their messages. Training Core faculty and scholars have been actively engaged in translating and disseminating the important findings from their comparative effectiveness research on cancer in Texas. CERCIT Training Core faculty believe these aspects of our program sets us apart from other training programs, as our scholars have become committed and skilled in the translation and dissemination of key messages for the public and policy makers. Please see details of their contributions through newspaper releases, announcements and opinion editorials described in the next article on the Knowledge Translation Core.

Knowledge and Translation Core – Principal Investigators:

Drs. Karl Eschbach and Anthony DiNuzzo (UTMB) and Dr. Leonard Zwelling (MDA)

BACKGROUND:

The principal purpose of the Center for Comparative Effectiveness Research on Cancer in Texas (CERCIT) is to conduct and share research on the effectiveness of cancer care in the state and to inform decisions that will improve the quality of care. The research projects of the CERCIT analyze care practices to identify which lead to good and which lead to poor health outcomes. Each attempts to identify gaps in services for populations--for example, in regions of the state or in particular ethnic or socioeconomic groups--where adoption of screening or definitive therapeutic practices after diagnosis could lead to improved survival and quality of life for people with cancer. CERCIT investigators identify patterns of practice that do not appear to have an optimal return to resource investment.

The CERCIT Knowledge Translation Core (KTC) shares information about the research findings of the CERCIT investigators with constituencies in Texas that need to make decisions that influence the quality of care. These constituencies are diverse, including, for example, members of the general public, cancer patients, clinicians, health care administrators, organizations that pay for cancer care, and state policymakers. Adding to this diversity is the diversity of the state itself--a large and complex state where available resources for health care vary in different sub-regions, and which are diverse in industrial base, economic resources, health care system, and the cultural heritage, racial-ethnic origins, health insurance coverage rates, and access to and attitudes toward health care. Thus, the KTC serves as a resource for information on all aspects of cancer care to the public, the healthcare community, local and statewide policy makers and governmental bodies in Texas.

To accomplish this purpose, the KTC has four specific aims:

1. To prepare a biennial report and periodic in-depth topical reports, on measures of cancer care in Texas.
2. To disseminate the findings of those reports to the public, healthcare providers and administrators, and legislative and executive policy makers throughout Texas.
3. To establish partnerships with public and private organizations in Texas concerned with improving cancer care to further the goal of achieving the highest possible quality of care.

4. To gather information for CERCIT investigators about the need for information about cancer care in Texas.

Methods of Dissemination:

The ability to reach target groups will be dependent on developing products which are appropriate in terms of the reading level of the material, the level of interest, and the ability to develop relationships with groups as CERCIT products are generated.

To further advance the mission and dissemination efforts of CERCIT, we have developed a partnership with Texas Area Health Education Centers East (Texas AHEC East) to assist in:

1. Translation of scientific information into language appropriate for several audiences including:
 - a. the lay community,
 - b. healthcare providers,
 - c. administrators,
 - d. policy makers.
2. Locating suitable outlets for dissemination of the translated materials;
3. Communication of information to audiences using:
 - a. print media;
 - b. promotion of webinars and videos;
 - c. meetings with providers and health care administrators;
4. Building and maintaining partnerships with public and private organizations;

Texas AHEC East is accomplishing this through the following work plan described in Table 1.

RESULTS:

CERCIT Information Products

Table 2 illustrates the dissemination products, media sites accom-

plished in 2012 and articles which are currently in progress. In addition to the dissemination products described in Table 2, the KTC has also partnered with CERCIT investigators and collaborators in presenting several training sessions geared to health care providers and researchers. These have been videotaped and are available for viewing from the VIDEO tab on the homepage of our website. <http://www.txcercit.org/>.

In April, 2012, UTMB’s East Texas Geriatric Education Center - Consortium (ETGEC-C) hosted a seminar series; “Addressing Difficult Topics in Aging and Disease” of which the 3rd session was devoted to cancer education. The five areas covered were Epidemiology, Screening, Appropriate Cancer Treatment, End of Life Care and Supportive Cancer Care. All sessions were broadcast live to the extensive GEC network. Video recordings of each presentation can be found on the CERCIT website at <http://www.txcercit.org/>

In July of 2012 the KTC partnered with the Center for Rehabilitation Research using Large Datasets (CRRLD), Insitute for Translational Sciences, UTMB and Rice University’s Health Policy forum to present a day- long seminar. “Comparative Effectiveness Research with Population-Based Data” included nationally renowned experts in this field: M. Alan Brookhart, PhD from Gillings School of Global Public Health, University of North Carolina at Chapel Hill; Mary Beth Landrum, PhD from the Department of Health Care Policy at the Harvard Medical School and Matthew L. Maciejewski, PhD from Duke University, School of Medicine. These experts instructed comparative effectiveness researcher from Texas and beyond in methods for conducting research with population data bases. All presentations were videotaped, including the panel discussion with speakers led by CERCIT principal investigator and director Dr. James Goodwin, and are accessible from the VIDEO page of our website at www.txcercit.org.

Table 1. Knowledge and Translation Core workplan for specific dissemination activities

ACTIVITY	METHODOLOGY
Topical reports on cancer care	<p>Create press releases for the general public on cancer diagnosis, treatment and survivorship. East Texas AHEC has established relationships with UTMB office of media relations and newspapers across east Texas and will use those relationships to disseminate the press releases.</p> <p>Create executive summary updates for rural providers. East Texas AHEC uses its relationships with rural and underserved community based clinicians (physicians, NP and PA) to disseminate executive summaries on topical reports.</p> <p>Create executive summary updates for health care administrators. East Texas AHEC uses its relationships with rural and underserved communities to disseminate executive summaries on topical reports.</p>
Short summaries of key findings and policy briefs	East Texas AHEC creates and disseminates policy briefs to policy makers at the community level for their use in decision-making.
Webinars and video conferences	East Texas AHEC disseminates information on upcoming webinars and conference to the appropriate audiences.
Special issue of Texas Public Health Journal	East Texas AHEC assists where needed in the writing of articles as well as the production and distribution of the Journal.
Partnerships	<p>East Texas AHEC uses its partnerships for the dissemination of information.</p> <p>East Texas AHEC composes and distributes surveys for community partners in order to get feedback on the value of the materials and how the materials can be for future dissemination efforts.</p>

Further, the KTC has addressed dissemination needs for other specific aims and goals including: 1) Create a Cancer Care Reporting Infrastructure for Texas: a) External evaluation of cancer care report template structure - Based on input from CERCIT key investigators, this report will focus on ‘Cancer among Hispanics in Texas.’ An outline of the report was developed and shared with TCR and CPRIT offering their input and approval to proceed with the report. This was achieved and a representative from TCR was assigned to assist in report development. b) First draft of cancer care report on the Medicare Program for Web and print release - developed a draft of important facts regarding cancer among Hispanics, cancer screening, survival, mortality and incidence rate analyses using Texas Cancer Registry data. An introductory overview draft has been completed and data analysis is currently in progress. c) Development of web

tools for Texas cancer care report on the Medicare program - A query tool was developed for the CERCIT website and is functional from the DATA tab on the homepage of our website. Based on input from CERCIT workshop group participants and investigators, the query reporting tool was focused on cancer screening, primarily colorectal, prostate and breast screening. Development of the tool included presentations, from which input was used to redesign and simplify the query screen to adapt to use by any website visitor. Benchmark tests were made with a large sample dataset (> 5 million records) which provided results between 2-10 seconds depending on query type. d) Completed draft dissemination plan for cancer care report. This plan was put into action by using the new partnership for dissemination with Texas Area Health Education Centers (AHEC) East described in detail above. This partnership has been a key vehicle in

Table 2. 2012 Dissemination products, media sites and articles in progress.

Article/product	Media sites
News releases:	
<ul style="list-style-type: none"> New Cancer Research Effort to Benefit Texans Feb. 2012 Cancer Survivors Present Unique New Challenges, Feb. 2012 Pancreatic cancer patients’ choices easier with new study, August 2012 Colonoscopy may be overused in older adults creating health risks, March 2013 	Galveston Daily News, WebMD, Counsel & Heal, Medical Xpress, Medical News Today, Oncology Nurse Advisor, Science Daily, New York Times, MSN, Fort Worth Star-Telegram, yahoo! News, Houston Business Journal, Businessweek, U.S. News & World Report, Chicago Tribune, and Lifescript.
Opinion Editorials (Op-eds)	
<ul style="list-style-type: none"> Facts for Texans about colon cancer screening, March 2012 Don’t Fry! Childhood Sunburns Can Lead to Skin Cancer as an Adult, May 2012 Breast cancer screening in Texas: What, why and when? August 2012 Screening for Prostate cancer is an exception to the rule, September 2012 Best to limit PSA screenings, October 2012 	<p>By Dr. James S. Goodwin. Published in the Houston Chronicle March 24 and in the Galveston Daily News March 26.</p> <p>By Dr. Mary T. Austin. Published in the Galveston Daily News May 23 and Houston Chronicle May 30.</p> <p>By Mariana Chavez MacGregor MD, MSc and Sharon H. Giordano MD, MPH. Published in the Galveston Daily News August 13, the Houston Chronicle August 14, and the Austin American Statesman August 14.</p> <p>By Dr. James S. Goodwin. Published in the Houston Chronicle Sept. 7 and Galveston Daily News Sept. 12</p> <p>By Dr. Elizabeth Jaramillo. Published in the Galveston Daily News October 15 and the Houston Chronicle October 26</p>
Blogs	
<ul style="list-style-type: none"> Cancer in Texas: Analyzing the Links 	by Vivian Ho, Ph.D. Published on March 9, 2013, Me & My Doctor blog hosted by the Texas Medical Association (http://www.meandmydoctor.com/)
News Releases in Progress	
<ul style="list-style-type: none"> UTMB Media Relations is developing a news release on the CERCIT sponsored research described in the article <i>Time Trends and Geographic Variation in Use of Minimally Invasive Breast Biopsy</i> by CERCIT Project 3 Director Taylor S Riall, MD, PhD, FACS and associates that will be published in the April issue of the Journal of the American College of Surgeons. 	
Opinion/Editorial Pieces in Progress or in Submission	
<ul style="list-style-type: none"> Importance of Examining both Benefits and Harms in Comparative Effectiveness Research by Dr. Xianglin L. Du, MD, Ph.D. Is a cancer research clinical trial right for me? Being written by CERCIT Scholar Dr. Mariana Chavez MacGregor An overview of bladder cancer: incidence, risk, symptoms, treatment and follow-up. Being written by CERCIT Scholar Dr. Jay Shah 	

dissemination of CERCIT information through their extensive connections to major stakeholder groups and media contacts throughout Texas. As with all CERCIT publication releases, dissemination includes all appropriate UTMB and MD Anderson media networks and news affiliates, including 503 newspapers statewide in smaller media markets with circulations under 40,000, and distribution to AHEC regions for dissemination to their stakeholders and media outlets. 2) Topical reports on cancer care in Texas: The first annual topical cancer care report series included fact sheets reporting assessments of cancer screening in Texas through 2007 for three major cancer types for which routine screening is done: breast, prostate and colorectal. The second series includes this information updated through 2009 using 100% TX Medicare data. The updated colorectal cancer screen report is still in development and waiting on final review and approval. All topical reports are sent to key investigators for internal and external evaluation prior to release. Approved fact sheets are available from the homepage of our website <http://www.txcercit.org/> and disseminated through our AHEC partnership network. Screen shot

featured in figure 1 depicts some of the many places information may be found on our website.

CONCLUSIONS:

The CERCIT Knowledge and Translation Core (KTC) seek to disseminate the findings done by the exceptional team of CERCIT researchers. This team encompasses many Texas leaders in this field. Using the methods we have described, we aim to reach as many constituencies in Texas as possible. Our ultimate goal is to translate the knowledge gained from our research into practice information that healthcare providers, researchers, public health professionals and all Texans can use.

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Figure 1. Key Components of the CERCIT website at www.txcercit.org



1. Website menu bar
2. Homepage menu bar
3. "What's New"
4. Late breaking news from CERCIT
5. Fact sheets and more
6. CERCIT related publications links
7. CERCIT education video links
8. Data links for comparative effectiveness research in Texas