

PRACTICAL INFORMATION ON CANCER TREATMENTS CAN LEAD TO BETTER POLICIES, TREATMENTS, OUTCOMES

UNC selected as AHRQ cancer research site

Using data from 2.5 million cancer patients – fully 25 percent of the nation’s cancer population – two University of North Carolina at Chapel Hill researchers are designing studies

that could provide practical information on cancer treatments to health care providers and policy makers.

Last year, UNC was selected as one of two cancer research sites by the U.S. Agency for Healthcare Research and Quality (AHRQ), an arm of the U.S. Department of Health and Human Services. The other site is Brigham and Women’s Hospital in Boston, Mass.

The work of the Chapel Hill-Boston consortium is likely to drive public health care policy.

“We don’t do policy, but we create the science under which people make policy,” says Jean Slutsky, director of the Center for Outcomes and Evidence at AHRQ. The influence of such policies, she says, can range from a patient and doctor agreeing on a treatment to decisions made by Medicare or the head of a large medical insurance company.

The UNC researchers are led by William R. Carpenter, PhD, research assistant professor at UNC’s Gillings School of Global Public Health, and Richard Goldberg, MD, associate director for clinical research at UNC Lineberger Comprehensive Cancer Center and physician-in-chief of the N.C. Cancer Hospital. They will have access to data from tumor registries in various states as well as reams of data from Medicare claims, totaling 2.5 million cancer patients diagnosed since 1991. They also will analyze data from dozens of other sources.

The first task is to examine results from different chemotherapy drugs given for advanced colorectal cancer, using data from about 200,000 patients. Among other things, the researchers hope to show whether earlier clinical tri-

als were able to accurately predict how these drugs perform in the general population.

“We’re taking science out of the lab, moving beyond clinical trials and developing new science that says, ‘This works in the community,’” Carpenter says.

Carpenter explains that while a clinical trial’s information allows practitioners to try new treatments, the trial participants are not representative of the general population. “People in clinical trials tend to be Caucasian, younger and healthier than most people with cancer,” he says.

By looking at outcomes of a drug in the population as a whole, they’ll be able to tell whether the clinical trial accurately reflects the drug’s effectiveness.

“Good data already exist,” says Carpenter, but he stressed that researchers would like to work toward building even stronger data sets that contain more detailed information, including more on a patient’s experience during treatment and their quality of life.



Dr. William Carpenter (left) discusses research data with Dr. Richard Goldberg (center) and Dr. Til Stürmer, associate professor of epidemiology at the UNC Gillings School of Global Public Health.

Another project they hope to tackle is looking at whether PET scans (positron emission tomography, a test that shows metabolic activity in a tumor) are always a better tool for measuring cancer progression or recurrence than CT scans, a simpler and less expensive imaging method using x-rays. Medicare officials are very interested in such a study, because it could lead to changes in funding decisions.

Yet another study with public policy implications explores an easier screening test for colorectal cancer – one that isn’t as costly or invasive as a colonoscopy. Carpenter said he hopes to look at results from an immunochemical test that uses a stool sample to see if it’s a good predictor of cancer.

Carpenter says the well being of cancer patients is at the center of the research. “The primary order of business when we are looking at anything is: does it support cancer survival and improved quality of life?” ■

– By Sylvia Adcock