Procedures for Data Release
North Carolina Central Cancer Registry (CCR)
Revised February 2014

Please read the following regarding procedures for release of cancer data from the Central Cancer Registry (CCR). If you have any questions regarding these procedures or charge associated for the data release, please contact the CCR Director.

These procedures are based on the legislation that created and administers the CCR: North Carolina General Statutes 130A-205 through 130A-215 and Administrative Code, Chapter 26B. Additional guidance for research involving patient contact was reviewed by Legal and Regulatory Affairs, North Carolina Division of Public Health and the Advisory Committee on Cancer Coordination and Control.

All data released must include a reference to the CCR as its source. Copies of publications must be provided to the CCR on an annual basis. Data used for another purpose, or released to another party, without explicit permission of the CCR, is strictly forbidden.

Data Release of Aggregate Statistics
In general, aggregate statistics, with no identifiable information, are freely available, pending staff resources to provide detailed reports. Cell sizes with fewer than five cases of cancer are suppressed for confidentiality.

If the purpose of the request requires cell sizes with fewer than five cases, State Center for Health Statistics Form F-14 (SCHS F14) must be completed, and approval obtained by the Director of the State Center for Health Statistics, or his/her designee. Confidentiality agreements need to be signed by all parties with access to the data.

Data Release of Record Level Data, No Patient Contact
Data are sometimes released for research at the record level. If this is the case, the requester must complete and submit SCHS F-14 to the CCR Director, a copy of the protocol, and a copy of current Institutional Review Board (IRB) approval, from requestor’s institution. Confidentiality agreements must be signed by all parties with access to the data. The CCR Director and SCHS Director must approve all requests.

Note: No record level data will be released if submitted to the CCR by a Veteran’s Administration (VA) facility, per a Data Transfer Agreement negotiated with individual VA facilities. A count of cases excluded can be provided, if requested.

Data Release of Record Level Data, Patient Contact
Requestors must submit SCHS F-14, as described above and obtain CCR Director and SCHS Director approval. The CCR will then submit the proposal for review to the advisory body for the CCR, the Advisory Committee on Cancer Coordination and Control. The following is the required order of approvals and the appropriate forms:
**Step 1**

Submit the following to CCR Director for SCHS Director’s approval.

- SCHS F-14
- Copy of research institution’s IRB approval
- Protocol, to include
  - First mailing regarding the CCR: CCR brochure (attached).
  - Study informational letter to patient, which must include the voluntary nature of participation, a reminder that the data were made available via the CCR (referencing first mailing), assurance of confidentiality. See sample for requirements. The CCR brochure meets this requirement.
  - Consent forms
  - Questionnaires/instruments
  - Explicit statements regarding the frequency and number of times that patients will be contacted, adequate data security measures, assurance of confidentiality by all study personnel
  - Explicit statements indicating that the CCR will be notified immediately if the patient refuses to participate in any research study, and when the patient is no longer participating in the study. This information is needed to ensure that patients are not contacted for multiple studies, or against their will.

**Step 2**

Once approval is obtained by both the research institution’s IRB and the SCHS Director, the proposal will be forwarded to a designated reviewer on the State’s Advisory Committee on Cancer Coordination and Control. The research contact will be notified once all approvals have been obtained (Steps 1-2). All study personnel will need to submit signed confidentiality forms before data will be released.

If the study involves patient contact at least one year after diagnosis and only uses non-invasive methods such as questionnaires, the above procedures apply. Data will be provided by the CCR from regular reporting. The study need not contact the physicians for passive consent before contacting the patients. The questionnaires are mailed directly to the patients. If the patient refuses to participate or expresses concern, CCR must be notified immediately.

If the study involves more invasive methods such as biologic sampling or contact within one year of diagnosis, then **physician notification (i.e., passive physician consent) is required**. Currently, the only mechanism for physician notification is through the CCR’s Rapid Case Ascertainment (RCA) system. RCA must also be used when early ascertainment of cases (within two months of diagnosis) is necessary for the research. RCA costs, as well as procedures for RCA and physician notification, should be discussed thoroughly with the RCA supervisors at UNC Lineberger and CCR Director, Chandrika Rao, before submitting proposal materials.

The following policies apply to all research involving patient contact:

Re-release of patient identifiers without patient and CCR consent is prohibited.

Re-contact of patients for any purpose not described in the protocol requires new approval. If the proposal includes a question to obtain consent for contact for future studies, then no new approval by the CCR is necessary. Note: If a study consents the patient for future contact by the investigator, and that consent process was included in the original CCR data request, then the patient’s choice (consent or not) determines future contact. **Investigators from different studies may also collaborate to submit a joint application to the CCR, including patient consent on more than one study at the same time; these studies will be considered on a case by case basis.**

A spreadsheet on participants’ status must be submitted to the CCR every six months (**June 15 and December 15**) to ensure no overlap of contact by multiple studies. A template spreadsheet is available.

If a study obtained participant demographic information from CCR regular reporting (not RCA) and learns of corrected participant information, then the study must send the Data Correction Form to the CCR. If a participant indicates that he/she does not wish to be contacted for any future research studies, **the study must notify the CCR Director immediately**. If the study uses RCA, they must also notify the CCR RCA Coordinator.
Please note that all potentially eligible patients may not be released for research if the date of last contact for a prior study is less than one year. Although this occurrence should be rare, it could affect the study in terms of recruiting the required number of patients and generalizing the study results.

**Note:** No record level data will be released if submitted to the CCR by a Veteran’s Administration (VA) facility, per a Data Transfer Agreement negotiated with individual VA facilities. A count of cases excluded can be provided, if requested.

**Costs**
For routine data requests, requiring less than a few hours of a statistician’s time, there is no cost for data analysis and release. Typically, studies that involve data linkage require additional staff time and it is best to discuss costs with the CCR Director prior to submitting a proposal for funding.

Similarly, there are often costs associated with data release for research with patient contact. The appropriate staff should be contacted to discuss an appropriate budget prior to submitting a proposal for funding: the RCA Director if RCA is used; otherwise, the CCR Director.

**Contacts**
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**Attachments**
Sample Contact Letter from Research Institution
Confidentiality Form
Questions and Answers for Patients
CCR Brochure
Data Update Form
Participant Status Spreadsheet

*For attachments and other information, please contact Chandrika Rao.*