

Pharmacy Utilization Meeting

September 26, 2025

Attendees

David Angelaszek (IMS)

Emily Steplowski (IMS)

Linda Coyle (IMS)

Steve Scoppa (IMS)

Randi Rycroft (Idaho)

Jennifer Hafterson (Seattle)

Serban Negoita (NCI)

Marina Matatova (NCI)

Kaitlin Akif (NCI)

- Serban explained the reason for canceling most meetings for the last several months. NCI has been assessing the budget and the funds available to continue the pharmacy linkages.
- It is still unclear whether the pharmacy linkages will continue. NCI leadership is considering the strengths and the limitations of continuing while assessing the budget.
- NCI leadership does agree that it is appropriate to make pharmacy data that is included in SEER submissions available to the registries in the form of SEER*Stat databases.
- Serban explained that the latest Optum linkage was not available for inclusion in the November 2024 submission but was included in the February 2025 submission. David confirmed that it is correct.
- Jennifer Sevens worked to help prepare data sets for analysis so Serban could present results to NCI leadership.
- Serban reviewed his presentation with the workgroup.
- Serban began with reminding everyone of the data items that are submitted. David confirmed the data items and that no changes are being made for November 2025.
- Serban has the sense that Optum linkages will continue but usually won't be available for November submissions but will be ready for February submissions. David stated that, to his knowledge, Nicki is still managing the paperwork for the next linkage and is not aware of any timetables.
- Serban showed results that illustrated that about 10% of patients in data from 2010-2023 had any pharmacy data from CVS, Walgreens, Kaiser, Optum linked to them.
- There was concern from NCI leadership that the coverage was low.
- Randi commented that the number might be in line with the percentage of patients that receive outpatient treatments in the form of oral therapy. Serban agreed that the 10% may seem low but reflect the reality that oral therapy may not be as prevalent for patients diagnosed with cancer.
- Serban also presented that females make up a higher percentage of patients with pharmacy data. He commented that this supports Kevin Ward's earlier conclusions that the linkage primarily benefits hormone therapy for breast cancers.
- Serban's results also showed that the cancers with the highest number of pharmacy claims linked to the patient are breast, CML and myeloma.

- Serban presented a table that he thinks shows the real benefit of the pharmacy linkages. The table considered only patients that have linked pharmacy data. It showed that the pharmacy data augmented registry treatment data by 23% when considering all cancers and treatment data items. NCI leadership was encouraged by this result.
- Even when considering all cancers for which pharmacy data is currently augmenting in SEER*DMS, regardless of if the patient set has linked pharmacy data, the augmentation to registry treatment data was still 5%. Serban found those results encouraging as well.
- Marina asked about impact on cases. Can pharmacy data play a role in casefinding?
- Jennifer Hafterson thinks that casefinding would be difficult with pharmacy data.
- Linda confirmed that there is difficulty with regards to timing of treatment after diagnosis. It can be unclear where the patient was residing at time of diagnosis.
- Serban moved on to the next topic that was the creation of SEER*Stat databases for release to registries. Idaho and Seattle did not express any concerns with these databases being released.
- Steve Scoppa posted questions in the chat:
 1. Will it be the same fields as last time?
 2. What years of data will have values for these fields?
 3. One database for all registries vs. one per registry?
 4. Can registries use other registries data?
 5. Will we include all registries (that have the fields) or just the registries that agree to have their data included?
 6. What session types will the database(s) be available in?
- Steve commented that the answer to question 1 was given earlier in the meeting as yes, the fields will be the same.
- For question 2 - the general consensus is that all years can have values for these fields.
- Marina asked that questions #3-#6 be posted in a technical support squish for the registries to comment on.
- **Action:** IMS to review and create squish ticket.
- Jennifer Hafterson expressed concerns about the Kaiser linkage (which only Seattle receives) and what that would mean if linkages don't continue. She would like it to continue and wonders if that would make the data identifiable as Kaiser.
- Serban explained that both the Optum and Kaiser linkages are the most unlikely to stop so he didn't anticipate this being an issue.
- Serban asked Steve about timelines for creation of SEER*Stat databases using the November 2025 submission data. He explained that it was difficult to answer right now. Lots of factors influence timing.
- It was agreed that the creation of separate databases for the pharmacy databases for SEER*Stat is the preferred approach.
- Serban mentioned that there was also discussion of doing a similar program for the inclusion of medical claims to enhance systemic, surgery and radiation treatment data. Pharmacy is limited to just systemic. There was some support for this at the NCI leadership level.

- Serban wanted the group to consider the idea and discuss it on a future meeting. Marina thought Valentina should be included in that meeting to get her thoughts on this given her experience with medical claims data.
- **Action:** David to follow up on whether this should be a topic in the next meeting and if Valentina is available to join.