Pharmacy Utilization Meeting

February 27, 2026

Attendees:

- Serban Negoita (NCI)
- Marina Matatova (NCI)
- Kaitlin Akif (NCI)
- David Angelaszek (IMS)
- Linda Coyle (IMS)
- Gretchen Flynn (IMS)
- Emily Steplowski (IMS)
- Randi Rycroft (Idaho)
- Jennifer Hafterson (Seattle)
- Kevin Ward (Georgia)
- Johanna Goderre (NCI)
- Melissa Marver (NCI)

- **Serban** began by discussing the status of the CVS, Walgreens, and Optum linkages. He reminded the group of the pause for the CVS and Walgreens linkages due to budget constraints, and that NCI is evaluating whether to restart these linkages.
- Serban also noted that he had asked Melissa and Johanna to attend because pharmacy data is part of the NCCR Data Platform. They sought clarification on what data are available from each linkage.
- **David** confirmed the following about the linkages:

    - **CVS and Walgreens** send data that includes PII and are loaded into SEER*DMS. The data pertain to patients who have received drugs within a defined period (monthly or quarterly), indicating active cancer treatment. Matching algorithms in SEER*DMS link the pharmacy data to patient data.

    - **Optum** linkage is performed differently. Patient data is extracted from SEER*DMS so it can be linked to Optum data; the linkage of Optum data to registry patient data happens outside SEER*DMS.

    - The Optum extraction covers patients diagnosed during a specific range of years. The most recent linkage included diagnoses from 2000–2021; a patient whose earliest diagnosis is in 2022 or 2023 will not have Optum data linked.

    - The 2000–2021 extraction was used for the last linkage because data were pulled in late 2023/early 2024.

- o CVS and Walgreens data covering dispense dates through **June 30, 2025,** have been received.

- o Optum data received covered claims through the end of 2023 for patients with diagnoses in 2000–2021; these data were loaded into SEER*DMS in early 2025.

- o No new Optum data has been received since the last linkage was loaded into SEER*DMS in early 2025.

- o The pharmacy data extracted in the fall of 2025 for the NCCR Data Platform will include all available pharmacy data.

- **Serban** asked Jennifer Hafterson about the Kaiser linkage. She confirmed that the linkage is ongoing and that Seattle is still receiving data.
- **David** added that the Kaiser linkage follows the same pattern as CVS and Walgreens: Kaiser data are loaded with PII into Seattle SEER*DMS and matched to patient data using SEER*DMS algorithms.
- **Serban** then moved to the next topic—the SEER*Stat database of the augmented pharmacy fields that will be available to the registries.
- **Registry PIs** will control staff access to the database.
- Serban is working on a presentation about the database for an upcoming meeting with the registries.
- Serban showed a slide outlining the potential benefits of the SEER*Stat database:

  - o **Operational**: Registries can assess how to utilize the data to enhance data quality.

  - o **Analytic**: The database can be used to test analysis hypotheses. He noted concerns that the data lack a clearly defined denominator, which complicates data selection and may introduce bias.

- Serban's next slide will cover the status of the linkages and what has been submitted to NCI. He mentioned he might need IMS help with this, but the discussions in the call were informative.
- The following slide will provide a detailed description of the data elements in the database. He would like Steve Scoppa's help with this slide. David will assist Steve in developing a data dictionary.
- Serban then presented slides showing analysis results of these linkages using November 2025 data:

- A table showing the percentage of patients by registry who have at least one pharmacy fill, broken down by linkage source and combined across all sources.

- A similar table broken out by diagnosis year; 2022 and 2023 show a drop due to Optum data only being available through diagnosis year 2021.

- Tables showing coverage by diagnosis year and sex; females have noticeably higher coverage, which is expected given the large proportion of breast-cancer treatments in pharmacy data.

- A table for coverage by race/ethnicity.

- Tables showing coverage by cancer site, including the new sites added for augmentation in November 2025.

- Melissa asked whether the CVS/Walgreens tables included all drugs or only cancer drugs. David clarified that CVS and Walgreens send only drugs identified for use in cancer treatments; they do not send all patient fills.
- Serban's next slide will provide a specific example of the database's benefit. Kevin proposed demonstrating how the database can uncover additional treatment data not already captured by the registry for a specific breast-cancer type; Serban agreed with that approach.
- The following slide will list points of contact at IMS and NCI for database access. Serban proposed himself for NCI and David/Steve Scoppa for IMS.
- The last slide will cover future considerations. Serban would like the database available to registries in **April** so they can spend a few months using it, followed by a meeting around **August** to gather registry feedback on:

  - Whether linkages are worth continuing.

  - How data could be released to the public.

  - Whether SEER*Stat is the best access method or if a more granular dataset release would be preferable.

- Serban asked the participating registry representatives for feedback on the presentation.
- Kevin agreed with the presentation approach and asked whether it will include examples or a demonstration of the database.
- Serban said he will show examples but would like to meet with Kathy to determine what is appropriate to share.

- Kevin then returned to the topic of linkage costs and the concern for their continuation.
- Kevin noted that there was considerable upfront labor for CVS/Walgreens to set up the linkage infrastructure. Given that the linkages have existed for years, he wondered whether the same level of labor is still required for their continuation/maintenance. He also questioned whether CVS/Walgreens might lower costs if they view this as a public-benefit service.
- Security reviews are separate from linkage costs, and significant IMS labor was needed to meet CVS requirements. Budget reductions made it very difficult to continue absorbing CVS costs in the IMS-NCI contract.
- Serban then showed a slide indicating that pharmacy data provided augmentation for approximately **71,000** cases. This modest number may not justify the high linkage costs, but perhaps annual linkages every **3–5 years** could be more economical.
- Linda indicated that this is something to consider, though she was uncertain about how much this would help costs.