

Pharmacy Utilization Meeting

June 5, 2026

Attendees:

- David Angelaszek (IMS)
- Jennifer Stevens (IMS)
- Gretchen Flynn (IMS)
- Steve Scoppa (IMS)
- Linda Coyle (IMS)
- Jennifer Hafterson (Seattle)
- Serban Negoita (NCI)
- Randi Rycroft (Idaho)
- Tiffany Janes (Seattle)

The workgroup reviewed two documents prepared by Jennifer Stevens regarding the SEER*Stat databases for pharmacy. These will be included with the databases based on November 2025 data; the documentation consists of a Word document and an Excel spreadsheet.

- Jennifer presented the Word document.
- Jennifer suggested including a table in the Word document showing various sources of pharmacy data, categorized by registry and the years covered in the linkage.
- Serban agreed that this table would be helpful.
- Steve noted that making the document available to potential database users would allow them to see what is available before requesting access.
- Serban agreed. He suggested a blast email to registry PIs and distribution among the four participating workgroup registries.
- Serban recommended that the document note that FCOT agents lists are available upon request only.
- Serban also suggested specifying which data items are used to identify augmented sites.
- Serban suggested including specific database/ID names in the document, noting that while most users may not utilize them, he has found them very useful.
- Serban recommended providing more detail regarding the categories for each set of variables so researchers know to look for data variables in a separate section.

- Jennifer and Steve clarified that the Excel spreadsheet contains this information; all variables for the November 2025 databases are now categorized into two groups:
 - Pharmacy Linkage
 - Specialized Database Fields.
- Jennifer then presented the Excel spreadsheet.
- She noted that text stating "pharmacyLinkageFlag = 1 will return CTCs with no augmented data" has been removed. This is because November 2024 data was not augmented by Optum at the time; however, since Optum is now used in the augmentation algorithms, this is no longer an issue.
- Jennifer noted a new "Notes" section based on feedback from Daphne's use of the database.
- Jennifer mentioned that FCOT flag fields now include a code to identify sites with pharmacy claims of a particular modality linked to them that were never reviewed to define FCOT treatments.
- Randi pointed out that using "BRM" for some field names and "Immunotherapy" for others might be confusing.
- Serban indicated that "Immunotherapy" would be the preferred term.
- Steve stated they can update SEER*Stat to use "Immunotherapy" for all related field names going forward, including the November 2025 pharmacy database (though legacy databases will not be updated).
- Steve confirmed this change is a low-effort task and will apply to both pharmacy and in-house fields.
- Tiffany and Randi agreed that switching to "Immunotherapy" is appropriate.
- Randi noted the description for the FCOT flags including the new code was difficult to understand; Jennifer, Serban, and Randi collaborated to improve the wording while maintaining the 80-character limit.
- Steve asked if a flag in the database to select augmented sites would be helpful.
- Serban cautioned that this could introduce bias if researchers assume results from one site extend to others not expected to benefit from augmentation.
- Jennifer Stevens noted that some fields are marked as having "minimal edits," specifically the Systemic Date field. She asked ID and SE if that field should be populated based on other treatment dates; both confirmed it should.
- Jennifer observed that the CTC systemic date is frequently blank or incorrect when compared with CTC dates for chemo, immunotherapy, and hormone treatments.
- Jennifer explained that the pharmacy algorithm computes the augmented pharmacy date based on corresponding CTC dates and augmented chemo, immunotherapy, and hormone dates. Because these modality dates are copied from the CTC dates,

the augmented systemic date may differ from the CTC systemic date even if no modalities had a pharmacy augmentation.

- Jennifer noted this could incorrectly suggest the systemic date is being augmented by pharmacy data when it is actually reflecting a correction based on CTC data.
- Serban and Jennifer agreed that setting the augmented systemic date in this manner is beneficial as it represents an improvement over the CTC data.
- Steve asked if NCI SEER*Stat users utilize the systemic date; Serban noted he has not used it extensively and was unsure about other NCI staff, as only a small group use treatment variables.
- Randi mentioned that the systemic date has been implemented since 2003.
- Jennifer suggested that the lack of edits on the CTC systemic date is the core issue and wondered if the field should be better edited overall.
- Serban agreed this would be a good quality improvement but suggested it be discussed in a separate meeting, potentially involving a SEER*DMS polisher.
- Jennifer H. asked if IMS could provide a data search to help identify systemic date issues; Jennifer noted a quick search on her end revealed 35 potential issues in SE.
- Serban, Randi, and Jennifer H. agreed that the "minimal edits" notes for certain fields are acceptable.