#CADC23

Catchment Area Data Conference

BEYOND DEFINITION

Rapid Fire Session

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Deidentifying Clinical Trial Accrual Data for Catchment Area Visualization

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Shared Aim, Challenge, & Solution

- **Aim** – Characterize the cancer burden in our catchment areas for strategic planning purposes
- **Challenge** – Determine efficient ways to utilize both traditional and internal data sources to achieve our objective while safeguarding patient privacy
- **Solution** – Implement geospatial aggregation methods that adhere to HIPAA regulations, offering unique insights to enhance our understanding and service delivery in catchment areas

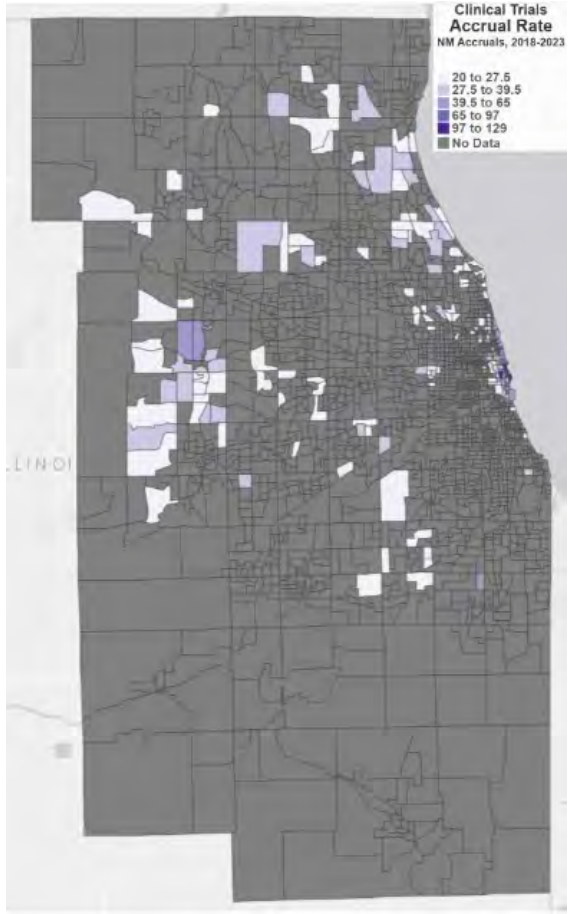
Geospatial Aggregation

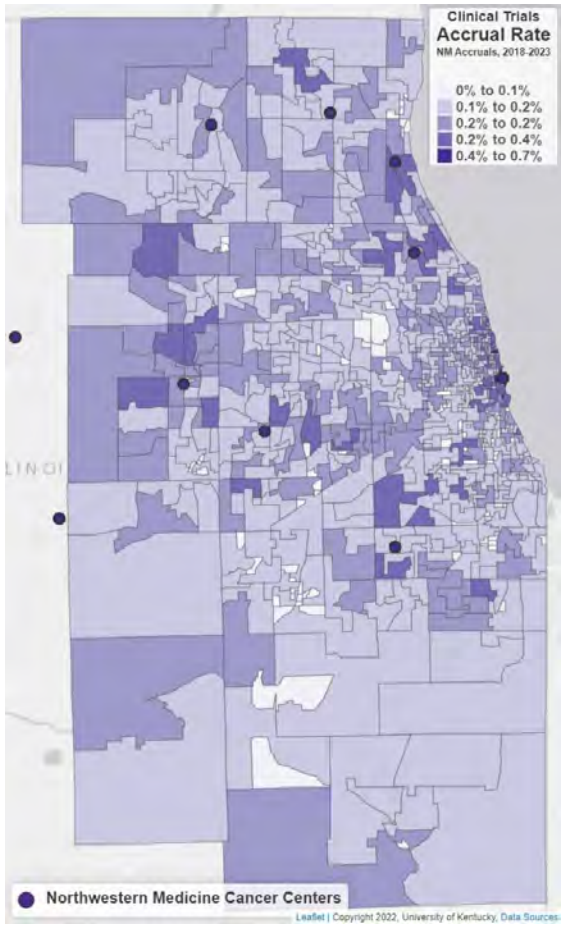
Goal – Deidentify clinical trial enrollment data for catchment area characterization through the Cancer InFocus application

Method

- Implement population-weighted aggregation by merging census tracts with fewer than 20 patient accruals, utilizing the gatpkg package in R
- Conduct a risk assessment to evaluate the potential for re-identification, ensuring a low-risk approach
- Integrate seamlessly into the Cancer InFocus application for visualization and analysis

The Data Comes Alive





- Prior to aggregation majority (85%) of the data is unusable
- Post-aggregation, there are no geographies with fewer than 20 accruals
- Visualization facilitates detailed comparisons across various factors and determinants

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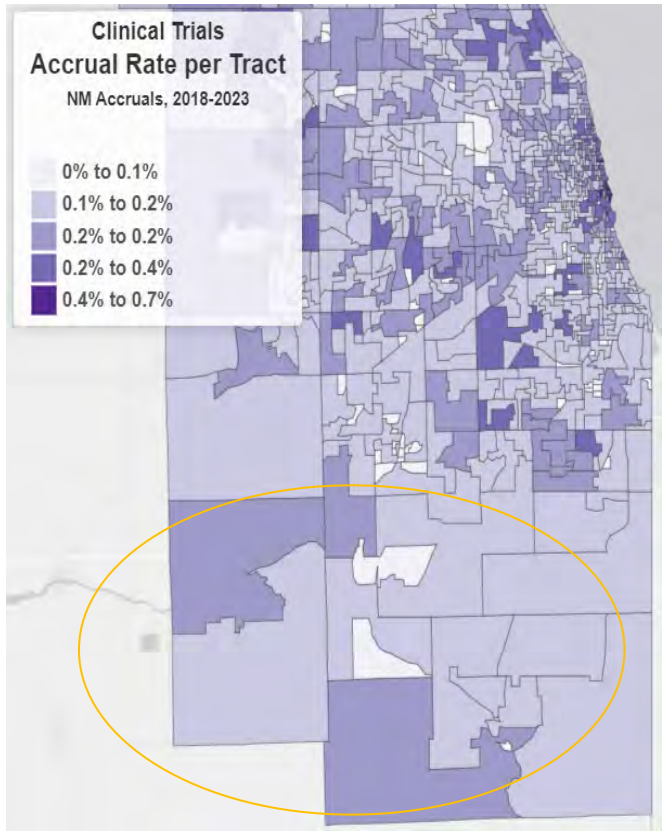
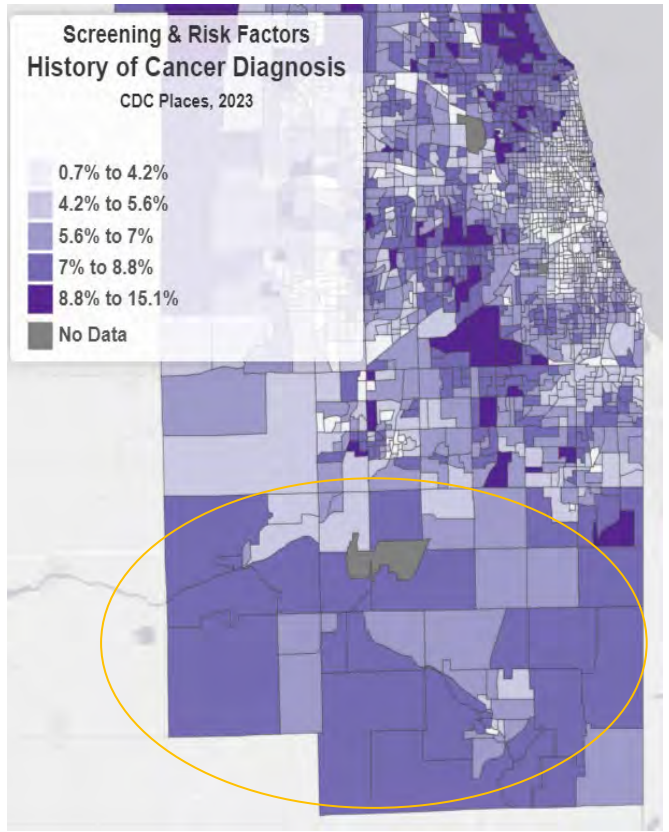
Example: Accruals vs. History of Diagnosis





- Despite the higher prevalence of cancer diagnoses in southern census tracts, there is a lower enrollment of patients into clinical trials from these areas

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Significance

Geospatial aggregation presents the opportunity to leverage previously constrained internal patient data, enhancing our ability to characterize the catchment area and, consequently, better serving these populations.