**SPRO DATABASE INSTRUCTION MANUAL**

**Updated 6/17/2019**

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**Introduction to the SPRO Database**

The purpose of this database is to create a model to predict life expectancy for patients with Stage IV cancer. This predictive model will help oncologists determine the appropriate treatments based on expectations for how much time the patients have left.

A while ago, Dr. Balboni and Dr. Krishnan developed the TEACHH model (based on type of cancer, age, ECOG, prior palliative chemo, hospitalizations, metastases, etc.) People were grouped into different survival groups. But one of them (group #2, patients in the middle) presented difficulties. This group, which had 204 risk factors, lived a median of 5 months but this varied very widely.

With this tool, we want to eventually be able identify specific end points (5 mos, 6 mos, etc.) and figure out the percentage that lives that long. This will help us figure out how to give people the most effective treatments while also taking into account quality of life.

Programs to use for database:

1. **Epic (Hyperspace)**
2. **Aria**
3. **LMR Web**: [http://qpid.pMARTIn, artners.org/portal/?app=emr](http://qpid.partners.org/portal/?app=emr)

**Database Fields**

**Last Oncology F/U**: Aria or EPIC (can be either radiation or medical oncology f/u)

This is the last time the person saw a doctor. Should be a full note, not a phone call. Look for office visits and consults.

**Lost to F/U?**: Mark “yes” if patient has not been seen for 6 months. Only if there is NO record of any appointment in the chart after a certain date, mark “no”. Appointments with other doctors count – if they saw an orthopedist or something in the past month, they are not lost to follow up. Even if record is from another hospital, follow-up ok.

**Date Primary Cancer Diagnosis**: This is the date that the patient was diagnosed with cancer; use the date the cancer was biopsy-proven. Epic: PHS Viewer -> Pathology. Will show you all of path, from beginning. Can also find information from a consult note later on, as they usually give a full history with diagnosis and metastases dates. If patient has had a recurrence, use date of the original cancer.

**Cancer Type**: Epic: Chart Review -> Notes.

**Exclusion criteria**:

Patients are excluded from the study if they are non-metastatic, presented with primary brain cancers (glioma, glioblastoma, astrocytoma, etc.), hematological malignancies (leukemia, lymphoma, myeloma), age under 18, no medical records, no cancer.

In the case of an exclusion, write “Not included in TEACHH study – [reason for exclusion] – revise information for further studies” in the Prior RT comment field. Also write down the first name, last name, patient number, and reason for exclusion in an Excel spreadsheet; we need to do this so that later another researcher has a handy reference to go back into the database and add information for these patients. Our present grant does not cover doing this research.

Tips:

1. Leiomyosarcoma is a type of sarcoma.
2. Thyroid cancer is distinct from other head-and-neck cancers.
3. Do not use “rectal cancer” option – use colorectal instead.

**Date of First Met**: Epic: PHS Viewer -> Pathology

Metastasis is cancer that is not in the main site. Can check Pathology, Imaging, to confirm date.

Tips:

1. Curative intent does not count. Check chart to see this language.
2. If C1, C2, etc., drops down, this indicates that the patient had multiple courses of radiation. You need to add info for all of them because patient may present with new symptoms and/or metastases.
3. If the patient record says they decided against palliative radiation for any reason, indicate this by choosing an option from the Non-Treatment Options dropdown menu, and writing in the field on the right why the patient did not receive treatment.
4. For prostate cancer, biochemical recurrence does NOT count.
5. Lymph node spread is only considered mets if the lymph nodes are far away from the main site – i.e., neck lymph nodes in case of prostate cancer.
6. Stage III is not metastatic.

\*\*Choose which **Course** of radiation therapy (i.e. 1, 2, 3, etc) you will be filling in data first and then look for the following data:

**Aria Consults**: Aria: Quicklinks -> EMR -> Patient Summary: see courses under RT Summary and/or under Prescription and Treatment; Drop down here should have auto-populated options for consult dates, but if not: fill in **type**, **location**, **date**, and **staff**

Tips:

1. Many consult notes do not autopopulate. You need to go through the records and try to find the notes. I recommend that you find a note shortly before the Date information. If you find a note that doesn’t have ECOG/Karnofsky, you can get this info from a note around the same time period.
2. Must distinguish between Inpatient versus Outpatient consult – may be another factor in patient survival. When you see Nursing Progress note, that is a sign that they are an inpatient. Nursing notes generally tell you a lot. (sometimes mets are a clue – brain, spine, or lots of mets are often inpatient)
3. To identify a consult, look for names of doctors in radiation oncology.

**Consult Type**: Must distinguish between Inpatient versus Outpatient consult – may be another factor in patient survival. When you see Nursing Progress note, that is a sign that they are an inpatient

**Add: Metastases**: Metastasis information found in Epic Notes or Epic Pathology. By biopsy or by imaging if no biopsy.

Look under Imaging to help you find mets.

1). For prostate cancer, biochemical recurrence does NOT count

2). Lymph node spread is only considered mets if the lymph nodes are far away from the main site – i.e., neck lymph nodes in case of prostate cancer.

3). Stage III is not metastatic.

4). Sometimes patients will have multiple primary cancers. We are recording information only for those cancers that are (a) metastatic, and (b) for which they received palliative radiation.

5). Lymph note metastases are only counted as metastatic when they are far from the primary site. For example, a prostate cancer that has metastasized to lymph nodes near the neck would be considered metastatic for our purposes; a prostate cancer that was metastatic to the lymph nodes near the groin would not be.

**Prior pal chemo**: Includes any prior systemic therapy, including chemotherapy, immunotherapy, or hormone therapy such as tamoxifen, letrozole, Lupron, casodex, etc.

Tips:

1. Two types of chemo given at the same time is considered 1 course. Same chemo drug given 2 times considered 1 course.
2. Also, if they add 1 drug to an existing course, it is still one course.
3. Immunotherapy drugs (ending in “-umab” or “-imab” count as chemo). Most protocols (i.e., “MK-3475”) count as chemo.

**Hospital Admits**: LMR Web; Discharge summary OR Epic->Chart Review->Notes->look for any notes pertaining to admission

\*\*\* 12 weeks *prior* to start of treatment (

**Prior Pal RT**: ANY courses of Palliative RT prior to this course; anything after first met date = palliative. \*This number is additive: if filling in Course 3, patient has received 2 palliative RT already; if on course 2, patient has received 1 already; course 1, pt has received 0 prior

Read consult notes carefully. Sometimes the patient has received radiation at a hospital other than ours, so the only record we have of it is a mention in the SPRO consult note.

**ER Admits**: LMR Web: ER Admits OR Discharge summary OR Epic->Chart Review->Notes->Look for any evidence of ER admit, such as a Discharge Summary.

\*\*\*12 weeks *prior* to start of treatment (think about what the doctor who did the consult would be seeing)\_

**ECOG\***: (performance status; scale 0-5, where 0=good, 5=dead)

Epic -> Chart Review -> Notes -> look for radiation oncology consult note corresponding to consult date for this course of radiation

\*\*\*at time of consult

\*Need ECOG or Karnofsky; not necessary to have both; ECOG more common. Sometimes one will populate even if the note only has info for the other; for example, the note offers an ECOG score but the Karnofsky in the data base is stuck at 100. In that case, use this resource to find the equivalent score in the other measure: https://www.abraxanepro.com/metastatic-pancreatic-cancer/trial-design/conversion-kps-ecog

**Karnofsky\***: (performance status, often used for neurology)

\*\*\*at time of consult

**Albumin:** EPIC->Chart Review->Labs. Albumin gives information about nutritional status and shows important info about the body under chemo. Must be within 3 months of consult. Try to find the closest albumin score before the radiation was received.

**Location**: (site of RT)

**Primary Reason for RT.** Generally the primary reason for RT is the same as symptom 1 (for example, a painful bone metastases would be listed as “pain” in both). “Pain” is the most common reason for RT. However, if a patient has pain as well as a rarer symptom (such as fracture or cord compression), list that as the primary reason for RT.

**Symptom 1 and Symptom 2.** More space to list patient symptoms. Symptom 1 is usually the same as the Primary Reason for RT.

**Pre-RT Surgery?**: (up to 4 weeks prior to radiation treatment)

Biopsy does not count as surgery