Obtaining Data from the California Cancer Registry



About California Cancer Registry (CCR)

- CCR is a program of the California Department of Public Health's Chronic Disease Surveillance and Research Branch (CDSRB).
- CCR is California's statewide population-based cancer surveillance system.
- CCR collects information about almost all cancers diagnosed in California. This information furthers our understanding of cancer and is used to develop strategies and policies for its prevention, treatment, and control.



About CCR

- Recognized as one of the leading cancer registries in the world, CCR has been the cornerstone of a substantial amount of research on cancer in the California population.
- To date, CCR has collected detailed information on over 3.4 million cases of cancer among Californians diagnosed from 1988 forward, and more than 162,000 new cases are added annually.



Categories of Data Available from CCR

- Data and Statistics for the General Public
- Data for Approved Research Studies
- Access to Personal Information



CCR Data & Statistics for the General Public

- CCR provides information on the status of cancer in California, and responds to requests from the public for cancer data and statistics.
- Cancer rates by year, sex, and race/ethnicity for California as a whole and for individual counties are available through CCR's online query system, known as our Data and Mapping Tool.
- Questions that cannot be answered by the Data and Mapping Tool, may be answered by contacting staff at CCR.



Data for Approved Research Studies

Types of Data Requests:

- Customized de-identified research datasets for analysis
- Case-listings for patient contact
- Data linkages to link a study's cohort or other database to CCR data using probabilistic matching software



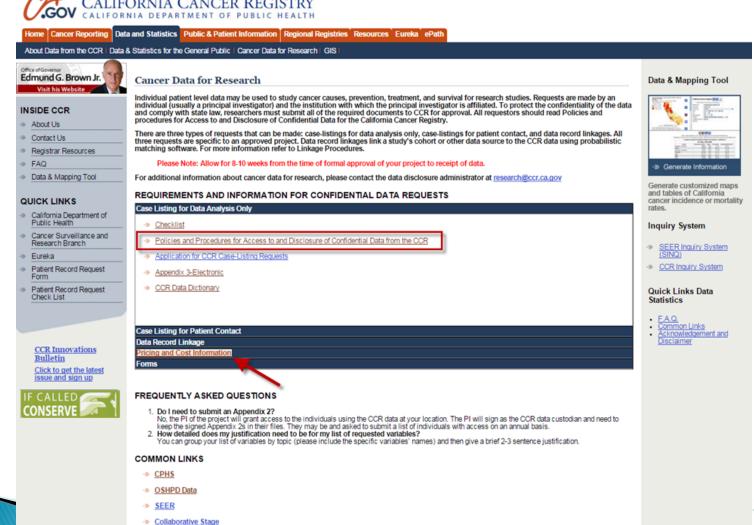
I need CCR data for my research project, where do I start?

Cancer Data for Research Page of the CCR website

http://www.ccrcal.org/Data_and_Statistics/Cancer_Data_for_ Research.shtml



Skip to: Content | Footer | Accessibility





What is needed to obtain patient level data for a research study?

- Committee for the Protection of Human Subjects approval
- Institutional Review Board approval or exemption
- Application for Disclosure of Confidential Registry Data for Research
- Confidentiality Agreement for Disclosure of CCR Data
- List of requested variables, including justification



Frequently Asked Questions

- 1. How long is the approval process?

 The approval process can take two-three months.
- 2. Are there any fees?
 Although there are no application fees, customized research datasets do incur fees. Please see the CCR Pricing Information sheet for charges related to preparing a dataset.



- 3. Once approved, how does it take to receive the completed dataset?

 Most researchers receive the completed dataset foursix weeks after approval.
- 4. Are data released to allow a patient contact study? Researchers may receive patient identifiers for approved patient contact studies.
- 5. How complete are CCR data?
 California law requires most cancers diagnosed from 1988 onward among California residents to be reported to the CCR. It usually takes 18 to 21 months after the end of the year to reach 95% data completeness.



Questions?

Contact California Cancer Registry

Email: research@ccr.ca.gov

Phone: (916) 731–2500



Access to Personal Information: Individual Record Request

Who can obtain individual CCR records?

Legally authorized individuals such as:

- Self
- Surviving spouse
- Executor or Administrator of decedent's Will or Estate



Individual Record Request

How do I request an individual patient record?

Visit www.ccrcal.org



PublicHealth

Individual Record Request

CALIFORNIA CANCER REGISTRY PATIENT RECORD REQUEST FORM

Mail Requests to:

California Cancer Registry

Chronic Disease Surveillance and Research Branch California Cancer Registry 1631 Alhambra Blvd., Suite 200 Sacramento, CA 95816

INDIVIDUAL WHOSE INFORMATION YOU ARE REQUESTING	
*Patient Name:	
Patient Alias Name:	
*Patient Social Security Number:	
*Patient Date of Birth:	
*Patient Date of Diagnosis:	
*Type of Cancer:	
*Patient Date of Death (if applicable): CERTIFIED DEATH CERTIFICATE MUST BE ATTACHED (with raised seal)	
Patient Address at Diagnosis:	
*Patient County of Diagnosis:	
*required fields	

REPRESEN	ITATIVE CONTACT INFORMATION	ON
Last Name:	First Name:	Middle Initial:
Physical Address:	City/State:	Zip Code:
Mailing Address (if different):	City/State:	Zip Code:
Daytime Phone Number:	Email Address:	Please return all certified copies:
WHAT LEGAL AUTHORITY D	O YOU HAVE TO REQUEST HEA	LTH INFORMATION:
Self Parent	Conservator	ill

Page 1 of 2

Version 3.2

Guardian	Other (Please spec daughter, etc):	cify – spouse, son,	
Medical Power of Attorney	adagner, etch		
NOTE: You must attach all LEGAL of access the patient's records (Please			
iccess the patient's records (rieas	e refer to the CCR Fatient Record R	equest Check List).	
IDENTIF	YING INFORMATION REQUIRED		
Copy of Identification Attached			
ype:	(Driver's License, Ide	(Driver's License, Identification Card, Birth	
Certificate)			
Address Verification Attached			
	(Utility Bill, Phone Bil	l, Driver's License, Etc.)	
Notarized by Notary Public Number	on		
Notarized by Notary Public Number NOFFICIAL UNLESS STAMPED BY I	ONON	(Date)	
F NO IDENTIFICATION IS ATTACHE Notarized by Notary Public Number UNOFFICIAL UNLESS STAMPED BY I	ON OTARY PUBLIC ON ON OTARY PUBLIC ON OTARY PU	(Date)	
Notarized by Notary Public Number JNOFFICIAL UNLESS STAMPED BY I	ONON	(Date)	
Notarized by Votary Public Number JINOFFICIAL UNLESS STAMPED BY I DECLARE UNDER PENALTY OF PERAND CORRECT.	ON OTARY PUBLIC ON ON OTARY PUBLIC ON OTARY PU	(Date)	
Notarized by Votary Public Number VINOFFICIAL UNLESS STAMPED BY I VINOFFICIAL UNLESS STAMPED BY I VINOFFICIAL UNLESS STAMPED BY I VINOFFICIAL UNDER PENALTY OF PERAND CORRECT.	ON OTARY PUBLIC ON ON OTARY PUBLIC ON OTARY PU	(Date)	
lotarized by	ON OTARY PUBLIC ON ON OTARY PUBLIC ON OTARY PU	(Date)	
Notarized by Votary Public Number VINOFFICIAL UNLESS STAMPED BY I VINOFFICIAL UNLESS STAMPED BY I VINOFFICIAL UNLESS STAMPED BY I VINOFFICIAL UNDER PENALTY OF PERAND CORRECT.	ON OTARY PUBLIC ON ON OTARY PUBLIC ON OTARY PU	(Date)	
Notarized by Votary Public Number VINOFFICIAL UNLESS STAMPED BY I VINOFFICIAL UNLESS STAMPED BY I VINOFFICIAL UNLESS STAMPED BY I VINOFFICIAL UNDER PENALTY OF PERAND CORRECT.	ON OTARY PUBLIC ON ON OTARY PUBLIC ON OTARY PU	(Date)	
Notarized by Votary Public Number VINOFFICIAL UNLESS STAMPED BY I VINOFFICIAL UNLESS STAMPED BY I VINOFFICIAL UNLESS STAMPED BY I VINOFFICIAL UNDER PENALTY OF PERAND CORRECT.	ON OTARY PUBLIC ON ON OTARY PUBLIC ON OTARY PU	(Date)	
Notarized by Votary Public Number VINOFFICIAL UNLESS STAMPED BY I VINOFFICIAL UNLESS STAMPED BY I VINOFFICIAL UNLESS STAMPED BY I VINOFFICIAL UNDER PENALTY OF PERAND CORRECT.	ON OTARY PUBLIC ON ON OTARY PUBLIC ON OTARY PU	(Date)	
Notarized by Votary Public Number JINOFFICIAL UNLESS STAMPED BY I DECLARE UNDER PENALTY OF PERAND CORRECT.	ON OTARY PUBLIC ON ON OTARY PUBLIC ON OTARY PU	(Date)	



Individual Record Request

- Patient record requests are usually processed in two weeks.
- There is no charge to receive a copy of an individual patient record.

Questions?

Contact California Cancer Registry at (916) 731-2500.

