Resource Guide

For North Carolina Cancer Registrars and Researchers

May 2023

RAPID CASE ASCERTAINMENT

a collaboration between the Central Cancer Registry and UNC Lineberger Comprehensive Cancer Center

North Carolina Central Cancer Registry

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RAPID CASE ASCERTAINMENT

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WHO WE ARE

Rapid Case Ascertainment (RCA) is a Shared Resource at UNC Lineberger Comprehensive Cancer Center, under the leadership of Faculty Director Andrew Olshan, PhD. It is a collaboration between UNC Lineberger Comprehensive Cancer Center, the North Carolina Central Cancer Registry (CCR), and participating hospitals in North Carolina. RCA facilitates cancer prevention and control research that requires early contact with patients and has been in operation since 1993.

The CCR and its ability to provide the RCA system has made North Carolina a national leader in population-based cancer research. We are among the few in the nation to provide RCA. Without this program, research involving timely patient contact would not be possible, and peer reviewers/funding agencies may not fund the studies.

Our Primary Funding comes from the National Cancer Institute Cancer Center Support Grant to the UNC Lineberger Comprehensive Cancer Center.

WHAT WE DO

Rapid Case Ascertainment:

● Supports epidemiological, behavioral, clinical, health services and other cancer research to provide a population-based resource to assess cancer etiology and outcomes.

● Facilitates research by population sciences, clinical, and basic science programs at Lineberger.

● Provides support to studies by leveraging the North Carolina Central Cancer Registry and local hospitals for rapid ascertainment of pathology reports and identification of potential cases, allowing researchers to contact patients in a timely manner for interviews and biologic specimen collection.

WHY PARTICIPATE IN RCA

● **CONTRIBUTING TO RESEARCH** – Registrars who participate in RCA are contributing to important cancer research studies. Their hard work is reflected in the research being done to help find causes and cures for cancer.

● **COMPENSATION** – Hospitals are compensated for each eligible pathology report submitted. It is recommended that this money be used for educational purposes, supplies, etc. Current rate is $15 per eligible pathology report.

● **REPORTING** – Registrars receive annual enrollment reports from all studies utilizing RCA, including number of cases reported and enrolled from each facility. Reports to their hospital's cancer committee demonstrate a registrar's active participation and cooperation with the CCR. The inclusion of enrolled cases in annual reports may support a hospital's accreditation.

RCA RESEARCH PROCESS

1. Before submitting a proposal to the funding agency, researchers contact the RCA Facility Director to discuss their upcoming project or grant.
   - Studies may explore risk factors and/or possible causes of cancer, including diet, medication use, family history as well as patient knowledge, attitudes, beliefs, and practices about screening and treatment.
   - Some studies compare data between cases and controls. Some studies may choose not to enroll patients, but to collect data only from the path report & patient demographics.
   - No studies offer treatments.
   - RCA is currently not able to support a stage IV-cancer study.

2. **Every project must receive IRB, CCR, and the NC Advisory Committee on Cancer Coordination and Control (ACCCC) approvals. These approvals ensure the information released to studies is protected and the research results benefit the public.**
   - **The RCA Unit has IRB approval also. Its IRB number is: 19-2487-Rapid Case Ascertainment.**

3. Upon receiving all approvals, the RCA Coordinator contacts hospital cancer registrars or cancer data professionals to formally request data for newly diagnosed cancer patients that meet the study's eligibility criteria.

4. Registrars and HIM professionals from participating hospitals provide **pathology reports and demographic information** of potentially eligible patients, generally within one to six months of diagnosis.*

5. RCA applies eligibility to all paths received and securely shares eligible patients' cases with studies on a weekly basis.

6. The studies are required to notify physicians and obtain their permission to contact eligible patients. If no physician contact is made by the study, they must wait 3 weeks (i.e., passive physician consent) before attempting patient enrollment.

7. **Studies mail invitation letters to eligible patients that explain their purpose and to seek informed consent. The NC CCR's annual brochure outlining the CCR's role in cancer research and prevention is included. The patients are assured of confidentiality and voluntary participation.**

8. The studies administer their protocol of in-home/telephone interviews and specimen collection, etc.

*Submissions to RCA **do not** substitute for regular case reporting to the Central Cancer Registry.

HOW TO SUBMIT PATH REPORTS TO RCA

Upload your RCA Submissions to the secure WebPlus portal as a **Non-NAACCR** file. ***Please include 'RCA' somewhere in the file's name!***

DATA ITEMS TO SUBMIT TO RCA

- ✓ The pathology report for the cancer being studied:
    - Path report number (ex: S19-012345); date collected; authorizing provider; ordering location; pathologist; final diagnosis; comments; clinical history; gross description; synoptic report.
- ✓ EMR face sheet/demographic data:
    - Patient's complete name; MRN; DOB; gender; current address; race; marital status; phone numbers; SSN; Email (optional).

GENERAL STATUTE

RCA functions under the guidelines set by North Carolina statute and administrative rule.

NC General Assembly Statute Article 7 Chronic Disease Part 1. Cancer Section 130A-208 through 130A-215, that established the Central Cancer Registry, requires all health care facilities and health care providers that detect, diagnose, or treat cancer or benign brain or central nervous system tumors to submit by electronic transmission a report to the central cancer registry each diagnosis of cancer or benign brain or central nervous system tumors in any person who is screened, diagnosed, or treated by the facility or provider, within six months of diagnosis.

The law requires the Central Cancer Registry to compile, tabulate and preserve statistical, clinical, and other reports and records relating to the incidence, treatment, and cure of cancer to support Public Health.

NC Administrative Rule 10A NCAC 47B.0106 authorizes the Central Cancer Registry to release data for medical research or education. The RCA unit within the CCR supports population-based cancer research and with appropriate approvals, facilitates quick identification of cancer patients for epidemiological studies.

OF NOTE ...

- RCA has helped enroll more than 20,800 cancer patients in research studies.
- Since 1993, RCA has identified and reviewed over 358,800 path reports for 36 studies spanning 25 cancer sites.
- Most patients are pleased to take part in research studies about their cancer.
- Hospitals and registrars in all 100 N.C. counties are participating.
- Current RCA studies involve the following cancer sites:
  Head & Neck, Thyroid, Breast, Endometrial, Prostate, Ovary, Fallopian tube, & Peritoneum

RESEARCH PUBLICATIONS AND RCA

RCA is a significant resource for researchers to gather data that leads to the creation and publication of scholarly articles.

RCA requests that it be informed of the publication of any scholarly document(s) using data generated from an RCA Study and that the following acknowledgment be placed in every publication:

> ***This research recruited participants &/or obtained data with the assistance of Rapid Case Ascertainment, a collaboration between the North Carolina Central Cancer Registry and the Lineberger Comprehensive Cancer Center at the University of North Carolina at Chapel Hill. RCA is supported by grants from UNC Lineberger Comprehensive Cancer Center, which is funded by the University Cancer Research Fund of North Carolina and the National Cancer Institute of the National Institutes of Health (P30CA016086).***

Active Studies

Carolina Mammography Registry (CMR)

cmr.unc.edu

Cancer being studied: **Breast (Invasive, in situ, & Benign)**

Purpose of study: To build a mammography registry that can be linked to a breast pathology database to study performance of screening mammography as it is practiced in the community.

Study Design: Primary data from mammography facilities on screening mammography and all breast imaging and biopsies are tracked/linked with breast pathology outcomes. This enables the study of pathologic correlation with mammographic assessments, characteristics of the women, recommendations of the radiologists and follow-up patterns for positive mammograms.

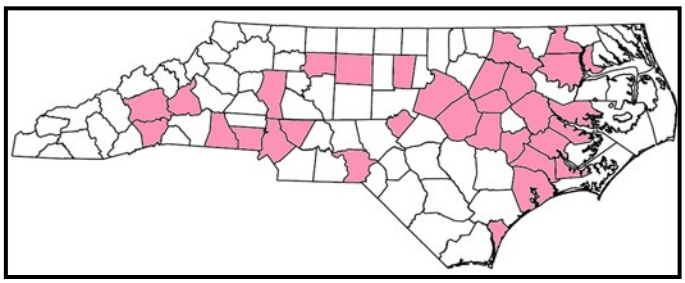
Research Institution:
UNC at Chapel Hill
130 Mason Farm Rd
Bioinformatics Building
Office 3124-3126
Chapel Hill, NC 27599-7515

Principal Investigator:
Louise Henderson, PhD
919-843-7799
louise_henderson@med.unc.edu

Dates of Eligibility for Path Reports:
1993 – 2027

Case Eligibility Criteria: All breast pathology reports (invasive, in situ, & benign) in 36 NC Counties: Anson, Bertie, Buncombe, Cabarrus, Caldwell, Carteret, Chatham, Chowan, Cleveland, Craven, Edgecombe, Edgefield, Gaston, Guilford, Halifax, Henderson, Hertford, Iredell, Lee, Lincoln, Macon, Mecklenburg, Montgomery, Nash, New Hanover, Onslow, Orange, Pinehurst, Pitt, Polk, Richmond, Rockingham, Union, Wake, Wayne, Wilson.

- Females only; Ages ≥ 18
- Some facilities send reports directly to CMR
- RCA requests reports from hospitals within close proximity to a CMR participating site.
- Only cases that match with a mammographic record in the Carolina Mammography Registry are used.
- Patients are NOT contacted.
- CMR is studying the mammographic process.



What To Submit To RCA:

- Invasive, in situ, & benign breast paths + Facesheet/demographic data
- Females only; Ages ≥ 18
- 36 NC Counties

For Questions, Contact:
Jennifer O'Neill, RCA Coordinator
jennifer.oneill@dhhs.nc.gov
984-236-7476

Medullary Thyroid Carcinoma Surveillance Study: A Case-Series Registry

Cancer being studied: **Medullary Thyroid Carcinoma**

Purpose of study: To systematically monitor the annual incidence of Medullary Thyroid Cancer (MTC) in the U.S. through the NAACCR to identify any possible increase related to the introduction of long-acting GLP-1 receptor agonist into the U.S. market; to establish a registry of incident cases of MTC in adults in the U.S. in order to characterize their medical histories and possible risk factors, including history of treatment with long-acting GLP-1 receptor agonists.

Study Design: 28 state cancer registries; adult men and women; ICD-O-3 histology criteria; 75% of incident cases; 450 new cases per year from participating state registries.

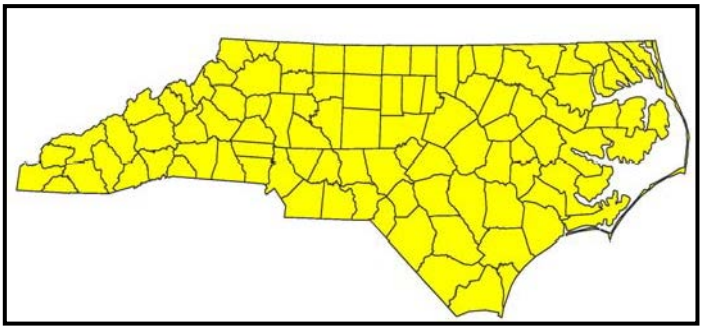
Research Institution:
United BioSource, LLC (UBC)
200 Pinecrest Plaza
Morgantown, WV 26505-8065

Principal Investigator:
Amy Miller, RPh, PharmD
844-475-8924
Amy.Miller@UBC.com

Project Director:
Andrea Davis
United BioSource, LLC (UBC)
610-316-4471
Andrea.Davis@ubc.com

Dates of Eligibility for Path Reports:
2010 — 2025

Case Eligibility Criteria:
Ages: ≥ 18 yrs at Dx; Living patients
Race: All races
Diagnosis: First newly diagnosed medullary thyroid cancer
Geographic location: Residence within all 100 NC counties



What To Submit To RCA:
- MTC paths + Facesheet/demographic data
- Paths > 1 yr old are accepted
- Patients ≥ 18 yrs.

For Questions, Contact:
Jennifer O'Neill, RCA Coordinator
jennifer.oneill@dhhs.nc.gov
984-236-7476

CHANCE-2: The Carolina Head and Neck Cancer Study

chance2.unc.edu

Cancer being studied: Head and Neck

Purpose of study: To understand how the characteristics of a head and neck cancer patient and their tumor influence prognosis, treatment, and outcome.

Study Design: 1,800 newly-diagnosed cases. Telephone interview at baseline and within 2 years post-baseline. Medical records and stored tumor tissue collection.

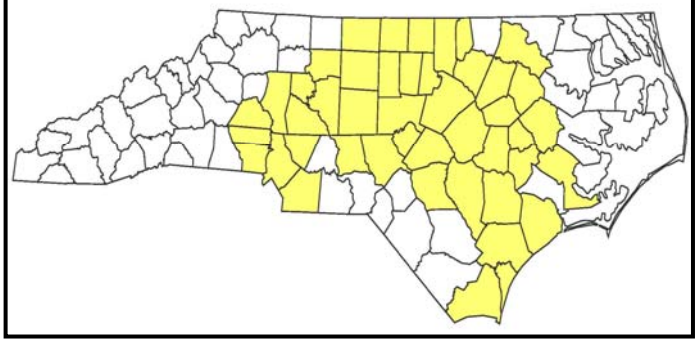
Research Institution:
UNC-Chapel Hill
Lineberger Cancer Center - North
1700 Martin Luther King Pkwy Rm. 332
Chapel Hill, NC 27599

Principal Investigator:
Andy Olshan, PhD
919-966-7424
andy_olshan@unc.edu

Project Manager:
Jamie Hunter, PMP
919-966-7829
jamie_hunter@med.unc.edu

Dates of Eligibility for Path Reports:
June 2018 - May 2026
Study started October 2018

Case Eligibility Criteria:
Ages: 20 - 80 at Dx; Living patients
Race: All races
Language: English
Diagnosis: First newly diagnosed invasive squamous cell carcinoma of head and neck
Note: Path reports must be submitted within 6 months of diagnosis
Sites/Topography: Oral Cavity, Pharynx, Larynx **(exclude Lip, Salivary Glands, Nasopharynx, Nasal Cavity and Nasal Sinuses)**
Geographic location: Residence within 46 counties in North Carolina: Alamance, Brunswick, Cabarrus, Caswell, Catawba, Chatham, Craven, Cumberland, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Granville, Greene, Guilford, Halifax, Harnett, Iredell, Johnston, Lee, Lenoir, Lincoln, Mecklenburg, Montgomery, Moore, Nash, New Hanover, Onslow, Orange, Pender, Person, Pitt, Randolph, Rockingham, Rowan, Sampson, Stanley, Union, Vance, Wake, Wayne, Wilson.



What To Submit to RCA:
- Path Report + Facesheet/demographic data
- Invasive SCC (exclude path if it only has in situ)
- Sites: Oral cavity - tongue, tonsils, pharynx/larynx, floor of mouth, palate, gum, cheek mucosa (& FNAs of the neck)
- Exclude: skin, lip, salivary gland, nasopharynx, nasal cavity, brain
- Paths ≤ 6 months old

For Questions, Contact:
Jennifer O'Neill, RCA Coordinator
jennifer.oneill@dhhs.nc.gov
984-236-7476

Carolina Endometrial Cancer Study (CECS)

cecs.unc.edu

Cancer being studied: Endometrial

Purpose of study: To understand how the characteristics of an endometrial cancer patient and their tumor influence prognosis, treatment and outcome.

Study design: ~1,800 newly diagnosed cases. Telephone/Mail-In/Online interview at baseline with yearly follow-up for 5 years. Saliva self-collection kits, medical records abstracted and tumor tissue collection.

Research Institution:
UNC Lineberger Comp. Cancer Center North
1700 MLK Jr. Blvd., Room 323
Campus Box #7294
Chapel Hill, NC 27599-7294

Principal Investigators:
Andrew F. Olshan, PhD, Professor
919-966-7424
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Hazel B. Nichols, PhD, Associate Professor
919-966-7456
hazel.nichols@unc.edu

Project Manager:
Jamie Hunter, PMP
919-966-7829
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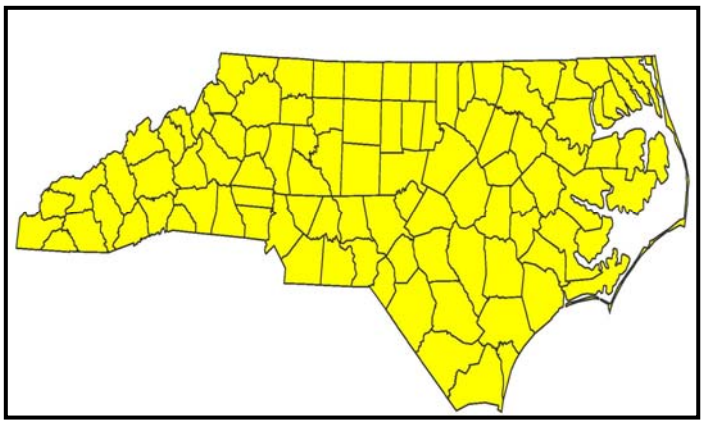
Dates of Eligibility for Path Reports:
Jan. 2020—Jan. 2026
Path report submissions started Sept. 2020

Case Eligibility Criteria:
Ages: 20-80 at Dx; Living patients
Race: All Races
Language: English
Diagnosis: *First newly diagnosed Invasive Endometrial cancer or Serous Endometrial Intraepithelial cancer
*Prior Hx of other cancers accepted
*Metastatic site with an Endometrial primary accepted
Sites: Corpus Uteri (body of uterus)
*Lower uterine segment, endometrium, myometrium, uterine fundus, overlapping lesion of corpus uteri, & Uterus, NOS
Geographic location: Residence within all 100 NC counties



What To Submit To RCA:

- Endometrial paths + Facesheet/demographic data
- Invasive Endometrial Cancers & Serous Endometrial Intraepithelial Cancers
- Exclude paths with only endometrial hyperplasia
- All 100 NC counties included
- **Paths ≤ 6 months old**

For questions, contact:
Jennifer O'Neill, RCA Coordinator
jennifer.oneill@dhhs.nc.gov
984-236-7476

African American Cancer Epidemiology Study (AACES-2)

Cancer being studied: Ovarian, Fallopian tube, and Peritoneal

Purpose of study: To better understand the causes and survival of ovarian cancer in African American women by addressing the deficit of information on the epidemiologic and prognostic factors for ovarian cancer survival among African American women.

Study design: 50 potentially-eligible cases per year, with the goal of 50% enrollment. Telephone interview at baseline with blood and/or saliva specimens obtained. Tumors reviewed by study pathologist and medical records abstracted.

Research Institutions: Duke University, Emory University, Medical University of South Carolina, H. Lee Moffitt Cancer Center & Research Institute, Rutgers University, Stanford University, University of Nebraska Medical Center, University of South Carolina, University of Tennessee, and Wayne State University

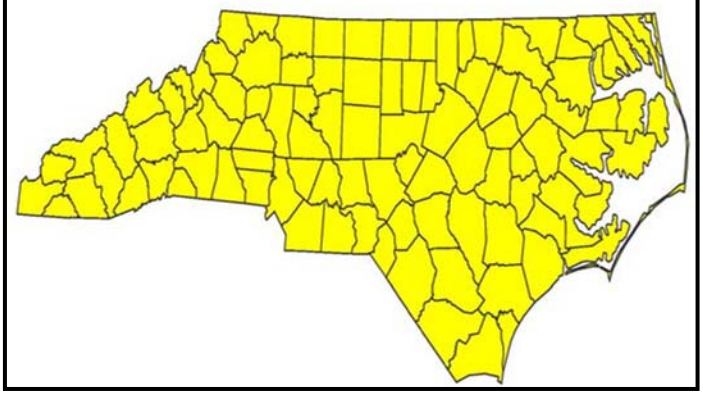
Principal Investigator:
Joellen Schildkraut, PhD (Emory University)
919-812-4464
jmschil@emory.edu

Principal Site Investigator:
Jeffrey Marks, PhD (Duke University)
919-684-6133
jeffrey.marks@duke.edu

Project Manager:
Kristin Haller (Emory University)
kristin.haller@emory.edu

Dates of Eligibility for Path Reports:
Jan. 1, 2021 – Sept. 2023
Path report submissions started Aug. 2021

Case Eligibility Criteria:
Race: African American/Black only
(patient with *1 Black & 1 non-Black parent* is also eligible)
Ages: 20-79 at Dx; Living patients
Diagnosis: *First newly diagnosed invasive Ovarian, Fallopian tube, or Peritoneal cancer or Serous Tubal Intraepithelial cancer (STIC)
*Prior Hx of other cancers accepted
*Metastatic site with an Ovarian/Fallopian tube/Peritoneal primary accepted
Sites: Ovary, Fallopian tube, Peritoneum/Retroperitoneum, Tubo-ovarian
Geographic location: Residence within all 100 NC counties



What To Submit To RCA:
- Path Report + Facesheet/demographic data
- **Only African American/Black patients eligible**
- Invasive Ovarian/Fallopian tube/or Peritoneal paths OR Serous Tubal Intraepithelial Cancers (STIC)
- All 100 NC counties included
- **Paths ≤ 12 months old**

For questions, contact:
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jennifer.oneill@dhhs.nc.gov
984-236-7476

Disseminating Decision Support to Men with Localized Prostate Cancer

Cancer Being Studied: Prostate

Purpose of study: To assess the feasibility and acceptability to patients and providers of delivering P3P on a population-level directly to men with prostate cancer. The *P3P Personal Patient Profile* is a web-based program that helps men make a decision, along with their doctors, about how to manage early stage prostate cancer.

Study Design: Single arm, intervention implementation study to enroll 720 patients to assess the uptake of patients, and the feedback from patients and providers, when delivering P3P directly to individuals with localized prostate cancer.

Principal Investigator:
Donna L. Berry, PhD, RN, AOCN, FAAN
Professor, University of Washington, Seattle
Biobehavioral Nursing and Health Informatics
206-992-9930
donnalb@uw.edu

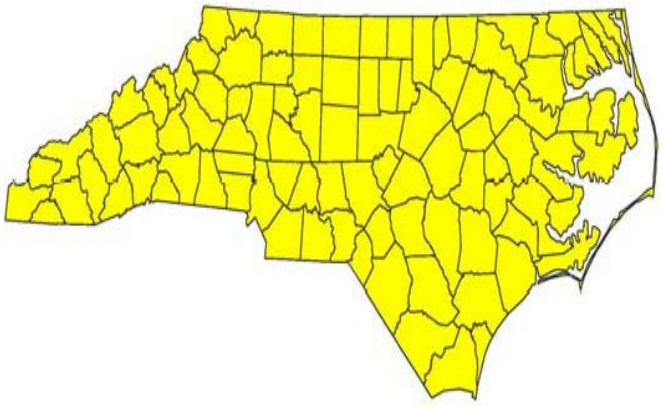
Co-Principal Investigator:
Ronald Chen, MD, MPH, FASCO, FASTRO
Chair, Department of Radiation Oncology
University of Kansas Cancer Center
rchen2@kumc.edu

Project Director:
Seth Wolpin, PhD, MPH, RN
Clinical Associate Professor – School of Nursing
University of Washington, Seattle
swolpin@uw.edu

Dates of Eligibility for Path Reports:
Nov. 2022 – Oct. 2023
Path report submission started Nov. 2022
Path report submission stopped May 2023

Case Eligibility Criteria:

Site: C61.9 Prostate
Ages: At least 18 years at Dx; No max. age limit
Race: All Races & Ethnicities accepted
Language: All languages accepted
Diagnosis: *First newly-diagnosed invasive Prostate Adenocarcinoma (non-metastatic)
*No prior or concurrent cancers accepted
Geographic location: Residence within all 100 NC counties
Marital Status: The study is not collecting this



What To Submit to RCA:

- Path report + Facesheet/patient demographics
- **All positive Prostate Biopsies & TURPs** ->
  8140/3 Acinar adenocarcinoma of prostate
  Adenocarcinoma, NOS
  Adenocarcinoma, usual type
- **Procedures need to be ≤ 14 days old when uploaded to RCA**
- No Prostatectomies (they are excluded from this study)
- We do not need the Marital Status for this study

For Questions, Contact:
Jennifer O'Neill, RCA Coordinator
jennifer.oneill@dhhs.nc.gov
984-236-7476

Closed Studies

HCC ACE: HepatoCellular Carcinoma And Cadmium Exposure

Cancer being studied: **Primary Liver HCC**

Study was placed On Hold in RCA 10-31-2020; study officially closed October 21, 2021

Purpose of study: Population-based case control study to determine if regulatory sequences of previously identified cadmium-associated methylation mediate the relationship between cadmium exposure and liver cancer (HCC) risk.

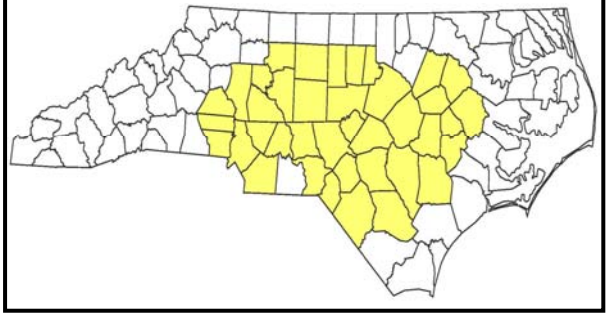
Research Institution:
NC State University Dept. of Biology
850 Main Campus Dr.
Raleigh, NC 27606

Principal Investigator:
Cathrine Hoyo, PhD
919-515-0540
choyo@ncsu.edu

Project Manager:
Rachel Maguire
919-515-4085
rlmaguire@ncsu.edu

Dates of Eligibility for Path Reports:
July 2019—July 2021
Study started October 2019

Case Eligibility Criteria:
Ages: 45-75 at Dx; Living patients
Race: All Races
Diagnosis: First newly diagnosed HCC
Residence: Within 39 NC counties -
Alamance, Bladen, Cabarrus, Catawba, Chatham , Cumberland, Davidson, Davie, Duplin, Durham Edgecombe, Forsyth, Gaston, Greene, Guilford, Harnett, Hoke, Iredell, Johnston, Lee, Lenoir, Lincoln, Mecklenburg, Montgomery, Moore, Nash, Orange, Pitt, Randolph, Richmond, Robeson, Rowan, Sampson, Scotland, Stanly, Union, Wake, Wayne, Wilson.



What To Submit To RCA:

- Liver (C22.0) paths only + Facesheet/demographic data
- No intrahepatic bile duct
- Paths ≤ 3 months old
- HCC only

For questions, contact:
JoElla Marting, RCA Coordinator
joella.marting@dhhs.nc.gov
984-236-7445

mHealth Symptom Self-Management Among Men with Prostate Cancer and Their Partners

Cancer Being Studied: **Prostate**

Study closed in RCA on 1-29-2021. The last patient was enrolled on 4-30-2021.

Purpose of study: To administer an easy-to-use couple-focused web-based and tailored symptom management program. The intervention program, Prostate Cancer Education & Resources for Couples (PERC), aims to help manage the negative effects of prostate cancer related symptoms on men and their partners and improve their wellbeing.

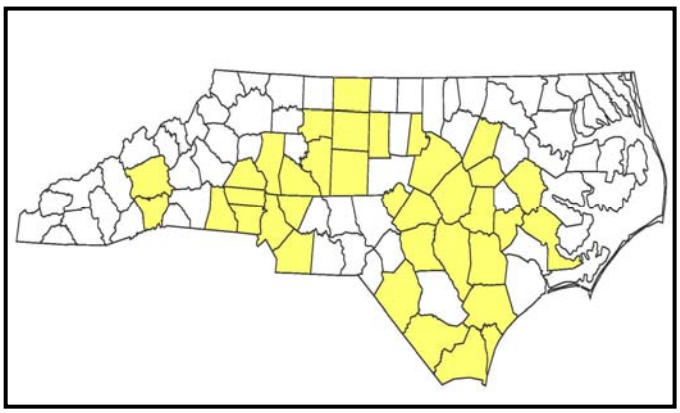
Study Design: 250 cases and their partners Web-based symptom management program.

Research Institution:
UNC-Chapel Hill School of Nursing
3800 Carrington Hall
Chapel Hill, NC 27599

Principal Investigator:
Lixin Song, PhD
919-966-3612
lixin_song@med.unc.edu

Dates of Eligibility for Path Reports:
January 2018 – January 2021
Study started April 2018

Case Eligibility Criteria:
Ages: 40-75
Race: All races
Language: English
Marital Status: Married or domestic partner/living as married
Diagnosis: First newly diagnosed prostate cancer (non-metastatic); no prior or concurrent cancers
Geographic location: Residence within 36 NC counties: Alamance, Brunswick, Buncombe, Cabarrus, Catawba, Cleveland, Columbus, Craven, Cumberland, Davidson, Duplin, Durham, Forsyth, Gaston, Guilford, Harnett, Henderson, Iredell, Johnston, Lee, Lenoir, Lincoln, Mecklenburg, Nash, New Hanover, Pender, Pitt, Randolph, Robeson, Rockingham, Rowan, Sampson, Union, Wake, Wayne, Wilson.



What To Submit To RCA: All POS Prostate paths

- (Prostatectomies/BXs/TURPs) + Facesheet/demographic data
- Paths ≤ 3 months old
- Married patients or w/domestic partner

(***we need Marital Status in demographics***)

For Questions, Contact:
JoElla Marting, RCA Coordinator
joella.marting@dhhs.nc.gov
984-236-7445

A Multidisciplinary Collaboration to Assess Use of Guideline Recommended Molecular BiomarkerTesting in Rural vs. Urban Lung Cancer Patients (Pilot - Started 11/2018)

Cancer being studied: **Non-Small Cell Lung Cancer (NSCLC)**
Study officially closed January 02, 2020

Purpose of Study: The long-term goal of this research is to improve the use of bio-marker testing for all patients with advanced NCSLC. The object of this pilot is to explore rural—urban disparities with biomarker testing.

Study Design: We will utilize the pathology reports to extract lab-sequencing test results from 1,000 NSCLC patients diagnosed in North Carolina in 2018. We will link the Pathology reports with access and contextual factors from U.S. Census data to evaluate the impact of recent molecular advances in lung cancer treatment on health disparities. There will be no patient contact.

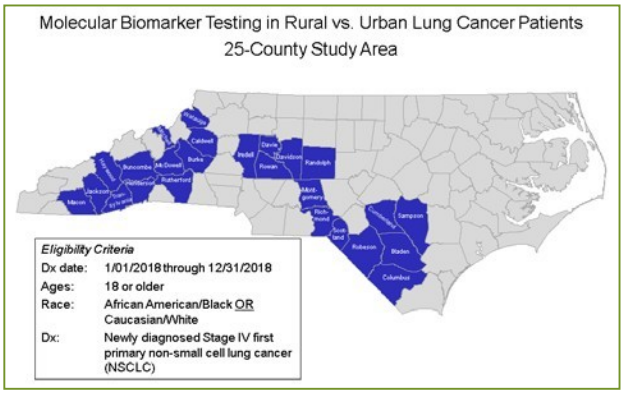
Research Institution:
UNC-Chapel Hill
130 Mason Farm Rd
Bioinformatics Building # 3126
Chapel Hill, NC 27599-7515

Principal Investigator:
Louise Henderson, PhD
919-843-7799
louise_henderson@med.unc.edu

Project Manager:
Katie Marsh, MPH
919-966-2865
kate_marsh@med.unc.edu

Dates of eligibility for path reports:
January 2018—December 2018

Case Eligibility Criteria:
Ages: 18 or older
Race: African American/Black OR Caucasian/White
Diagnosis: First newly diagnosed NSCLC; Stage IV; No prior cancers
Geographic location: Residence within 25 counties in North Carolina (Bladen, Buncombe, Burke, Caldwell, Columbus, Cumberland, Davidson, Davie, Haywood, Henderson, Iredell, Jackson, Macon, McDowell, Mitchell, Montgomery, Randolph, Richmond, Robeson, Rowan, Rutherford, Sampson, Scotland, Transylvania, Watauga)



	Year	RCA Study
1.	1993-1996	Carolina Breast Cancer Study (Phase 1)
2.	**1993-Ongoing**	**Carolina Mammography Registry (CMR)**
3.	1996-2006	NC Colorectal Cancer Study (NCCCS)
4.	1999-2008	NC Ovarian Cancer Study (NCOCS)
5.	2000-2003	NC Melanoma Study (GEM)
6.	2000-2004	Carolina Breast Cancer Study (Phase 2)
7.	2001-2004	Carolina Prostate Cancer Treatment Outcomes Study
8.	2002-2006	Carolina Head & Neck Cancer Study (CHANCE)
9.	2002-2007	Carolina Family Registry for Colorectal Cancer Studies
10.	2003-2005	Colorectal Cancer Care Outcomes Research Study (CANCORS)
11.	2004-2007	NC-Louisiana Prostate Cancer Project (PCaP)
12.	2006-2008	Wake Forest Cancer Study: Contribution of AMACR and Phytanic Acid to Prostate Cancer Risk among African Americans in NC
13.	2006-2008	Your Story: Understanding Your Breast Cancer Experience
14.	2006-2012	Yale/Duke Meningioma Study
15.	2007-2007	The Liver Cancer Pilot Study
16.	2008-2009	Environmental and Genetic Risk Factors for Hepatocellular Carcinoma (HCC)
17.	2008-2010	Study of Outcomes in Colon Cancer Survivors (SOCCS)
18.	2008-2011	Shaw-Johns Hopkins: Disparities in Prostate Cancer Treatment Modality & Quality of Life
19.	2008-2013	Carolina Breast Cancer Study (Phase 3)
20.	2009-2013	ICCS-Directed Physical Activity Enhancement for Colon Cancer Survivors: SurvivorCHESS
21.	2010-2012	NC Prostate Cancer Comparative Effectiveness & Survivorship Study (NC ProCESS)
22.	2010-2016	Duke African American Ovarian Cancer Study (AACES)
23.	**2010-Ongoing**	**Medullary Thyroid Carcinoma Surveillance Study: A Case-Series Registry**
24.	2011-2012	NC Inflammatory Breast Cancer Case-Control Study
25.	2013-2015	Life Stresses, Family and Partner Support and Cancer Care for Women
26.	2013-2015	Comparative Effectiveness and Survivorship Health in Bladder Cancer (CEASE-BC)
27.	2014-2015	Measuring Patient-Centered Communication for Colorectal Cancer Care and Research
28.	2015-2015	Tailored Web-Based Prostate Cancer Education for Patients and Partners (Pilot Study)
29.	2017-2018	Evaluation of the Patient Experience Regarding Access/Quality of HCC Care in NC
30.	2018-2019	Multidisciplinary Collaboration to Assess Use of Guideline Recommended Molecular Biomarker Testing in Rural vs Urban Lung Cancer Patients
31.	2018-2021	mHealth Symptom Self-Management Among Men with Prostate Cancer and Their Partners
32.	**2018-Ongoing**	**Carolina Head and Neck Cancer Study (CHANCE-2)**
33.	2019-2021	HCC ACE: HepatoCellular Carcinoma and Cadmium Exposure
34.	**2020-Ongoing**	**Carolina Endometrial Cancer Study (CECS)**
35.	**2021-Ongoing**	**African American Cancer Epidemiology Study (AACES-2)**
36.	**2022-Ongoing**	**Disseminating Decision Support to Men with Localized Prostate Cancer (P3P NC)**

Thank you for your participation in Rapid Case Ascertainment!