

Louisiana Tumor Registry

Aggregate Data Request Form

All applications will be reviewed by the Louisiana Tumor Registry (LTR). Once your application has been received and reviewed, we will notify the principal investigator of the review result and estimated timeline.

The LTR maintains a list of all published articles using its data. Please provide information on any scientific publications resulting from a data request. If LTR personnel provide statistical analysis support, he/she should be included as a co-author for the publication, presentation, or abstract.

Please direct questions to Lauren Maniscalco at 504-568-5890 and email the completed form to lspizza@lsuhsc.edu.

Date of Request: _____

Response requested by (date): _____

Type of data request

New

Amended (for amended request, please attach the original form, and specify the changes only in the form blow.)

Principal Investigator (you can skip for amended request)

Name: _____

Title: _____

Organization: _____

Address: _____

Telephone Number: _____

Email address: _____

Person requesting the data, if other than (PI):

Name: _____

Telephone Number: _____

Email address: _____

Please briefly describe the data request below (for amended request, please specify the changes only):

Purpose of requested data (research question if applicable) Check all that apply:

- Research Abstract Publication
 Presentation Grant Other: _____

Cancer site(s) (please identify specific eligibility criteria as needed):

Specify your options, and check all data items requested.

Geographic Area:

- U.S.
 Louisiana:
 Parish (please specify): _____
 LTR region (please specify): _____
 Zip code* (please specify): _____
 Census tract* (please specify): _____

Medical Facility (IRB required) (please specify): _____

*Case count & incidence rate only. Must meet case ≥ 16 & aggregated population size $>20,000$ to release.

Diagnosis Years:

Break down by year: Yes No

2011-2015 1988-2015 Other years: _____

*2015 is the most recent year for which data is complete. Data collection is ongoing for 2016-2018.

Stratification:

Sex:

All Sexes Male Female

Race:

All Races White Black

Requested Statistics:

Case count

Incidence rate

Mortality rate

Map: Case count incidence rate mortality rate

Distribution of: Histology Behavior Grade

Distribution of stage: Seer summary stage AJCC stage

Distribution of Treatment: Surgery _____

Radiation _____

Systemic Therapies _____

Distribution of Site-specific factors (please specify): _____

Other: _____

Simple templates of the tables would always be preferred, especially for complicated data requests. Templates can be placed below.