

## 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 [ispiza@lsuhsc.edu](mailto:ispiza@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  $\geq 16$  & 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.**