CHRIS Study

Interview – Cancer

Version 1.1

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1. Introduction

This module stores information related to the cancer history of participant, that were collected at the interview.

Participants book a morning appointment at the CHRIS study center, ranging from 7.45 to 8.45 a.m. Each study participant is assigned a workflow at the reception. If there are ten study participants (maximum capacity), there are ten different workflows, marked with the letters from "A" to "K". The current workflow is as follows: A-B-C-D-E-F-G-H-I-K. All the workflows can be found in the documentation of CHRIS Baseline/General information/Administrative data, in the file named "Workflows at baseline assessment". The interview occurs always after the spiralography and the blood drawing, for most as the last session, after the ECG assessment and the self-administered questionnaire (workflows B, C, E, F, H, I, L). For the remainder, the interview occurs after breakfast and just before the self-administered questionnaire (workflows A and G) or in between the blood drawing and the anthropometry (workflow D).

The interview full text and its corresponding answer lists are available at CHRIS Baseline/Interview. This module is based on the FRAGEN ZUR GESUNDHEIT module of the follow-up F4 questionnaire of the KORA Study (*Kooperative Gesundheitsforschung in der Region Augsburg*).

2. History version changes

Version 1 of this interview module was in use since August 24th, 2011. No further versions were in use.

3. Data cleaning

1. The main CHRIS dataset was loaded.
2. The variable storing the notes additional information on treatment of cancer, x0canote, was translated and categorized when possible.
3. The variable on cancer ever in the lifetime, x0ca00, had it observations transformed into:
    a) "Unexpected missing" (-89) if they were missing,
    b) "Don't know" (-88) if the third answer option "I do not know" was chosen.
4. The variable on the number of cancers during the lifetime, x0ca00a, had it missing observations transformed into:
    a) "Missing by design" (-99) if no cancer ever was reported (x0ca00="No", "Missing by design" or "Don't know")
    b) "Unexpected missing" otherwise.
5. For the first reported cancer, the variables on the year of diagnosis and on treatment, x0ca01a and x0ca01c, had their missing observations set to:
    a) "Missing by design" (-99) if no cancer ever was reported (x0ca00="No", "Missing by design" or "Don't know")
    b) "Unexpected missing" otherwise,
    c) "Don't know" if the imputed number was 9999.
6. For the following reported cancer variables, the same was done, additionally checking that the number of reported cancers in x0ca00a was not smaller.

7. The variables on cancer location, x0ca01b, x0ca02b, x0ca03b, x0ca04b, and x0ca05b, were translated and classified. If benign tumors were mentioned, such as fibroma, or polyps, or cysts, then the single observation was replaced with “A benign tumor was reported”. All skin cancers, irrespective of their location, have been grouped into “skin cancer”. If details on the operation were reported in these variables, they were copied into the notes variable x0canote.
8. The given cancer count, x0ca00a, was subtracted by one for each time a benign tumor was reported in x0ca01b, x0ca02b, x0ca03b, x0ca04b, and x0ca05b.
9. The baseline dataset was saved.

4. Advices for the analysis

The content of the nurse’s notes, referring to xxx can include reporting of diseases not explicitly mentioned as chronic diseases in the questions of this module.

The variables on cancer location, x0ca01b, x0ca02b, x0ca03b, x0ca04b, and x0ca05b, have been translated and classified. If benign tumors were mentioned, such as fibroma, or polyps, or cysts, then the observation was replaced with “A benign tumor was reported”. All skin cancers, irrespective of their location, have been categorized into “skin cancer”.

Finally, the analyst should always take into account that the operator in charge of carrying out the interview might have influenced how the participant reported their answers. The analyst should therefore adjust for the operator variable, x0_opintc, when possible.

5. References

Löwel H, Döring A, Schneider A, Heier M, Thorand B, Meisinger C. The MONICA Augsburg surveys - basis for prospective cohort studies. Gesundheitswesen. 2005;67(Sonderheft 1):S13–S18. DOI: 10.1055/s-2005-858234

Holle R, Happich M, Löwel H, Wichmann H-E. KORA-A Research Platform for Population Based Health Research. Gesundheitswesen. 2005;67(Sonderheft 1):S19–S25. DOI: 10.1055/s-2005-858235