

The accompanying file contains the requested PROSPR data dictionary. The data set it describes is a HIPAA-defined limited data set. Requests for data and tracking of data use are done through a web-based system called PROSPR DataShare.

Please note the following important points:

- All requests for data are vetted by the PROSPR Data Request Review Committee;
- Approval of requests is not guaranteed;
- The Data Request Review Committee may require a change in scope for approval of your request;
- Some variables listed in the data dictionary may not be available for release due to HIPAA restrictions or analyses in progress. Applicants may contact a PROSPR representative regarding availability of specific data elements by clicking [here](#). Collaboration with at least one PROSPR investigator may be required for approval of your request;
- If your request is approved, you will be required to agree to standard, generally-accepted data sharing conditions before you receive the data (see next page);
- If your request is approved, you and your institution will need to sign a Data Use Agreement;
- There is no cost to receive a data set through PROSPR DataShare. However, a PROSPR Research Center or the PROSPR Coordinating Center may require payment if other services, such as analysis assistance, are requested. All costs will be negotiated prior to the onset of work.
- PROSPR 1 was completed in 2016. Therefore, assistance with analyzing these data may not be available. PROSPR 2 is on-going.

If you make a request and it is approved, data will be provided with the understanding that you use them at your own risk and that you are responsible for the scientific quality of presentations and publications using these data.

You can expect a decision on your request in about three months. If your request is approved, data set creation will take another month or two.

If you have questions, please email them to NCIPROSPR@nih.gov.

Generally-accepted data sharing conditions:

1. Allow PROSPR DataShare (PDS) to capture the date of download and your IP address;
2. Use the data only for purposes that have been approved;
3. Not try to identify specific individuals (patients), providers, or facilities from the provided data or determine the PROSPR sites from which the data come from (if not specified);
4. FOR RECIPIENTS OF RESTRICTED USE (CUSTOM) DATA SETS ONLY: Not disclose or transfer data to parties or centers except as noted in your application;
5. Include relevant interested PROSPR investigators from contributing data sites in discussions regarding analyses and authorship for manuscripts;
6. Submit semi-annual progress reports to PDS until data destruction;
7. Include the following acknowledgement in presentations and publications, with organ-specific modifications as relevant:

For PROSPR 1: “We thank the following PROSPR entities for sharing their data: PROSPR Breast Cancers (NIH grants U54CA163303, U54CA163307, U54CA163313), PROSPR Colorectal Centers (NIH grants U54CA163262, U54CA163308, U54CA163261), and PROSPR Cervical Centers (NIH grants U54CA164336-S, U54CA163262-S, U54CA163308-S, U54CA163261). We also thank the PROSPR entities that supported the collection and distribution of these data: Healthcare Delivery Research Program, Division of Cancer Control and Population Sciences, National Cancer Institute, National Institutes of Health (funding source); Information Management Services, Inc. (data management, funded under US Government contracts HHSN261201500003B/75N91020F00001); and the PROSPR Statistical Coordinating Center (NIH grant U01CA163304).”;

For PROSPR 2: “We thank the following PROSPR entities for sharing their data: Lung Cancer Screening Optimization in the US (LOTUS, PROSPR Lung Cancer Research Center, US Government grant UM1CA221939); Multi-level Optimization of the Cervical Cancer Screening Process in Diverse Settings & Populations (METRICS, PROSPR Cervical Cancer Research Center, US Government grant UM1CA221940); Optimizing Colorectal Cancer Screening PREcision and Outcomes in Community-baSEd Populations (PRECISE, PROSPR Colorectal Cancer Research Center, US Government grant UM1CA222035). We also thank the PROSPR entities that supported the collection and distribution of these data: Healthcare Delivery Research Program, Division of Cancer Control and Population Sciences, National Cancer Institute, National Institutes of Health (funding source); Information Management Services, Inc. (data management, funded under US Government contracts HHSN261201500003B/75N91020F00001); Fred Hutchinson Cancer Research Center (PROSPR Coordinating Center, US Government grant U24CA221936)”;

FOR PROSPR 1 AND 2: We thank the following PROSPR entities for sharing their data and/or resources: PROSPR 1 Breast Cancers (NIH grants U54CA163303, U54CA163307, U54CA163313); PROSPR 1 Colorectal Centers (NIH grants U54CA163262, U54CA163308, U54CA163261); and PROSPR 1 Cervical Centers (NIH grants U54CA164336-S, U54CA163262-S, U54CA163308-S, U54CA163261); Lung Cancer Screening Optimization in the US (LOTUS, PROSPR 2 Lung Cancer Research Center, US Government grant

UM1CA221939); Multi-level Optimization of the Cervical Cancer Screening Process in Diverse Settings & Populations (METRICS, PROSPR 2 Cervical Cancer Research Center, US Government grant UM1CA221940); Optimizing Colorectal Cancer Screening PREcision and Outcomes in Community-baSEd Populations (PRECISE, PROSPR 2 Colorectal Cancer Research Center, US Government grant UM1CA222035). We also thank the PROSPR entities that supported the collection and distribution of these data, as well as PROSPR resources: Healthcare Delivery Research Program, Division of Cancer Control and Population Sciences, National Cancer Institute, National Institutes of Health (funding source); Information Management Services, Inc. (data management, funded under US Government contracts HHSN261201500003B/75N91020F00001); PROSPR 1 Statistical Coordinating Center (NIH grant U01CA163304); Fred Hutchinson Cancer Research Center (PROSPR 2 Coordinating Center, NIH grant U24CA221936)”

8. Prior to journal submission, submit manuscripts for NCI administrative review through PDS;
9. FOR RECIPIENTS OF RESTRICTED USE (CUSTOM) DATA SETS: Notify PROSPR co-authors of manuscript acceptance within a week of notification and allow them to manage press releases upon publications;
10. Submit published article(s) and/or presentations at national and international conferences to PDS;
11. Submit published article(s) to PubMed Central if your funding organization requires you to do so <https://www.ncbi.nlm.nih.gov/pmc/about/public-access/>;
12. Destroy the data set within 3 years of download and notify PDS of destruction. A 1-year extension may be requested through PDS, but may not be granted if sufficient progress has not is made or remaining activities are not feasible;
13. Acknowledge that non-compliance with the previous conditions may impact your ability to receive PROSPR data in the future. Your ability to receive other data from NCI also may be affected.