incidence is unclear. Improved understanding of this association may hold significant potential for population health improvement strategies. The purpose of this investigation was to study the association of adherence to varying levels of an optimal lifestyle with the incidence of chronic disease among employed adults (N=35,684). **Methods:** All baseline data were collected as part of a health assessment process during the year 2007. Participants were followed for two years. Descriptive statistics were calculated and reported as the proportion of the sample reporting a newly diagnosed chronic disease (diabetes, heart disease, hyperlipidemia, hypertension, back pain, or cancer) by the number of lifestyle behaviors that they practiced. **Results:** Compared with individuals who practiced no or only 1 optimal lifestyle behavior, the risk of developing a condition for individuals practicing 3 or 4 behaviors was 66% lower for diabetes, 45% lower for heart disease, 17% lower for hyperlipidemia, 15% lower for hypertension, 43% lower for back pain, and 24% lower for cancer. **Conclusions:** Adherence to optimal lifestyle is associated with lower 2-year incidence rates of several chronic conditions. Attention to population-based strategies that improve adherence to these four behaviors appears to positively affect risk of chronic diseases and their risk factors. To the extent that social marketing strategies and systematic measurement and feedback to individual members, patients, and groups (e.g., employer-based) increases adherence to multiple health behaviors, risk of chronic disease may be reduced.

Keywords: Optimal lifestyle adherence, Lifestyle behaviors, Health improvement strategies

doi:10.3121/cmr.2010.943.ps2-29

IRB Issues

C-A2-01:

IRB Review in the Era of ARRA: Streamlining Without Sacrifice

Jeffrey Braff, DrPH, MBA[1]; Sarah Greene, MPH[2]; Karin Johnson, PhD[2]; Ella Thompson, BS[2]; Kate Rardin-Leahy, PhD[3]

[1]Kaiser Permanente; [2]Group Health Cooperative; [3]Health Partners

Background and Aims: In the era of ARRA, we are routinely confronted with compressed timelines and an accelerated pace of research. Concurrently, discussions have intensified over recent months about the HMORN's capacity to conduct comparative effectiveness research on topics of national interest. Building on these unique challenges and opportunities, this interactive session will serve as a forum for conference attendees to discuss recent HMORN efforts to make multi-site IRB review as agile as possible. In particular, we will showcase the HMORN facilitated review process and discuss how it might be further improved or expanded. **Methods:** In early 2008, the HMORN ratified its first Standard Operating Procedure (SOP), which outlines procedures for inter-institutional IRB review of data-only studies. This SOP helped clarify what steps to take and who to contact, both in order to pursue ceding, and when multiple IRBs need to review the same study. This process has now been used in a majority of HMORN member institutions. As its use has increased, researchers and IRB administrators have become more familiar with the process. In September 2009, the HMORN Governing Board identified continuing such work to ensure IRB agility as a key 2010 priority for the HMORN. **Results:** In this session, we will review how to use the facilitated IRB review process outlined in the SOP and learn from attendees how we can further facilitate multi-site IRB review, along with attendant concerns such as HIPAA. In addition, we will give a snapshot of recent and upcoming developments across the Network sites, including human research protection program accreditation efforts and migration to electronic IRB systems. **Conclusions:** This session will enable research investigators, IRB administrators and HMORN leadership to engage in a constructive dialogue about the residual barriers to using the facilitated IRB process for data-only studies, and identify pathways to institutionalize this process in our Network's routine research processes. This session will also introduce how the demands of IRB accreditation and the implementation of new electronic IRB systems may facilitate or impede our progress in this area.

Keywords: IRB review, HMORN, Multicenter Studies

doi:10.3121/cmr.2010.943.c-a2-01

Health and Bioinformatics

C-A4-01:

Providing Care for Cancer Survivors in Integrated Delivery Systems: An Assessment of Current Practices and Future Opportunities

Jessica Chubak, PhD[1]; Clarissa Hsu, PhD[2]; Leah Tuzzio, MPH[1]; Beth Kirlin, BA[1]; Larissa Nekhlyudov, MD, MPH[3,4]

[1]Group Health; [2]Group Health Research Institute; [3]Harvard Medical School; [4]Harvard Vanguard Medical Associates

Background and Aims: There are currently more than 11 million cancer survivors in the United States; for many, cancer is a chronic condition that requires effective management and coordination of care. Little research on cancer survivorship models has been done, and most has focused on care provided in cancer centers. To our knowledge, no research has been conducted within population-based integrated delivery systems. To this end, the Cancer Research Network (CRN) Survivorship Scientific Interest Group (SIG) undertook a project to identify and describe; 1) current practices in cancer survivorship care, 2) goals and/or intentions to create cancer survivorship care programs, and 3) areas for future research in survivorship care models within integrated delivery systems. **Methods:** Semi-structured interviews were conducted with expert informants from 10 of 14 CRN sites. Individuals were selected based on their leadership roles in primary care/internal medicine, oncology, nursing and/or other cancer-related specialties. Interviews were conducted by telephone and were audiotaped, transcribed and coded. Analyses are underway; final results will be available at the HMORN meeting. **Results:** Of the initial 48 persons contacted, interviews were completed with 40 expert informants. Preliminary analyses suggest that in general respondents were supportive of providing cancer survivors with medical services customized to the needs of cancer survivors. At most sites, follow-up care for cancer survivors was provided by an informal collaboration between primary care physicians and oncologists. Respondents reported that the electronic medical records available at their sites appear to facilitate communication between providers caring for cancer survivors. Challenges in providing care to cancer survivors included allocation of time and resources. Few sites have survivorship care-specific guidelines, care plans or other formal tools to assist physicians in creating follow-up care plans for cancer survivors. The interviews identified 2 formal survivorship programs underway and one being pilot tested. **Conclusions:** While there appears to be an awareness of the needs of cancer survivors by the leadership in the integrated health care delivery sites, survivorship programs are generally not formalized. This study enhances our understanding of community-based cancer survivorship care and helps build the foundation for research on the effectiveness of different approaches to improve care.

Keywords: Cancer survivorship, survivorship models, integrated health delivery

doi:10.3121/cmr.2010.943.c-a4-01

C-B5-02:

H1N1 Vaccine Safety Monitoring in the Vaccine Safety Datalink Project: New Challenges and Useful Lessons

Tracy Lieu, MD, MPH[1]; Sharon Greene, PhD, MPH[1]; Ruihua Yin, MS[1]; Rong Li, MS[1]; Martin Kulldorff, PhD[1]; Eric Weintraub, MPH[2]; Bruce Fireman, MA[3]; Roger Baxter, MD[3]; James Nordin, MD, MPH[4]; Steven Jacobsen, MD, PhD[5]; Edwin Lewis, MPH[3]; James Baggs, PhD[2]; Melisa Rett, MPH[1]; Richard Platt, MD, MS[1]; Grace Lee, MD, MPH[1]

[1]Harvard Pilgrim Health Care Institute and Harvard Medical School; [2]Centers for Disease Control and Prevention; [3]Kaiser Permanente Vaccine Study Center, Northern California; [4]HealthPartners Research Foundation; [5]Kaiser Permanente Southern California

Background and Aims: The worldwide introduction of influenza A (H1N1) vaccines in fall 2009 has raised widespread public questions about the safety of these new vaccines. The Vaccine Safety Datalink Project, a collaboration among CDC and eight health care systems in the HMORN, began accelerated