



**MEETING SUMMARY**

Advisory Committee to the Texas Cancer Registry  
Friday, October 28, 2022, 10:30-12:30

**Members/Designees/Guests Participating:**

- Philip Lupo, PhD, MPH, Baylor College of Medicine, **Leaving ACTCR Chair**
- Sandi Pruitt, PhD, MPH, UT Southwestern Medical Center, **Incoming ACTCR Chair**
- Christopher Webb, PhD, MPH, Research Advancement Manager, DSHS Office of Practice and Learning
- Lewis Foxhall, MD, UT MD Anderson Cancer Center
- Kelly Merriman, MPH, PhD, CTR, UT MD Anderson Cancer Center
- Laura Wood, American Cancer Society
- Michael Scheurer, PhD, MPH, Baylor College of Medicine
- Zuber Mulla, MSPH, PhD, Texas Tech University Health Sciences Center El Paso
- Suntrea Hammer, MD, FASCP, UT Southwestern Medical Center
- Elaine Symanski, PhD, Baylor College of Medicine
- Jessica Chacon, PhD, Texas Tech University Health Sciences Center El Paso
- Sharon Giordano, MD, MPH, University of Texas M.D. Anderson Cancer Center
- Rohit Ojha, DrPH, FACE, JPS Health Network
- Diedre Watson, CTR, Baylor Scott & White Health, Round Rock
- Hashem El-Serag, MD, MPH, Baylor College of Medicine
- Erika Thompson, PhD, MPH, CPH, FAAHB, University of North Texas Health Science Center

**Texas Cancer Registry:**

- Melanie Williams, PhD, Branch Manager, TCR
- Natalie Archer, PhD, MHS, Interim Branch Manager, TCR
- Heidi Bojes, PhD, Director, Environmental Epidemiology and Disease Prevention Section
- Keisha Musonda, MPH, Epidemiologist, TCR
- Kristen Smith, BS, Information Specialist, TCR
- Erin Gardner, MPH, Epidemiologist, TCR

<b>I. Welcome — Philip Lupo, PhD, MPH, Leaving ACTCR Chair and Sandi Pruitt, PhD, MPH, Incoming ACTCR Chair</b>	
Call to Order, Approval of Minutes, New Member Business	<ul style="list-style-type: none"> <li>Called meeting to order.</li> <li>Approved general minutes.</li> </ul>



- **Michael Scheuer** moved to approve
- **Elaine Symanski** seconded
- Discussion of New Members Meet and Greet efficacy
  - **Feedback (Erika Thompson)**: Felt it was extremely helpful getting to know the committee
  - **Feedback (Laura Wood)**: Has been apart of ACTCR for several meetings, but the intimate time spent gave her a better understanding of her role
  - **Feedback (Philip Lupo)**: Feels the Meet and Greet could be useful for showing goals of committee/TCR
  - **Feedback (Melanie Williams)**: Agrees with other’s and intends to continue the process with any new members
- Transition of Leadership
  - Philip served 2 years through COVID, TCR and committee grateful for extended service
  - Sandi Pruitt taking over as acting ACTCR Chair
    - Gave brief intro of work at UTSW along with thanking Philip
  - Announcement of Vice Chair nomination:
    - Caitlin Murphy, a cancer epidemiologist at UT health in Houston. She got her Masters in Health from UT and her PhD in Epidemiology with a focus in gastroenterology, especially cancer related issues.
    - Due to scheduling conflict, Caitlin couldn’t attend, therefore vote will be held in a follow up email

**II. General Updates – Melanie Williams, PhD, TCR Branch Director**

Staffing Update

- Discussion of Melanie’s upcoming time off due to retirement
- Introduction of Dr. Natalie Archer as interim Branch Director and Heidi Bojes, Director of Environment Epidemiology and Disease Prevention Section, who will be assisting
  - Natalie started in 2006 with the program, has a diverse background starting her career in computer science at IBM. She received an MS with health research and a PhD in Epidemiology, serving a variety of roles her at HHSC since.
- Future preparations include Melanie here until Nov to ensure smooth transition. Creating road maps for CPRIT and CDC data submissions on Nov. 1<sup>st</sup> continuing through end of Nov.



TCR Org Chart Comparisons	<ul style="list-style-type: none"> <li>• Original TCR Org Chart arranges employees under 3 main supervisors, causing managerial roles to be particularly cumbersome with employee reports (sometimes receiving up to 15) on top of regular duties; Shows several vacancies though some are recently added from SEER contract</li> <li>• Proposed reorganized TCR Org Chart spreads the managerial duties between multiple people, creating less reports and encouraging internal upwards mobility; Several positions have been given managerial duties such as the research position in the Epi team; Hope to fill critical positions soon with changes</li> <li>• <b>Question (Kelly Merriman):</b> Which positions are hardest to fill? Are they CTR?</li> <li>• <b>Answer:</b> Majority of the positions struggling to fill were CTR, but that’s changing. Epi team has new GIS specialist position filled, Susan is back, new senior medical research specialist position we hope to fill and have recently been able to fill many senior CTR positions; We’re a telework flexible environment which should encourage candidates; We’ve got possible candidates for the Epi manager, a position that hasn’t been filled for awhile but we definitely need due to the fact we produce the highest research stats in the agency through our Epi team; Definitely realize that with CTR’s it’s very competitive, along with several other positions, such as our Research position that we’re interviewing candidates still in school with the understanding they’d finish their degree to secure the position, that’s how competitive things are</li> <li>• <b>Feedback (Kelly Merriman):</b> She tries to look for people impacted by cancer and able to telecommunicate but hesitant to hire out of state</li> </ul>
DSHS Shine Award	<ul style="list-style-type: none"> <li>• Agency has Shine Award Program and registry was nominated for its work, we’re among 5 finalists (one being the COVID dashboard people so we’re just honored to be recognized)</li> <li>• 51 out of 53 positions were dedicated to COVID during the pandemic but we still managed to fulfill our own necessities and maintain gold registry standards</li> </ul>
National Calls for Data (November 2022)	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> submission is Nov. 1<sup>st</sup>, will submit second file later due to transition to SEER*DMS; currently completing NAACR and NCI files by the end of Nov.; submission will be 2020 data impacted by COVID</li> <li>• NCI wants us to consider benign brain and CNS tumors which shows us what our future goals are to be</li> <li>• Currently in good standing, but expect numbers to go down to achieve previous data submission standards; there will be an overall 10.8% adjustment</li> </ul>



	<ul style="list-style-type: none"> <li>○ Current percentage has us at silver rating</li> <li>○ With adjustment TCR is over 100%</li> <li>• Continuing to work on cause of death, then moving to 2021 cases so that ideally by Feb. we'll be closer to 90% for '21</li> <li>• <b>Question (Kelly Merriman):</b> For things like cause of death and COVID that we're seeing in the CoC and NCI cancer base, did SEER have questions regarding COVID and how it affected cancer?</li> <li>• <b>Answer:</b> The American College of Cancer expected it to be collected; Illinois started 2023 data, we've started 2022 data, but haven't collected COVID or optional related data fields; initially the idea was to place resources and energy working with NCI linking COVID data and surveillance with the state and with the registry, but since they built COVID data submission in the middle of things it became not enough data so it was ultimately decided that death information would be collected instead</li> <li>• <b>Feedback:</b> NCDB said it's too hard to capture, but 30% of cancer patients at MD Anderson are out of state so how could COVID not cause an impact</li> </ul>
CDC NPCR Data Quality Evaluation	<ul style="list-style-type: none"> <li>• Every 3 years CDC audits TCR for DQE; this time they reviewed all text information <ul style="list-style-type: none"> <li>○ Received 97% agreement, an outstanding score</li> <li>○ Feedback delineated need for better documentation of text in certain fields</li> <li>○ Members interested in seeing the report can request to see text</li> </ul> </li> </ul>
2022 and 2023 Data Dissemination Plans	<ul style="list-style-type: none"> <li>• Showed data dissemination plans for 2022 and 2023 as can be seen in the handouts</li> <li>• What are members priorities for what we put out? Currently for CDC put out screenable and cancer control briefs</li> <li>• Priority initiative through CPRIT, will send out draft for feedback on focus; Keisha looking into rare cancers</li> <li>• <b>Feedback (Hashem El-Serag):</b> CRC and childhood cancer are becoming hot topic, there's talk of making the screenable cancers lower priority; rumbling in valley about clusters of stomach cancers in younger latinos (45 and younger)</li> <li>• <b>Question:</b> With rare cancer, how does pediatric cancer fit in? Is rare just for adults?</li> </ul>



	<ul style="list-style-type: none"> <li>• <b>Answer:</b> There's a recod through SEER and NAACR resolving the question of adults then kids</li> <li>• <b>Question (Sandi Pruitt):</b> Circling back and discussing the fair amount of reports, could this be regenerated to ensure that reports are best use of staff time and resources?</li> <li>• <b>Answer:</b> We adjust amount of reports based on staffing, but hear from cancer control that reports are useful; also we try not to readjust too far beyond what we're already doing to utilize staff efforts, but our 1<sup>st</sup> priority is always supporting research studies</li> <li>• <b>Feedback (Hashem El-Serag):</b> Biden will soon announce elimination of Hep C from the nation, but Texas doesn't have any plan to match this so highlighting liver cancer would be a way to spur legislative action</li> <li>• Maybe TCR should reach out to Hep C department and highlight some of their initiatives as well as publishing liver cancer brief</li> </ul>
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**III. DSHS IRB Update – Chris Webb, PhD, MPH, Research Advancement Manager, Office of Practice and Learning**

<p>Discussion of IRB Update: Questions answered by Chris Webb</p>	<ul style="list-style-type: none"> <li>• Don't have an IRB Administrator, so Chris works as it currently</li> <li>• 2 institutional review boards, the HHSC and IRB2; See handouts for slides on IRB MOU overview</li> <li>• <b>Question (Hashem El-Serag):</b> What is the expectation for a timeline with regards to the process?</li> <li>• <b>Answer:</b> We don't know yet; for the 1<sup>st</sup> applicant the timeline will be longer than ideal; We're trying to minimize the impact by putting it on the webpage so that you all could maybe take the MOU to your legal department early in the process especially for the first person in their institution</li> <li>• <b>Feedback (Melanie Williams):</b> TCR has lots of MOUs with different groups due to linkages, maybe one thing for cancer IRB's is to have an institutional review rather than individual investigators requesting reviews, so if an agency requests an MOU for an IRB it could have the appropriate contact at each institution get with legal and get a blanket MOU for the institution; This would probably account for 2/3 of the IRB requests we get</li> <li>• <b>Feedback (Michael Scheuer):</b> At Baylor there's several different attorneys that would give different red tape if given the opportunity and they won't even look at it</li> </ul>
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until it's finished, there's no way to start it early; What is the impetus behind this MOU? We've already signed protective documents.

- **Answer:** If there is an end date from HHSC for a standard MOU, an IRB is a poor mechanism when researchers abuse data so this will replace the previous data agreement; It will also help standardize the data
- **Feedback (Melanie Williams):** They want the data agreements to be enforceable in Texas for actually destroying the data, currently there's nothing to make them
- **Question/Feedback (Michael Scheuer):** Is there any intention for using scientists for countersigning? We'd have to figure out who's actually supposed to sign as scientists. Maybe as a consideration you could have scientists as cosigners with attachment A serving as that function? Are the folks amenable to red lining some information in the document?
- **Answer:** That last question is good for Maria Acuma, not promising anything but required modifications to the contract is for the contract section
- **Feedback/Question (Philip Lupo):** Proposing maybe TCR work with the institution requesting, could they have a general MOU for all projects fall under said purview?
- **Feedback (Melanie Williams):** No, they want it for every single project. 1<sup>st</sup> time MOU's can take up to 1 year, so it doesn't make sense for each investigator to have to figure it out the first time they ask
- **Feedback (Philip Lupo):** It may be worth floating to a receptive person within your own institution then
- DSHS doesn't self contract
- For people like Philip who work with different programs within HHSC, he won't necessarily need one for every program
- If you're an individual that works with multiple organizations then each participating organization will need its own MOU
- There are concerns about the ability to support student projects with the updated MOU, so it's most likely they'll have to use public data in the future
- Be prepared for long times working out the contracts especially when adjusting parameters, for instance one MOU had an added request that increased the time by 3-4 weeks while it was with contract section



	<ul style="list-style-type: none"> <li>• <b>Question (Sandi Pruitt):</b> What about products needing extension or amendment?</li> <li>• <b>Answer:</b> If separate IRB, then yes that will require a new MOU. If renewing then the IRB will continue and be reviewed every 1-2 years</li> <li>• <b>Question (Michael Scheuer):</b> Since IRBs are an attachment to the MOU will it need to be amended?</li> <li>• <b>Answer:</b> Only if there are substantial changes, like changing the focus of the study</li> <li>• After discussion and the concerns brought up throughout, we should have a follow up to this; members will send questions that will be directed to Chris or Maria (depending on subject matter) since members represent around 60 IRBs</li> </ul>
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**IV. Priority Updates and Planning – Melanie Williams PhD, TCR Branch Director**

COVID 19 Impact on 2020 Data	<ul style="list-style-type: none"> <li>• Michael has been discussing pediatric effects</li> <li>• When members ask questions, it prompts us to look so thank you and please continue</li> <li>• We expect '21 data to be impacted as well</li> </ul>
Proposed Texas All Payers Claim Linkage	<ul style="list-style-type: none"> <li>• Claims tend to be in more liberal states, but we now have them in Texas</li> <li>• Tremendous opportunity and interest both ways</li> <li>• We don't typically release data for linkages so we'll have to work out an MOU to partner with them</li> <li>• Managed by UT Houston</li> <li>• Could possibly have them present to ACTCR members?</li> <li>• Sandi please present so we can get a vision of how they'll clean data and a timeline</li> </ul>
Achieving Population Based Pathology Reporting	<ul style="list-style-type: none"> <li>• We've added a member in pathology</li> <li>• Though we've made gains with ACTCR, with meaningful use and HER reporting there hasn't been enough advancements</li> <li>• Population based reporting among free standing pathology labs will be on our required quality improvement projects</li> <li>• We'd like to be earlier to pilot processing reports so maybe focus on specific cancer sites</li> </ul>
Updating ACTCR Operating Principles	<ul style="list-style-type: none"> <li>• Principles haven't been updated since 2017, so members should possibly update</li> </ul>



**V. Member Updates— Group Discussion**

Member Updates	<ul style="list-style-type: none"><li>• Member updates were spent allowing members time to speak on behalf of Melanie, her significant career in cancer, and her retirement</li></ul>
Next Regular Meeting	<ul style="list-style-type: none"><li>• TBD in Spring, will do a virtual; <b>Action Items (Kristen Smith):</b> Send poll for next meeting time; Send poll for Vice Chair nomination</li></ul>

**VI. Adjourn**