

Texas Cancer Reporting News

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Texas Cancer Registry

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IN THIS ISSUE

Registry Accomplishments

by Ashley Dixon, MPH

NAACCR / CDC-NPCR Update

In November 2015, the Texas Cancer Registry (TCR) completed its annual calls for data, submitting cases diagnosed from 1995 through 2013 to the CDC National Program of Cancer Registries (NPCR) and the North American Association of Central Cancer Registries (NAACCR). Based on TCR estimates, the submission data were approximately 96.2% complete. Therefore, the TCR anticipates that the registry will maintain its NAACCR Gold Certification when official results are released. Reaching this level of data

quality and completeness would not be possible without the professionalism and dedication of Texas Cancer Reporters. We thank you for your contributions to cancer prevention and control, to the lives of cancer patients and their families, and to the health of Texans!

Annual Report

The TCR recently published its annual *Cancer in Texas 2015* report. The report is available for download on the TCR Publications webpage:

www.dshs.state.tx.us/tcr/publications.shtm 

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NCI-designated Cancer Centers Urge HPV Vaccination for the Prevention of Cancer

adapted from CDC Cancer Announcement

Recently, cancer centers across the U.S. are releasing statements showing their support of HPV vaccine as cancer prevention. Please see the consensus statement (www.dshs.state.tx.us/tcr/HPV-Consensus.pdf), and feel free to share it with your partners, use social media, or other outreach to promote this message.

What can you do?

- Use free CDC tools to promote HPV vaccination with all adolescent vaccines, at every visit: www.cdc.gov/vaccines/teens
- Learn more about cervical cancer prevention and use CDC materials to help promote the vaccine and screening message: www.cdc.gov/cancer/knowledge
- Help educate providers and community leaders in your area: www.cdc.gov/hpv/ 

Cancer Awareness Calendar

March	April	May	June
Colorectal Cancer Kidney Cancer	Testicular Cancer Oral, Head, and Neck Cancer	Melanoma and Skin Cancer Brain Cancer	National Cancer Survivor Month

Source: www.cancer.org, www.cdc.gov/cancer



COMPLETENESS BY REGION

Diagnosis Year 2013

As of December 2, 2015 (certification submission)

96.2%

Texas Overall

94.2%

Region 1

96.8%

Region 2

97.2%

Region 3

98.9%

Region 4

88.8%

Region 5

97.3%

Region 6

92.3%

Region 7

95.8%

Region 8

94.2%

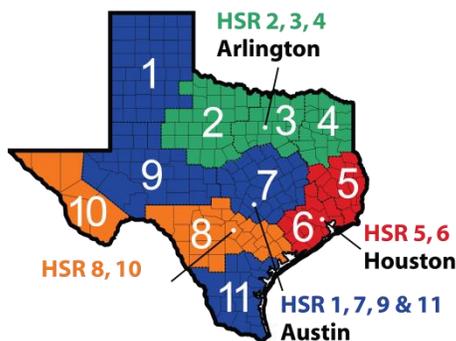
Region 9

100.4%

Region 10

97.6%

Region 11



FOR MORE INFORMATION

Check out the TCR's Completeness Dashboard: tinyurl.com/TCRcompleteness

Epidemiology Corner

by Leticia Nogueira, PhD, MPH

The Texas Cancer Registry (TCR) offers data through multiple sources depending on the complexity of the data being requested. Simple cancer statistics, such as statewide incidence and mortality rates, can be acquired through the Query Tool (www.cancer-rates.info/tx/). The TCR also estimates the number of cancer cases and deaths annually, using the methods recommended by the American Cancer Society (ACS) and the Surveillance, Epidemiology, and End Results (SEER) program. The TCR Epidemiology group is always working to improve the completeness and accuracy of cancer data collected by the TCR, and is available to assist with data requests. For more information about how to request and use TCR data, go to www.dshs.state.tx.us/tcr/limited-use-data.shtm for access to our Limited-Use dataset, or www.dshs.state.tx.us/tcr/researchers.shtm for additional data. As always, researchers are welcome to contact the Epi Team at 1-800-252-8059, or at CancerData@dshs.state.tx.us to make a data request.

Recent efforts made to collect more accurate information and improve linkage with other datasets, including the Indian Health Service (IHS), lead to a twofold increase in the number of individuals identified as American Indian/ Native Alaskan in cancer cases diagnosed since 1995.

accurate information and improve linkage with other datasets, including the Indian Health Service (IHS), lead to a twofold increase in the number of individuals identified as American Indian/Native Alaskan in cancer cases diagnosed since 1995. Previously, the American Indian/Native

Alaskan population had the lowest cancer incidence and mortality rates in Texas, contrary to what would be expected given national rates and the risk factor profile for this population. The increased number of cancer cases identified as American Indian/ Native Alaskan translated into a change in the incidence rate for all cancers from 122.8 to 253.3 per 100,000 American Indian/ Alaskan Natives, which is within range of what is expected. The updates mentioned above helped TCR better represent the true burden of disease

in disadvantaged populations. The TCR continues to focus its work on improving data quality to support researchers conducting cutting-edge research on cancer detection, treatment, and prevention.

Be sure to check out the TCR's Statistical Data webpage for all the latest data updates: www.dshs.state.tx.us/tcr/data.shtm.

Using Linkages to Improve Data

Ongoing efforts made by the TCR to collect more accurate cancer data include improved methods for linkage with an increasing number of different data sources. For example, cancer information for American Indians and Native Alaskans is known to be incomplete because of racial misclassification in medical and death records. Therefore, American Indian/Alaskan Natives have routinely demonstrated low rates of cancer incidence and mortality in Texas. Recent efforts made to collect more

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Training Corner

by Marianna Prevatt, MPH

Greetings, Texas Cancer Reporters! We wish you great success in 2016, may this year be your best year ever. The Training Group here at the Texas Cancer Registry (TCR) will have the pleasure of attending the 2016 NCRA Conference in Las Vegas, NV in April. The TCR looks forward to sharing with you the wealth of great information on AJCC TNM Staging along with all of the other great topics that will be presented.

Special Topics

Your attention to the following areas ensures high quality cancer data through your dedicated efforts.

- The 8th Edition of the AJCC staging manual is scheduled to be released in 2016 and will take effect for cases diagnosed as of January 1, 2017.
- All of the standard setting organizations have agreed to continue collecting biomarkers and prognostic factors through the SSFs as they are currently collected for the foreseeable future. The current SSFs tables can always be found on our Handbook webpage: www.dshs.state.tx.us/tcr/CancerReporting/2015-Cancer-Reporting-Handbook.aspx
- It has come to the attention of the AJCC that there are some misconceptions regarding the staging rules for melanoma. The AJCC will be clarifying these issues in the 8th Edition Cancer Staging Manual. A document with the 7th staging rules for both clinical and pathologic classifications for melanoma has been added directly on the AJCC home page: cancerstaging.org.
- The AJCC supports the new AJCC T, N, and M category options for the cancer registry abstract data fields. With the implementation of these options in NAACCR version 16-compliant software, the cancer registrar will be able to record the accurate AJCC T, N, and M categories according to the AJCC rules. Registrars will no longer need to put the clinical classification M category of pM1 in the pathologic staging M category field. This is not mixing as it was in CS, but following the AJCC rules.
- AJCC has updated the "Explaining Blanks and X" presentation, and added a new presentation "AJCC T, N, and M Category Options for Registry Data Items in 2016."

These are available on the AJCC Web site under the Cancer Staging Education – Registrar – Presentations tab: cancerstaging.org/CSE/Registrar/Pages/Presentations.aspx

Collaborative Stage Sunset

- Collaborative Stage Data Collection System is no longer supported as of December 31, 2015. The CS SSFs will continue to be collected through the CS algorithm for 2016 cases.
- The CS website remains available indefinitely for completion of 2015 cases and for future data analysis. The CSv2 mailbox was discontinued in January 2016. The CS forum in the CAnswer Forum will be closed to new questions, but will remain available as a resource for registrars to read the posted questions and answers. For those registries that continue to use Collaborative Stage in 2016, please direct any questions about CS to your standard setter. The AJCC will no longer provide support to the Collaborative Stage Data Collection System.
- The most recent version of the NAACCR Standards Implementation Guidelines were revised in January 2016 and can be found here: www.naacr.org/StandardsandRegistryOperations/ImplementationGuidelines.aspx

Statewide Training

We are currently working to conduct statewide training for Texas cancer reporters. Please, check the Training Schedule page of the TCR website (www.dshs.state.tx.us/tcr/training_schedule.shtml) frequently for announcements, and look for emails from the TCR Training Group regarding this upcoming event.

AJCC TNM 7th edition and SEER Summary Staging Manuals

It is recommended that attendees bring the following manuals to the statewide training, as the TCR is unable to provide AJCC TNM and SEER Summary manuals to our cancer reporters.

- Visit the following website to purchase AJCC TNM 7th edition manual: www.springer.com/us/book/9780387884400
- TCR strongly encourages the electronic use of the SEER Summary Staging Manual-2000, available at seer.cancer.gov/tools/ssm/

NAACCR Webinars

The 2015 – 2016 NAACCR Webinar Series began in October of 2015 and continues through September 2016. A new webinar series will start again in the fall, so please look for an announcement soon. The TCR broadcasts these webinars in multiple locations throughout Texas free of charge for your benefit and continuing education requirements. Upcoming webinars are displayed below.

2016 NAACCR WEBINAR SCHEDULE

04.07.16	Collecting Cancer Data: Ovary
05.05.16	Collecting Cancer Data: Kidney
06.02.16	Collecting Cancer Data: Prostate
07.07.16	Patient Outcomes
08.04.16	Collecting Cancer Data: Bladder
09.01.16	Coding Pitfalls

For the complete listing, including past webinars, please visit the TCR Webinars page at www.dshs.state.tx.us/tcr/webinars.shtml. Please do not forget to submit the attendance form found here (www.dshs.state.tx.us/tcr/Webinar-Attendance.aspx) after you complete the webinar.

NAACCR CTR Exam Preparation and Review Webinar Series

The TCR provides the NAACCR CTR Exam Preparation and Review Webinar Series available at no charge to active cancer reporters in Texas. The current series started on January 8, 2016 and ended on February 26, 2016. The TCR will update the training webpage for the upcoming spring/summer prep courses soon, so check back on the CTR Prep page to register: www.dshs.state.tx.us/tcr/Training/CTR-Prep-Resources.aspx.

2015 Cancer Reporting Handbook

The 2015 Cancer Reporting Handbook was published in August 2015. Be sure to download your copy of the Handbook at www.dshs.state.tx.us/tcr/CancerReporting/2015-Cancer-Reporting-Handbook.aspx. TCR recommends saving a copy to your desktop for frequent reference.

Please email TCR.Training@dshs.state.tx.us if you have any questions.

Training Corner (continued...)

CDC-NPCR Data Collection Requirements for 2016

IMPLEMENTATION OF DIRECTLY ASSIGNED STAGE

Both directly assigned SEER Summary Stage 2000 and AJCC-TNM Clinical and Pathologic Stage are now required for all cases except for those cases where stage is not applicable. Each piece of the AJCC stage is important.

Even if complete AJCC TNM information is not available in the record, any piece of staging information should be collected and reported. For example, if the T and N are available but no information is available on M, the T and N should be reported.

CDC is enhancing its Registry Plus Software to assist with the collection of AJCC TNM Staging. With permission from AJCC, the full CDC API will be incorporated into the CDC Registry Plus software, and will also make available to NPCR grantees with their own homegrown software systems. For NPCR

grantees that use vendor-based systems for their central registry, the API will be made available with the derivation functionality operational, but access to the copyright-protected AJCC content will be disabled. Commercial software vendors for central registries and hospitals should contact AJCC (Martin Madera, mmadera@facs.org) to discuss using copyright-protected AJCC content in their application. All NPCR grantees will be required to use the API to derive and submit the new NPCR calculated clinical and pathologic stage group data items.

New 2016 Required and Derived Data Items

ITEM	ITEM NAME	STATUS	CHANGES	RATIONALE
94	Census County 1990	D	New	Populated through the geocoding process to ensure appropriate county for the decennial Census used to assign Census Tract.
95	Census County 2000	D	New	
96	Census County 2010	D	New	
756	Tumor Size Summary	R	New	Captures a single best tumor size from all information available
880	TNM Path T	R	RN to R	Transition from CSv2 to directly assigned AJCC-TNM. Required from ALL facilities.
890	TNM Path N	R	RN to R	
900	TNM Path M	R	RN to R	
910	TNM Path Stage Group	R	RN to R	
920	TNM Path Descriptor	R	RN to R	
940	TNM Clin T	R	RN to R	
950	TNM Clin N	R	RN to R	
960	TNM Clin M	R	RN to R	
970	TNM Clin Stage Group	R	RN to R	
980	TNM Clin Descriptor	R	RN to R	
1060	TNM Edition Number	R	RN to R	
1380	RX Summ--Surg/Rad Seq	R	RN to R	Helpful in assessing neoadjuvant therapy. Required from ALL facilities
1639	RX Summ--Systemic/Sur Seq	R	RN to R	
3650	NPCR Derived Clin Stg Grp	R	New	Intended to capture stage group derived from AJCC-TNM tables and assist central registries post-consolidation.
3655	NPCR Derived Path Stg Grp	R	New	
3312	Rural Urban Continuum 2013	D	New	Codes can be derived electronically, using patients' state and county at diagnosis.

R = REQUIRED RN = IMPLEMENT ACCORDING TO NPCR STAGE TRANSITION PLAN D = DERIVED

Site Specific Factors Required for Diagnosis Year 2016

Implementation of directly assigned SEER Summary Stage 2000 and AJCC-TNM Stage—The following SSFs are required and the existing SSFs in CSv2 will continue to be used to capture these data items.

➔ Site Specific Factors Required for Directly Assigned AJCC TNM Stage

SITE (CS SCHEMA)	SSF	DESCRIPTION
Appendix	11	Histopathologic Grading
GISTPeritoneum	5, 10	Mitotic Count; Location of Primary Tumor
GISTEsophagus, GISTSmallIntestine, GISTStomach	6	Mitotic Count
GISTAppendix, GISTColon, GISTRectum	11	Mitotic Count
MycosisFungoides	1	Peripheral Blood Involvement
Placenta	1	Prognostic Scoring Index
Prostate	1, 8, 10	PSA Lab Value, Gleason Score
Testis	13, 15, 16	Post Orchiectomy AFP, hCG, and LDH Range
BileDuctsDistal, BileDuctsPerihilar, CysticDuct, EsophagusGEJunction, LacrimalGland, LacrimalSac, MelanomaCiliaryBody, Melanomalis, Nasopharynx, PharyngealTonsil, Stomach	25	Schema Discriminator

NOTE: NPCR will continue the requirement for Gleason Score data using SSF 8 and 10 in order to accurately determine the AJCC stage group for prostate cancer cases. This will also provide NPCR with comparable Gleason Score data to SEER and CoC for prostate cancer cases.

(continued on page 5...)

Training Corner (continued...)

➔ Site Specific Factors Required by NPCR (but not for AJCC Staging)

SITE (CS SCHEMA)	SSF	DESCRIPTION
Brain, CNSOther, IntracranialGland	1	Who Grade
Breast	1	ERA
	2	PRA
	8	HER2: IHC Value
	9	HER2: IHC Interpretation
	11	HER2: FISH Interpretation
	13	HER2: CISH Interpretation
	14	HER2: Result of other test
	15	HER2: Summary Result testing
	16	Combination of ERA, PRA and HER2 Testing

ICD-O-3 IMPLEMENTATION AND REPORTABILITY

CDC is following the NAACCR Guidelines for ICD-O-3 Update Implementation (published Dec. 2013). It has been determined that the new reportable histology codes originally intended for implementation with 2015 diagnoses will continue to be postponed and will NOT be implemented for 2016 diagnoses.

In 2014 and 2015 SEER added new reportable histology terms to their Program and Coding Manual. These terms had not been included in any ICD-O-3 errata or implementation guide and therefore were not addressed throughout the cancer surveillance community. CDC has reviewed the terms (reportable according to SEER) and made the following decisions:

1. Non-invasive mucinous cystic neoplasm of the pancreas with high-grade dysplasia replaces mucinous cystadenocarcinoma, non-invasive (8470/2) and is REPORTABLE.
2. Solid pseudopapillary neoplasm of pancreas (8452/3) is synonymous with solid pseudopapillary carcinoma (C25...) and is REPORTABLE.
3. Based on expert pathologist consultation, metastases have been reported in some Cystic Pancreatic Endocrine Neoplasm (CPEN) cases. With all other pancreatic endocrine tumors now considered malignant, CPEN will also be considered malignant, until proven otherwise. Most CPEN cases are non-functioning and are REPORTABLE using histology code 8150/3, unless the tumor is specified as a neuroendocrine tumor, grade 1 (assign code 8240/3) or neuroendocrine tumor, grade 2 (assign code 8249/3)
4. Laryngeal intraepithelial neoplasia, grade III (LINIII) (8077/2), C320-C329) is REPORTABLE.
5. Squamous intraepithelial neoplasia, grade III (SINIII) (8077/2), except Cervix and Skin, is REPORTABLE.
6. Mature teratoma of the testes in adults is malignant and REPORTABLE as 9080/3, but continues to be non-reportable in prepubescent children (9080/0). The following provides additional guidance:
 - Adult is defined as post puberty
 - Pubescence can take place over a number of years
 - Do not rely solely on age to indicate pre or post puberty status. Review all information (physical history, etc.) for documentation of pubertal status. When testicular teratomas occur in adult males, pubescent status is likely to be stated in the medical record because it is an important factor of the diagnosis.

Do not report if unknown whether patient is pre or post pubescence. When testicular teratoma occurs in a male and there is no mention of pubescence, it is likely that the patient is a child, or pre-pubescent, and the tumor is benign.

All these reportability changes were added in our [2014 Handbook](#), page 26 under Reportable Neoplasms and the [2015 Handbook](#), page 8 under Reportability Clarifications and pages 26-28 Reportable Neoplasms.

➔ Handbook Links:

- ➔ 2014 Handbook: www.dshs.state.tx.us/tcr/CancerReporting/2014-Cancer-Reporting-Handbook.aspx
- ➔ 2015 Handbook: www.dshs.state.tx.us/tcr/CancerReporting/2015-Cancer-Reporting-Handbook.aspx

For other training requests, please fill out our online request form at <https://www.dshs.state.tx.us/tcr/Training-Request.aspx>. TCR is your resource! 🌐

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Standards Setters: News and Notes

adapted from AJCC, CDC/NPCR, NCI/SEER, ACoS/CoC, NCRA, NAACCR

Collaborative Stage Transition Newsletter

Please see the current [Collaborative Stage Transition Newsletter](#); this is the latest issue in a series of communications regarding the transition from Collaborative Staging version 2 to AJCC TNM Staging. This newsletter provides updates from Statistics Canada/Canadian Council of Cancer Registries, CDC/NPCR, NCI/SEER, CoC, AJCC, NAACCR, and NCRA as well as frequently asked questions and answers regarding this process. This will be a regular event to keep all the registry community aware of the progress of this transition. Past issues can be found at seer.cancer.gov/registrars/cs-tnm/.

Important!

Please see the following link to read about slight changes in the AJCC 7th edition Melanoma staging: cancerstaging.org/SiteAssets/Pages/default/AJCC%20Melanoma%20Staging.pdf.

SEER* Educate - Three New Coding Series Released

Please, note that SEER*Educate has three new coding series under Practical Application which will provide training for cases diagnosed in 2016.

- 1. AJCC TNM 7th Ed - Dx Year 2016**—25 cases incorporating the latest training updates and the new AJCC T, N, and M categories to be implemented in 2016 as announced in the [January 19, 2016 Collaborative Stage Transition Newsletter](#).
- 2. UICC TNM 7th Ed - Dx Year 2016 (SEER Registries)**—25 cases for SEER central registry staff for training in assigning UICC TNM.
- 3. Summary Stage 2000 + New 2016 Data Items**—30 cases for all registrars to train on the new tumor size and mets at diagnosis data items. These cases also include the Site Specific Factors, all the SEER-required data items plus a large number of CoC data items. An additional 25 cases will be released by January 31, 2016.

These three series were developed using the 2015 FORDS Manual, 2015 SEER Manual, and a draft of the 2016 SEER Manual, Section V, Stage of Disease at Diagnosis. Upon posting of the final 2016 FORDS Manual and 2016 SEER Manual by the standard setters, all the cases will be reviewed again; however, we anticipate few, if any, changes to the cases in these three series.

The two TNM series have 5 cases for each of these sites: bladder, breast, colorectal, lung, and prostate. The Summary Stage 2000 + New Data Items will have a total of 55 cases: 10 cases each for breast, colorectal, lung, melanoma, and prostate and 5 cases for bladder.

We have requested CEUs from NCRA for each site group within each series. Sign up at SEER*Educate today by visiting educate.fhcrc.org/ and Learn by Doing! 🇺🇸

New TCR Employees

by Ashley Dixon, MPH

Please join us in welcoming the following staff who recently started at the Texas Cancer Registry (TCR). We here at the registry are excited to have them, and each looks forward to working with Texas Cancer Reporters and users of TCR data.

Kacie Vazquez, AA, CTR started in July 2015 as a Public Health and Prevention Specialist in the Southwest Texas Registry Operations Group in Austin. Ms. Vazquez is a Certified Tumor Registrar (CTR), has an Associate's Degree in Health Information Management, and is also EMT certified with six years of experience. As part of the CTR credential, she has taken the required medical terminology and anatomy and physiology courses.

Marianna Prevatt, MPH joined the eReporting and Training Group as the Training Specialist III in July 2015, and was promoted to the Training Specialist IV in December 2015. She holds a Medical Assistant Diploma from School of Garden City, NY and Bachelor of Science with a major in Healthcare Management from Rasmussen College. In August 2015, Ms. Prevatt earned her Master of Public Health from Walden University. Marianna is a Certified Medical Assistant with 7 years of primary and urgent care experience. She also has 4 years of experience as medical assistant instructor teaching courses such as anatomy and physiology and medical terminology, and was an Intern at DSHS. Marianna is CTR eligible. 🇺🇸



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Texas Cancer Registry



The mission of the Texas Cancer Registry is to collect, maintain, and disseminate high quality cancer data that contribute towards cancer prevention and control, research, improving diagnoses, treatment, survival, and quality of life for all cancer patients.

Recognition of TCR Funding Sources

Maintaining a statewide cancer registry that meets Centers for Disease Control and Prevention high quality data standards and North American Association of Central Cancer Registries gold certification is accomplished through collaborative funding efforts.

The Texas Cancer Registry recognizes the following whose financial support is essential to accomplishing the Texas Cancer Registry mission for our State, and as the 4th largest cancer registry in the Nation.

Federal Grant Funding

We acknowledge the Centers for Disease Control and Prevention for its financial support under Cooperative Agreement 5NU58DP003902-04.

State Agency Funding

- Texas Department of State Health Services
- Texas Health and Human Services Commission
- Cancer Prevention and Research Institute of Texas

Questions regarding information found in this newsletter, or suggestions for future issues can be directed to Ashley Dixon, in Austin at (512) 776-3629, (800) 252-8059, or email at ashley.dixon@dshs.state.tx.us.

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