

Texas Cancer Reporting News

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Texas Cancer Registry

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IN THIS ISSUE

Registry Accomplishments

by Ashley Dixon, MPH

Annual Calls for Data

On November 30, 2016, the Texas Cancer Registry (TCR) completed its annual calls for data, submitting cases diagnosed from 1995 through 2014, totaling 1,961,635 records, to the Centers for Disease Control and Prevention's (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 98% complete, with death certificate only (DCO) cases at 2.9%, and cases with

unknown race, sex, and county at less than 1%. Therefore, the TCR anticipates that the registry will meet both CDC's NPCR National Data Quality Standard and NAACCR's Gold Certification Standard for this year's certification data (2014 diagnoses) when official results are released later this year. Reaching this level of completeness and data quality would not be possible without the professionalism and dedication of Texas Cancer Reporters. TCR thanks you for your contributions to cancer prevention

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and control, to the lives of cancer patients and their families, and to the health of Texans! 

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Texas Cancer Program Receives National Achievement Award

adapted from the American College of Surgeons

The Commission on Cancer (CoC), a Quality Program of the American College of Surgeons, has released the list of Outstanding Achievement Award (OAA) recipients from surveys performed between July 1 and December 31, 2016. The OAA acknowledges cancer programs that achieve excellence in providing quality care to cancer patients and demonstrate a commendation level

of compliance with seven standards during their accreditation survey cycle.

Congratulations to Scott and White Memorial Hospital in Temple, TX on receiving this distinguished award, and especially for earning the OAA for three consecutive survey cycles (2010, 2013, and 2016).

For more information, please visit www.facs.org/quality-programs/cancer/coc/info/outstanding. 



source: www.facs.org

COMPLETENESS BY REGION

Diagnosis Year 2014

As of Dec. 1, 2016 (certification submission)

99.2%

Texas Overall

95.2%

Region 1

103.4%

Region 2

99.6%

Region 3

101.8%

Region 4

98.9%

Region 5

97.7%

Region 6

104.1%

Region 7

102.1%

Region 8

101.1%

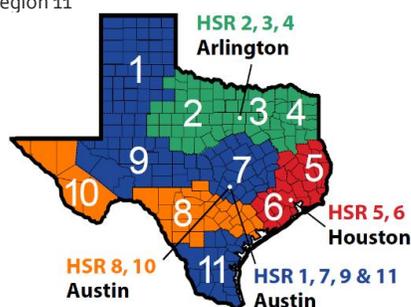
Region 9

99.2%

Region 10

96.9%

Region 11



FOR MORE INFORMATION:

Check out TCR's Completeness Dashboard: goo.gl/u5wjXY

Epidemiology Corner

by Nile Bandhaya, MPH

HPV in Texas

Human papillomavirus (HPV) refers to a group of over 150 related viruses, many of which can lead to cancer upon infection. According to the Centers for Disease Control and Prevention (CDC), HPV prevalence in the United States is estimated to be at 79 million people, with 14 million new infections each year¹. Although HPV is the most common sexually transmitted infection (STI), most episodes are asymptomatic and about 90% of all infections spontaneously resolves within 2 years². However, persistent infection with one or more of the 13 oncogenic types of HPV may result in precancerous or cancerous outcomes. The literature suggests that HPV is responsible for approximately 91% of all cervical, anal, and rectal cancers, 70% of oropharyngeal cancers (soft palate, base of tongue and tonsils), as well as 75% of vaginal, 69% of vulvar, and 63% of penile cancers³.

On average, there are 30,700 cases of HPV-associated cancers diagnosed in the United States annually. Using high quality population-based data for the years 2008-2012, the TCR estimated that 2,811 cases of HPV-associated cancers were diagnosed annually in Texas (11.5 per 100,000 persons)^a. Of these, 80% are attributable to HPV infections (2,256 cases). While age-adjusted incidence rates of HPV-associated cancers in Texas are similar to US rates, Texas, at 8.6 cases per 100,000, did have a slightly higher incidence rate of cervical cancer than the US rate (7.4 per 100,000) over the time period. For cervical cancer, an average of 1,065 cases are estimated to occur annually in Texas, 965 of which are attributable to HPV infection (91%), and 705 of which are likely attributable to HPV types 16 and 18 (66%). Other HPV-associated cancers and their respective annual average number of cases estimated to be due to HPV are: 39 of 52 cases of vaginal cancers (75%), 127 of 184 cases of vulvar cancers (69%), 65 of 102 cases of penile cancer (63%), 266 of 292 cases of anal cancers in both sexes (91%), 55 of 61 cases of rectal cancers in both sexes (91%), and 740 of 1055 cases of oropharyngeal cancers in both sexes (70%). The percentages attributable to HPV originated from studies that verified the presence and subtypes of HPV virus in cancer tissues through polymerase chain reaction genotyping⁴.

HPV-associated cancers can be detected through screening according to recommended guidelines, and prompt treatment can prohibit progression to cancer. Effective vaccines are also available and can prevent infection with HPV types 16 and 18 which are responsible for 63% of all HPV-associated cancers, as well as types 31, 33, 45, 52, and 58 which cause an additional 10% of all cases in the United States. This is particularly important since HPV 16 has been shown to most likely persist and cause progression to cancer³. Cancer registries continue play a vital role in the surveillance and assessment of HPV prevention efforts through the collection and analysis of population-based data. 

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^a Age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130) standard.

References: (1) Genital HPV Infection - Fact Sheet. (2016). Retrieved December 14, 2016, from <http://www.cdc.gov/STD/HPV/STDFact-HPV.htm>. (2) Human papillomavirus (HPV) and cervical cancer. (n.d.). Retrieved Dec. 14, 2016, from <http://www.who.int/mediacentre/factsheets/fs380/en/>. (3) Viens LJ, Henley SJ, Watson M, et al. Human Papillomavirus-Associated Cancers - United States, 2008-2012. MMWR Morb Mortal Wkly Rep 2016; 65:661-666. Retrieved Dec. 14, 2016, from <http://dx.doi.org/10.15585/mmwr.mm6526a1>. (4) Saraiya M, Unger ER, Thompson TD, et al.; HPV Typing of Cancers Workgroup. US assessment of HPV types in cancers: implications for current and 9-valent HPV vaccines. J Natl Cancer Inst 2015;107:djvo86. Retrieved Dec. 14, 2016, from <http://jnci.oxfordjournals.org/content/107/6/djvo86.long>.

Training Corner

by Marianna Prevatt, MPH

Greetings, Texas Cancer Reporters! The Training Group here at the TCR has been busy preparing for the transition to American Joint Committee on Cancer (AJCC) TNM and directly assigned Surveillance, Epidemiology, and End Results (SEER) Summary Stage 2000 beginning with cases diagnosed on or after January 1, 2016. The training group is working hard to keep you updated about all the changes and make the transition smooth.

2016 Cancer Reporting Handbook

The TCR is pleased to announce that the 2016 Cancer Reporting Handbook is available for download on the TCR website:

www.dshs.texas.gov/tcr/CancerReporting/2016-Cancer-Reporting-Handbook.aspx

NCRA Webinars

The TCR sponsored the 2016 National Cancer Registrars Association (NCRA) Fall Webinar Series that included the AJCC TNM Staging of Pancreatic Cancer series and the Rapid Quality Reporting System (RQRS) webinar series. These webinars concluded in early December 2016. Please, check our website frequently for future NCRA webinar dates:

www.dshs.texas.gov/tcr/webinars.shtml

NAACCR Webinars

The 2016 – 2017 North American Association of Central Cancer Registries (NAACCR) Webinar Series began in October 2016 and continues through September 2017. The TCR broadcasts the webinars in multiple locations throughout Texas free of charge for your benefit and

continuing education requirements. Upcoming webinar dates and topics are listed below:

For the complete listing of all webinars sponsored by the TCR, including past webinars, please see

UPCOMING NAACCR WEBINARS

3/2/17	Abstracting and Coding Boot Camp: Cancer Case Scenarios
4/13/17	Collecting Cancer Data: Colon
5/4/17	Multiple Primary and Histology Rules
6/1/17	Collecting Cancer Data: Liver and Bile Ducts
7/13/17	Topic TBD

the TCR Webinar page at www.dshs.texas.gov/tcr/webinars.shtml. Please note that it may still be possible to earn CE hours for past webinars.

Special Topics

Attention to the following areas ensures high quality cancer data through your valued efforts.

AJCC News Flash

➤ Mahul B. Amin, MD, FACS, FCAP, Editor-In-Chief, AJCC Cancer Staging Manual 8th Edition, announced at NCRA's 42nd Annual Conference in Las Vegas that the 8th Edition will be dedicated to cancer registrars. Congratulations to all our Registrars!

➤ AJCC, in dialogue with the National Cancer Institute (NCI-SEER), Centers for Disease Control and Prevention (CDC), College of American Pathologists (CAP), National Comprehensive

Cancer Network (NCCN), National Cancer Data Base (NCDB), and the Commission on Cancer (CoC), has decided to delay the implementation of the 8th Edition Cancer Staging System to January 1, 2018.

- The AJCC 8th edition Cancer Staging Manual is now available for purchase at: <http://www.springer.com/us/book/9783319406176>
- AJCC is offering a series of free webinars to assist Registrars in the transition to directly assigning AJCC TNM stage. Please, visit AJCC's website to register for free: <https://cancerstaging.org/CSE/Registrar/Pages/AJCC-Curriculum.aspx>
- Appropriate T, N, and M categories should be assigned based on AJCC rules for cases diagnosed on or after January 1, 2016 as defined in the AJCC 7th edition manual.
- Clinical and pathologic indicators are being added to six of the AJCC T, N, and M data items. The indicators are to be added by modifying the existing values for the individual T, N, and M data items. The revisions will be incorporated into software look-ups to allow for selection of necessary 'p' values within the clinical codes and selection of necessary 'c' values within the pathologic codes when abstracting.

(continued on page 4...)

Training Corner *(continued)*

ICD-10-CM Updates

ICD-10-CM coding classification has new, updated codes. As a result, the TCR will be adding new ICD-10-CM codes to our current comprehensive case-finding list effective October 1, 2016. See the TCR website for details:

www.dshs.texas.gov/tcr/reporter_updates.shtm

Abstracting Help

To assist registrars in preparing abstracts, NCRA's Education Committee created a series of informational abstracts. These site-specific abstracts provide an outline to follow when determining what text to include. Visit NCRA's Center for Cancer Registry Education website for more details:

www.cancerregistryeducation.org/rr

Training Requests

For basic training or specialized training requests, please visit: www.dshs.state.tx.us/tcr/Training-Request.aspx. TCR is your resource! 🌐

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Coding Tips

by Marianna Prevatt, MPH

Heme Coding

Ambiguous Terminology:

- ➡ Do not report ambiguous cytology
- ➡ Use to screen all report except cytology and tumor markers
- ➡ Applies for case finding and reportability but do not use for histology

Code 3 dx Confirmation Code:

- ➡ Positive histology Plus positive immunophenotyping AND/OR positive genetic studies
- ➡ No priority hierarchy

Transformation:

- ➡ A chronic neoplasm is a neoplasm that can transform TO an acute/more severe neoplasm
- ➡ An acute neoplasm is a neoplasm that may have transformed FROM a chronic neoplasm

Common Extralymphatic Sites:

- ➡ Stomach, small intestine, large intestine
- ➡ Bone, brain, breast, uterus
- ➡ These sites are designated by an "E" in the stage group

AJCC TNM Coding

For AJCC TNM, carcinoma in situ is an exception to the stage grouping guidelines. Follow instructions on page 12 in the AJCC 7th Edition Manual and always use chapter specific guidelines.

Risk Stratification in GIST Tumors

The table below can help determine if the tumor is benign, borderline or malignant:

RECURRENCE RISK STRATIFICATION IN GIST

Grp	Size (CM)	Mitotic Count	Stomach (including omentum)	Small Bowel (incl. esoph, mesentery, peritoneum)	Colon, Rectum
1	≤ 2	≤ 5/50 hpf	No risk of recur	None	None
2	> 2 ≤ 5	≤ 5/50 hpf	Very low	Low	Low
3a	> 5 ≤ 10	≤ 5/50 hpf	Low	Moderate	High
3b	> 10	≤ 5/50 hpf	Moderate	High	High
4	≤ 2	> 5/50 hpf	Unknown risk	Unknown risk	High
5	> 2 ≤ 5	> 5/50 hpf	Moderate	High	High
6a	> 5 ≤ 10	> 5/50 hpf	High	High	High
6b	> 10	> 5/50 hpf	High	High	High

Adapted from Miettinen M, Lasota J. Gastrointestinal stromal tumors: pathology and prognosis at different sites. Semin. Diagn. Pathol. 2006; 23; 70-83.

No risk = benign tumor
 Low to moderate risk = borderline (uncertain behavior)
 High = malignant 🌐

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7th Annual Texas AYA Oncology Conference

compiled by Ashley Dixon, MPH

What is it?

The Texas AYA Oncology Conference is an annual meeting for **adolescent and young adult (AYA)** oncology professionals to learn about the emerging medical and psychosocial progress, innovation and research. The 7th Annual conference will be hosted **March 3-4, 2017 in San Antonio, Texas.**

Who should attend?

This conference is designed for oncologists, physicians, nurses, social workers and a broad range of healthcare professionals who work with AYA patients, **ages 15 to 39**, in adult or pediatric oncology, internal medicine, pediatric or family practice disciplines. Students and families of AYA survivors are also encouraged to attend.

TCR's Branch Manager, Dr. Melanie Williams, will be presenting at the conference on the Epidemiology of AYA Cancers in Texas, on March 3rd at 2:10 PM.

Check out the conference website for additional information on registration, conference speakers, agenda and more: <http://texasayaconference.com/>



Background on AYA Cancers

From the National Cancer Institute (NCI): <https://www.cancer.gov/types/aya>.

About 70,000 young people (ages 15-39) are diagnosed with cancer each year in the United States – accounting for about 5 percent of cancer diagnoses in the United States. This is

about six times the number of cancers diagnosed in children ages 0-14. Young adults are more likely than either younger children or older adults to be diagnosed with certain cancers, such as Hodgkin lymphoma, melanoma, testicular cancer, thyroid cancer, and sarcomas. However, the incidence of specific cancer types varies according to age. Leukemia, lymphoma, testicular cancer, and thyroid cancer are the most common cancers among 15-24-year-olds. Among 25-39-year-olds, breast cancer and melanoma are the most common.

Cancer is the leading cause of disease-related death in the AYA population. Among AYAs, only accidents, suicide, and homicide claimed more lives than cancer in 2011. You can learn more about incidence, mortality, and survival for young adults with cancer in the Snapshot of Adolescent and Young Adult Cancers:

<https://www.cancer.gov/research/programs/snapshots/adolescent-young-adult> 

New TCR Employees

by Ashley Dixon, MPH

Please join us in welcoming the following staff who recently joined the TCR.

Miguel Vazquez joined the Quality Assurance group in September 2016 as a Public Health and Prevention Specialist and was quickly promoted to program specialist. He earned his Emergency Medical Technician (EMT) certification from Alvin Community College and will be eligible to sit for the Certified Tumor Registrar (CTR) exam after one year with the registry. Miguel comes to us from Acadian Ambulance. He has experience with paper and electronic medical records, medical terminology, as well as anatomy and physiology.

Paige Miller-Gianturco, PhD, MPH, RD joined the TCR in January 2017 as the new Epidemiology Group Manager. She has a Bachelor of Arts in Public Policy Studies (cum laude) from Duke University, doctoral and master's degrees in Nutritional Sciences from Pennsylvania State University, a Master of Public Health (MPH) in Quantitative Methods from the Harvard School of Public Health, and is a Registered Dietician (RD). Paige also completed postdoctoral training in the Cancer Prevention Fellowship Program at the National Cancer Institute. Most recently, she has been with the Edward Hines Jr. Veteran's Hospital in Hines, IL, has 39 peer-reviewed journal articles, 4 book reviews, and has taught at the Edward Hines VA hospital, as well as Pennsylvania State University. 

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TEXAS
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Services

Texas Department of State
Health Services

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 5NU58DP003902-05.

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, 1-800-252-8059, or email at ashley.dixon@dshs.state.tx.us.

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Visit us online: www.dshs.texas.gov/tcr

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