

Texas Cancer Reporting News

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IN THIS ISSUE

Registry Accomplishments

by Katie Dahlquist, MEd

Calls for Data Results

The Texas Cancer Registry (TCR) recently received results from 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) annual Calls for Data, that took place in Fall 2017 for 2015 incidence data. The data were evaluated on quality, completeness, and timeliness as demonstrated by meeting five key data quality criteria.

The TCR achieved NPCR "High Quality Data Standards" for diagnosis year 2015 and was recognized as a CDC-NPCR Registry of Distinction. For the 12th time in its history, the TCR received NAACCR Gold Certification. Reaching this level of data quality and completeness is not possible without the efforts and dedication of Texas Cancer Reporters. The TCR thanks you for your contributions to cancer prevention and control, to the lives of cancer patients and their families, and to the health of Texans! 

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2018 Timely Reporting Calendar

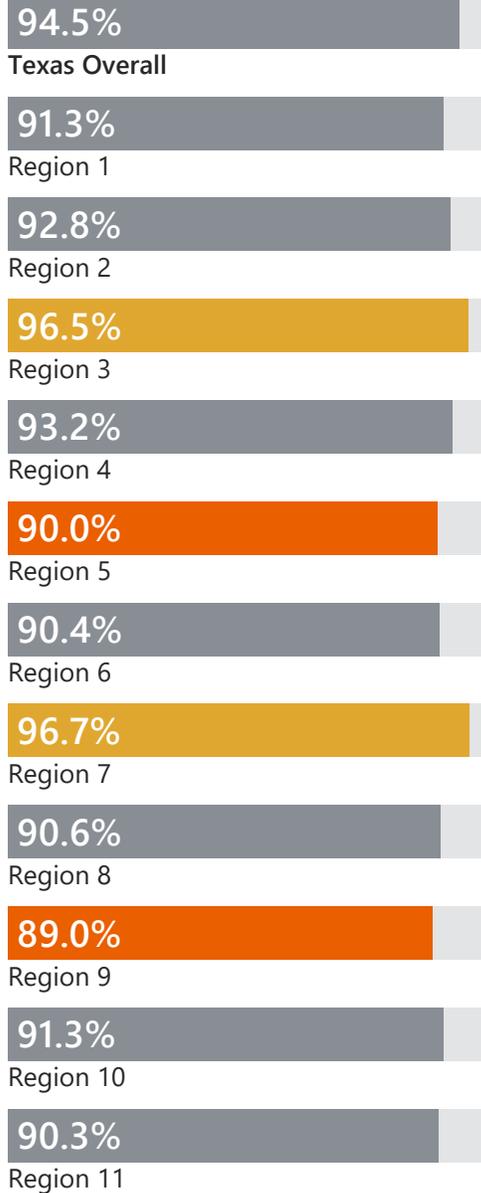
Due to the delay of the national standard setters providing 2018 resources and guidelines, the TCR is delaying the 2018 reporting deadline by 3 months. This means all records must be submitted within nine months of initial diagnosis or admission with active disease and/or treatment of cancer at the facility for 2018 cases.

The updated 2018 Timely Reporting Calendar is available on the TCR website at <https://www.dshs.texas.gov/tcr/reporting/hospitals.aspx>. 

COMPLETENESS BY REGION

Diagnosis Year 2016

As of October 16, 2018



Epidemiology Corner

by Rebecca Sardell, PhD

Overweight and Obesity-Related Cancers in Texas

Rates of overweight and obesity have almost tripled since the 1960s. Texas has the 8th highest rate of obesity in the United States, with 69% of adults and 33% of 10-17 years olds in Texas reported as being overweight or obese in 2016.

Impact of Overweight/Obesity on Cancer Risk

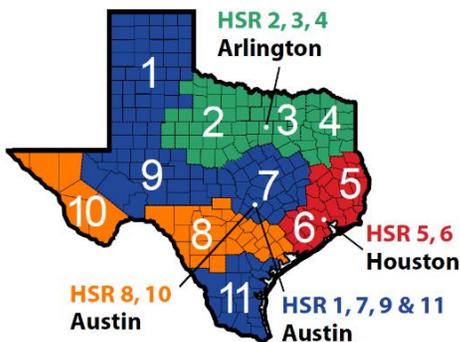
Overweight/obesity is known to increase the risk of at least 13 different types of cancer: post-menopausal female breast cancer, colorectal cancer, renal cell kidney cancer, endometrial cancer, thyroid cancer, pancreatic cancer, multiple myeloma, liver cancer, ovarian cancer, adenocarcinoma of the esophagus, gastric cardia (upper stomach) cancer, gallbladder cancer, and meningioma. While not all cases of these cancers can be attributed to being overweight or obese, excess body weight is a key modifiable risk factor and is thought to contribute 8% of all new cancer diagnoses in adults (5% in males and 11% in females)¹. It is second only to tobacco use in preventable causes of cancer.

While some overweight/obesity-related cancers, such as breast cancer, colorectal cancer, and kidney cancer are common, others are relatively rare. The extent to which being overweight or obese increases the risk of cancer and the proportion of cases that are attributed to excess body weight varies with cancer site. For example, approximately 60% of endometrial cancer cases are attributed to excess body weight, with risk increasing by 1.5 times for each five-unit increase in BMI when compared to normal weight individuals.¹ By comparison, 4% of ovarian cancer cases are attributed to overweight/obesity, with risk increasing by up to 1.1 times for the highest BMI category (BMI of 40 or above).¹

Overweight/Obesity and Cancer in Texas

Using TCR data we replicated a recent Centers for Disease Control and Prevention study on the incidence and trends of 13 overweight/obesity-associated cancers in the US during 2005 to 2014.² We identified disparities in cancer incidence based on sex, race, ethnicity, age, and rural-urban classification. Because the introduction of screening programs for pre-cancers has reduced the incidence of colorectal cancer we investigated trends in the overall rate of all 13 cancers with and without colorectal cancer.²

After excluding colorectal cancer, the overall incidence rate of overweight/obesity-associated cancers in Texas significantly



FOR MORE INFORMATION:

See the TCR Completeness Dashboard: goo.gl/7bxGx1

Continued on next page...

Epidemiology Corner continued...

increased by 0.3% per year from 2005 to 2014. This increase was slightly lower than that observed in the US population (0.8%). Results varied by sex, age at diagnosis, rural-urban classification, and race/ethnicity. The largest percentage increase occurred in the following segments of those four categories: males (1% per year), 20-39 year olds (3.3% per year), people living in rural areas (1.4% per year), and non-Hispanic whites (0.3% per year).

Liver Cancer

Liver cancer is the 4th leading cause of cancer mortality in Texas males. The incidence rate of liver cancer in 2014 and its annual percentage increase from 2005 to 2014 were both higher in Texas compared to the US population (Texas: 10.5/100,000, 3.6% annual increase; US: 7.0/100,000, 2.9% annual increase). Texas currently has the highest incidence rate of liver cancer of all US states.

Liver cancer showed the largest annual percentage increase of all overweight/obesity-associated cancers in Texas. Given that 34% of liver cancer cases are predicted to be attributed to overweight or obesity in the US ¹, at least 1,000 liver cancer diagnoses in Texas in 2014 may be attributable to excess body weight.

The highest incidence rate of liver cancer in 2014 was in Hispanics, followed by non-Hispanic blacks. Incidence rates increased most rapidly among non-Hispanic whites aged 50-64 years old (8% annual increase), which is partially attributed to the higher rate of hepatitis C infection in this age cohort.

Endometrial Cancer

Endometrial cancer is the 4th most commonly diagnosed cancer in Texas women. Although the incidence rate of endometrial cancer was lower in Texas than in the US population in 2014 (22/100,000 versus 26.5/100,000), there was a larger percentage increase (1.8% per year in Texas versus 1.1% per year in the US -- the third highest percentage increase of all overweight/obesity associated cancers in Texas).

Given that approximately 60% of endometrial cancer cases are attributed to overweight/obesity,¹ endometrial cancer contributed the most cases of any overweight/obesity-associated cancer in Texas, with approximately 1,900 new diagnoses likely to be attributable to excess body weight in 2014.

The highest incidence rate of endometrial cancer occurred among non-Hispanic black women, and the largest percentage increase occurred among women aged 20-49 years old.

Other Overweight/Obesity-Related Cancers

- Pancreatic cancer significantly increased by 0.8% per year among females.
- Kidney (renal cell) cancer significantly increased in ages 20-49 years old.
- Despite an overall reduction in the incidence of colorectal cancer, the incidence rate increased in Non-Hispanic whites aged 20-49 years old.

Overweight/Obesity-Related Web Report

TCR published these results in a web report that can be used by researchers, public health officials, and the general public. The report aims to help guide research, raise awareness, and encourage initiatives to promote healthy lifestyles. Intervention programs that reduce rates of overweight and obesity, especially in younger adults, could help reduce the overall cancer burden.

The complete web report is available at <https://www.dshs.texas.gov/tcr/data/obesity-associated-cancers.aspx>. 

References:

¹ Islami, F, Goding Sauer, A, Miller, KD, et al. (2018). CA Cancer J. Clin. 68(1):31-54.

² Steele CB, Thomas CC, Henley SJ, et al. (2017). MMWR Morb Mortal Wkly Rep. 66:1052-1058.

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Texas Cancer Plan

by Alyssa Rubin

The Texas Cancer Plan aims to reduce the cancer burden across the state and improve the lives of Texans. As the statewide call to action for cancer research, prevention, and control, the Plan identifies the challenges and issues that affect our state and presents a set of goals, objectives, and strategies to help inform and guide communities in the fight against cancer. The intent of the Plan is to provide a coordinated, prioritized, and actionable framework that will help guide efforts to fight the human and economic burden of cancer in Texas.

By state statute, the Cancer Prevention and Research Institute of Texas is charged with the responsibility of facilitating the development of the Plan and supporting its implementation. The Texas Cancer Plan is developed with input provided from organizations and institutions, community leaders, planners, coalition members, cancer survivors, and family and friends affected by cancer. The overall outcome and success of the Plan will depend on the cooperation, collaboration and resources of the many stakeholders in Texas.

The Plan was revised this earlier this year to reflect changes, progress and advances in cancer prevention and control efforts since 2012. The 2018 Texas Cancer Plan is available online and includes:

- Five priority areas
- Sixteen specific goals
- Measurable objectives, baselines, and target for change
- Strategic actions for implementation
- Call to Action section for all Texans – What Can YOU Do?
- Progress and Challenges 2012-2017

The 2018 Texas Cancer Plan is available at <http://www.cprit.state.tx.us/about-cprit/texas-cancer-plan>. 

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TCR Staff News

Susan Perez, CTR, RHIT

Susan Perez, Program Supervisor for the TCR Quality Assurance Group, recently received the North American Association of Central Cancer Registries' Leadership Award! This member recognition award is presented annually to NAACCR members who have earned a total of 300 member points.

Susan will also be serving as the President of the Texas Tumor Registrars Association beginning in October 2018. For the past year, she has served as President Elect and Chairman of the Membership Committee.

Melanie Williams, PhD

Melanie Williams, TCR Branch Manager, is serving as the Communications Chair for NAACCR in 2018-2019.

New TCR Publications

TCR recently published several new reports and data tables on our website.

- [Relative Survival](#)
- [Alcohol-Associated Cancers](#)
- [HPV- Associated Cancers](#)
- [Overweight/Obesity-Associated Cancers](#)
- [Tobacco-Associated Cancers](#)
- [Cancer Health Disparities](#)
- [Potential Years of Life Lost](#)

Training Corner

by Marianna Wicks, MPH, CTR

Greetings, Texas Cancer Reporters! We hope everyone had a great summer and is now ready for cooler temperatures! The Training Group here at the Texas Cancer Registry is working hard to keep up with the latest changes from our standard setters. The annual NCRA conference in New Orleans did not disappoint! The presenters had an abundance of engaging topics for us on all the 2018 changes. We strive to ensure the information is passed along to help Texas reporters with the transition.

Special Topics

Cancer Reporting Handbook

The 2018 TCR Cancer Reporting Handbook is being revised and is expected to be released this fall.

CDC National Program of Cancer Registries

NPCR has decreased reporting requirements for 2018 and 2019 due to delays in developing certain v18 data items and resources; therefore, the TCR currently requires AJCC 8th edition TNM data items on analytic cases only from CoC-accredited facilities. For non-CoC facilities, these data items are requested as available on analytic cases only.

As an NPCR registry, TCR must collect directly coded SEER Summary Stage 2018 from all facilities for cases diagnosed in 2018. NPCR also requires a subset of Site-Specific Data Items (SSDI's). Please refer to the CDC-NPCR requirements listed in the [Data Standards and Data Dictionary, Version 18, Chapter VIII Required Status Table](#) (revised 9/6/2018).

NCI Surveillance, Epidemiology, and End Results Program

SEER registries must collect Extent of Disease (EOD), Summary Stage 2018, and Site -Specific Data Items (SSDI). EOD consists of three data items used to calculate a stage group: EOD Primary Tumor, EOD Lymph nodes, and EOD Metastasis. For cases diagnosed in 2018 registrars will assign (or derive) summary stage based on Summary Stage 2018. The 2018 version applies to every site and histology combination, including lymphomas and leukemias. [Summary Stage 2018](#) is available on the SEER website.

Currently, the TCR is not requiring Extent of Disease (EOD) data items for 2018 cases.

2018 Standards for Oncology Registry Entry (STORE)

Released in August 2018, the STORE Manual is effective for CoC-accredited facilities for cases diagnosed on or after January 1, 2018. Revisions to CoC reporting requirements for 2018 accommodate the transitions from Collaborative Stage Site-Specific Factors to new SSDI and Grade Data items as well as implementation of new data items for the collection of radiation therapy, information associated with sentinel and regional lymph nodes and cancer recurrence.

The TCR only collects AJCC 8th edition TNM data items from CoC facilities on analytic cases. For non-CoC accredited facilities, the TCR does not require but accepts TNM as available on analytic cases only.

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Training Corner continued...

AJCC 8th Edition Cancer Staging Manual

AJCC 8th edition will be used beginning with cases diagnosed on or after January 1, 2018. For more information on the AJCC Staging System, including a review of staging rules, errata to the 8th edition, and education and training opportunities, visit the [AJCC website](#).

2018 Solid Tumor Rules (formerly MP/H Rules)

SEER posted the final version of the [2018 Solid Tumor Coding Rules](#) on their website in June. Use the 2018 Solid Tumor coding rules to determine the number of primaries to abstract and the histology to code for cases diagnosed January 1, 2018. The Solid Tumor coding rules and the 2018 General Instructions replace the 2007 Multiple Primary & Histology (MP/H) Rules for only these sites:

- Breast
- Lung
- Colon (includes rectosigmoid and rectum for cases diagnosed 1/1/2018 forward)
- Malignant CNS and Peripheral Nerves
- Head & Neck
- Non-malignant CNS
- Kidney
- Urinary Sites

Grade/Site Specific Data Items (SSDI)

The [NAACCR Site Specific Data \(SSDI\)/ Grade](#) webpage includes schema specific codes and coding instructions and downloadable copies of the SSDI Manual and the Grade Manual. There are three new Grade items for site-specific detection and recording: Clinical Grade, Pathologic Grade and Post–Therapy Grade. There are also changes to the resources and rules for collecting the Grade for all disease sites.

Site Specific Data Items (SSDI) are similar to the Site Specific Factors (SSF) collected with Collaborative Stage. These data items are specific to certain site/histology combinations. For example, the SSDI's for breast will be used to collect information such as estrogen receptor status, progesterone receptor status, Her2 status, Nottingham grade, and additional information related to primary tumors of the breast. The information collected in these data items are specific to breast.

The TCR reporting requirements for these data items were sent out to reporting facilities and vendors on September 7, 2018. The information can be found on the [Reporter Updates](#) page on the TCR website and will be included in the 2018 TCR Cancer Reporting Handbook.

ICD-10 Updates

The following ICD CM10 was added to the Comprehensive Casefinding List effective October 1, 2017

D47.02	Systemic mastocytosis
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The following codes were added to the Supplemental Casefinding List effective October 1, 2017.

D47.01	Cutaneous mastocytosis (9740/1)
D47.09	Other mast cell neoplasms of uncertain behavior

Upcoming Trainings

Please visit the [Webinars](#) page of the TCR website to access our host site list and webinar materials.

2018 and 2019 Statewide Trainings

The 2018 Statewide training is completed. We received a lot of positive feedback. Information on the 2019 statewide training will be posted on the [Training Schedule](#) page of TCR website early next year.

NAACCR Webinars

The next NAACCR Webinar Series begins in October 2018 and will continue through September 2019. The Texas Cancer Registry broadcasts these webinars in multiple locations throughout Texas free of charge for your benefit and continuing education requirements.

October 4	Collecting Cancer Data: Lung
November 1	Collecting Cancer Data: Pharynx
December 6	Collecting Cancer Data: Breast

NCRA Webinars

This fall, NCRA is offering a three-part live webinar series, Updates from Standard Setters. The TCR sponsors NCRA webinars each year at no cost to Texas cancer reporters.

September 26	Site-Specific Data Items (SSDI's)
November 7	Hematopoietic and Lymphoid Neoplasm Database and Rules
November 28	Solid Tumor Rules 2018

CTR Exam Prep Courses

The TCR is proud to sponsor the NAACCR CTR Exam Preparation and Review Webinar Series. The current session began in August and is currently closed to enrollment, but a new session will begin soon!

Registration for the next session of CTR prep courses will be available on the [TCR website](#) in early December.

Training Corner continued...

Coding Tips for Abstracting 2018 Cases

- When using 2018 Solid Tumor Rules, code the most specific histology from either biopsy or resection. Do not code histology when described using any of the following modifiers or ambiguous terms.

Modifiers	Ambiguous Terms
Architecture	Apparently
Differentiation	Appears
Features (of)	Comparable with
Foci, focus, focal	Compatible with
Major, majority of	Consistent with
Pattern(s)	Favor(s)
Predominantly	Malignant appearing
	Most likely
	Presumed
	Probable
	Suspect(ed)
	Suspicious (for)
	Typical (of)

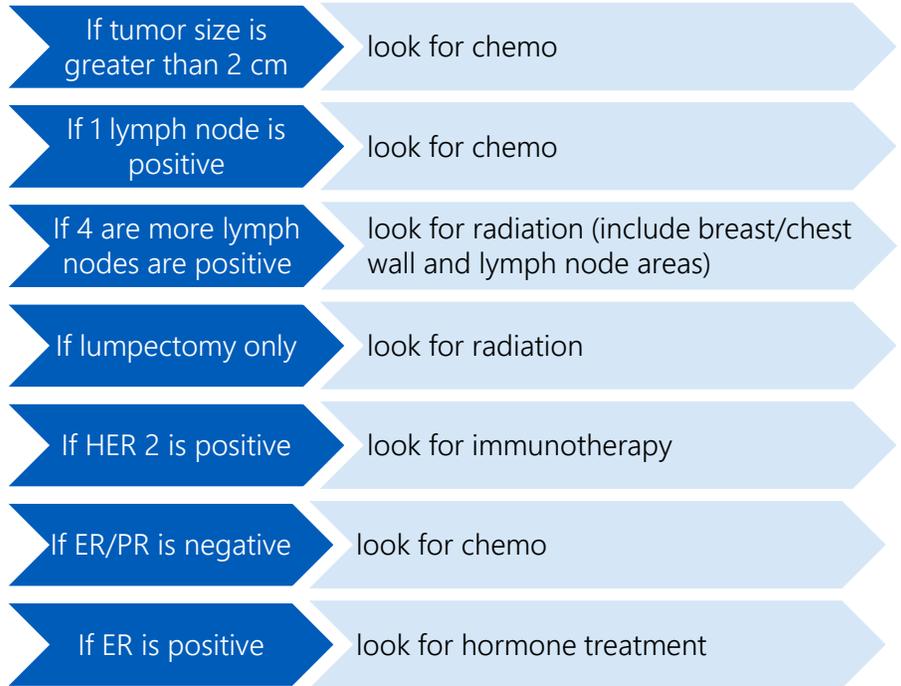
Head and Neck Example:

For head and neck subtypes and variants:	
Code with:	Do not code with:
Majority	Architecture
Predominantly	Differentiation
Subtype	Features (of)
Type	Foci; focus, focal
Variant	Pattern(s)
Use the following ambiguous terms for determining head and neck reportability, not to code history:	
Apparently	Most likely
Appears	Presumed
Comparable with	Probable
Compatible with	Suspect(ed)
Consistent with	Suspicious (for)
Favor(s)	Typical (of)
Malignant appearing	

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Training Corner continued...

- Use the chart on the right as a quick reference for when to look for more treatment in breast cases (most commonly ductal and mammary).
- Assign C180, Cecum, when the neoplasm originates in the appendiceal orifice. The appendiceal orifice is a landmark in the cecum. During colonoscopy, visualization of the appendiceal orifice indicates that the entire colon was examined, from the anus to the cecum.
- Post-therapy grade is left blank if there was no neoadjuvant therapy. You cannot have a pathological grade and a post-therapy grade; it is one or the other.
- Code 9 if surgical resection is done after neoadjuvant therapy and there is no residual cancer.
- Prognostic Stage groups cannot be used for patients treated with neoadjuvant therapy
- If a patient has two tumors in the same breast and one is ER/PR(+) and the other is ER(+). PR(-), both tumors are cT1c. Per SSDI rules, if there is more than one specimen, code the one that is positive.
- I131 for thyroid should be coded to 50 in the data item Radiation Treatment Volume NAACCR item #1540. Because the thyroid absorbs almost all iodine that enters a body, radioactive iodine (I131) can find and destroy thyroid cells not removed by surgery and those that have spread beyond the thyroid. 🌐



FOR MORE INFORMATION:

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New TCR Employees

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

- **Martha Baker** joined the Southwest Registry Operations Group in June 2018 as a Public Health and Prevention Specialist. She previously worked for the Texas Health and Human Services Commission. She holds an Associate’s degree in Diagnostic Medical Sonography and is currently working on her Bachelor’s degree in Applied Arts and Science. She is CTR eligible.
- **Elizabeth Harvey, BS**, joined the Quality Assurance Group in September 2018 as a Program Specialist. She earned her Bachelor of Science from Sam Houston State University in Huntsville, Texas. Currently finishing up the Cancer Data Management Program at San Jacinto College, she will be eligible to sit for her CTR exam in Spring 2019. 🌐

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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 (CDC) high quality data standards and North American Association of Central Cancer Registries (NAACCR) 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 CDC for its financial support under Cooperative Agreement #1NU58DP006308.

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 in this newsletter and suggestions for future issues can be emailed to Katie Dahlquist, katie.dahlquist@dshs.texas.gov.

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