Texas Cancer Reporting News

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Texas Cancer Registry
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Want to stay on top of TCR's most recent publications?

Our publications page features a list of our latest publications, data use, and a link to our cancer statistics.

TCR Updates

Introduction of TCR Interim Director by Natalie Archer, PhD, MS

Hi all! My name is Natalie Archer, and I am currently serving as the Interim Director of the Texas Cancer Registry. I hit the ground running once Melanie retired in November, and I am so grateful for the support and expertise of the TCR staff. With their help, I've been learning more about the many activities that the Registry conducts.

I am a native Texan, so this state and the health of its citizens is near and dear to my heart. I grew up in the Corpus Christi and Houston areas, and I have lived in Austin for over 20 years now. I have a PhD in Epidemiology, have worked at the Texas Department of State Health Services for 17 years, and I am passionate about public health research. I am very interested in cancer epidemiology; I previously conducted a couple of childhood cancer studies, including examining genetic risk factors for childhood and adolescent leukemia (ALL) as my dissertation topic.

I am excited to work alongside the wonderful, dedicated TCR staff and with all of you. Together our efforts contribute to cancer research, prevention, and control, with the ultimate goal of improving the lives of Texans and beyond. Thanks for all that you do!

Sincerely,

Natalie

We acknowledge the Centers for Disease Control and Prevention for its financial support under Cooperative Agreement #1NU58DP007140. We also acknowledge the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program for its financial support under Contract #75N91021D00011. Finally, TCR acknowledges support from the Cancer Prevention and Research Institute of Texas. This publication is solely the responsibility of the authors and does not necessarily represent the official views of the CDC, SEER, CPRIT, or U.S. Department of Health and Human Services.

Calls for Data Announcement by Allison Vasquez, BS, CTR

Calls for Data

Last fall, the Texas Cancer Registry (TCR) completed the annual calls for data. We submitted 2,860,679 Texas resident cancer cases diagnosed from 1995-2021 to the three national standard setters: the National Cancer Institute (NCI) Surveillance Epidemiology and End Results Program (SEER), the Centers for Disease Control and Prevention National Program of Cancer Registries (NPCR), and the North American Association of Central Cancer Registries (NAACCR).

Of these 2,860,679 total cases submitted, 129,104 were diagnosed in 2020. This was fewer than 2019, which was to be expected because of the COVID-19 pandemic.

The standard setters will release results from the data submissions later in 2023 and TCR will then share the information in the subsequent newsletter.

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.

Breast and Cervical Cancer Services Program

Available Program Services and Eligibility Explained by the BCCS Team

The Breast and Cervical Cancer Services (BCCS) program, a state and federally funded program, helps eligible women receive quality and accessible cancer screening and diagnostic services. BCCS is a grantee of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), administered by the Centers for Disease Control and Prevention, because of the overlapping focus. The goal of the Early Detection Program aims to similarly decrease cancer incidence, morbidity, and mortality but by focusing on underserved populations who have increased cancer risk due to health disparities.

Women may be eligible for BCCS services if they are:

- Ages 18-64;
- A Texas resident;
- Have a household income at or below 200 percent of the federal poverty level; and
- Are uninsured or underinsured.

Women older than age 64 who are not eligible for Medicare are eligible. Undocumented women may also be eligible for services.

BCCS services include:

- Clinical breast examination
- Mammogram
- Pelvic examination and Pap test
- Diagnostic services (ex. ultrasound, MRI, biopsy)
- Cervical dysplasia management and treatment services
- Patient navigation
- Application assistance for Medicaid for Breast and Cervical Cancer

Patient navigators at each clinic provide individualized assistance to women to overcome barriers to screening and diagnostic services. They facilitate timely access to quality screening and diagnostic services and ensure initiation of timely treatment services.

Women apply to receive program services by visiting a BCCS-contracted service provider to complete an application. Women may also obtain referrals to BCCS by other programs, clinics, and community organizations. Find BCCS clinic sites by visiting healthytexaswomen.org, or calling 2-1-1 or 512-776-7796.

For questions, contact BCCSProgram@hhs.texas.gov.

Have questions about TCR education and training opportunities?

Email us at TCR.training@dshs.texas.gov

Understanding the Solid Tumor Rules

By Elizabeth Harvey, BS, CTR

The *Solid Tumor Rules* (STR) is a collection of revisions to the *2007 Multiple Primary and Histology Rules* (MP/H), the standard used for consistent coding. Using both the STR and MP/H, cancer reporters gain instruction on how to count the number of primary cancers for a patient and the appropriate histology codes to use. The STR revisions reflect changes in protocols with The College of American Pathologists and the World Health Organization Classification of Tumors.

In 2018, the STR revised site-specific instructions and histology tables including some more common histologies for eight sites and an updated *General Instructions* chapter. The eight revised sites were breast, colon, head & neck, lung, kidney, malignant CNS, non-malignant CNS, and urinary. **Melanoma and other sites were not revised in 2018, so the 2007 MP/H and 2007 General Instructions continued to apply**.

The STR underwent a second update in 2021, adding Cutaneous Melanoma. **The STR General Instructions apply to Cutaneous Melanoma for cases diagnosed 1/1/2021 to 12/31/2022.** For cases diagnosed prior to 2021, use the MP/H and 2007 General Instructions.

In 2023, updates align the STR Other Sites with other solid tumor site-specific modules. Most of the sites in STR Other Sites also have site-specific histology tables. Reflected updates to instructions correlate with the ICD-O-3.2 histology changes. **The STR General Instructions for cases diagnosed 1/1/2023 and forward will apply to all sites.**

With such specific changes, it is important to take time to carefully review the general instructions and site-specific information before abstracting your cases. Remember the variations for sites based on dates so you can recognize when to code what. Here are a few examples of case-by-case coding followed by a guide of the correct resources based on diagnosis year and site. Use these to report at your best:

2007 MP/H Rules: Code histology from the most representative specimen. *2018 Solid Tumor Rules:* Code the most specific histology from the biopsy or resected specimen.

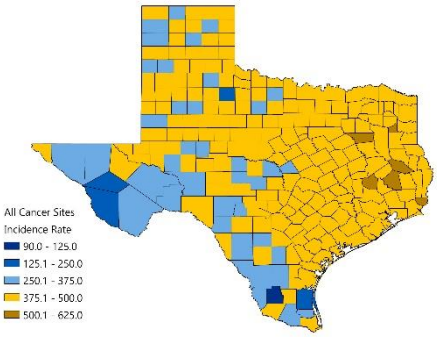
2007 MP/H Rules: When acceptable ambiguous terminology is used to describe a more specific histology, code the more specific. *2018 Solid Tumor Rules:* Do not code using ambiguous terminology unless it meets criteria specified in manual.

Solid Tumor Rules (2023 Update) Aligns with STR for all sites **General Instructions**	**Solid Tumor Rules 2021 Cutaneous Melanoma Rules Update** **General Instructions**	**Solid Tumor Rules 2018 Update** **General Instructions**	**Multiple Primary and Histology Rules 2007** **General Instructions 2007**
dx date 2023	dx date 2021-2022	dx date 2018-2022	
Breast Colon Head & Neck Lung Kidney Malignant CNS Non-Malignant CNS Urinary		Breast Colon Head & Neck Lung Kidney Malignant CNS Non-Malignant CNS Urinary	
Cutaneous Melanoma	Cutaneous Melanoma		Cutaneous Melanoma dx date 2007-2020
Other Sites			Other Sites dx date 2007-2022

Epidemiology Corner

By Elizabeth Harshaw, MSc

Introducing Geographical Information Is Improving Our Cancer Data

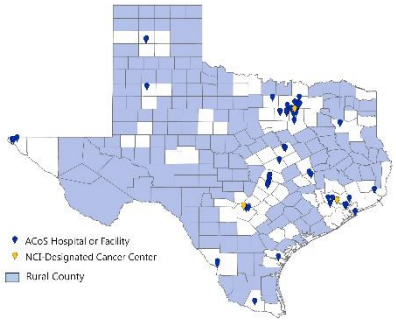


Public health sits at an intersection of social and geographical factors. To study this more closely, TCR added a Geographic Information Specialist to its staff roster. The position allows us to gain greater insights about the relation of health and place through various geographic techniques and modern technology.

A technological advancement used by our specialist, geographic information systems (GIS), is an integrated collection of computer software and data used to view and manage information about points on the Earth, analyze spatial relationships, and model geographic processes. Through GIS we can now further accomplish our goals. One process we use GIS for is geocoding or converting street addresses into spatial data that can be displayed as features on a map. Geocoded data allows us to enhance our cancer incidence records by comparing addresses from cancer reporters with address data from the U.S. Census Bureau. These comparisons ensure validity, which creates more accurate datasets to provide to researchers down the line. GIS also creates maps and models about cancer and its many determinant factors. From these, we can provide viewers a new look at the status of public health at varying scales. Whether it be statewide or focused on a few communities, the possibility now exists for us to study public health with a geographic lens. Through the many tools associated with GIS, TCR can continue to provide not only extremely accurate datasets, but new, high-quality finished products such as stand-alone maps and interactive mapping applications.

Most recently, TCR used GIS to study cancer in rural Texas. This project focused on the demographic and geographic factors that influence cancer incidence in rural communities in Texas. Our Geographic Information Specialist presented the material at DSHS GIS Day. For this project, ArcGIS Pro, a premiere mapping tool, analyzed multiple types of data at once to provide the comprehensive view of cancer in Texas we needed. To begin, we drew from two sources: demographic and social data from the U.S. Census Bureau and cancer incidence data from the SEER*Stat database. Then, with the use of mapping technology, we created maps depicting the influence of social factors related to cancer incidence and survival and maps of cancer incidence rates.

With social factors such as income, educational attainment, and medical insurance enrollment possibly causing intense impact on the health of rural communities, we felt it important to highlight the differences in these social determinants between rural and urban counties. The adverse effects of these factors were evident in the cancer incidence maps. From these maps we could see that in rural communities, residents must combat not only demographic differences, but the challenge of little or no access to health care. In Texas, the best cancer treatment centers are located exclusively in large metropolitan areas, such as Houston, Dallas, Austin, and San Antonio. Unfortunately, this leaves rural communities either without the best standard of cancer care or without a specialized cancer treatment center at all. Due to this lack of access, it is difficult for residents to obtain cancer treatment and screening. This in turn may lead to increased cancer incidence rates and mortality in rural counties.



Through this recent study, we raised awareness about the health disparities in rural communities and how limited access to health care has been detrimental to cancer patients in these areas. In the future, we hope to continue using geographic tools as another way to delve deeper into cancer studies in Texas. With our new Geographic Information Specialist position, we continue to enhance our existing data with geocoding and provide researchers with the best possible datasets. Additionally, we are now able to create standalone maps that allow viewers to gain a better sense of how geographic elements relate to public health trends, like in our rural cancer study. Soon we hope to implement interactive mapping tools for use by the public and professionals alike to study cancer throughout the state. We could not achieve any of this without our new Geographic Information Specialist and the skills that they bring. Overall, TCR will continue to propel itself into the future with the use of new technologies and techniques to better serve our customers and our state.

Coding in Practice

As we transition to 2023, we are mindful of all the growing pains we have been through the past couple of years. Regardless, we worked diligently to maintain high quality cancer data for the state of Texas. Pandemic related delays or interruptions in cancer treatment impacted registries' submissions to TCR. We all experienced abrupt transitions from working in the office to teleworking and back again. Then you add in the effects of the COVID-19 illness on our families, friends, and coworkers. We sincerely hope your 2022 holiday season was restful and restorative.
Keeping everything in mind, we've decided to focus the 2023 Coding in Practice pieces on guidance for coding new data items being collected by TCR beginning January 1, 2022.

Extent of Disease (EOD) is a set of three main coded data items that describe how far a cancer has spread at the time of diagnosis:

1. EOD Primary Tumor
2. EOD Regional Nodes
3. EOD Mets

EOD 2018 is effective for cases diagnosed from 2018 forward, but not required by TCR until January 1, 2022. It includes schemas for every site/histology combination including lymphomas and leukemias. All clinical and pathological cancer data are utilized to determine the correct code(s) for each of these data items. The **SEER*RSA** provides:

1. detailed guidance to determine the valid values for any schema
2. expanded definitions for each value
3. helpful registrar notes

The **SEER*RSA Staging Calculator** is a quick and easy reference tool for registrars. Enter the site, histology, and year of diagnosis to begin. The calculator will prompt the user to enter other site-specific extent of disease data to derive the correct correlating TNM staging results. Use the links below to find the tools mentioned, along with other helpful references.

- SEER 2018 EOD Manual
- EOD 2018 SEER*RSA
- SEER*RSA
- SEER Educate
- Ask a SEER Registrar

TCR Timely Reporting Reminder

Educational and Training Opportunities

TCR offers various training opportunities throughout the year to assist Texas reporters with the changes of ever-evolving cancer reporting.

FLccSC

Our training website, FlccSC, is a great place for you to brush up on pertinent knowledge and hone reporting skills. Our site is a stand-alone, web-based learning management system that allows customization of courses to address the specific needs and demands of reporters.

On FlccSC, we develop and maintain state-specific educational courses for our Texas reporters and to share important cancer reporting updates. Our site is free for Texas reporters and available 24 hours a day. Users enroll and learn at their own pace.

2022-2023 NAACCR Webinar Series

TCR is excited to sponsor the 2022-2023 NAACCR Webinar Series free for Texas reporters. NAACCR will present a different webinar the beginning of each month from October 2022 through September 2023 of the following year. Each webinar is 3 hours long and has applicable CEs.

NAACCR CTR Exam Preparation & Review Webinar Series

TCR offers a discounted price of $50 for the *NAACCR CTR Exam Preparation & Review Webinar Series* to Texas reporters planning to sit for the CTR certification exam. The 8-week sessions, offered 3 times a year, provide access to live presentations, recordings, quizzes, helpful study tools, and active discussion board to share study tips and provide support. Be sure to check with the NAACCR website for the next session in 2023.

2023 Statewide Training

Mark your calendar for the upcoming 2023 Statewide training by Denise Harrison beginning April 10th. We will update our training page on our website soon.

The following resources are available for more information on reportability:

- 2022 SEER Program Coding and Staging Manual, Appendix E- Reportable and Non-reportable Examples
- CAnswer Forum
- SEER Inquiry System

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