

Texas Cancer Reporting News

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Texas Cancer Registry

Texas Department of State Health Services

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TCR Updates

Message from NAACCR Certification Workgroup, April 2024

By Susan Perez, RHIT, ODS

Standard setters reported a need for a modification because the standard completeness methods rely on past data to inform expected rates. The diagnosis year 2020 case count was dramatically lower than recent years, attributed to the effects of the COVID-19 pandemic, and does not fully reflect cancer burden. Including diagnosis year 2020 underestimates the expected cases count and results in inflated completeness measures. The North American Association of Central Cancer Registries (NAACCR) dropped the 2020 diagnosis year data and used only the past four years (2016-2019) for the NAACCR completeness calculation. The National Program of Cancer Registries (NPCR) also applied this method, while the Surveillance, Epidemiology, and End Results (SEER) program of the National Cancer Institute (NCI) applied an adjustment to the 2020 data in their internal calculation. NAACCR will use this adjustment for calculating completeness for the next four years, until diagnosis year 2020 is no longer in the standard completeness calculation.

Calls for Data and National Recognition

For TCR's Calls for Data completed last fall (2023), TCR submitted 2,924,302 Texas resident cancer cases diagnosed from 1995-2021 to the Centers for Disease Control and Prevention (CDC) NPCR and NAACCR. TCR achieved NAACCR Gold Certification and was recognized as a Registry of Distinction by the CDC. TCR's submission to SEER consisted of 2,530,634 cancer cases diagnosed from 2000 to 2021.

We appreciate your contributions to TCR, to the lives of cancer patients and their families, and to the health of Texans!

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.

Congratulations to TCR's newest Oncology Data Specialists (ODS-C)

By Allie Vasquez, BS, ODS

We happily announce the certification of two Oncology Data Specialists (ODS-C) from the spring 2024 testing window.

- *Alexandra Jordan: Alexandra has a Master of Public Health in epidemiology and a Bachelor of Science in public health. She has worked with TCR since February 2020 on our Quality Assurance team.*
- *Michelle Wright: Michelle has an Applied Arts Science degree in health information management, with an emphasis in cancer registry management. She has worked with TCR since December 2023 on our Regional Operations team.*



Fond Farewell – Marie Gallegos

By Allie Vasquez, BS, ODS

Please join TCR in wishing farewell to Marie Gallegos on her retirement. Marie served her last day with TCR on August 31, 2024, dedicating 29 1/2 years of her life to the state.

Marie started her journey with the state of Texas in December 1994, hired by the Texas Department of Health (TDH) in the Immunization Department. She then quickly moved up to the Chronically Ill & Disabled Children's (CIDC) program. She joined TCR on August 1, 1995, where she and her program manager were tasked to open the Houston regional office. Marie studied for and became the first Certified Tumor Registrar (CTR), now called ODS-C, in Houston on September 13, 1997.

Being the only ODS-C for a few years in the region, Marie became the subject matter expert for all facilities and MD Anderson on state reporting questions and on-site projects and audits. Then, on July 1, 2016, Marie became the team lead for HSR 5/6, where she has been instrumental in communicating with facilities and obtaining cases for various projects. Her most important functionality in all of her roles, however, proved to be her persistence, which aided in compliance monitoring for that region.

For most of us who have had the pleasure to work with Marie, her funny, warm-hearted nature and dedication to the cancer registry are hallmark traits we will all miss. As her Mama would affectionately say, "Honey, I just need to get better so I can keep helping." Taking those words to heart, Marie provided this insight into her career choice: "Choosing to get into the cancer registry field to be a 'helper' was my goal." There is no doubt she achieved that goal. The impact she made on TCR in helping achieve the registry's goals is palpable. She will be greatly missed, but her legacy will continue. We wish her a fulfilling retirement journey ahead!

Congratulations to Miriam Robles

By Kristen Smith, BS

Members of the National Cancer Registrars Association (NCRA) recently voted TCR's Miriam Robles to be their treasurer junior. She won in a landslide victory. As treasurer junior, she will serve for one year before becoming treasurer senior. She will then serve for one year as treasurer senior, totaling two years in a position for NCRA. Thank you so much for representing TCR in the national cancer community, Miriam, and we wish you a fantastic term!

Training Corner

By Elizabeth Harvey, BS, ODS

As cancer registrars, we acknowledge there are many manuals used daily when abstracting cases. It is very important that we are using the correct resources for quality abstracting—our data are used to determine statistics, treatment, and survival rates. Keeping track of the correct versions of these manuals, new updates, and annual changes can easily become overwhelming. TCR is here to help!

The [TCR 2024 Cancer Reporting Guide](#) now provides a list of coding and staging manuals by diagnosis year and the correct version to use. The contents of our guide are based on the guidelines and standards for cancer reporting established by SEER, NPCR, NAACCR, and the American College of Surgeons (ACoS) standard setters.

The reporting guide serves as a supplement to the SEER Program Coding and Staging Manual for the consistent collection and coding of relevant cancer information. It contains the required data items collected by TCR along with helpful notes and instructions. Follow these tips to get the most out of your reporting guide:

- Use the manual version based on the diagnosis year in the table linked [here](#);
- Review the general instructions of the manuals;
- Review any site-specific instructions;
- Read the notes and exceptions;
- Read the examples;
- Read the change logs when a new manual is published; and
- ***Don't rely on your dropdowns. Use your manuals!***

You Asked, We Answered

Question:

The operative report indicates the patient had a simple mastectomy of right breast with SLNBx. However, the pathology report indicates 2/2 sentinel lymph nodes and 1/1 axillary lymph nodes. What do I code for Scope, Positive, and Examined lymph nodes?

Answer:

Scope of Regional Lymph Nodes documents the intent of the surgeon. We are instructed to use the operative report to determine the surgeon's planned procedure and use the pathology report to complement it.

Per page 179 of the [SEER Program Coding and Staging Manual](#):

"When a SLNBx is performed, additional non-sentinel nodes can be taken during the same operative procedure. These additional non-sentinel nodes may be discovered by the pathologist or selectively removed (or harvested) as part of the SLNBx procedure by the surgeon. Code this as a SLNBx (code 2). If review of the operative report confirms that a regional lymph node dissection followed the SLNBx, code these cases as 6."

Generally, SLNBx followed by ALND will yield a minimum of seven to nine nodes. However, it is possible for these procedures to harvest fewer (or more) nodes. If relatively few nodes are pathologically examined, review the operative report to confirm whether the procedure was limited to a SLNBx or a SLNBx plus an ALND was performed.

If the procedure was a SLNBx with no regional LN dissection, code the following:

Scope of Regional LN: 2

Sentinel LN positive: 03

Sentinel LN examined: 03

Regional LN positive: 03

Regional LN examined: 03

Have questions about TCR education and training opportunities?

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

Epidemiology Corner

Texas Cancer Trends, 2012-2021

By Erin Gardner, MPH

The TCR Epidemiology Team routinely produces reports that reflect a snapshot of cancer statistics (e.g., incidence, mortality, survival) for a particular point in time. To monitor progress in prevention, early detection, and treatment and to inform public health practice, TCR also tracks these statistics through time by generating trends. In 2024, TCR conducted an evaluation of incidence trends over the last decade of data available at key cancer sites.

Trend Methodology

To calculate and interpret cancer incidence trends, we first generate cancer rates and other associated statistics for each data year from 2012-2021 (2020 excluded due to COVID-19) in the National Cancer Institute’s (NCI) SEER*Stat software. Then, we take these statistics and input them into NCI’s Joinpoint Trend Analysis Software.

Joinpoint enables the user to test whether an observed change in trend is statistically significant. The metric used to assess the magnitude of trends is called the Annual Percent Change (APC). The APC is calculated using a statistical method called regression. It represents the average percent change in rate from year to year during the analysis period. For example, a statistically significant APC of +2.0 can be interpreted as a cancer rate rising by 2% per year.

To further characterize trends, NCI uses the following definitions to describe trends as stable, non-significantly changing, rising, or falling. TCR uses the same definitions. Therefore, we only classify trends as rising or falling if they are nonzero and statistically significant. If a trend is:

- Changing less than or equal to 0.5% per year ($-0.5 \leq APC \leq 0.5$), and the APC is not statistically significant, NCI characterizes it as **STABLE**
- Changing more than 0.5% per year ($APC < -0.5$ or $APC > 0.5$), and the APC is not statistically significant, NCI characterizes it as a **NON-SIGNIFICANT CHANGE**
- Changing with a statistically significant $APC > 0$, NCI characterizes it as **RISING**
- Changing with a statistically significant $APC < 0$, NCI characterizes it as **FALLING**

Trends at Leading Cancer Sites in Texas Women and Men

We examined trends for women and men separately for the sites with the highest incidence in Texas (see TCR’s Cancer Incidence and Mortality [webpage](#) for source data).

Cancer (Women)	APC (%)	Trend
Breast	+1.1*	Rising
Lung	-1.8*	Falling
Colorectal	+0.1	Stable
Uterine (endometrial)	+2.7*	Rising
Thyroid	-2.0*	Falling
Kidney and Renal Pelvis	+0.9*	Rising
Non-Hodgkin Lymphoma	-0.8	Non-sig. decrease
Melanoma of the Skin	+3.3*	Rising
Pancreas	+1.2*	Rising
Leukemia	+0.3	Stable

Cancer (Men)	APC (%)	Trend
Prostate	+1.9	Non-sig. increase
Lung	-3.5*	Falling
Colorectal	-0.3	Stable
Kidney and Renal Pelvis	+1.2*	Rising
Bladder	-0.8	Non-sig. decrease
Non-Hodgkin Lymphoma	-0.4	Stable
Melanoma of the Skin	+2.9*	Rising
Liver	+1.4*	Rising
Oral Cavity and Pharynx	+1.0*	Rising
Leukemia	-0.7*	Falling

APC = Annual Percent Change; *Statistically significant change, Non-sig= not statistically significant

Among Texas women, incidence rates of the following cancers are rising: breast cancer, uterine cancer, kidney cancer, and melanoma. The steepest increases occurred in uterine cancer and melanoma. Among Texas men, incidence rates of the following cancers are rising: kidney, non-Hodgkin lymphoma, melanoma, liver, and oral cavity and pharynx.

Due to ongoing decreases in tobacco use, lung cancer rates are falling in both men and women. Additionally, thyroid cancer incidence rates are decreasing among Texas women, and leukemia incidence rates are decreasing among Texas men.

For information on U.S. trends, check out the NCI's [Cancer Trends Progress Report](#).
For more information on Texas trends, see TCR's [Cancer Trends 2024 Data Brief](#).

Modified (M) Records Update

By Allie Vasquez, BS, ODS

In our Fall 2023 Newsletter, we shared with the cancer reporting community about our successful meeting with the software vendors who service Texas clients, where we discussed implementation of items like modified (M) records. Since then, reporters have submitted modified records to TCR, prompting us to provide additional clarification about these types of records.

Question: What is a modified record?

Answer: A modified record represents a record that has been updated since previous submission to a central registry. This type of file is used to submit changes to data already submitted.

Question: Who does this impact/apply to?

Answer: This update impacts cancer reporters who utilize a third-party vendor company to abstract and submit cancer data to TCR.

- If your facility utilizes a third-party software vendor, when updates to cases are made, please submit the modified records file. The Facility Update Spreadsheet is no longer needed from your facility.
- If your facility is a state-reporting facility utilizing Web Plus to abstract cancer cases, please continue to provide updates to cases utilizing the Facility Update Spreadsheet.

If a copy of the Facility Update Spreadsheet is needed, please contact your regional representative.

Question: Is there a recommended way to submit these modified records?

Answer: There is not a recommended file name, but it is highly encouraged for reporters to notate in the User Comments section at upload that the file submitted is a modified records file.

Included in this update is a list of key data items that will “trigger” a modified record submission. Follow this [link](#) to review the M record trigger list.



Coding in Practice

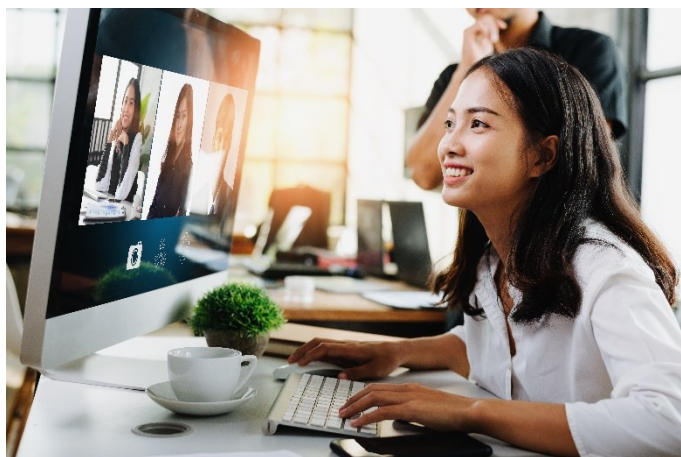
By Alicia Smith, ODS

The Texas Cancer Registry community recently participated in the 2024 TCR Statewide Training modules developed by Denise Harrison. These sessions provided high-quality, comprehensive advanced abstracting guidance for several primary sites. After the end of each session, reporters submitted questions related to the covered material for that session. Then, at the final Q&A training session, the presenter answered the questions collected from the previous sessions.

When revisiting the Q&A module we noticed several of the questions focused on Prostate Gland (C61.9) AJCC Staging coding specifics, as well as how to determine which version of the MP/H or the STR is applicable for the diagnosis year being abstracted. In response to these questions, we created [this collection](#) of quick reference tables.

The following resources are available for more information on reportability:

- [2023 NCI-SEER Program Coding and Staging Manual, Appendix E- Reportable and Non-reportable Examples](#)
- [CAnswer Forum](#)
- [NCI-SEER Inquiry System](#)



Education and Opportunities

By Elizabeth Harvey, BS, ODS

TCR offers various training opportunities throughout the year to assist Texas reporters. We sponsor live and recorded training sessions, including NAACCR webinars, ODS exam prep courses, basic and advanced webinars, and Web Plus training. TCR also recently published the TCR [2024 Cancer Reporting Guide](#), which provides guidance to registrars reporting cancer cases in Texas.

2024-2025 NAACCR Webinar Series

TCR sponsors the [2024-2025 NAACCR Webinar Series](#), made free for Texas reporters. NAACCR will present a webinar the beginning of each month from October 2024 through September 2025, covering different topics. Each webinar lasts three hours and provides applicable CEs.

NAACCR ODS Exam Preparation & Review Webinar Series

TCR offers a discounted price of \$60 for the [NAACCR ODS Exam Preparation & Review Webinar Series](#) to Texas reporters planning to sit for the ODS certification exam. The eight-week webinar, offered three times a year, provides access to live presentations, recordings, quizzes, helpful study tools, and an active discussion board to share study tips and provide support. Be sure to check with the NAACCR website for the next session.

FLccSC

[FLccSC](#) is a free, web-based education platform available to cancer reporters. Through FLccSC, TCR offers a variety of recorded webinars, handouts, and quizzes. TCR offers various training opportunities throughout the year to assist Texas reporters with the changes of ever-evolving cancer reporting. It is a great resource to increase your knowledge and sharpen your abstracting and coding skills. Available for free and accessible 24/7 to all cancer reporters.