Texas Cancer Reporting News

Fall 2025
Volume XXIX | Issue 2

Texas Cancer Registry
Texas Department of State Health Services
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In this Issue

TCR Updates

Data Submission National Results and Recognition

By Natalie Archer, PhD, MS

The Texas Cancer Registry (TCR) is happy to announce that for our Fall 2024 data submissions to national agencies/organizations, we once again achieved North American Association of Central Cancer Registries (NAACCR) Gold Certification! The Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR) also recognized TCR as a Registry of Distinction. TCR submitted 3,093,898 Texas resident cancer cases diagnosed between 1995 and 2022 to NAACCR and CDC.

Texas has also been working hard to collect more timely data, and this year, TCR met a difficult National Cancer Institute (NCI) Surveillance, Epidemiology, and End Results (SEER) program target that we had never attained before: over 95% completeness for cases diagnosed in 2023, by February 2025 (14-month completeness)! We were able to improve our SEER results from previous years, meeting 12 of SEER's 14 hard-to-reach goals in this year's data report.

Your dedication and excellent work resulted in recent years of Texas cancer data being timelier, while maintaining very high quality and completeness for finalized years of data. This makes our Texas cancer data extremely useful to researchers, policymakers, and others in the fight against cancer. Thank you so much for your efforts. It makes such a difference!

New Name, Same Data Visualization Tool

By Kristen Smith, BS

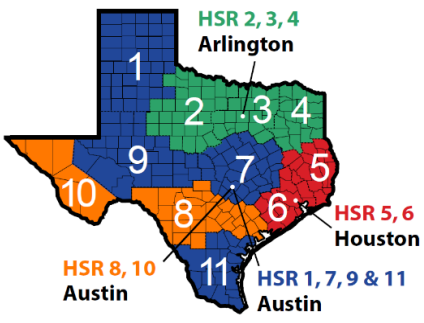
Updated Texas cancer incidence and mortality data through 2022 are available online using the TCR Texas Cancer Data Visualization Tool (TxCanViz). This tool (formerly called the Web Query Tool) allows data users to customize cancer incidence and mortality rate tables and maps by cancer site, sex, year, race/ethnicity, county, public health region, council of government, metropolitan statistical area, or micropolitan statistical area. Rates and counts can be examined by early and late stage for breast, colorectal, and cervical cancers. For incidence data, 1995-2022 diagnosis years are available, and for mortality data, cancer deaths occurring in 1990-2022 are available.

Texas Cancer Registry

COMPLETENESS BY REGION

Diagnosis year 2023
As of September 24, 2025

100%	Texas Overall
100%	Region 1
100%	Region 2
100%	Region 3
100%	Region 4
100%	Region 5
100%	Region 6
100%	Region 7
100%	Region 8
96%	Region 9
89%	Region 10
100%	Region 11



Congratulations to TCR's Newest Oncology Data Specialist

By Allison Vasquez, BS, ODS-C

TCR congratulates **Debbie Robert**, our newly certified Oncology Data Specialist (ODS-C) among TCR staff from the spring 2025 testing window. Debbie holds an associate's degree in health information technology. She has been with TCR since May 2019, working with the Regional Operations team. Congratulations, Debbie!

Fond Farewells

By Allison Vasquez, BS, ODS-C

Jael Davis, ODS-C

Please join TCR in wishing farewell to Jael Davis on her retirement after 21 years of state service. Her last day with TCR was April 30, 2025.

Jael served in various positions at TCR. She started in the Regional Operations group in 2003, then moved to the Quality Assurance team, followed by the E-reporting group, and then returned home to the Quality Assurance team to complete her professional career. During those 21 years, she became a mentor to many at TCR, focusing in pathology reporting and death clearance, two vital but complicated aspects of cancer reporting.

We wish Jael a fulfilling retirement filled with adventure!

Elizabeth Harvey, ODS-C

Please join TCR in wishing a fond farewell to Elizabeth Harvey, embarking on her next journey as a QA and trainer for the Moffitt Cancer Center. Elizabeth's last day with TCR was May 9, 2025.

Elizabeth joined the TCR Quality Assurance team in September 2018, earning her Certified Tumor Registrar (now designated as an ODS-C) credential in April 2019. Shortly after, she was promoted to the position of TCR trainer. As a trainer, she represented TCR at various national and state conferences, performed both live and recorded trainings at state and national levels, and stayed active in our state organization, TxODA, as the TCR liaison. Additionally, she served on the Board of Education for San Jacinto Community College, mentoring students venturing to obtain their ODS credential. In 2023, she was awarded the NPCR Future Leaders Award due to her impact on the cancer reporting community.

We wish Elizabeth continued success in all her future endeavors.

TCR Staff Presentations at National Conferences

By Allison Vasquez, BS, ODS-C

Congratulations to the following TCR staff who presented and shared posters at the Surveillance, Epidemiology and End Results (SEER) Symposium and the North American Association of Central Cancer Registries (NAACCR) Conferences.

- SEER Symposium: Miriam Robles, Allison Vasquez, and Susan Perez
- NAACCR Conference: Paige Miller, Keisha Musonda, Natalie Archer, and Erin Gardner

Thank you to our reporting community for your complete and timely data. Opportunities to present at and create posters for national conferences like these wouldn't be feasible without you.

Training Corner

Why High-Quality Data Matters

By Jessica Alvarez, AAS, RHIT, ODS-C

Central or state cancer registries rely on the information we receive from diverse reporters. The accuracy, completeness, and timeliness of the data we transmit to national entities such as CDC's NPCR, NCI's SEER, and the National Cancer Data Base (NCDB) directly determine the quality and reliability of national cancer statistics.

As stewards of cancer registry data, we carry direct responsibility to the patients behind every case. The quality of our abstracts is not just a technical requirement, it is a cornerstone of patient care. By safeguarding each abstract as impeccable at the time of entry, we uphold the trust placed in us and contribute meaningfully to better patient care across the nation. Quality data provides the foundation for quality cancer care. When we supply high-quality validated data, we ensure that:

- Accurate cancer incidence and survival trends are reported.
- Unbiased analyses help identify true disparities in cancer burden, treatment patterns, and outcomes.
- Evidence-based policy decisions can be made to guide prevention, screening, and treatment programs.
- Research findings are more reliable, which in turn drives clinical advances, improving patient care guidelines.

When incomplete or poor data are transmitted, this affects the cancer community in many ways such as:

- Skewed statistics may misrepresent the cancer burden.
- Misdirected resources may harm prevention and treatment efforts.
- Research conclusions may be flawed, slowing the progress in cancer control efforts.

What's the real life impact of accurate coding?

- High-grade tumors typically have worse prognoses/may respond better to certain chemotherapies.
- Biomarkers and grade define biologic subtypes (Luminal A/B, HER2-positive, Triple Negative) that guide systemic and locoregional treatment decisions.

In breast cancer, tumor grade is a critical prognostic factor due to the requirement to assign the Prognostic Stage Group for invasive breast cancers. Grade is also of extreme importance because treatment is commonly guided by stage. There are specific instructions to code grade for invasive and in situ malignancies. At the TCR level, we identify common coding errors made when coding these data items like the ones described below.

Error 1: Grade coded 1, 2, or 3 for in situ tumors with behavior code /2.

Instructions: Preferred grading system for in situ tumors is based on a 3 grade nuclear system defined as Low (L), Intermediate (M) or High (H). *If a pathologist uses Nottingham grade (Grade 1, 2, or 3), they are documenting the nuclear component. You should assign L, M, or H appropriately, e.g.: 1=L, 2=M, 3=H. Do not use Grades 1, 2, and 3 for in situ tumors.

Error 2: Grade coded 1, 2, or 3 for in situ tumor on biopsy and invasive on resection.

Instructions: Same as above. Per Grade Pathological instructions for Breast: Do not use grades L, M, or H for invasive tumors. *Exception:* Biopsy demonstrates DCIS, surgery results in invasive carcinoma – Clinical grade would be L, M or H for the DCIS and Pathological grade 1, 2 or 3 based on the invasive carcinoma.

The bottom line is that every patient, record, and data item matters. By ensuring our abstracts are accurate, complete, and consistent with national coding standards, we safeguard the integrity of national datasets.

Have questions about TCR education and training opportunities?

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

Breast Cancer Grade Coding – Quick Reference

Accurate grade coding is critical for Prognostic Stage assignment and treatment planning. Note: Generic grades A, B, C treated as unknown when assigning AJCC stage group.

Current Grade Manual

CAP Protocol Templates

Category	Invasive Breast Cancer	DCIS
Preferred Grading System	Nottingham Histologic Grade (Scarff–Bloom–Richardson, modified)	Nuclear Grade
Scoring Method	Evaluate tubule formation, nuclear pleomorphism, and mitotic count; score each 1–3; sum for overall grade: 3–5 = Grade 1 6–7 = Grade 2 8–9 = Grade 3	Grade based on nuclear features only: Low (L) = Nuclear Grade 1 Intermediate (M) = Nuclear Grade 2 High (H) = Nuclear Grade 3
Terms Mapping	Well = Grade 1 (A) Moderate = Grade 2 (B) Poor = Grade 3 (C)	Documented as L/M/H or 1/3, 2/3, 3/3
Do Not Use	*Do not use L/M/H for invasive tumors*	*Do not use Grades 1–3 for DCIS*
Special Rules	Code grade from primary tumor only; highest grade if multiple tumors; code invasive grade if mixed in situ/invasive	Code nuclear grade if available; *if path report gives Nottingham for in situ, convert to L/M/H nuclear grade*

Education and Opportunities

By Jessica Alvarez, AAS, RHIT, ODS-C

TCR offers various training opportunities throughout the year to assist Texas reporters. TCR sponsors live and recorded training sessions, including NAACCR webinars, ODS-C exam prep courses, basic and advanced webinars, and Web Plus training. Read below for more details about these online training opportunities.

TCR also publishes a yearly cancer reporting guide to be used with the SEER Program and Coding Manual, providing guidance to registrars reporting cancer cases in Texas. You can find the most recent version, the 2025 Cancer Reporting Guide, on TCR's Cancer Reporting Guides webpage.

2025-2026 NAACCR Webinar Series

TCR sponsors the 2025-2026 NAACCR Webinar Series at no cost to Texas reporters. NAACCR presents a webinar covering a new topic at the beginning of each month, October 2024 through September 2025. Each webinar lasts three hours and provides applicable CEs. If you do did not register for the live versions, you may later view the recorded webinars on FLccSC and still earn the CEs for a limited time.

NAACCR ODS-C Exam Preparation & Review Webinar Series

For Texas reporters planning to sit for the ODS-C certification exam, TCR offers a discounted price of $60 for the NAACCR ODS Exam Preparation & Review Webinar Series. The eight-week webinar series is available three times a year. It includes live presentations, recordings, quizzes, helpful study tools, and an active discussion board to share study tips and provide support. Check the NAACCR website for information about the next webinar series.

FLccSC

FlccSC is a free, web-based education platform available to cancer reporters. Through FLccSC, TCR provides a variety of recorded webinars, handouts, and quizzes. Use this resource to increase your knowledge and sharpen your abstracting and coding skills. It is accessible for all cancer reporters 24/7 at no cost.

If you have any questions or training requests, please reach out to the Training Team at tcrtraining@dshs.texas.gov.

Epidemiology Corner

Alcohol-Associated Cancers in Texas

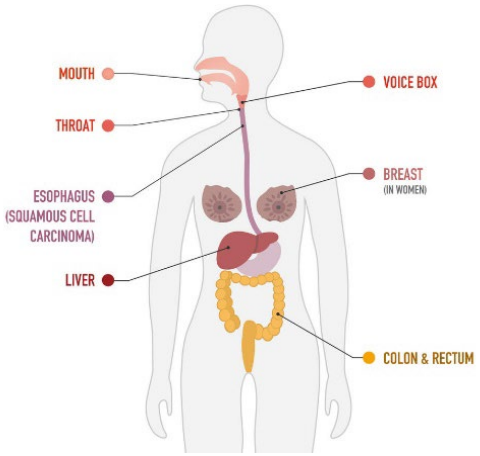
By Keisha Musonda, MPH

In January 2025, the U.S. Surgeon General published an advisory warning the public that alcohol use is associated with cancer.[i] The relationship between alcohol consumption and cancer risk has been well studied,[ii,iii] but according to the 2019 American Institute for Cancer Research Cancer Risk Awareness survey, less than half of U.S. adults are aware that alcohol use increases cancer risk. This is in stark contrast to the awareness about the relationship between tobacco use and cancer risk; an estimated 89% of American adults are aware that tobacco use increases cancer risk.[iv]

Cancers that are linked to alcohol use are collectively referred to as "alcohol-associated cancers." Drinking alcohol increases the risk of at least six different types of cancers, including colon and rectum, esophagus, female breast, larynx (voice box), liver, and oral cavity and pharynx (mouth and throat).[v,vi] According to the Centers for Disease Control and Prevention (CDC), 538,890 alcohol-associated cancer cases were reported in the U.S. in 2022.

Cancer cases and deaths attributable to alcohol use are preventable. An individual's risk of developing cancer increases with moderate amounts of alcohol intake, which is defined as two or fewer drinks per day for men, and one or fewer drinks per day for women. However, drinking even small amounts may increase risk of certain types of cancer. [v] Overall, the more alcohol a person drinks—especially the more alcohol a person drinks regularly over time—the higher their risk of developing cancer. [v]

Cancers Sites Associated with Drinking Alcohol



Source: National Cancer Institute at cancer.gov/alcohol-fact-sheet. Accessed August 2025.

New Data Brief Released: Alcohol-Associated Cancer in Texas

In 2025, TCR published data briefs on cancers associated with modifiable risk factors, including *Alcohol-Associated Cancers in Texas*. The data for alcohol-associated cancers in Texas are based only on cancer site and do not take into account the proportion of cancers directly caused by alcohol use compared to other factors. Key findings are described below.

New Cases of Alcohol-Associated Cancer. In Texas, 42,213 alcohol-associated cancer cases were reported in 2022 (the most recent year of finalized cancer data). More Texas women were diagnosed with an alcohol-associated cancer compared to Texas men. Nearly 75% of the 28,536 alcohol-associated cancer cases reported among Texas women were breast cancer. Colorectal cancer was the most common alcohol-associated cancer diagnosed among Texas men, with 6,652 cases reported. This represents nearly half of the alcohol-associated cancers reported among men in 2022.

Rates and Trends Over Time. The statewide age-adjusted incidence rate for alcohol-associated cancers was 132.2 per 100,000 from 2018-2022. This rate is slightly higher compared to the U.S. rate of 131.8 per 100,000. The brief also explored differences in rates by subgroup. In Texas, non-Hispanic (NH) Blacks had the highest age-adjusted incidence rate of alcohol-associated cancers (141.6 per 100,000) and NH American Indian/Alaska Natives had the lowest rate (81.2 per 100,000). When comparing alcohol-associated cancer incidence rates from Texas to the US over the last two decades, rates have fallen in both Texas and the U.S. For most of those years between 2001 and 2017, alcohol-associated cancer incidence rates were lower in Texas than the U.S.

Differences in Survival. Relative survival for alcohol-associated cancers patients varies by factors such as cancer site and stage. Based on individuals diagnosed with cancer between 2015-2021 and followed through December 31, 2022, on average, individuals diagnosed with alcohol-associated cancers were 73% as likely as those without cancer to live for at

least five years after diagnosis. Survival was better for people diagnosed with alcohol-associated cancer during early stages compared to late stages. Of the alcohol-associated cancers, the difference in survival by stage is most pronounced with colorectal cancer, which has a relative survival of 90% when diagnosed early and 52% for late-stage diagnoses.

Related Resources

Lower cancer risk by not drinking alcohol at all or by drinking less. Visit these sites to learn more about your risk for cancer while consuming alcohol.

- Alcohol and Cancer (CDC)
- Alcohol and Cancer Risk (NCI)
- Check Your Drinking Tool (CDC)
- Alcohol Treatment Navigator (National Institute on Alcohol Abuse and Alcoholism)
- Talk to Someone simulated conversation about how alcohol can affect health of cancer survivors (CDC)

Data Visualizations and More

The statistics presented in a data brief can be supplemented through additional resources on TCR's Cancer and Statistics webpage. Texas Cancer Visualization Tool (TxCanViz) users can directly access data on alcohol associated cancer sites at the state, county, and other regional levels. The public access tool allows individuals to explore the data by cancer site, diagnosis years, sex, and race/ethnicity. After making selections, the visualization tool generates customizable maps and produces exportable data tables.

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[i] U.S. Department of Health and Human Services. Alcohol and Cancer Risk: The U.S. Surgeon General's Advisory. Available at hhs.gov/surgeongeneral/reports-and-publications/alcohol-cancer/index.html. Accessed 5 August 2025.

[ii] International Agency for Research on Cancer. IARC monographs on the evaluation of carcinogenic risks to humans: Volume 100E: Personal Habits and Indoor Combustions: Consumption of Alcoholic Beverages. Lyon, France: International Agency for Research on Cancer 2012;100E:373–499.

[iii] International Agency for Research on Cancer. IARC monographs on the evaluation of carcinogenic risks to humans: Volume 96: alcohol consumption and ethyl carbamate. Lyon, France: International Agency for Research on Cancer 2010;96.

[iv] American Institute for Cancer Research (AICR). 2019 AICR Cancer Risk Awareness Survey. Available at aicr.org/assets/can-prevent/docs/2019-Survey.pdf. Accessed 5 August 2025.

[v] NCI. Alcohol and Cancer Risk. Available at Alcohol and Cancer Risk Fact Sheet - NCI. Accessed July 2025.

[vi] American Cancer Society. Alcohol Use and Cancer. Available at cancer.org/cancer/risk-prevention/diet-physical-activity/alcohol-use-and-cancer.html. Accessed July 2025.

Coding in Practice

Pediatric and Adolescent and AYA Populations

By Alicia Smith, ODS-C

Texas cancer reporters have begun contributing vital data to the NCI's Childhood Cancer Data Initiative (CCDI) and the CDC's NPCR Childhood Cancer STAR Project, submitting pediatric and adolescent and young adult (AYA) cancer data to TCR. This initiative will build a comprehensive high-quality dataset that clinicians and researchers can leverage to advance treatment modalities and improve survivorship for the pediatric and AYA patient population.

Which patients fall into these categories?

- Pediatric patient population: 0-14 years of age
- AYA population: 15-39 years of age

Our national cancer stakeholders have significantly invested in these projects to help facilitate achieving their goals. Use the following links for more inspiring information about these programs and what they hope to achieve. We especially recommend viewing Sandy Jones' testimonial "Unpacking the Science: How NPCR is Working to Get Cancer Data Faster" about her son Noah's cancer journey.

- The NCI's Cancer in Children and Adolescents Fact Sheet
- The NCI's Childhood Cancer Data Initiative
- The CDC's Tracking Pediatric and Young Adults Cancers STAR Initiative

By providing complete and timely data from every facility that provides cancer care for a child or AYA, the Texas cancer surveillance community will also do its part to reach the goals of this bold cancer initiative. Reporting challenges arise during the beginning phase of any implementation. Below are a few obstacles Texas reporters will face initiating this new childhood and AYA focused process:

- Texas's large geographic catchment area causes patient populations to receive cancer care provided by more than one health care team and treatment facility, enabling the opportunity for valuable data to get lost in the process.
- Roughly 2,000 pediatric and AYA cancers receive diagnoses and treatment at Texas health care facilities each year, meaning reporters rarely abstract these cases. Low frequency reporting perpetuates unfamiliarity which leads to coding errors.
- Not all facilities possess the proper coding schemas and edits sets available in the vendor software used for cancer data submission. In combination with infrequent use of the coding schema specific for childhood and AYA cases, reporters can improperly use adult coding schemas when entering cases.

Providing standardized pediatric and AYA data to be integrated into a complex reporting system is the long-term goal for this campaign, using the decades of successful adult cancer data collection as a model. We recommend reporters familiarize themselves with the following resources to help achieve this goal. Using these resources will advance your individual abstracting skill set and advise the development of policies and procedures for your reporting facility:

NAACCR Pediatric Data Collection System (PDSC)

- NAACCR Pediatric Resources
- NAACCR 2025 Implementation Guidelines and Recommendations
- NAACCR V25 Data Dictionary

NCI's SEER CCDI and NCCR

- SEER Pediatric Data Collection System and Staging Manual
- SEER*RSA Pediatric Data
- SEER Hematopoietic and Lymphoid Database:
- SEER Inquiry System (SINQ)
- SEER Heme Database

Texas Cancer Registry (TCR)

- TCR Cancer Reporting Guide

The table below provides a list of National Childhood Cancer Registry (NCCR) required data items for diagnosis year 2025, along with the NAACCR item number. Use the following example to consider the question brought about by the scenario and any other uncertainties that may arise:

National Childhood Cancer Registry (NCCR) Required Data Items for Diagnosis Year 2025

Data Item	NAACCR Item Number
Pediatric Primary Tumor	1136
Pediatric Regional Nodes	1137
Pediatric Mets	1138
Toronto T	1146
Toronto N	1147
Toronto Stage Group	1148
Chromosome 1q Status	1149
Intl Neuroblastoma Path Prog Class (INPC)	1187
Intl Neuroblastoma Risk Grp Stage Sys (INRGSS)	1185
Post Transplant Lymphoproliferative Disorder-PTLD	1172
Pretext Clinical Staging	1192
White Blood Cell Count	2025

A 6-year-old patient presents to your rural health care facility with intermittent fever, loss of appetite, somnolence, worsening fatigue, and unexplained 10 pounds of weight loss over the past three months. The patient's lab work returns abnormal, indicating a possible hematopoietic disorder. The patient is discharged with a referral for further clinical workup and treatment planning. The patient returns to your rural facility for all systemic treatment encounters.

Refer to the resources provided above to ensure that the coded staging and SSDI data is complete and accurate without any resulting edits.

Our mission at TCR is to leverage high quality cancer data, which includes improving the lives of our youngest Texans battling cancer every day. Without the care and effort each of you put in to abstracting these special cases, we couldn't achieve this critical mission. As always, happy coding out there, y'all!

The following resources are available for more information on reportability:

- 2025 NAACCR Data Dictionary
- 2025 SEER Coding & Staging Manual
- 2025 STORE Manual
- TCR Cancer Reporting Guides