



MEETING MINUTES

Advisory Committee to the Texas Cancer Registry (TCR)
[DSHS Central Campus](#), 1100 West 49th Street, Austin, TX 78756
Friday, October 16, 2015, 11:30am – 2:30pm
Room G-103

Members and Designees Present:

Michael E. Scheurer, Ph.D., M.P.H., Baylor College of Medicine, **ACTCR Chair**

Via Phone:

Sandra Balderrama, M.P.A., Cancer Prevention and Research Institute of Texas
Melissa Bondy, Ph.D., Baylor College of Medicine
James S. Goodwin, M.D., University of Texas Medical Branch
Sandi L. Pruitt, Ph.D., University of Texas Southwestern Medical Center
Karen Torges, Cancer Alliance of Texas (CAT)
Maria Hoang Tran, M.P.H., C.T.R., Memorial Hermann Healthcare System
Deidre Watson, C.T.R., Oncology Network Consultants

Texas Cancer Registry and Environmental Epidemiology & Disease Registries Section Staff Present:

Ashley Dixon, M.P.H.
Velma Garza, C.T.R.
Leticia Nogueira, Ph.D., M.P.H.
Susan Perez, R.H.I.T., C.T.R.
Maria Vega, M.P.A.
John F. Villanacci, Ph.D., NREMT-I

Minutes:

I. Welcome—Michael Scheurer, PhD, MPH, ACTCR Chair

Dr. Scheurer called the meeting to order and attendees introduced themselves. Minutes from the March 25, 2015 meeting were approved as presented.

II. Update—John F. Villanacci, Ph.D., NREMT-I, Acting TCR Branch Manager, EEDRS Director

Dr. Villanacci introduced himself to the members as the Acting Branch Manager of the TCR. Dr. Villanacci is the Section Director for the Environmental Epidemiology and Disease Registries Section (EEDRS). The Cancer Epidemiology and Surveillance Branch is one of the programs within the EEDRS. He has been acting in the Branch manager role since Dr. Williams left and will continue to do so until a qualified individual is selected to fill the position.

TCR Branch Manager search—

Dr. Villanacci discussed the search for a new TCR Branch Manager. While there have been many applicants few are meeting the initial screening criteria which has limited the number of candidates who can be considered



during the selection process. He is considering revising the initial screening criteria in order to attract a more diverse applicant pool.

ACTION ITEM: TCR and ACTCR members to help in distributing TCR Branch Manager job posting to a larger/more diverse audience; TCR to share revised or updated posting with ACTCR members for further distribution once the position is posted again.

ACTION ITEM: ACTCR members review and provide feedback on Branch Manager job posting.

Registry Plus viability review—

Dr. Villanacci described the steps taken to review both the short- and long-term viability of the Registry Plus software suite used for collecting and consolidating the TCR's data. Staff performed a system and business needs analysis on the future requirements of the TCR software and hardware systems with the DSHS Chief Technology Officer, including a discussion with CDC on future plans for the registry. Although the current software is old and some of the associated systems are a few versions behind in updates, with a few upgrades, the current system will sustain the needs of the TCR until the year 2020. Currently, the TCR plans to upgrade all its servers to the latest versions in FY 2016; this will include Windows 2012 Server, Microsoft SQL Server 2012, and Internet Information Server 2012. The status of the registry will be reevaluated in a few years to determine if action is needed at that time.

ACTION ITEM: TCR to direct members to list of new fields being collected (in [TCR Cancer Reporting Handbook](#)).

DSHS/HHSC consolidation and follow-up Sunset Activities—

Dr. Villanacci provided a brief overview of how the HHSC consolidation, as a result of the legislative Sunset process, would affect DSHS and specifically the TCR. Overall, the effects would be minimal, as DSHS is to remain as a separate, stand-alone agency. Some programs that were housed within DSHS will be moved to HHSC. One such program with direct ties to the TCR would be Breast and Cervical Cancer Services (BCCS), as they are on the same CDC grant as the TCR. Dr. Villanacci also mentioned BCCS's HPV Strategic Plan (legislatively mandated), which will have someone from the TCR involved in the process.

ACTION ITEM: Dr. Villanacci to share information with members on HPV strategic plan development.

ACTION ITEM: Dr. Villanacci to ensure ACTCR members are included on stakeholder lists for the HPV strategic plan development.

III. Texas Cancer Registry Update

During this section of the meeting, Dr. Villanacci updated members on current and ongoing activities of the various areas of TCR.

Operations/Quality Assurance



Case Finding Data Collection (CFDC)—

Case Finding Data Collection (CFDC) is a process in which TCR staff actively collects cases from facilities that on average have less than 100 cases per year. For 2014 cases, the TCR expects approximately 2,300 unique cancer cases to be abstracted from 238 facilities. Currently, the TCR has received a disease index from all the facilities and an electronic linkage has been performed. Staff will obtain pertinent information from the medical records received from the facilities to abstract the cases into the registry software.

NAACCR Version 15 format conversion—

The TCR is currently in the process of converting to the NAACCR Version 15 standard – this is a national requirement that is necessary for annual data submissions to NAACCR and NPCR/CDC. To accomplish this conversion, there are three applications associated with the Registry Plus Software that must be converted; these are Web Plus – which is used by state reporters to enter data, Prep Plus – which is used to upload files, resolve errors, and to prepare the data for incorporation into the third application – the Consolidated Record System (CRS). Both Prep Plus and CRS are fully converted and the TCR has been actively working with CDC to resolve issues with Web Plus. Data is still being accepted, but staff has needed to use workarounds to get the data into the system.

VA Hospital reporting difficulties—

There was a slight delay in getting the VA data sharing agreements out in part due to contract process changes at DSHS. All seven agreements have been sent and received by the VA hospitals to date. TCR has received data from three hospitals. It has been historically difficult to obtain data from the Temple VA hospital, so any help from committee members to encourage their participation would be greatly appreciated.

ACTION ITEM: TCR to reach out to member V.O. Speights, Jr., D.O. for help with Temple VA reporting difficulties.

eReporting and Training

Physician reporting and current barriers—

Staff in the eReporting and Training Group continues to work with Eligible Professionals (EPs) and Vendors, to help in the implementation of Stage 2 Meaningful Use. As of October 1st, there were 707 individual EPs registered, representing 135 different entities (e.g., physician groups, clinics, EHR vendors, etc.). However, thus far, 22 EPs have sent test messages but none of the messages have passed validation. The discrepancy between the number of EPs registered and those sending messages is due to the fact that TCR staff has asked them to hold off until their Electronic Health Record (EHR) Vendor has sent a validated test message. A few of the Vendors are close to submitting valid test messages and are actively working with CDC and some states (Texas included) to work out the issues with EHR cancer reporting.

As staff has worked through this process with CDC and Vendors, it has become apparent the EPs need training in cancer data entry, for example choosing the correct primary site/histology. The different classification and coding systems used make this task more difficult than originally thought; as a result vendors are now offering training to the EPs on value selections.



Collaborative Stage transition—

This involves the transition from Collaborative Staging to Tumor Node Metastasis staging (TNM). TNM staging will be required for all cancer reporters beginning with cases diagnosed January 1, 2016, with implementation to begin in June 2016. The TCR training staff has continued to provide TNM training from various standard setters as each seem to offer something a little different. The TCR has also developed its own TNM training module for new reporters and TCR staff.

Data and Epidemiology Update—

Dr. Nogueira gave an update of the Epidemiology Group and data related activities. The registry has regained its Gold Certification from NAACCR, and met the quality requirements from NPCR for the last annual data submission (Reporting Year 2012) in November 2014.

Dr. Nogueira discussed improvements made in matching patient and tumor records in pending. For example, a combination of deterministic and probabilistic matching methods lead to a reduction from 96,334 records in patient pending in July 2014, down to only 18,775 in December 2014. A macro developed in collaboration with the Quality Assurance team, which is lead by Susan Perez, has also been implemented to identify multiple primary tumors more efficiently.

Additionally, a three-step spatio-temporal model is now being used to project the number of new invasive cancer cases that will be diagnosed each year. This method is a significant improvement over the linear method previously used because the new method accounts for expected delays in case reporting and considers geographic variations in sociodemographic and lifestyle factors, medical settings, and cancer screening behaviors as predictors of cancer incidence.

Dr. Nogueira presented the new Completeness Dashboard, which tracks TCR progression towards completeness required for NAACR certification, and the new Data Dissemination dashboard, which presents TCR activities according to the CDC categories for how cancer data is used. The Data completeness dashboard makes it easier for staff to see the result of their efforts in a timely manner, and to evaluate how changes in TCR processes improve our ability to achieve completeness. The Data Dissemination dashboard makes it easier to visualize how the number of general data requests completed by the Epidemiology team has decreased after the implementation of the Query Tool, and how the number of IRB-approved studies managed by the team have been growing in recent years.

TCR's Epidemiology Group also updated and expanded the Annual Report. The Report now includes an evaluation of screen-able cancers, such as colorectal and cervical cancer. Maps illustrating the incidence rate of cervical cancer and late-stage colorectal cancer are useful in determining which areas in Texas would be good intervention candidates.

ACTION ITEM: TCR to distribute Dr. Nogueira's PowerPoint presentation to members.

ACTION ITEM: TCR to consider using ACTCR members to review any specialized monographs TCR disseminates.

ACTION ITEM: TCR to share Annual Legislative Report with members for review, input, comment.



IV. Progress on Survivorship Care Plans—Members

Dr. Scheurer briefly discussed the progress made on Baylor’s Passport for Care (PFC). To date 20,000 childhood cancer survivors have been entered into the system. Clinicians are now utilizing the passport to generate guidelines for their patients. The Survivor Portal, which is the patient side of the PFC, was rolled out over the summer. The program enrolled survivors and their families, over the last few months, with their eight partner institutions in Texas who treat these patients. These eight institutions are members of a CPRIT grant to finalize and roll out the survivor portal.

The second part of the CPRIT grant was to utilize TCR data to reach out to survivors of childhood and adolescent cancers who may have been treated in the past. These survivors are still alive but are no longer associated with their treatment centers. These are the survivors in which the PFC can prove most beneficial, as the survivors often still experience the late effects associated with treatment. Approximately 12,000 patients were identified (treated for a cancer under the age of 18 who are currently over the age of 18) and this group was narrowed down to those treated at one of the major hospitals with which PFC is affiliated. This left 6,000 individuals that the PFC is beginning to reach out to and offer access to the survivor portal.

Dr. Scheurer mentioned that plans for a breast cancer version have been put on hold at this time.

Stephanie Nutt was unable to attend the meeting; therefore no update on the LIVESTRONG care plans was given.

RECOMMENDATION: Any members who had a successful partnership with the registry please consider sharing for future success story submissions to the CDC.

V. Member Updates / New Business—Group Discussion

New business—

- Issues of selecting a vice chair and transitions of leadership were briefly discussed. Dr. Scheurer encouraged members’ timely participation when requests for nominations and voting are sent out.
- Considering revising the ACTCR operating principles to more closely match the “reality” of how the committee currently functions.

Member Updates—

- Michael Scheurer (Baylor)—Baylor was refunded with National Cancer Institute (NCI) comprehensive status.
- Jim Goodwin (UTMB)—working with MD Anderson faculty on comparative effectiveness research (CER), in addition to partnering with TCR.
- Sandi Pruitt (UT Southwestern)—UT Southwestern also received NCI comprehensive status



Next meeting proposed for March 2016; members expressed concern with not scheduling over Spring Break; will give considerations to this while scheduling.

Dr. Scheurer also encouraged more members who are able to, to attend the meetings in person, as this facilitates a more interactive and productive meeting.

ACTION ITEM: Review and revise ACTCR operating principles; put out a call to members for suggestions.

ACTION ITEM: TCR to send out poll to members to determine best date and time for the next meeting, no later than December 31st, 2015.

VI. Adjourn

There being no further business, the meeting was adjourned at 1:04 PM.