



MEETING SUMMARY

Advisory Committee to the Texas Cancer Registry
Friday, August 21, 2020, 12:00–1:00 PM

Members/Designees/Guests Participating:

- Philip Lupo, PhD, MPH, Baylor College of Medicine, **ACTCR Chair**
- Elaine Symanski, PhD, Baylor College of Medicine
- Kelly Merriman, MPH, PhD, CTR, UT MD Anderson Cancer Center
- Laura Wood, American Cancer Society
- Maria Hoang Tran, MPH, CTR, Memorial Hermann Healthcare System
- Michael Scheurer, PhD, MPH, Baylor College of Medicine
- Sanjay Shete, PhD, University of Texas M.D. Anderson Cancer Center
- Zuber Mulla, MSPH, PhD, Texas Tech University Health Sciences Center El Paso
- Kristina Walker Whitworth, PhD, MSPH, Baylor College of Medicine
- Daikwon Han, PhD, Texas A&M University

Texas Cancer Registry:

- Melanie Williams, PhD, Branch Manager, TCR
- Saroj Rai, PhD, MPH, Epidemiology Manager, TCR
- Susan Perez, CTR, RHIT, Registry Operations Manager, TCR
- Katie Dahlquist, MEd, Information Specialist, TCR

Note: Please refer to the ACTCR webpage for handouts and presentations from the meeting (see links under Summer 2020: <http://www.dshs.texas.gov/tcr/actcr.aspx>)

I. Welcome — Philip Lupo, PhD, MPH, ACTCR Chair	
Call to Order and Approval of Minutes	<ul style="list-style-type: none"> • Called meeting to order. • This meeting is Part II of the Summer 2020 meeting and uses the same agenda and slide deck as Part I.



II. Other Updates — Melanie Williams, PhD, TCR Branch Director

National Childhood Cancer Initiatives

NOAH (CDC)

- For information, see slide 22 in meeting presentation.
- Formerly known as the STAR project, the goal is to implement rapid case reporting (with 6-8 weeks of diagnosis) for a subset of childhood cancers.
 - Scope hasn't been determined, but consensus is that it might be too broad at this time. For example, it could include pediatric, adolescent and young adult, but this might not be feasible.
 - Proposed plan implements a cloud-based software system that allows pathology labs that work with high volume childhood cancer volume to report directly. Central registries would then help fill in missing data.
- TCR participated in focus groups with Texas Children's Hospital and MD Anderson.
- Registries that have used rapid case ascertainment in the past (Georgia, Los Angeles, and Louisiana) shared best practices with CDC and pilot registries.
- CDC asked TCR to be one of the first states, but we responded that we'd prefer to be third. The timing of TCR's participation will depend on what the final project looks like
- The goal is to make additional data available for research.
- **Comment (Kelly Merriman):** Many cases that come to large pediatric centers have been diagnosed elsewhere and won't be reported within 6-8 weeks of diagnosis. **Response (Melanie Williams):** This concern is valid. TCR has seen similar situations for projects that include patients that travel from OK and LA for treatment in TX.
- **Question (Philip Lupo):** Is there crosstalk between CDC and NCI about the two projects? **Answer (Melanie Williams):** Not as much as there could be. No SEER registries are participating in NOAH pilot.
- **Comment (Michael Scheurer):** Baylor previously worked on a CDC rapid case ascertainment project with Louisiana. They received consent from patients directly with LA registry (IRB recommended consent). It was beneficial to be able to identify a case if they didn't have all the data.

National Childhood Cancer Registry (NCI/NAACCR)

- For information, see slide 23 in meeting presentation.
- The role of central cancer registries is more tangible for this project.



	<ul style="list-style-type: none"> • Data that is already reported through Call for Data would be used for a variety of linkages. For example, data from Georgia and another state is being liked to CVS prescription data. Other options are CMS and claims warehouses. • TCR provided permission to use latest data (through diagnosis year 2017, submitted last fall) for feasibility tests. • Question (Elaine Symanski): Is this a demonstration project to see if it's feasible? Answer (Melanie Williams): I think so. • Comment (Philip Lupo): Some cases could be missed if only cases from NCI-designated centers are used. For example, some COG-associated programs might not also be NCI-designated. Response (Melanie): This has been discussed. It is assumed that data from central registries, NCI-designated centers and COG programs will overlap but probably not completely.
<p>Subcounty Cancer Data Projects (See slides 24-26 for overview.)</p>	
<p>National Environmental Public Health Tracking (CDC)</p>	<ul style="list-style-type: none"> • For information, see slide 27 in meeting presentation.
<p>Cancer Reporting Zone Project (NCI/NAACCR)</p>	<ul style="list-style-type: none"> • For information, see slides 28-33 in meeting presentation. • An example of what it might look like is available at CaliforniaHealthMaps.org. • Reporting zones would include intact census tracts. • The data would be supported through SEER*Stat database, not just a web query tool. • Question (Elaine Symanski): What time period of data would be used? Answer (Melanie Williams): It would use data from the most recent Call for Data (currently through diagnosis year 2017).
<p>V. Member Updates/New Business — Group Discussion</p>	
<p>Member Updates</p>	<ul style="list-style-type: none"> • Laura Wood – In follow-up to discussion in our last meeting, Durado Brooks, MD, MPH, (American Cancer Society Vice President, Cancer Control Interventions) provided information about the decrease in cancer screening due to COVID-19. Action Item: Katie will email resources to ACTCR members.
<p>Member Recommendations</p>	<ul style="list-style-type: none"> • We received two recommendations for pathologist members. We will be inviting both to join. • We are still seeking recommendations for a representative from UT School of Public Health. Action Item: Send suggestions/recommendations to Katie Dahlquist.



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Next Regular Meeting

Date: September 11, 2020 (Friday)

Time: 11:30am–1:30pm

Audio, video, and presentation: global.gotomeeting.com/join/575257917

Phone only: 646-749-3122, access code 575-257-917

VI. Adjourn