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| **Delaware Cancer ConsortiumDelaware Cancer Registry Advisory Committee (DCRAC)** **Monday, July 11, 2022****Virtual Meeting****Time: 10:00am – 11:00am**  |
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| **Attendance** |
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| **Members** |  |
| Did Not Attend | Rachel Gardner, Nanticoke Health Systems |
| Attended | Robert Hall-McBride, Christiana Care Health Systems |
| Did Not Attend | Stephanie Guarino, Nemours |
| Did Not Attend | James M. Monihan, MD, Allied Diagnostic Pathology Consultants, PA  |
| Attended | Roxann Nichols, Beebe Hospital, Tunnell Cancer Center |
| Attended | Nicholas Petrelli, MD, Helen F. Graham Cancer Center |
| Did Not Attend | Reichard-Eline, Aubrey, American Childhood Cancer Organization |
| Attended | Rishi Sawhney, MD, Bayhealth Medical Center |
| Attended | John D. Shevock, Bayhealth Medical Center |
| Attended | James Spellman, MD– Beebe Healthcare - Tunnell Cancer Center |
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| **Staff** |  |
| Attended | Wilhelmina Ross, Delaware Cancer Registry/Westat |
| Attended | Jason Lawson, Delaware Division of Public Health |
| Did Not Attend | Sumitha Nagarajan, Delaware Division of Public Health |
| Attended  | Diane Ng, Delaware Cancer Registry/Westat |

Attendance was recorded of committee members participating in the virtual meeting.

**Welcome**

**Old & New Business**

**Approval of Minutes**

The DCRAC reviewed and approved the minutes from the January 10, 2022, meeting as written.

**DCR Information Technology Modernization Plan**

Mr. Jason Lawson, IT Manager, reported that he checked with the Centers for Disease Control and Prevention (CDC) and all recent errors/issues with the version 22 (v22) Web Plus software have been addressed. He will move ahead with installing the v22 Web Plus for the Delaware Cancer Registry (DCR). Mr. Lawson will contact relevant IT departments to start upgrading Web Plus in the test environment so registry staff may start testing it. The upgrade will be deployed to the production environment and made available to reporters after testing is completed.

Regarding eMarc+, North American Association of Central Cancer Registries (NAACCR) version 21 (v21) still has not been released due to multiple issues. The NAACCR v22 upgrade is scheduled to be released in about one month’s time, so v21 may be skipped and v22 installed instead if approved. This installation will likely happen in September or October 2022. Mr. Lawson will update the committee again in October at the next DCRAC meeting.

**Registry Updates**

Ms. Wilhelmina Ross, Project Manager, provided updates on the Delaware Cancer Registry’s (DCR) operations. Staff are working on geocoding registry data to prepare for the annual National Death Index Linkage (NDI). Registry staff will submit an application/request for NDI matching to CDC by the end of August.

The registry was performing many data acquisition calls to facilities to locate more cases that were diagnosed in year 2020. It was requested that anyone representing a reporting facility to send all 2020 cases to the registry. Ms. Ross reported that the registry numbers for 2020 were lower than expected at around 81%, but some of this effect was to be expected due to the impact of the COVID-19 pandemic which started in 2020. However, the registry staff wanted to ensure that they are not missing any cases from 2020, to make sure data is cleaned and processed for the upcoming submission.

**Epidemiology Working Group**

Ms. Wilhelmina Ross also provided updates on the Epidemiology Working Group. This is a new group formed by the Department of Public Health (DPH), for the purpose of discussing topics within cancer surveillance such as data briefs, annual reports, research ideas, and innovative methods in cancer reporting. The Cancer Control and Prevention Bureau at DPH will then make changes to cancer reporting by improving epidemiological methods, providing meaningful statistics to stakeholders, and enhancing data visualization. Members of this group will be associated with the DCR, the DPH, Delaware’s My Healthy Community, epidemiologists within the Cancer Control Prevention Bureau and other DPH epidemiologists. The group will meet regularly to discuss various topics. The first planned topic of discussion will be to review the possible cancer reporting zones for Delaware as a part of the participation in the NCI/NAACCR Zone Design Project. Ms. Ross reported that this initiative will be kept as a standing agenda item and regular updates will be provided.

**Breast Cancer Data Brief**

Ms. Diane Ng, Registry Analyst, presented an update on cancer reporting changes on behalf of Ms. Sumitha Nagarajan, Chronic Disease Epidemiologist, who was unable to attend during this meeting. Cancer data briefs have been created, and the Epidemiology Working Group was established as previously mentioned.

Ms. Ng went over some updates to cancer reporting changes. The first data brief, on breast cancer, will be released July 11, 2022. The next data brief, concerning prostate cancer and childhood cancers, will be released in August of this year. Annual reports will be released October 2022 and will consist of Chapter 3 (all-site cancers) of the current Incidence and Mortality (I&M) report, census-tract analysis compendium and comprehensive incidence and mortality tables.

Ms. Ng then showed the group part of the breast cancer data brief, which included information from Delaware’s I&M Report that included incidence, mortality, stage of diagnosis, and screening. Some key highlights were shared from the brief, including a new method for trend analysis called Joinpoint.

**NCI/NAACCR Zone Project**

Ms. Diane Ng also reported on the NCI/NAACCR Zone Project. The project will move forward once the state of Delaware decides on what zones they prefer from the options presented to them. These zones are homogenous and have a minimum of 50,000 people; zone options have been presented to Delaware via an interactive tool that visualizes zone boundaries. Once the Epidemiology Working Group meets, they will go over these preferred zones and finalize them to be used for cancer reporting.

**Rapid Cancer Reporting System (RCRS) Report**

Mr. Robert Hall-McBride, Christian Care Health System Registry Manager, reported that he was able to find the metrics criteria so it may be analyzed at the state level using the same criteria. The new RCRS system has a different platform than the previous version but uses many of the same measures except for the addition of a few new ones.

**Review Execution Plan/Teal Book**

The group, led by Dr. Nicholas Petrelli, DCRAC Chairperson, reviewed highlighted areas of the new Execution Plan for 2022-2027. It was decided that the Execution Plan should span five years as a plan instead of a three-year plan, to mirror the Teal Book.

Objective 1b, CDC/NPCR’s Data Modernization Initiative at the DCR was reviewed. The DCR will wait and see the progress among laboratories for uptake and adoption of cloud reporting before setting a goal for this objective. A threshold of 70% uptake and target of 80% was tentatively set but is subject to change based on developments.

Objective 2a, concerning the Rapid Quality Reporting System (RQRS) was discussed. The measure was decided to be recorded at the state level rather than at individual hospitals. The language of the Execution Plan will be changed to reflect that. The target goal of six hospitals was reviewed and accepted.

Objective 3b was reviewed, concerning the annual publication of at least three articles, events, or reports publicizing availability of cancer data to inform researchers and stakeholders. Dr. Petrelli proposed that DCRAC could put publications on the Delaware Department of Health and Human Services (DHSS) website and the Healthy Delaware website. Ms. Ross agreed that utilizing the website would be a good idea and would allow a method to meet the objective’s goal within the DCR/DCRAC’s control. Ms. Ross mentioned that data will now be shared with My Healthy Delaware, and this topic will be covered in a future meeting. The number of annual reports or articles for this objective’s goal was also scaled back to 2-3 per year. Also within Objective 3b, the measure of producing at least five cancer surveillance data briefs on different cancer types was examined, specifically whether the goal of five annually is reasonable. Ms. Ng and Ms. Ross confirmed this goal was realistic and achievable.

Strategy 4 was reviewed next. It was proposed to move away from peer-reviewed publications and instead utilizing websites or other journals that are not peer-reviewed. It was also proposed to potentially get rid of Strategy 4 altogether since it appeared to be a duplicate of Objective 3b. Ms. Ross would like to double-check the Teal Book before proceeding with deleting Strategy 4. Objective 4b was also covered; but any next steps are awaiting feedback.

Strategy 5 was reviewed. The goal for this measure will be set by Ms. Ross and staff before the next meeting and will be an agenda item at the next meeting.

Ms. Ross reported at social determinants of health will be discussed S. Nagarajan and will be revisited at a future meeting. This topic will get feedback from the Advisory Council before moving forward.

**Next Steps**

* WebPlus and eMarc+ will upgrade to new versions
* Continue development of cancer briefs
* Continue revisions of the incidence and mortality tables
* Continue revisions of Execution Plan

**Future Meetings**

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| **Next Meeting:****Monday, October 10, 2022 – TBD** **Virtual or In-Person (Hybrid)** | **Upcoming 2023 Meetings:** **Exact Dates TBD-****January 2023****April 2023****July 2023****October 2023** |