



PRESIDENT'S MESSAGE

Happy Spring TRAC Members!

The weather is slowly warming up, be sure to get outside and enjoy the sun!

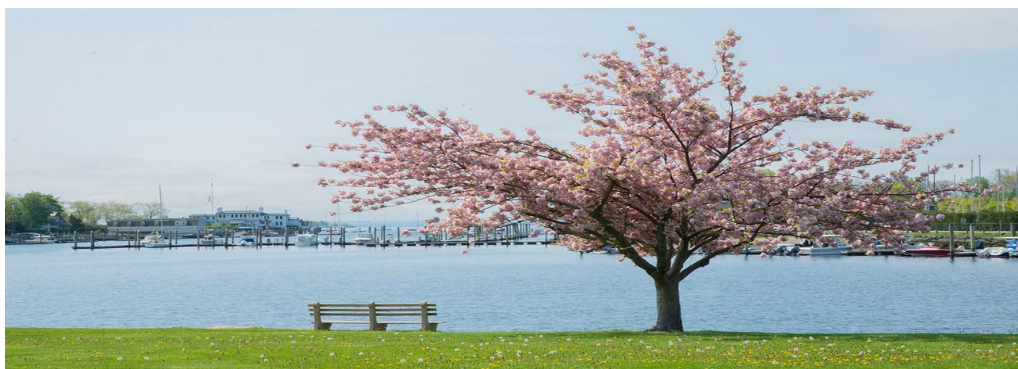
Registration for our Spring Meeting is now open. This is a great opportunity to obtain in-person CE's and to see everyone face to face again. Check out the TRAC or NAACCR websites for more information. Please note that you need to register through the NAACCR website, not TRAC. Be sure to sign up!

I know that in-person meetings can be challenging, so we will be planning a virtual meeting for the fall- stay tuned.

As always, please send any ideas or suggestions to the TRAC website: ct-trac.org

Respectfully,

Rosemary



As you may know, Donna Goss' mother passed away on 3rd April. See her note of gratitude as follows:

I just want to thank TRAC for the plant I received today. As you may or may not know my mother passed away on April 3rd. It means a lot to me to be thought of during this difficult time.

Thanks,

Donna



Hubbard Park

Annual Daffodil Festival

(23rd and 24th May, 2025)

Bylaws Committee Report

The Bylaws Committee has worked to update several sections of the TRAC bylaws, primarily to ensure that the various articles are consistent, as well as adding some definitions for certain sections. The Committee looks forward to meeting with the TRAC Board of Directors to present the revisions for acceptance. We anticipate that the revisions and clarifications will be ready to distribute to TRAC members soon, with the intent to have a vote at the November Annual Meeting.



CTR Operations Report

Central Registry Updates

Save the Date

NAACCR 2025 Annual Conference is being held at the Hartford Convention Center June 3-5. Registration is now open. <https://www.naacr2025hartford.com/conferenceregistration>

Updates for 2025

Post Transplant Lymphoproliferative Disorder (PTLD) 9971/1 is reportable as

9971/3 as of 01/01/2025

Lung has a new SSDI item for 2025+.

The absence or presence of PD-L1 expression determines if the tumor will respond to treatment with a targeted inhibitor (immunotherapy). PD-L1 is done for Non-Small Cell lung cancers (NSCLC).

combination are biologically valid, unlikely, or impossible. This does not replace the Solid Tumor Rules determining histology coding but is an additional resource.

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CTR Operations Report

ICD-10-CM Casefinding List, 2025

<https://seer.cancer.gov/tools/casefinding/icd-10-cm-casefinding-list.20240924.pdf>

Cancer PathCHART Search Tool (CPC*Search Tool):

[CPC*Search - Cancer PathCHART Search](#)

For cases diagnosed 2024 and forward; A webtool is now available on the Cancer PathCHART website that will allow searches for tumor topography, histology, and behavior codes and terms. The search tool will also indicate if the tumor topography and histology combination are biologically valid, unlikely, or impossible. This does not replace the Solid Tumor Rules determining histology coding but is an additional resource.

Abstract Text Reminder

Text documentation is used to support and validate coded values and provides supplemental information that is not transmitted within the coded values. High quality and complete text documentation assists the Central Registry in resolving discrepancies between multiple sources that may have submitted an abstract.

Laterality Reminders

List of updated Laterality table found on page 22 of the STORE 2025 manual.

** C09.0, C09.1, C30.0, C34.0, C41.3, C41.4 were removed from the Laterality List **

Code 4 (bilateral) is only used in the following scenarios:

- Both ovaries are involved with a single history, single primary per Solid Tumor Rules
- Diffuse bilateral nodules
- Bilateral Retinoblastomas
- Bilateral Wilm's tumors
- Both breasts with inflammatory carcinoma is bilateral at diagnosis
- Bilateral involvement at time of diagnosis and lateral origin unknown for a site listed on the Laterality list.

Code 5 (midline) may only be used for the following sites

C700, C710-C714, C722-C725, C443, C444, C445

Readers Nook

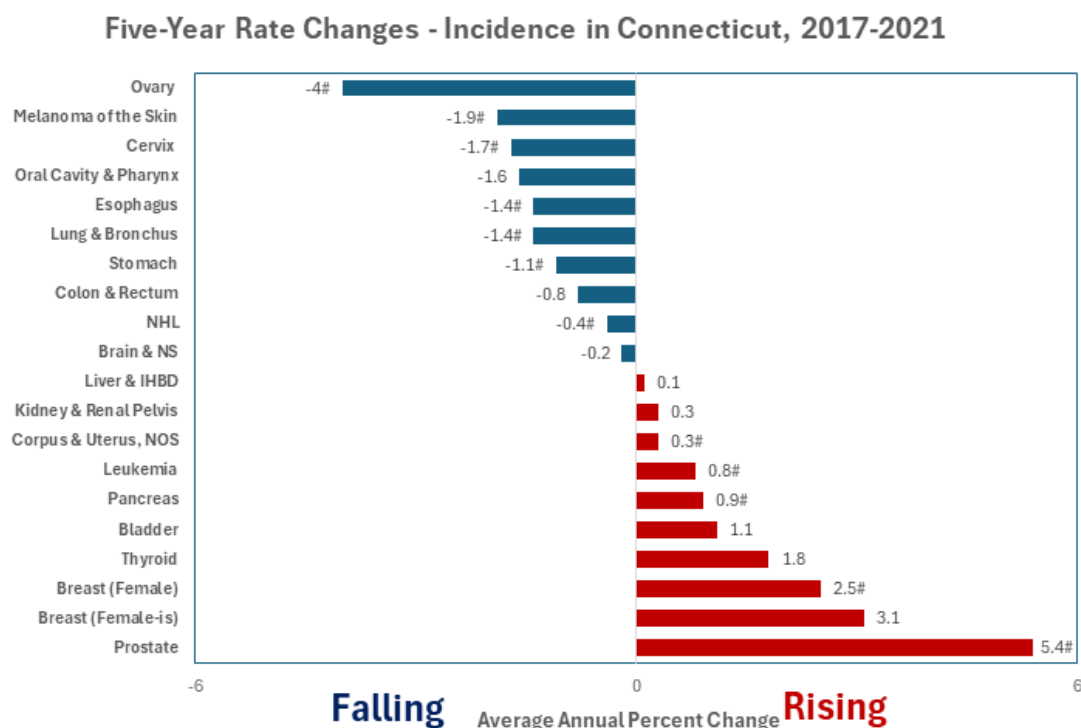
On Call, by Anthony Fauci, demonstrates the transition of data from surveillance, and statistics to research and improved treatments. Although the book begins with a description of the COVID crisis in 2020, Fauci then goes back to his initial work with HIV and AIDS in the 1980s. Fauci also takes us through public health battles against avian influenza, Zika, and bioterrorism, among others. This book clearly describes the processes that take place from surveillance through novel treatments.

CTR Stat Bytes

The figure shows five-year rate changes for cancers newly diagnosed in Connecticut between 2017 and 2021. Bars in blue represent rates that are **falling**, and bars in red represent **rising** rates. The average annual percent change is displayed for each site with # signifying a statistically significant change over the 5-year period, 2017-2021.

Sites with rates that have **significantly fallen** over the time period 2017-2021 are **Ovarian**, with a trend of -4.0 (95% confidence interval -8.6 to -2.2); **Melanoma of the Skin** with a trend of -1.9 (-2.7 to -1.3); **Cervix** with a trend of -1.7 (-2.2 to -1.2); **Esophagus** with a trend of -1.4 (-5.6 to 0.7); **Lung & Bronchus** with a trend of -1.4 (-1.8 to -1.1); **Stomach** with a trend of -1.1 (-1.4 to -0.8); and **Non-Hodgkin Lymphoma** with a trend of -0.4 (-2.0 to 0.0).

Sites where rates have **significantly risen** over the time period 2017-2021 are **Corpus & Uterus, NOS** with a trend of 0.3 (0.1 to 0.5); **Leukemia** with a trend of 0.8 (0.4 to 1.2); **Pancreas** with a trend of 0.9 (0.7 to 1.1); **Breast (Female)** with a trend of 2.5 (0.6 to 3.5); and **Prostate** with a trend of 5.4 (3.8 to 7.2).



Source: statecancerprofiles.cancer.gov. Incidence data provided by the SEER Program.

#: The annual percent change is significantly different from zero ($p < 0.05$).

Notes: AAPCs are calculated by the Joinpoint Regression Program and are based on APCs. Data are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (based on ICD-O-3) except for bladder cancer, which is invasive and in situ, or unless otherwise specified. Population counts for denominators are based on Census populations as modified by NCI. The US Population Data File is used with SEER November 2021 data.



UPDATES FROM NAACCR AND THE NCI

NAACCCR & NCRA URGE MEMBERS TO SUPPORT FEDERAL PARTNERS

Our partners at NAACCR and NCRA are urging cancer surveillance professionals to work together to protect public health employees at the National Institutes of Health-National Cancer Institute, CDC –NPCR ,and Department of Veteran’s Affairs to ensure that cancer surveillance in the United States remains strong.

“NCRA and our partners are working to protect federal public health employees at the Centers for Disease Control and Prevention, the National Institutes of Health/National Cancer Institute, and the Department of Veterans Affairs to see that US cancer surveillance remains strong.

Be an advocate and support our cancer registry colleagues and the entire cancer surveillance community by sending our messages to your Senators and Representative through our easy online Advocacy Now Campaign.

By following the link below, you will be guided through a simple step by step process to send a provided letter to your members of Congress addressing:

- *Lifting the moratorium on external communications by federal employees.*
- *Adequately fund cancer surveillance functions of the federal government.*
- *Restore and retain our critical federal employees at the Centers for Disease Control and Prevention, the National Institutes of Health/National Cancer Institute, and the Department of Veterans Affairs.*
- *Repeal the administration's executive orders mandating a return to in-office work for federal employees.”*

This link will assist in joining these efforts: https://ncra.constituentvoice.net/alert/-urge_your_members_of_congress_to_support_cancer_registries/message/congress/write

UPDATES FROM NAACCR AND THE NCI

NEW STANDARDS AND UPDATES

- The 2026 Guidelines for ICD-O-3 Histology Code and Behavior Update for cases diagnosed 1/1/2026 forward have been released and are now available on the NAACCR website. The update includes tables listing new terminology in both alpha and numeric format. The updated 2026 annotated ICD-O-3.2. Excel document will be posted at a later date. The guidelines, alpha, and numeric tables are available on the NAACCR website: www.naaccr.org/icdo3
- NCI's Surveillance Research Program released SEER's latest data and statistics on April 16, 2025.
- The SEER website now shows data and statistics from the November 2024 SEER submission and U.S. Mortality through 2023. This includes:
 - SEER Incidence Data, 1975-2022
 - SEER*Explorer
 - NEW rates and trends by rural/urban county groupings!
 - Cancer Stat Facts Sheets
 - We also included the updated Impact of Revisions on 2020 U.S. Population Estimates with this release.
 - The Surveillance Research Program website has also been updated to reflect the new statistics, including:
 - New versions of Joinpoint and DevCan
 - Updated Delay Method documentation
- The NAACCR Data Security & Confidentiality Workgroup would like to bring your attention to the recently published "NAACCR Cybersecurity Framework and Audit Primer" which can be found here: <https://www.naaccr.org/wp-content/uploads/2025/04/NAACCR-Cybersecurity-Framework-and-Audit-Primer-20250417.pdf>
- This primer provides high-level information about various cybersecurity frameworks that are available to registries and some industry-standard audits that can be used to check compliance with the standards and guidelines outlined in cybersecurity frameworks.
 - The primer aims to support registry personnel in understanding what cybersecurity frameworks are and the role and functions of audits in an organization's cybersecurity program.
 - Other publications from the NAACCR Data Security & Confidentiality Workgroup area available here: www.naaccr.org/data-security-confidentiality-issues.
 - The NAACCR Data Security & Confidentiality Workgroup updates these documents annually, and welcomes the opportunity to incorporate feedback from the NAACCR community.



NCI UPDATES AND RESOURCES

The NCI and NAACCR provide a plethora of diagnostic, treatment, and coding updates for cancer surveillance professionals. The most frequently updated information is available at the following pages:

- ◆ <https://www.cancer.gov/publications/pdq>
- ◆ <https://seer.cancer.gov/seer-inquiry/>
- ◆ <https://seer.cancer.gov/statistics-network/>
- ◆ <https://www.naaccr.org/>
 - ◆ See Central Registry Standards for updates

