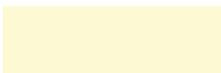
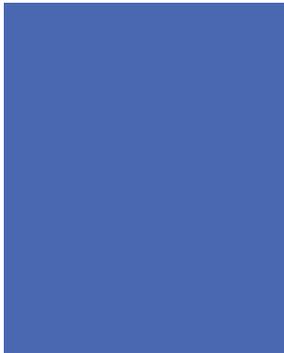


TEXAS CANCER REPORTING NEWS



Texas Cancer Registry

Volume XI, No. 2
Publication No. 10-10542
Summer 2009



*The mission of the Texas Cancer Registry
is to contribute significantly
to the knowledge of cancer
for use in reducing the Texas cancer burden.*

Recognition of TCR Funding Sources:

Maintaining a statewide cancer registry that meets Centers for Disease Control and Prevention high quality data standards and North American Association of Central Cancer Registries gold certification is accomplished through collaborative funding efforts.

The Texas Cancer Registry recognizes the following whose financial support is essential to accomplishing the Texas Cancer Registry mission for our State, and as the 4th largest cancer registry in the Nation.

Federal Grant Funding

We acknowledge the Centers for Disease Control and Prevention for its financial support under Cooperative Agreement #U58/DP000824-02.

State Agency Funding

- Texas Department of State Health Services
- Texas Health and Human Services Commission

Academic Institutions

Through the Texas Higher Education Coordinating Board:

- University of Texas M.D. Anderson Cancer Center
- Baylor College of Medicine
- University of Texas Southwestern Medical Center at Dallas

Appreciation is also extended to the following academic institutions that provide funding and collaboration with the Texas Cancer Registry in support of regional registry operations:

- Texas A&M University
- University of Texas Health Science Center at Tyler

Additional financial support is provided by:

- University of Texas Health Science Center at San Antonio
- University of Texas Medical Branch at Galveston
- University of Texas Health Science Center at Houston
- Texas A&M University System Health Science Center
- Texas Tech University Health Sciences Center
- University of Texas at Austin
- University of Houston
- University of North Texas Health Science Center at Fort Worth
- Texas Tech University
- University of Texas at Arlington
- Texas State University - San Marcos
- University of Texas at Brownsville
- Texas Woman's University
- Texas Southern University
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Questions regarding information found in this newsletter, or suggestions for future editions can be directed to Leticia Vargas, CTR, Quality Assurance, in Austin at (512) 458-7523, (800) 252-8059 (in Texas), or email at Leticia.Vargas@dshs.state.tx.us.

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Visit us online: www.dshs.state.tx.us/tcr

Publication No. 10-10542



Recap of the 81st Regular Session of the Texas Legislature

The 81st Regular Session of the Texas Legislature included a handful of bills of interest to the Texas Cancer Registry (TCR) and the cancer surveillance, prevention and research communities in general. The bill of highest interest to the TCR and our stakeholders was SB 1083 by Senator Joan Huffman, relating to access of certain confidential patient information within the Department of State Health Services (DSHS).

SB 1083, which failed to pass on final vote in the House during the last few days of the session, would have allowed hospital discharge data with patient identifiers collected by the DSHS Center for Health Statistics under the Texas Health Care Information Collection (THCIC) program to be shared with other programs in DSHS. Because of a prohibition in the THCIC statute, data linkages, even within DSHS, are not possible. Being able to link TCR data with hospital discharge data and then provide de-identified data sets to researchers would open up rich new avenues of study. Other direct benefits to the TCR and our cancer reporters would include using hospital discharge data to satisfy the CDC-National Program of Cancer Registries program standard for conducting casefinding audits and possibly reducing duplicate data items reported by hospitals to both the TCR and THCIC. The TCR appreciates the efforts of DSHS in making this initiative a legislative priority and for the work of Senator Huffman and her staff members. The TCR intends to work towards making this important initiative a DSHS legislative priority again for the next session of the legislature.

SB 1, the General Appropriations Act, included a change in the method of financing for a portion of the TCR's budget. Over the past four fiscal years, part of the TCR's budget was funded through an assessment of academic institutions in the state. Beginning in FY 2010, those funds will come from a share of the general obligation bond monies received by the Cancer Prevention and Research Institute of Texas (CPRIT). The TCR is grateful to all of the academic

institutions that provided much needed funding to enhance registry operations and help maintain those achievements over the past two bienniums.

Other bills of interest followed by the TCR include:

- SB 135 by Senator Rodney Ellis, relating to the creation of cancer incidence maps by the Department of State Health Services. This bill did not pass.
- HB 1672 by Representative Myra Crownover, relating to the newborn screening program. This bill, which passed and was signed by the Governor, adds sickle cell trait to the newborn screening program, gives parents the option to limit the use of genetic material (blood spots) after screening and clarifies how identified genetic material may be used to facilitate research.
- HB 4586 by Representative Jim Pitts, relating to making supplemental appropriations for state operations during the current fiscal year. Included in this bill which passed and was signed by the governor are an additional 16 FTEs for CPRIT plus operating funds for those positions. CPRIT now has a total of 36 FTEs.
- HB 1358 by Representative Jim Keffer relating to the Cancer Prevention and Research Institute of Texas. Passed and signed by the Governor, this bill improves CPRIT operations and authorizes \$450 million from general obligation bonds to fund cancer research and prevention grants over the next biennium.

More information on the bills discussed above can be obtained by visiting the Texas Legislature Online Web site at <http://www.capitol.state.tx.us/>.

- John Hopkins
Core Business Operations, Austin



Welcome New Advisory Committee Members

The Advisory Committee to the Texas Cancer Registry (ACTCR) is proud to announce the addition of five new individuals to its diverse membership of dedicated stakeholders. At the ACTCR June 2009 meeting, the following new Members were introduced to the Committee:

Keith Argenbright, M.D.

Dr. Argenbright is an Associate Professor at UT Southwestern Medical Center, Dallas, Texas. He also serves as Medical Director for Moncrief Cancer Resources, a non-profit, community-based cancer support center and leads programs to integrate research and science from UT Southwestern Medical Center. He received his medical degree from Tulane University and recently completed the Master of Medical Management program at Carnegie Mellon University.

Lauri Kalanges, M.D., M.P.H.

Dr. Kalanges is currently the Director of the Community Health Services Section (CHSS) at the Department of State Health Services (DSHS), but has accepted the position of Medical Director for the Health Promotion and Chronic Disease Prevention Section in DSHS. She has over 20 years of clinical education, research, and experience in surgery and public health with a focus on women's health issues. In DSHS, she has been the Senior Medical Advisor for the programs administered by the CHSS including Breast and Cervical Cancer Screening and Diagnostic; Reproductive Health; and Primary Health Care Services.

Juanita Salinas, M.S.W.

Ms. Salinas serves as the Program Coordinator of the Comprehensive Cancer Control Program at the DSHS. The Program is funded by the Centers for Disease Control and Prevention and its goals are to increase coordination and collaboration among cancer stakeholders for implementation of the Texas Cancer Plan.

Michael E. Scheurer, Ph.D., M.P.H.

Dr. Scheurer is an Assistant Professor in Pediatrics at Baylor College of Medicine and a Molecular Epidemiologist at the Dan L. Duncan Cancer Center and the Texas Children's Cancer Center. His research focuses on infectious agents and inflammation as risk factors for cancer. Currently, his studies involve adult and pediatric brain tumors and cervical cancer.

Maria Hoang Tran, M.P.H., C.T.R.

Ms. Tran is the Director of the System Cancer Program Accreditation for Memorial Hermann Healthcare System, which serves as the system's cancer registry. She has been with Memorial Hermann for 10 years—5 years as manager of the cancer registry—and was promoted to this position in May of 2009.

The addition of these members helps to ensure that key stakeholders are able to collaborate with their peers in a cohesive manner while providing the Texas Cancer Registry with insightful information and guidance. The TCR is grateful for these individuals' and their respective organizations' participation in the Committee.

Another notable event of this past meeting involved past Chair, Dr. V.O. Speights, Jr. being awarded by the current Chair, Dr. Brad Pollock. A congratulatory plaque from the Committee, and letter from the Department of State Health Services Commissioner, Dr. David Lakey, were provided to Dr. Speights in his honor for his dedication to the Committee while serving as Chair from 2004 until 2009.

Welcome New Advisory Committee Members (continued)

One of the most significant and notable achievements during Dr. Speights term has been the leadership he provided to the Committee during its efforts to assist and advise the TCR in attaining and maintaining “Gold” certification from the North American Association of Central Cancer Registries. This certification helps ensure that cancer data collected by the TCR and made available to Texas and the Nation are of the highest quality. The Committee is grateful Dr. Speights plans to continue his active participation in the Committee for years to come.

- *Dustin Smith, MBA, CHES*
Core Business Operations, Austin



2009 Timely Reporting Calendar

Cases Admitted In:	Should Be Reported In:
January 2009	July 2009
February 2009	August 2009
March 2009	September 2009
April 2009	October 2009
May 2009	November 2009
June 2009	December 2009
July 2009	January 2010
August 2009	February 2010
September 2009	March 2010
October 2009	April 2010
November 2009	May 2010
December 2009	June 2010

Please call your regional Texas Cancer Registry office for reporting information and training requests.

Correction on Use of “Rapid Abstract”

The TCR wishes to correct information we provided in the article “Use of Rapid Abstract” featured in our Winter/Spring 2009 edition of the newsletter. Facilities that use commercial software have access to “Rapid Abstract.” We had mistakenly noted that by using the “Rapid Abstract” feature the TCR loses vital information that is necessary to have accurate and complete cancer data for Texas. Use of “Rapid Abstract” will not impact your ability to submit data to the state; the error that was observed was an incident with a hospital’s data submission and not the use of the “Rapid Abstract” feature in ERS. There is no reason to discontinue using this feature. It does not interfere with meeting data requirements as outlined by the State of Texas. You can elaborate on all text fields or change any of the unknown default codes with “Rapid Abstract”. If you have information available through the patient record, you can add the information accordingly. When setting up “Rapid Abstract”, it is of the utmost importance that you do not exclude any fields required by the State of Texas. We apologize for any confusion or inconvenience this may have caused.

If you have questions or concerns regarding “Rapid Abstract”, please do not hesitate in contacting your regional office or software vendor.

- *Leticia Vargas, CTR*
Quality Assurance, Austin



Helpful Tools and Changes on the Horizon

The Texas Cancer Registry (TCR) will be implementing changes in reporting requirements for cases diagnosed/admitted January 1, 2010 and forward. NAACCR has released Standards for Cancer Registries Volume II: Data Standards and Data Dictionary, Record Layout Version 12, Fourteenth Edition, which includes new data items and changes to existing data items. The TCR will provide additional information regarding these changes soon. Our 2010 Cancer Reporting Handbook will incorporate all of the new requirements along with detailed coding instructions. Availability of the TCR 2010 manual will be announced on the TCR website at <http://www.dshs.state.tx.us/tcr/default.shtm> and via email.

The National Cancer Registrars Association (NCRA) website indicates a copy of the Collaborative Staging Manual Ver. 2.00.00 is scheduled to be released later this year and will be available for purchase at www.ncra-usa.org. A hard copy of the manual will be released sometime between August and December of 2009. The new manual will take effect with cases diagnosed in 2010. This manual will be user friendly and designed to be utilized online.

The 2009 Revised FORDS manual is available for download by accessing the Commission on Cancer website at <http://www.facs.org/cancer/coc/fordsmanual.html>.

The 7th Edition AJCC Cancer Staging Manual will be published in August 2009. The new manual takes effect January 1, 2010. A copy can be purchased at www.cancerstaging.net.

The SEER*RX Interactive Antineoplastic Drugs Database Ver. 1.3.0 was released in May 2009. You may download this free, helpful tool at <http://seer.cancer.gov/tools/seerrx/index.html>.

Stay tuned for details on webinars and trainings addressing the 2010 changes as they become available.

- *Dianna Watkins, CTR*
Quality Assurance, Austin



NAACCR 2009 Certification

The Texas Cancer Registry (TCR) has achieved Gold Certification by the North American Association of Central Cancer Registries (NAACCR) again this year and has met high quality data standards set by the CDC - National Program of Cancer Registries (NPCR) for registry certification on quality, completeness & timeliness of 2006 Data. Again, thanks for helping us remain “gold”.

- *Leticia Vargas, CTR*
Quality Assurance, Austin



COMPLIANCE REMINDER:
The first quarter (Jan – Mar) of 2009 cases are due October 1st. Please contact your regional office if you anticipate any delays.

Tobacco and Cancer in Texas, 2001–2005

In April 2009, the Texas Cancer Registry released “Tobacco and Cancer in Texas, 2001-2005.” This is an update of an earlier report for 1998-2002. Tobacco remains the leading cause of preventable disease and death in Texas and we estimated that for 2008, 28,644 Texans were newly diagnosed and 18,238 Texans died from a tobacco-related cancer. This accounts for over 30% of all newly diagnosed cancers and almost 50% of all cancer deaths. In addition, significant racial disparities exist with respect to tobacco-related cancers. Blacks experienced the highest incidence rates for 5 of the 10 tobacco-related cancers examined and highest mortality rates for 7 of the 10. Although the overall incidence of lung cancer has been decreasing between 1996 and 2005, the decrease was only seen among males. There was no change in incidence rates among females. Tobacco remains a substantial problem in the US and Texas. Almost 20% of Texans are still current smokers and tobacco companies spent an estimated \$885 million in promotional advertising in Texas alone for 2008. The report may be accessed on the Texas Cancer Registry website by visiting the following link: <http://www.dshs.state.tx.us/tcr/publications/files/tobacco-2009.pdf>.

- Eric Miller, PhD
Epidemiology Manager-Austin

Using TCR Online www.dshs.state.tx.us/tcr

We encourage you to use the [TCR website](#) as your complete information resource for Texas cancer reporting, statistical data, reporting law and rules, epidemiologic and reporting publications, webinars and training, and general information about the registry.



Be sure to check the Recent Additions section of our home page to see what’s new.

The most recent additions to TCR online include:

- [The Cost of Cancer in Texas, 2009 Report](#)
- [Texas Data Use, July 2009](#)
- [2008 Cancer Reporting handbook with 2009 Revisions](#)
- [Upcoming Webinar Information](#)
- [Web Query Tool](#)

When you visit us online, remember to add us to your bookmarks so you can always return to the information and resources we provide to help with your reporting or other cancer data-related activities.



- Corbin Choate
Web Developer /Graphics Designer, Austin



June 9, 2009 NAACCR Webinar Questions

After the June 9, 2009 NAACCR Advanced Coding and Abstracting Webinar, some inquiries were made based on answers to some of the questions in the Cancer Identification Quiz. The Texas Cancer Registry (TCR) would like to respond to these questions.

Question 1: A patient was diagnosed at another facility with breast cancer. She came to your facility for a wire localization which was done in the radiology department. She then went to a free standing surgical center (not owned by the reporting facility) for a lumpectomy.

Class of Case: Not Applicable

Inquiry: The TCR Cancer Reporting Handbook (CRH) instructs that cases where the patient has active disease or is being treated should be reported even if the patient receives no treatment at our facility. Is that correct?

Response: Remember, CoC does not require non analytical cases. CoC facilities report these cases to comply with state requirements and any state that is funded by NPCR does the same. NPCR (CDC) requires these cases. Report these cases to the state as Class of Case 3.

Resource: TCR 2008 CRH page 29 and page 40

Question 6: A lung cancer patient was diagnosed at another facility. At that facility a biopsy was done of the primary tumor that confirmed malignancy. A CT was done that showed a lesion on the chest wall that was suspicious for metastasis. The patient presented to your facility for a biopsy of the lesion. The biopsy was performed and confirmed metastasis from the lung primary. The patient then went to one of your staff physician offices for treatment.

Class of Case: 6

Inquiry: Wouldn't this be a Class of Case 2 since the metastasis was found in our facility, plus treatment was done with one of our staff physicians?

Response: It would depend on whether the biopsy done at your facility was incisional or excisional. Incisional biopsies are not considered cancer directed treatment and would be a Class of Case 6. Excisional biopsies are considered cancer directed and would be a Class of Case 2.

Resource: TCR 2008 CRH page 42

Question 7: A patient with pneumonia is referred to your radiology department for a chest CT on 1/1/2009. The CT shows a suspicious lesion in the upper lobe of the left lung. The patient is admitted on 1/15/2009 due to pneumonia. On 1/17/09 (during the same stay) a bronchoscopy is performed and the lesion in the left upper lobe was biopsied. Pathology confirmed malignancy.

a. What is the Date of First Contact? 1/17/2009

b. What is the Date of Diagnosis? 1/17/2009

June 9, 2009 Webinar Questions (continued)

Inquiry: According to the TCR CRH, the Date of First Contact for this case would be 1/1/2009. Is this correct?

Response: The TCR uses Date of First Contact to help with casefinding. We have not made any changes to our requirements or guidelines for this data field, which in this case would be recorded as 1/1/2009. Remember that CoC facilities have slightly different guidelines for Date of First Contact. The CoC is interested in knowing the timeframe between diagnosis of cancer and treatment. The TCR would not change the date reported by a CoC facility. If you are not at a CoC facility this data item would be coded as 1/1/2009.

Resource: TCR 2008 CRH pages 35 and 36

- *Cindy Dorsey, CTR*
Program Specialist, Austin



Cyber Cancer Registry

A new web-based learning tool has been designed and developed by the Centers for Disease Control and Prevention - National Program of Cancer Registries (NPCR). This application is an interactive virtual registry system for developing and assessing the skills of cancer registry personnel and will allow those new to cancer registration an opportunity to gain hands-on practice in core areas of cancer registry operations. By working through the exercises and quizzes, you will gain practical experience in the functions of a cancer registrar in both a hospital and central registry setting. Each module will give you immediate feedback and assessments to evaluate the level of competency, track training scores and provide a certificate of completion for each assessment. The first module, Casefinding (cancer case identification), is now available at: <http://apps.nccd.cdc.gov/dcpcccr>. For additional information please visit the following link:

<http://www.cdc.gov/cancer/npcr/>

- *Leticia Vargas, CTR*
Quality Assurance, Austin



37th Annual Texas Tumor Registrars Association (TxTRA) Educational Conference

The 37th Annual TxTRA Conference, *Staged for Change*, will be held in Houston, Texas at the Omni Houston Hotel Westside from October 19-23, 2009. Basic abstracting and CSv2 sessions will be held October 19-20th. The program committee announced that Dr. John Young will be presenting at the event and our very own Melanie Williams will be delivering our Texas Cancer Registry Update. Register and book your rooms early as there are limited rooms available. Visit the TxTRA website for early registration information at <http://www.txtra.org/annual.html>.

There is still time to volunteer on this year's TxTRA planning committee. Please contact Kathy Tenczynski (kathy.tenczynski@memorialhermann.org) or Maria Tran (phuong14@hotmail.com) if you are interested.

- *Leticia Vargas, CTR*
Quality Assurance, Austin



Coding Corner

Multiple Primary and Histology Coding for Colon

Question:

If there are malignant polyps in the transverse colon and in the cecum, would this be coded as a single primary?

Answer:

According to MP/H Rule M4 this would be multiple primaries. Rule M9, which states that multiple insitu and/or malignant polyps are a single primary, refers to polyps in the same section of the colon.

Resource:

National Institutes of Health

National Cancer Institute

Surveillance, Epidemiology and End Results (SEER) Program

2007 Multiple Primary and Histology Coding Rules

“Beyond the Basics” Breeze Sessions, Colon, June 18, 2007

http://seer.cancer.gov/tools/mphrules/training_adv/SEER_MPH_Colon_06182007.pdf

Question:

For colon cancer, should adenocarcinoma in a polypoid mass be coded to adenocarcinoma in a polyp?

Answer:

No, polypoid is not a synonym for polyp. Polypoid means “resembling a polyp.”

Resource:

National Institutes of Health

National Cancer Institute

Surveillance, Epidemiology and End Results (SEER) Program

2007 Multiple Primary and Histology Coding Rules

“Beyond the Basics” Breeze Sessions, Colon, June 18, 2007

http://seer.cancer.gov/tools/mphrules/training_adv/SEER_MPH_Colon_06182007.pdf

Question:

Should rule H5 or H6 be used to code the diagnosis “moderately differentiated adenocarcinoma with mucinous component?”

Answer:

Code the histology 8140 (Adenocarcinoma) according to Rule H6. The final diagnosis is not mucinous adenocarcinoma (Rule H5) and the percentage of mucinous adenocarcinoma is not stated. “Component” is not a term that indicates a specific histology so Rule H13 does not apply.

Resource:

SEER Inquiry System, Question ID 20081098, <http://seer.cancer.gov/seer inquiry/index.php?page=view&id=20081098&type=q>

Coding Corner (continued)

Question:

A colon cancer was diagnosed in 2004. In 2009 there was a diagnosis of recurrence at anastomotic site. No comparison was made with the previous specimen. Should this be reported as a new primary?

Answer:

Yes, this is a new primary site according to Rule M4. The section of colon with the original tumor was removed, so this tumor is in a different colon section. The tumors also occurred more than 1 year apart (Rule M5.) With no pathologic diagnosis of metastases or a comparison of slides, this is a separate primary.

Resource:

Commission on Cancer Inquiry and Response System, Question ID No. 24596, <http://web.facs.org/coc/default.htm>

- *Cindy Dorsey, CTR*
Program Specialist, Austin



Remember:

When coding the Scope of Regional Lymph Node Surgery (RX Summ- - Scope Reg LN Sur) the code “9” must be used in the following situations:

1. Primaries of the meninges, brain, spinal cord, cranial nerves, and other parts of the central nervous system (C70.0-C72.9, C75.1-C75.3).
2. For Hodgkin and non-Hodgkin lymphoma with a lymph node primary site (9590-9729 with a site of C77.0-C77.9).
3. Unknown and ill-defined sites (C73.0-C73.8, C80.9).
4. Hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease (9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989) if the primary site is C42.0, C42.1, C42.3 or C42.4.

Resource: FORDS (2009 Revision), page 138 and May 2008 TCR Handbook, page 108

NCRA 35th Annual Educational Conference

New Orleans, LA
May 31 – June 3, 2009

The NCRA Annual Educational Conference had a total of 1,100 registrars attend from around the nation. Topics included all the changes coming in 2010. The most essential topics were Collaborative Staging, TNM and Hematopoietic diseases. For registrars, new changes mean new challenges.

The AJCC Staging System, 7th Edition will be available in Summer 2009. This addition is focused on providing data-driven TNM anatomic staging, coordinating with UICC, supporting population and clinical scientists in developing improved prognostic and predictive schemas, and enhancing TNM with biologic and genomic data. AJCC 7th Edition is the foundation used in “Personalized Medicine” – the future on how we treat cancer patients.

Collaborative Staging Version 2 (CSV2) was developed to reflect the changes made to the AJCC Staging System, 7th Edition. This version will be effective for cases diagnosed on or after January 1, 2010. Changes implemented in this version are: 3 digits for CS Extension and CS Lymph nodes, mapping for AJCC 7th edition is added along with footnotes, new schemas for Buccal/Mucosa and Colon, new place-holders for up to 25 site-specific factors, and newly-provided histology inclusion lists for the histologies that do derive an AJCC stage.

The future for abstracting and coding Hematopoietic Neoplasms looks bright. A new database has been developed by SEER to assist us. This software is user-friendly and will help clarify any misunderstandings regarding hematopoietic rules. In addition, the database will also provide treatment information. Please refer to the SEER website for upcoming webinars: <http://www.seer.cancer.gov/>.

Overall, the conference was excellent and the City of New Orleans embraced us all.

- *Dora Rodriguez-Flores, CTR*
Regional Program Specialist, Arlington



Technology Corner

TCR Edits for 2009:

All facilities should be using the TCR Edits v11.3A (TCRCR113A.RMF) available on the TCR website (www.dshs.state.tx.us/TCR/vendors.shtm) for commercial software vendors and facilities. Data with an admission or diagnosis date after January 1, 2009 must be run through the 11.3A TCR Edits – American College of Surgeons accredited registries should run their data through the National Cancer Data Base (NCDB) edits prior to submitting their data to the NCDB. The NCDB edit set is geared to meet the reporting requirements for the NCDB and will not meet all the reporting requirements of the TCR.

SandCrab Lite (SCL) has the TCR edits built-in. The program should automatically download the latest version of TCR Edits (as long as automatic updates are turned on; automatic updates are the default when installed). To check if automatic updates are turned on, go into SCL, click the maintenance/setup tab, and click user preferences to check that automatic updates are turned on or off (if off, turn it “on”).

Third party cancer reporting software may or may not have built in edits to meet one or both of these entities’ requirements. Please check with your software vendor to determine which edits are in your reporting software. The edits for NCDB as well as additional instruction and direction on your NCDB data submissions are found at <http://www.facs.org/cancer/ncdb/datasubmission.html>.

GenEdits Plus 1.1.2 now available on TCR Website:

If you already have GenEdits Plus version 1.1.2, but do not have the TCR edits, just download step 3 of the same TCR web link to automatically modify the configuration (texas113.ini) and add the new TCRCR113A.RMF edits to your previously installed GenEdits Plus software.

Facilities that use the old version of GenEdits Lite or GenEdits Plus (other than 1.1.2) should uninstall this product and install GenEdits Plus version 1.1.2. Perform all three (3) steps identified at the TCR web link <http://www.dshs.state.tx.us/tcr/genedits.shtm>.

Help Desk Software – Novo Solutions

Novo Solutions Help Desk Software is now available on the TCR website under the Software Tab. The hyperlink is <http://www.dshs.state.tx.us/tcr/novo.shtm>. The SandCrab Lite software Maintenance/Setup tab also has a Novo Solutions button that will allow facilities and TCR staff to enter a problem ticket for IT related questions (e.g., SandCrab Lite, CRESS, GenEdits Plus, Edits, etc.). An email with the ticket number and the ability for the user to monitor the status of their ticket will be available with this new system.

SandCrab Lite for Pathlabs Version 3.0 (Pathology Laboratory State Reporting Software):

The updated edits for SandCrab Lite for Pathlabs (SCL-P) version 3.0 is available and should automatically download and install the edits. The new edits are `tcrcslp113a.rmf` (Figure 1). The Texas Cancer Registry (TCR) implemented SCL-P version 3.0 last summer (2008) and would like to remind any Pathlab still using the prior version of SCL-P (version 1 or 2) to download and install the new version 3.0 from our TCR website at the following link <http://www.dshs.state.tx.us/tcr/scl-path.shtm>. The new SCL-P version will incorporate the Standards for Cancer Registries, Volume V; Pathology Laboratory Electronic Reporting Version 2.0.

Technology Corner (continued)

Alternate methods for larger pathology laboratories (using Health Level Seven [HL7]) to submit their data to the TCR are still being tested. Facilities that used SCL-P version 1.0 or 2.0 should contact the TCR prior to installing version 3.0 for technical assistance (800-252-8059 Jonathan Unnasch at ext. 3626 or Marilyn Stark at ext. 3625).

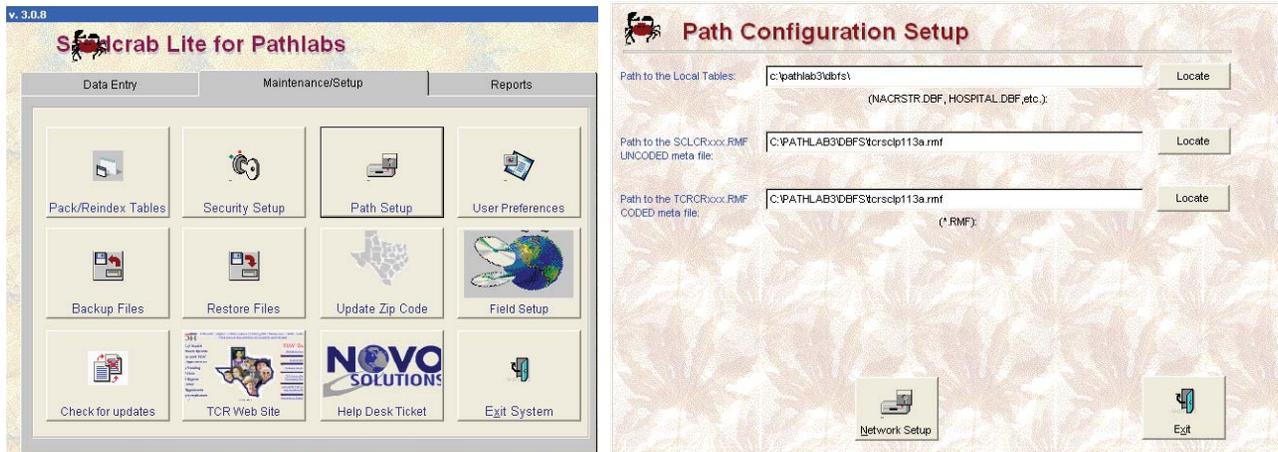


Figure 1 – Check Edits for SCL-P (tcrslp113a.rmf)

Secured WS-FTP site for sharing data between the Texas Cancer Registry and external entities (facilities, registries, etc...):

The TCR has a new Secured FTP site for external entities to pass files, documents, etc... to/from the TCR. This area will be used to upload or download files such as Disease Index (DI), Compliance Reports, Facility Data Reports, etc... The TCR will provide all facilities (if they have not already) with a login id and password to WS-FTP. To access the WS-FTP (File Sharing), go to the TCR website www.dshs.state.tx.us/tcr (Figure 2).

Continued on page 14.

Remember:

For coding Chemotherapy: Chemoembolization is a procedure in which the blood supply to the tumor is blocked surgically or mechanically and anticancer drugs are administered directly into the tumor. This permits a higher concentration of drug to be in contact with the tumor for a longer period of time. Code as chemotherapy when the embolizing agent(s) is a chemotherapeutic drug(s).

Resource: Page 122 May 2008 TCR Cancer Reporting Handbook

Technology Corner (continued)

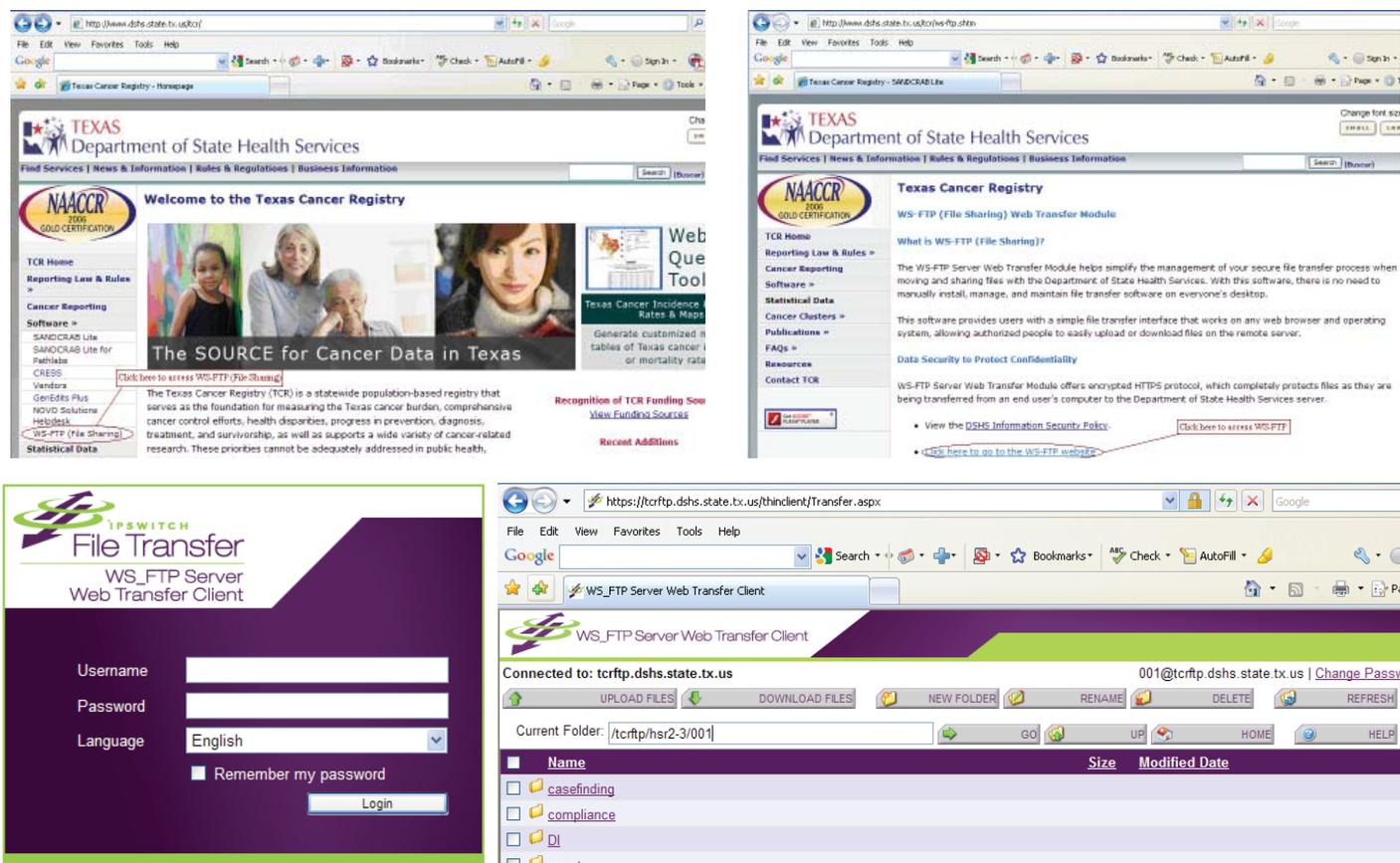


Figure 2 - Examples of WS-FTP (File Sharing) screen shots.

- Jonathan Unnasch
Business Analyst

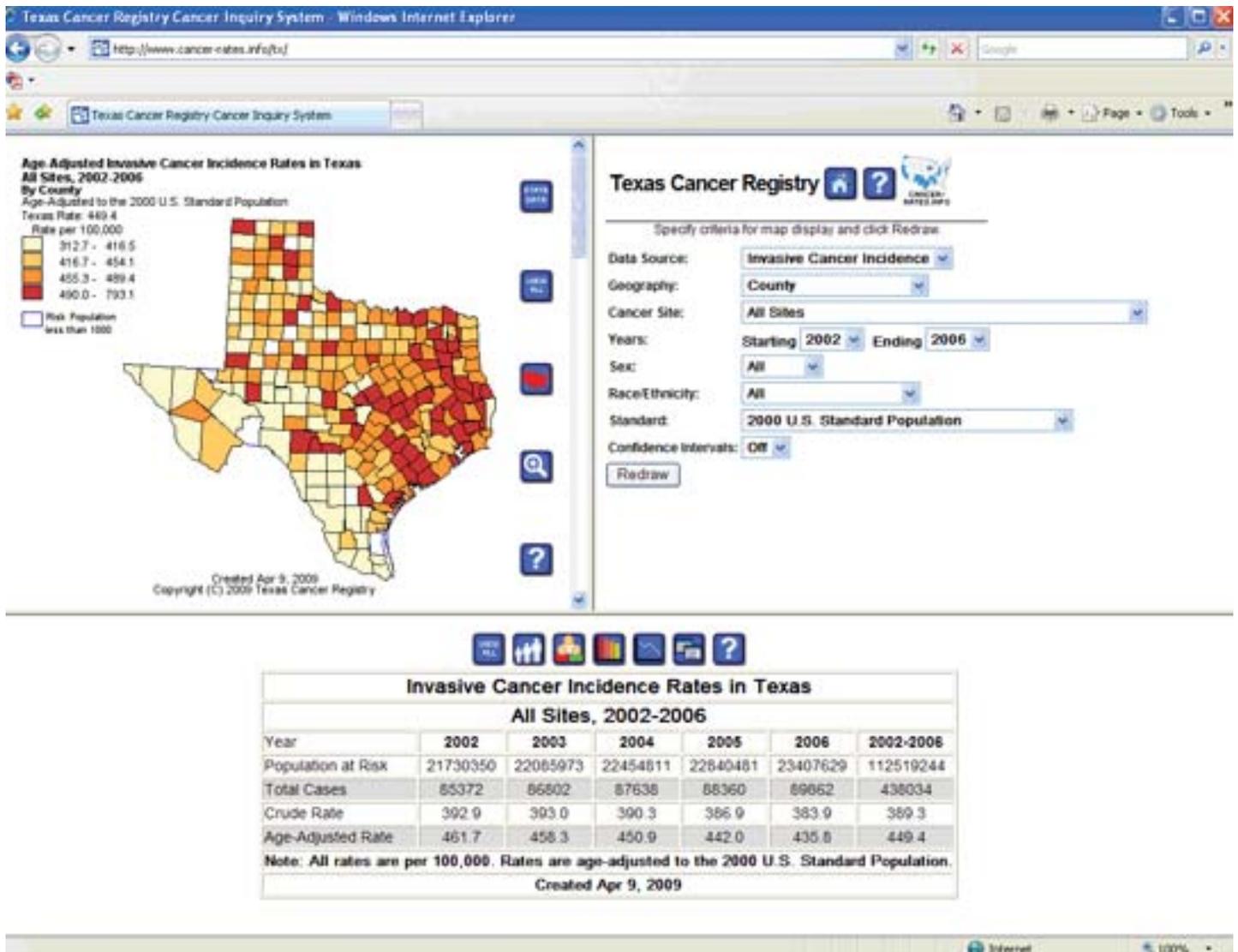


Remember:

For coding Radiation Therapy: Radioembolization is defined as embolization combined with injecting small radioactive beads or coils into an organ or tumor. Use code 50 brachytherapy when the tumor embolization is performed using a radioactive agent or radioactive seeds.

Resource: Page 117 May 2008 TCR Cancer Reporting Handbook

Query Tool



The TCR has installed a data query tool on our website which will allow the user to generate customized maps and tables of cancer incidence or mortality rates in Texas. This invaluable tool can now be accessed by clicking on the “Statistical Data” tab located on the left side of the TCR homepage.

Please refer to our Summer 2008 newsletter (page 4) for a detailed description of this query tool at http://www.dshs.state.tx.us/tcr/news_tcrn.shtm.

- Brenda Mokry, M. Ed.
 Epidemiology, Austin



Employee Update

Welcome back to Judy Gonzales, who had retired from the Cancer Registry in May 2007. She has accepted the position of Training Specialist III. Judy previously worked in Cancer Registry from 1988 to 2007. Her many years of cancer registry experience is a great asset to the department.

We are pleased to announce that Pam Jatzlau, our new Systems Analyst, started work with the TCR as part of the Core Business Operations Group on June 1, 2009. Pam has almost 16 years of experience at the Texas Department of Public Safety where she performed first and second level Help Desk support, training and on-site desktop, software and network support statewide for DPS field offices. She also worked for a short time at Dell Computer Corporation as a Business Analyst.

Pam's primary role with the TCR will be to provide Help Desk support for our customers to resolve problems regarding:

- Electronic Reporting/SANDCRAB Lite (FTP)
- SANDCRAB Lite for Pathlabs
- CRESS (Cancer Registry Electronic Submission System)
- WS-FTP (Secure File Sharing)
- GenEdits Plus

You are welcome to contact Pam with your computer support needs by phone at 1-800-252-8059 (in Austin at 458-7111 X3617), or via email at pam.jatzlau@dshs.state.tx.us.

Ms. Vicenta Perez, HIT, is our new Public Health Technician for Health Service Region 7, housed in the Austin central office. Ms. Perez has six years hospital setting work experience in an ACoS registry in Corpus Christi, Texas with the Christus Spohn Health System. Prior to her registry position, she worked for the same organization since 1993 as a medical records transcription secretary. Vicenta has recently returned to college and graduated in May of 2008 with an Associate Degree in Applied Science-Health Information Technology and coding certification. She is excited to be on board with the Texas Cancer Registry as she pursues her goal to become a CTR and earn her RHIT credential.

- Marie Longoria, CTR
Program Specialist, Houston



NAACCR and NCRA Webinar Series

The Texas Cancer Registry (TCR) will continue to host two categories of training opportunities as listed below, NAACCR and NCRA.

The TCR will continue to broadcast the 2009-2010 North American Association of Central Cancer Registries (NAACCR) webinar series. You can view these 3-hour webinars in Austin, Beaumont, Dallas, El Paso, Fort Worth, Houston, Laredo, Lubbock, McAllen, San Antonio and Tyler. Please check our website for specific location information at <http://www.dshs.state.tx.us/tcr/webinars.shtm>.

Certificates will be emailed to you unless you prefer a hard copy, in which case, email your request to Dwenda.Smith@dshs.state.tx.us.

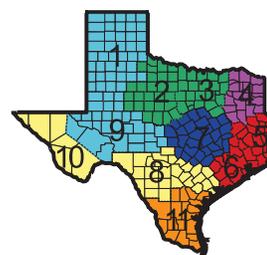
Schedule:

9/3/2009	Assessing and Using Cancer Data
10/1/2009	2010 Cancer Data Collection Updates: Standards Volume II, Version 12
11/5/2009	Collecting Cancer Data: Colon/Rectum/Appendix
12/3/2009	Collecting Cancer Data: Lung
1/7/2010	Change Management in the Cancer Registry
2/4/2010	Collecting Cancer Data: Soft Tissue Sarcoma and Gastrointestinal Stromal (GIST)
3/4/2010	Collecting Cancer Data: Kidney
4/1/2010	Collecting Cancer Data: Skin Malignancies
5/6/2010	Using Geographic Information Systems (GIS) for Mapping and Spatial Analysis
6/3/2010	Collecting Cancer Data: Esophagus and Stomach
7/1/2010	Using CINA Data in Cancer Surveillance Activities
8/5/2010	Collecting Cancer Data: Lip and Oral Cavity
9/2/2010	Coding Pitfalls

Case Completeness by Dx Year

As of: August 25, 2009

HSR 1: 2005	96%	HSR 7: 2005	100%
2006	95%	2006	100%
2007	93%	2007	99%
2008	77%	2008	79%
HSR 2: 2005	93%	HSR 8: 2005	100%
2006	89%	2006	100%
2007	84%	2007	97%
2008	74%	2008	78%
HSR 3: 2005	97%	HSR 9: 2005	98%
2006	98%	2006	93%
2007	95%	2007	91%
2008	78%	2008	72%
HSR 4: 2005	95%	HSR 10: 2005	100%
2006	94%	2006	100%
2007	92%	2007	97%
2008	71%	2008	80%
HSR 5: 2005	97%	HSR 11: 2005	95%
2006	100%	2006	95%
2007	96%	2007	93%
2008	76%	2008	75%
HSR 6: 2005	100%	State: 2005	98%
2006	100%	2006	99%
2007	100%	2007	96%
2008	81%	2008	78%



Texas Health Service Regions

Texas Cancer Registry Regional Offices

- HSR 1,9 - Lubbock
- HSR 2,3 - Arlington
- HSR 4 - Tyler
- HSR 5,6 - Houston
- HSR 7 - Austin
- HSR 8, 10 - San Antonio
- HSR 11 - McAllen

NAACCR and NCRA Webinar Series (continued)

The National Cancer Registrar's Association (NCRA) Collaborative Stage Version-2 (CSv2) Advanced Webinar Series was developed by NCRA's Advanced Education Committee and will be taught by some of the industry's leading trainers, including CSv2 developers. The Webinars will present an overview of the CSv2 manual with emphasis on new changes, site specific CSv2 presentations on breast, prostate/genital/urinary, lung, colorectal, head & neck, lymphoma/hematopoietic, gynecologic, liver/biliary, gastrointestinal/neuroendocrine, and skin cancer and advanced abstracting of site specific factors.

Each Webinar will include approximately 100 minutes of lecture and review of three Exercises and 20 minutes of Q&A. The Webinars will be recorded, archived and will be made available for later purchase from the NCRA web site.

The Webinars can be viewed in Austin, Temple, McAllen, Laredo, El Paso, San Antonio, Houston, Lubbock, Arlington, Tyler and Amarillo. Please check our website for specific location information at <http://www.dshs.state.tx.us/tcr/webinars.shtm>.

****Please note that only PAID registrants will be eligible to receive 2 CEs per webinar! ****

Schedule:

- 9/3/2009 Introduction, Overview (Registration deadline: August 28th)
- 9/24/2009 Breast (Registration deadline: September 19th)
- 10/8/2009 Prostate/GU (Registration deadline: October 3rd)
- 10/22/2009 Colorectal (Registration deadline: October 17th)
- 11/5/2009 Lung (Registration deadline: October 31st)
- 12/3/2009 Head & Neck (Registration deadline: November 28th)
- 1/7/2010 Lymphoma/Hematopoietic (Registration deadline: January 2nd)
- 1/21/2010 GYN (Registration deadline: January 16th)
- 2/4/2010 Liver/Biliary (Registration deadline: January 31st)
- 2/18/2010 GIST/Neuroendocrine (Registration deadline: February 13th)
- 3/4/2010 Skin (Registration deadline February 27th)
- 3/18/2010 Advanced Abstracting of Site Specific Factors (Registration deadline: March 13th)

*Webinar topics are subject to change. Registrants who are affected by changes in the schedule will be contacted in advance.

Reminders of broadcast dates will be emailed. Remember to call your TCR regional office to update your email address. We hope you will continue take advantage of these training opportunities.

- Dwenda Smith, CTR
Training Specialist, Austin



Congratulations to Texas Facilities Newly Accredited in 2008 by the COC

The TCR is proud to announce eight newly CoC accredited Texas facilities for 2008.

Christus St. Catherine Hospital, Katy, TX
Christus St. John Hospital, Nassau Bay, TX
Medical Center of Arlington, Arlington, TX
Memorial Hermann – The Woodlands, The Woodlands, TX
Memorial Hermann Southeast Hospital, Houston, TX
North Austin Medical Center, Austin, TX
Presbyterian Hospital of Plano, Plano, TX
Sierra Providence Health Network, El Paso, TX

We salute your commitment and hard work reflected in the exceptional health care you provide to the people of Texas.

- *Dianna Watkins, CTR*
Quality Assurance, Austin



Congratulations to the New Certified Tumor Registrars in Texas

The following sat for their CTR exam in March 2009:

Stephanie Fenter, BS – The University of Texas Health Science Center-Tyler
Rebecca Dunlap – Paradise, Texas
Orva Mary Escalona – Spring, Texas

Bravo for a job well done!

- *Leticia Vargas, CTR*
Quality Assurance, Austin

