

# TEXAS CANCER REPORTING NEWS



Volume IX, No.3  
Publication No. 10-10542  
Winter 2008

From the  
**DIRECTOR**

As many of you know, Dr. Nancy Weiss retired in August 2007 after serving as the Texas Cancer Registry (TCR) Manager at the Texas Department of State Health Services in Austin for the past 13 years. I want to take this opportunity to express my sincere appreciation of her leadership, as well as introduce myself to you and your organization as the new TCR Manager.

For the past seven years, I have served the Texas Cancer Registry in various capacities including Acting TCR Manager, Epidemiology Group Manager, Senior Epidemiologist, and Cancer Cluster Epidemiologist. Prior to my TCR experience, I also served in the Health Care Quality and Standards and Vital Statistics areas at the former Texas Department of Health.

I look forward to and am grateful for this opportunity to work with all of you who contribute so much to understanding and addressing cancer in the Texas and the Nation. Your work serves as the primary source for how we measure the cancer burden, determine those people at highest risk of developing cancer, and if prevention, screening, and treatment efforts are making a difference. Your reporting also contributes to clinical, epidemiologic, and health services research that continues answering important questions about cancer and reducing its staggering toll.

If at any time you have any questions, comments, or requests, please do not hesitate to contact either myself or any of the TCR staff.

Again, thank you for your contributions to the Texas Cancer Registry and for being a part of our work to reduce and hopefully one day, eliminate cancer in Texas. If at any time we can be of assistance to your efforts, please do not hesitate to contact either myself at 512-458-7523 or any of the TCR staff.

I look forward to working with you and your organization in this new capacity.

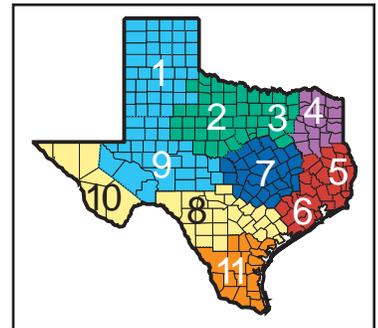
- Melanie Williams, Ph.D.  
Manager

## Table of Contents

<i>From the Director</i> .....	1
<i>Case Completion by Dx Year</i> .....	2
<i>Technology Corner</i> .....	2
<i>Web-Based Training Modules</i> .....	5
<i>Coding Corner</i> .....	6
<i>CDWG Recognitions</i> .....	7
<i>Coding Clarification</i> .....	7
<i>2007 Annual TxTRA Conference</i> .....	8
<i>2007–2008 Hospital Webinar Series</i> .....	8
<i>TCR Epidemiologic Study Highlights</i> .....	9
<i>Ambiguous Terminology</i> .....	10
<i>Ambiguous Terms for CS Staging</i> .....	11
<i>Ambiguous Terms for Histology</i> .....	12
<i>SEER Rx Update Version 1.2.0</i> .....	12
<i>Helpful Resources</i> .....	13
<i>New SEER Resources</i> .....	14
<i>New Employee</i> .....	15
<i>New CTRs</i> .....	15
<i>Mail Outs</i> .....	16

## Case Completeness by Diagnosis Year

As of: February 27, 2008



HSR 1:	2003	97%	HSR 4:	2003	97%	HSR 7:	2003	99%	HSR 10:	2003	106%
	2004	100%		2004	98%		2004	103%		2004	103%
	2005	95%		2005	91%		2005	100%		2005	99%
	2006	90%		2006	84%		2006	92%		2006	88%
HSR 2:	2003	93%	HSR 5:	2003	99%	HSR 8:	2003	99%	HSR 11:	2003	100%
	2004	92%		2004	101%		2004	99%		2004	96%
	2005	92%		2005	94%		2005	99%		2005	91%
	2006	80%		2006	90%		2006	95%		2006	81%
HSR 3:	2003	94%	HSR 6:	2003	102%	HSR 9:	2003	93%	Statewide:	2003	98%
	2004	98%		2004	101%		2004	93%		2004	99%
	2005	95%		2005	99%		2005	96%		2005	96%
	2006	90%		2006	93%		2006	83%		2006	90%

## Technology Corner

### New Policy and Procedure for Report Submissions:

Effective January 1, 2007, the TCR implemented a new process that uploads only error free data and rejects any data not passing edits. In an effort to retrieve the data that originally failed edits, the TCR implemented an additional process in November 2007 that sends an email notification to facilities and TCR regional offices when the TCR has not received the resubmission of corrected data within 30 days of the original error notification.

### TCR Edits 11.1:

Notification was made to commercial software vendors and facilities that the new TCR Edits 11.1 is available and should be used for Admission year 2007, and prior cases. The TCR website was updated July 3, 2007, and is primarily for commercial software vendors to use with their software updates. The TCR website address for this update is: <http://www.dshs.state.tx.us/tcr/vendors.shtm>.

### New TCR Edits for 2008:

The new TCR Edits 11.2 are currently being developed and should be available to commercial software vendors and facilities in late March or early April 2008. The TCR will update our website when these edits are available and send notifications. Do not submit 2008 data until this editset is in place.

### Different Edit Sets

The TCR edit set is geared toward meeting state reporting requirements and does not include edits for data items the TCR does not require. Please be sure you run your data through the TCR Edits 11.1 before submitting to the TCR to avoid possible data rejection. Data admitted/diagnosed January 1, 2008 must be run through the 11.2 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.

## Technology Corner (continued)

---

SandCrab Lite (SCL) has the TCR edits built in. 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 1.0.6 is Now Available:

Facilities that currently use GenEdits Lite version 1.0.8 with their commercial software can find a new download that will modify the configuration and add the new TCRCR111.RMF to GenEdits Lite on the TCR website at the following address: <http://www.dshs.state.tx.us/tcr/genedits.shtm>. Please note that users will need to download the section with the following verbiage:

- Update: GenEdits Lite v1.0.8 w/TCR 111 Edits (users w/previously installed GenEdits Lite 1.0.8)
- Download (Updated GenEdits Lite.cfg and new TCRCR111.RMF as of July 13, 2007)

Facilities that use commercial software and do not have GenEdits Lite version 1.0.8 will need to download both sections from the "TCR GenEdits Lite" section located on the TCR website at the following address: <http://www.dshs.state.tx.us/tcr/genedits.shtm>. The following two download parts will be necessary for proper installation of the software, modification of the configuration and adding the TCR 11.1 Edits:

- GenEdits Lite v.1.0.8 w/TCR 11B Edits
- Help: Download - .pdf (1.26 MB) (Updated: September 25, 2006)
- Download (GenEdits Lite version 1.0.8 Install and TCR Edits version 11b) -.exe (26 MB) (Updated: August 25, 2006)
- Update: GenEdits Lite v1.0.8 w/TCR 111 Edits (users w/previously installed GenEdits Lite 1.0.8)
- Download (Updated GenEdits Lite.cfg and new TCRCR111.RMF as of July 13, 2007)
- GenEdits Plus 1.0.2

Information and links for GenEdits Plus can be found on the TCR website. Look for "GenEdits Plus" in the left-hand navigation menu. At this point, we have not replaced GenEdits Lite with this new version (GenEdits Plus) on our TCR website.

### SandCrab Lite (State Reporting Software for Hospitals):

SANDCRAB (Statewide Algorithm aNd Database for Cancer Registration and ABatement) Lite (SCL) is the cancer abstract reporting software designed for use by facilities that report to the TCR. It is a scaled down version of the SANDCRAB software that is used by the TCR to process and store all reported cases. SCL was developed by the TCR to assist facilities in meeting state reporting requirements.

SCL has on-line edit checks for resolution of errors prior to data submission, pop-up selection boxes for looking up codes, and the capability to display or print reference reports from the data entered by the reporting facility. SCL allows cancer cases to be transmitted electronically to the TCR, thus eliminating paper reporting forms. Data from facilities with an annual cancer caseload less than 400 may be submitted to the TCR via diskette, compact disk or file transfer protocol (FTP). Data from facilities with an annual cancer caseload greater than 400 must submit their data via FTP.

SCL may be used on your network (data storage) for use by one or more computers. This is the preferred method even if the facility is only using one computer since most networks perform nightly backups of their data.

### Some of the Features of SCL Version 10:

SCL 10 must be used to report 2007 cases and may be used for reporting earlier years' cases.

New Install Process: After the installation of the SCL version 10 software, the user clicks on the "Data Entry" tab and "Data Entry" button. The SCL system checks if this is a new install and begins searching for previous SCL data. If a previous version of SCL is discovered, a dialog box "One or more previous versions have been found. Do you want to use a previous version's data path?" appears. If the user chooses to use the previous version's data path, the previous data will be available in SCL version 10.

Invalid Facility ID: If an invalid facility id is keyed into SCL, the facility list is displayed allowing the user to select a valid facility name.

Transmittal Form: If the user needs to re-submit their data, the SCL version 10 system allows the user to edit the previously submitted automated transmittal form. This permits the user to print it for their records, edit pertinent information, and re-submit the new transmittal form with the re-submission of data.

Automatic Check for Updates: The system automatically checks our TCR website for any software or table updates. This eliminates the need for users to periodically click the "Check for Updates" button under the "Maintenance/Setup" tab. The ability for the user to perform a manual "Check for Updates" is still available.

Path Configuration Setup: Under the "Maintenance/Setup" tab and "Path Setup" button, a bug was corrected. When the user modified the path, changes were not always saved (usually performed by the facility IT staff when they were attempting to point SCL data path to a network drive). The problem was corrected in SCL version 10. A new button on the same screen is now available called "Network Setup Paths". This button sets all three paths at one time. Also, the user has the ability to create a network path and copy the DBFS folder currently used (example c:\scl10\dbfs will be copied to the new network path just specified).

Latest Metafiles: The sclcr11b.rmf and tccr111 metafiles are included with this latest version of SCL.

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

The Texas Cancer Registry (TCR) is currently working on a new SandCrab Lite for Pathlabs (SCL-P) version 3.0. The new SCL-P version will incorporate the *Standards for Cancer Registries, Volume V; Pathology Laboratory Electronic Reporting Version 2.0*. The TCR was previously only beta testing SCL-P version 1.0 (beta) and 2.0 (beta) with a limited number of pathology laboratories and physicians. According to our statute, the TCR is tasked with the responsibility of collecting and reporting missed "health care practitioner only" cases. This beta project added electronic data linkage and matching capabilities to the Registry's SandCrab system. Alternate methods for larger pathology laboratories (using Health Level Seven [HL7]) to submit their data will be through the National Electronic Disease Surveillance System (NEDSS) (still in beta test for Cancer Registry submissions), SCL-P, Pipe Delimited, HL7 formats, or CRESS using the NAACCR *Standards for Cancer Registries, Volume V – Pathology Laboratory Electronic Reporting version 2.0* dated November 2005. The modified version of the SandCrab system will include a module to link pathology laboratory reports to cancer records text stored in the SandCrab database to identify previously unreported cancer cases. The system will also consolidate pathology laboratory reports that have matching cases in the TCR database. Cases requiring additional information will be followed-back to the physician using SandCrab Lite for Pathlabs. This enhancement to the existing SC and SCL systems will result in an improvement in the timeliness of the data received and will increase data completeness. The SCL-P software will be available to pathology laboratories and physicians "free of charge."

### Help Desk Software – Novo Solutions

The TCR is currently testing Novo Solutions – Help Desk Software that will allow facilities and TCR staff to enter a problem ticket. 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. The Help Desk software should be available in February 2008 and additional

## Technology Corner (continued)

---

notification will be emailed to facilities when it is available.

### Direct Connection to Problem PC using GOTOMEETING.COM

The TCR is currently using GOTOMEETING.COM to allow the TCR Data Management team, trainers and regional staff to visually display their screen to as many as 15 users along with conference call capabilities. The software also allows TCR to take control of a user PC and assist users with TCR software problems, coding questions, or training assistance.

#### As a Reminder:

SandCrab Lite (SCL) version 10 has the capability to submit data electronically via the Internet using the File Transfer Protocol (FTP) method. This is highly recommended and the method preferred by the TCR. This method ensures that your data is encrypted, password protected, and eliminates the need for the added expense of diskettes or CD's, and mail costs. Please note that a facility's IT Network staff may need to open a port through their firewall to allow FTP IP address 160.42.247.61 to report FTP submissions.

The Cancer Registry Electronic Submission System (CRESS) was developed to support web-based submissions of data files generated by commercial registry software in NAACCR format. The CRESS website is a secured site and cannot be accessed by anyone without a valid user id and password. With this system, all data submissions are encrypted, password protected and sent to the DSHS secured server. The encryption is done within the CRESS system and is accomplished without any additional effort from the user. The CRESS system's automated transmittal form eliminates the need for facilities to fax hard copy (paper) transmittal forms to the TCR. Instead, the transmittal form is automatically submitted along with the data file submission to TCR. For more information about the CRESS application, please refer to "Appendix N" on the *TCR Cancer Reporting Handbook*, visit our web-site at [www.dshs.state.tx.us/tcr/](http://www.dshs.state.tx.us/tcr/), or contact the CRESS helpdesk at 1-800-252-8059 or at [CRESS@dshs.state.tx.us](mailto:CRESS@dshs.state.tx.us).

- Jonathan Unnasch  
Business Analyst

## Web-Based Training Modules

---

TCR is proud to introduce our new Online Training Center. The Central Training Team has been working diligently to find new training delivery methods for our state cancer reporters. The Online Training Center allows state reporters to view training modules from any computer with an internet connection. Please visit our website at [http://www.dshs.state.tx.us/tcr/basic\\_training.shtm](http://www.dshs.state.tx.us/tcr/basic_training.shtm) to view the training modules. In addition to the modules, exercises are provided to enhance your learning experience. The Basic Training is currently available to view. The Basic Training consists of 10 modules: Overview, Introduction, Reporting Tools, Standards, Casefinding, Coding Instructions, Cancer Information, Collaborative Staging, Text Documentation, and Treatment Information. In the near future, we will be adding a Coding Training which will cover ICD-O-3 coding, and Collaborative Stage Coding.

Please route feedback and/or suggestions to Susan Perez at [Susan.Perez@dshs.state.tx.us](mailto:Susan.Perez@dshs.state.tx.us).

- LaTonya Kelly, BS  
Training Specialist

**Remember:** Do NOT submit 2008 data until the TCR 11.2 editset is available in late March or April 2008.

### Meningioma

- **Question:** Is a diagnosis of Meningioma, NOS (9530/0) invading the bone considered malignant?
- **Answer:** Meningiomas are the lining cells of the inner table of the skull and they have an affinity for bone that allows them to penetrate adjacent bone without being malignant. Do not consider bone invasion to be an indication of malignancy. The behavior code should be 0 because the diagnosis does not specifically state malignant meningioma.
- **Resources:**  
<http://seer.cancer.gov/cgi-bin/seer inquiry/index.pl> Question ID No. 20041069  
<http://web.facs.org/coc/default.htm> Question ID 21364
- **Question:** We regularly see histologically benign and atypical meningiomas that invade the dura and brain. How do we code the behavior and extension on these cases?
- **Answer:** This is a benign meningioma. Code the behavior as 1 (borderline malignancy). The CS Extension should be coded to 05 (benign or borderline brain tumor).
- **Resource:**  
<http://seer.cancer.gov/cgi-bin/seer inquiry/index.pl> Question ID No. 20041080
- **Question:** What is the ICD-O3 histology code for "Brain, right parietal bx: Meningotheliomatous meningioma, Grade?"
- **Answer:** Code the histology to 9531/09. According to Rule G in ICD-O, only malignant brain tumors are graded. Always code the grade for non-malignant CNS tumors to 9 (grade not applicable).
- **Resource:**  
<http://web.facs.org/coc/default.htm> Question ID No 10995  
International Classification of Diseases for Oncology, Third Edition, Rule G, page 30.

### 2007 MP/H Rules – Meningioma

- **Question:** An MRI of the brain indicates two meningiomas. One is stated to be "midline" (laterality code 9) and the other is stated to be "right" temporal region. Is this one or two primaries and how should laterality be coded?
- **Answer:** Abstract two primaries. The lateralities of both meningiomas are known. The right (code 1) and the midline (code 9) are two different lateralities.
- **Resources:**  
<http://seer.cancer.gov/cgi-bin/seer inquiry/index.pl> Question ID No. 20071009

- Dianna Watkins, CTR  
Quality Assurance

**Remember:** A diagnosis of "Papillary Carcinoma of the Thyroid" (8260/3) is a synonym for Papillary Adenocarcinoma (8260/3). Do not code this diagnosis to Papillary Carcinoma, NOS. Reference *2007 Multiple Primary and Histology Coding Rules*, pg 331, Rule H26.

## Cancer Data Work Group Recognizes Support of Nancy Weiss

---

On October 10th, 2007, Texas Cancer Data Work Group (TCDWG) members presented an honorary plaque to former Texas Cancer Registry Manager Nancy S. Weiss, Ph.D. In presenting the plaque, TCDWG Chair V. O. Speights, Jr., D.O., noted that the award was in recognition of Dr. Weiss' role in founding the group in 1997, and continuing to support its efforts until her retirement in August 2007. Dr. Weiss first founded the TCDWG as an assembly of stakeholder organizations whose interest was providing input to the Texas Cancer Registry on rule amendments proposed in 1997. Over the next ten years the TCDWG grew to be an important source of knowledge, advice and support for a broad range of data collection, data utilization, funding and rules improvements. Today, the TCDWG fulfills the role of an advisory committee to assist in building consensus, cooperation and planning for the registry as required by CDC-National Program of Cancer Registries program standards. TCDWG member organizations contributing to the award included the American Cancer Society – High Plains Division, The University of Texas M. D. Anderson Cancer Center and the Scott & White Health Care System.



- John Hopkins  
Registry Operations Manager

## Clarification: Coding Prostate Cancer “Apparent” and “Inapparent” Terms

---

A great deal of confusion surrounds the interpretation of clinical reports with regard to whether the prostate cancer was apparent or inapparent. In 1998, SEER published an interpretation of “apparent” and “inapparent” terms for use in their Extent of Disease (EOD) Coding System for prostate cancer. This list was in effect for prostate EOD cases diagnosed in 1998-2003. There were several questions regarding whether this list could be used in Collaborative Staging (CS). After consultation with the AJCC curators for genitourinary disease, the CS Steering Committee has determined that the SEER list of terms for apparent and inapparent in the *SEER Extent of Disease Manual* is NOT to be used for interpreting reports for Collaborative Staging. While it was a convenient tool for registrars, the curators are of the opinion that the use of the list will lead to misinterpretation of reports. Rather, the curators recommend that registrars rely on a direct physician statement of apparent or inapparent disease for Collaborative Staging. It is not anticipated that prior cases will require review and recoding.

Please continue to send problem cases to CoC I&R or SEER SINQ as you code cases without reference to the list.

Resource: Collaborative Staging Steering Committee

- Leticia Vargas, CTR  
Quality Assurance

## 2007 Annual TxTRA Conference

---

The 35th Texas Tumor Registrars Association (TxTRA) Annual Education Conference was held in Fort Worth on September 19-21. The theme for 2007 was "Get the Lowdown in Cowtown". This year TxTRA went high-tech by making presentations available on their website so that participants could print and bring their own materials. TxTRA also provided a CD for each participant containing all of the presentations. A link to the slides can be found on the TxTRA website home-page at <http://www.txtra.org/index.html>.

There were several sessions focusing on the newest cancer treatment modalities including cyberknife radiosurgery and robotic surgery. The "Head and Neck Cancer" session explained advances in treatment and emphasized the importance of a multidisciplinary approach to patient care. Another exciting topic explained advances in the field of cancer immunology. Some sessions were especially helpful for newcomers to the cancer registry field. The presentation entitled "Internet Resources for Registries" encouraged registrars to use information available on the internet and included many helpful websites. There was a Pre-Conference Workshop for those preparing to sit for the Certified Tumor Registrar (CTR) exam.

One focus of the conference was the importance of recruiting, training and retaining new registrars. During the introduction to the "Registry Program at UT Brownsville" presentation it was noted that an estimated 800 new registrars will be needed in the next 15 years. New education requirements being phased in for eligibility to sit for the CTR exam were also discussed.

A surprise guest, Tamale the cow, a "MOOlanoma" survivor, was a poignant reminder of the importance of what we do. Continued recruiting efforts and education in the ever changing world of cancer reporting are essential to ensure more happy outcomes like Tamale's.

The 2008 TxTRA Annual Education Conference is scheduled to be held in San Antonio on September 8 -12. This is a wonderful opportunity for education, to learn and share new ideas for your registry, and to meet other registrars from all over the state.

- *Cindy Dorsey, CTR*  
*Program Specialist*

## 2007–2008 Hospital Webinar Series

---

The Texas Cancer Registry will broadcast the 2007-2008 NAACCR Hospital Webinar Series. Each webinar will address a specific site/histology or hospital registry operations issue. Site-specific webinars will include information on anatomy, multiple primary and histology coding rules, collaborative staging, and treatment data items. Didactic exercises will be completed and answers with rationale will be presented. There will also be a question and answer session.

The webinars will broadcast in Austin, Dallas, Houston, Beaumont, Tyler, Laredo, McAllen, Lubbock, San Antonio, and El Paso. Please check our website for specific location information at [www.dshs.state.tx.us/tcr](http://www.dshs.state.tx.us/tcr).

03/06/08	Abstracting Thyroid and Larynx Cancer Incidence and Treatment Data
05/08/08	Data Quality and Data Use
07/10/08	Abstracting Upper Gastrointestinal Tract Cancer Incidence and Treatment Data
09/11/08	Abstracting Other Digestive System Cancer Incidence and Treatment Data

Reminders of broadcast dates will be emailed. Remember to call your TCR regional office to update your email address. These webinars provide excellent training and continuing education opportunities.

- *LaTonya Kelly, BS*  
*Training Specialist*

## TCR Epidemiologic Study Highlights

---

One of the critical functions of the Texas Cancer Registry (TCR) is to provide data files and data linkage for research related to cancer etiology, prevention, and control. The TCR is able to provide these services to researchers, but only under strict guidelines. Protecting patient confidentiality is paramount to the TCR and required by state law and rule (Health and Safety Code, §82.009; Texas Administrative Code, Title 25, Part 1, Chapter 91, Subchapter A). The following are two recent examples of studies using TCR data.

One study by the Texas A&M University (TAMU) School of Rural Public Health (SRPH) is titled: Feasibility of Stored Texas Newborn Screening Dried Blood Spots for Childhood Cancer Epidemiologic Research. Dried blood spots (DBS) stored on filter paper have been used for some years in newborn screening programs to test for the presence of potentially life-threatening newborn diseases. In Texas, residual specimens remaining from this screening program are now being banked through a collaboration of the Texas Department of State Health Services and the SRPH of the TAMU Health Science Center. Currently, this DBS bank contains specimens from July 2002 through December 2005. The bank is under the direction of Susan E. Carozza, PhD, Associate Professor in the SRPH Department of Epidemiology & Biostatistics.

It is anticipated that these DBS will provide a rich resource for epidemiologic research into the causes of childhood cancers. In particular, these specimens can provide DNA for use in evaluating the impact of genetic polymorphisms on disease risk. It is unclear, however, what effect long-term storage at room temperature (as is the case in these samples) may have on the stability of genomic DNA. A study is being proposed to determine the feasibility of retrieving high-quality DNA from archival DBS for use in childhood cancer epidemiology studies. In addition, this study will serve as a pilot epidemiological study to determine the distribution of polymorphisms of the PON 1 gene (a gene involved in the metabolism of organophosphate pesticides) in a sample of childhood cancer cases and non-cancer controls.

An ongoing study undertaken by the University of Texas School of Public Health at Houston is titled: Air Toxics and Cancer Incidence in Texas. The purpose of this project is to determine whether high levels of specific hazardous air pollutants observed in the immediate areas surrounding the Houston ship channel may be associated with an increased risk of cancer. According to the EPA, air quality in Houston reaches unhealthy levels throughout the year but peaks between April and October. One way to measure the health risks of pollutants is to look at their potential impact on cancer rates.

The current project will consist of an analysis of cancer incidence in the Houston area and the potential association with poor air quality. A recent environmental study identified levels of benzene, butadiene, and formaldehyde. This exposure data, combined with prevailing wind patterns will be used to define areas of high to low exposure. The Dallas/Ft. Worth area will be used as a comparison city with few industrial areas. Within these geographic areas of various exposure levels, cancer incidence data from the TCR will be used to calculate the population based incidence of cancer type in high and intermediate levels of exposure areas relative to low exposure areas. Census data will also be used for demographic differences in population. Multivariate modeling will be used to estimate relative risk of specific cancers by level of environmental exposure.

If you would like to learn more about how cancer data are being used, please see the following link on our website: [http://www.dshs.state.tx.us/tcr/Texas\\_Data\\_Use072707.doc](http://www.dshs.state.tx.us/tcr/Texas_Data_Use072707.doc)

- Brenda Mokry, M.Ed.  
Epidemiology

**Remember:** The 2007 MP/H Rules are only to be used to determine the correct histology and number of primaries. Do not use these terms for other registry operations such as casefinding or staging. Reference: American College of Surgeons I & R System, Question ID No 22386

## Ambiguous Terminology

---

With the implementation of the 2007 Multiple Primary and Histology (MP/H) Rules it is important to distinguish between the different listings used as resources for cancer registrars. The Surveillance and Epidemiology End Results (SEER) program has a list to help identify reportable cases, a list for coding histology for cases diagnosed January 1, 2007, and a list to help determine the extent of disease. Do not use the diagnostic list to code the histology for a 2007 case or the 2007 ambiguous histology list to determine the extent of disease. These resources must be used for the purpose which they were developed.

The Commission on Cancer (CoC) also has two lists in the *FORDS Program Manual (Diagnostic and Spread of Disease)*. The listing of ambiguous diagnostic terms differs slightly from the SEER listing of diagnostic terms. The North American Association of Central Cancer Registries recommends that reporters use the SEER list because it is the most inclusive. This list meets TCR requirements. The Extent of Disease listing in the FORDS manual also differs from the listing in the SEER manual. The SEER listing must be used to meet Collaborative Staging (CS) System criteria and TCR requirements.

Reference: *FORDS* 2007, page 3.

<http://www.facs.org/cancer/coc/fordsmanual.html>

### **The SEER ambiguous diagnostic listing:**

Apparent(ly)

Appears (effective with cases diagnosed 1/1/1998 and later)

Comparable with (effective with cases diagnosed 1/1/1998 and later)

Compatible with (effective with cases diagnosed 1/1/1998 and later)

Consistent with

Favor(s)

Malignant appearing (effective with cases diagnosed 1/1/1998 and later)

Most likely

Presumed

Probable

Suspect(ed)

Suspicious (for)

Typical (of)

Tumor (beginning with 2004 diagnoses and only for C70.0–C72.9, C75.1–75.3)

Neoplasm (beginning with 2004 diagnoses and only for C70.0–C72.9, C75.1–75.3)

Remember these terms should be used when there is a question about a case being reportable. Most cases will clearly document that the patient has active disease and/or cancer directed therapy. As of January 1, 2007 there is no longer a listing that does NOT constitute a diagnosis of cancer.

Reference: *SEER* 2007, pages 3-5.

<http://www.seer.cancer.gov/tools/codingmanuals>

## Ambiguous Terminology for CS Staging

The listing for determining the extent of disease for CS stage:

### Consider as involvement

adherent  
apparent(ly)  
appears to  
comparable with  
compatible with  
consistent with  
contiguous/continuous with  
encroaching upon\*  
extension to, into, onto, out onto  
features of  
fixation to another structure\*\*  
fixed\*\*  
impending perforation of  
impinging upon  
impose/imposing on  
incipient invasion  
induration  
infringe/infringing  
into\*  
intrude  
invasion to into, onto, out onto  
most likely  
onto\*  
overstep  
presumed  
probable  
protruding into (unless encapsulated)  
suspected  
suspicious  
to\*  
up to

The following are terms that should not be interpreted as disease involvement to determine the appropriate CS:

### DO NOT Consider as Involvement

abuts  
approaching  
approximates  
attached  
cannot be excluded/ruled out  
efface/effacing/effacement  
encased/encasing  
encompass(ed)  
entrapped  
equivocal  
extension to without invasion/  
involvement of  
kiss/kissing  
matted (except for lymph nodes)  
possible  
questionable  
reaching  
rule out  
suggests  
very close to  
worrisome

Reference: CS 01.03.00, page I-20.

<http://www.cancerstaging.org/cstage/manuals.html>

\* interpreted as involvement whether the description is clinical or operative/ pathological

\*\* interpreted as involvement of other organ or tissue

## 2007 Ambiguous Terms for Histology

---

With the 2007 MP/H Rules we have a listing of ambiguous terms that should be used when there is question on coding the appropriate histology. These terms should not be used to determine reportability or extent of disease. This listing greatly resembles the listing used in case finding and could easily be mistaken.

Apparent(ly)	Presumed
Appears	Probable
Comparable with	Suspect(ed)
Compatible with	Suspicious (for)
Consistent with	Typical (of)
Favor(s)	
Most likely	

Ambiguous terms that are characteristic and used to code histology:

Resource: 2007 MP/H Rules, Page 14

<http://www.seer.cancer.gov/tools/mphrules/download.html>

It is important to remember that the above listings are to be used as resources when there is any question or doubt about a diagnosis of cancer, coding the appropriate histology and/or staging a case. Most cases will be straight forward and registrars will not require additional resources to report, code and stage a case.

- Susan Perez, CTR  
Quality Assurance

## SEER\*RX Update Version 1.2.0

---

The SEER\*Rx version 1.2.0 is now available on-line. The September 17, 2007 update to SEER\*RX includes more than 80 new drugs and updates such as brand names, FDA approvals, or new indications to nearly 50 other drugs. The regimen file has been updated with over 50 regimens reported by cancer registrars.

Two drugs will change category in the update. These changes will be effective with cases diagnosed January 01, 2008 and forward:

Ispinesib, in Phase I clinical trials for several types of leukemia and myelodysplastic syndrome. Previously listed as an immunotherapy monoclonal antibody, Ispinesib has been shown to have antimitotic activity and will be coded as chemotherapy.

Emcyt or Estramustine phosphate sodium, used for advanced carcinoma of the prostate. There were inadvertently two entries in the drug database for this drug, as pointed out by a user. One entry was for Emcyt as a generic name, listing it as a chemotherapy agent; the other was for Estramustine phosphate sodium as the generic name with Emcyt as a brand name, listing it as a cytotoxic hormone. The two entries have been combined and assigned to chemotherapy as an antimicrotubule agent. Emcyt does have some hormonal properties, but its cytotoxicity is its principal feature.

It is not necessary to review or recode cases where these drugs have been coded in the past.

Registration of your email address, name and facility is necessary in order to obtain the password required to download the program to the desktop of your computer. This installation program will overwrite previous versions of SEER\*RX on your computer.

To download the installation file, please go to [www.seer.cancer.gov/tools/seerrx](http://www.seer.cancer.gov/tools/seerrx).

For questions or problems downloading the program, please send an email to: [seerrx@imsweb.com](mailto:seerrx@imsweb.com).

Reference: SEER\*Rx website

- Leticia Vargas, CTR  
Quality Assurance

## Helpful Resources

---

[www.dshs.state.tx.us/tcr/default.shtm](http://www.dshs.state.tx.us/tcr/default.shtm)

Training, Cancer Reporting, Statistics, Cancer Clusters, Publications, FAQs, Resources, Contact Information, Employment

[www.dshs.state.tx.us/tcr/lawrules.shtm#law](http://www.dshs.state.tx.us/tcr/lawrules.shtm#law)

Texas Cancer Incidence Reporting Act (Law) and Texas Cancer Reporting Rules (Amended July 9, 2006)

[www.dshs.state.tx.us/tcr/reporting.shtm#reportHb](http://www.dshs.state.tx.us/tcr/reporting.shtm#reportHb)

Texas Cancer Registry Cancer Reporting Handbook

[www.dshs.state.tx.us/tcr/formSL.shtm](http://www.dshs.state.tx.us/tcr/formSL.shtm)

Form to download SandCrab Lite

[www.dshs.state.tx.us/tcr/training.shtm](http://www.dshs.state.tx.us/tcr/training.shtm)

Training Opportunities

[www.seer.cancer.gov](http://www.seer.cancer.gov)

Training modules, SEER books, SEER Program Manual, Statistical reports and information

[www.ncra-usa.org](http://www.ncra-usa.org)

Training opportunities, Links to other helpful sites

[www.naacr.org](http://www.naacr.org)

Training opportunities, Links to other helpful sites

[www.cdc.gov](http://www.cdc.gov)

Centers for Disease Control and Prevention

[www.nci.nih.gov](http://www.nci.nih.gov)

National Cancer Institute

[www.txtra.org](http://www.txtra.org)

Texas Tumor Registrars Association, Education opportunities, job postings

[www.txhima.org](http://www.txhima.org)

Education opportunities, Job postings, Links to helpful sites

<http://www.nlm.nih.gov/medlineplus/headandneckcancer.html>

Head and Neck cancers, treatment by stage, links to other helpful sites

<http://www.cancer.org>

Specific cancer topics

<http://www.bcm.edu>

News and events in cancer research and treatment around Texas, links to other helpful sites

<http://www.pathologyoutlines.com>

Pathology Information site, useful information for most types of cancer

[www.cap.org/apps/docs/cancer-protocols/protocols\\_intro.html](http://www.cap.org/apps/docs/cancer-protocols/protocols_intro.html)

Examples of CAP protocols for specific primary sites

## Helpful Resources (continued)

[www.seer.cancer.gov/tools/seerrx](http://www.seer.cancer.gov/tools/seerrx)  
Direction on coding systemic therapy appropriately

<http://zip4.usps.com>  
Helpful in resolving address issues when abstracting

[www.seer.cancer.gov/seerinqury](http://www.seer.cancer.gov/seerinqury)  
SEER Inquiry System and Resolved Questions

[www.web.facs.org/coc](http://www.web.facs.org/coc)  
Inquiry and Response System

[www.census.gov](http://www.census.gov)  
Helpful rules for determining residency

[www.epa.gov/enviro/html/coes/state.html](http://www.epa.gov/enviro/html/coes/state.html)  
Federal Information Processing Standards (FIPS) county codes

[www.docboard.org/tx/df/txsearch.htm](http://www.docboard.org/tx/df/txsearch.htm)  
Physician license numbers for Texas

**Remember:** The appropriate code for CS Lymph Nodes is “99” for the pituitary gland and not “00”. Direction on this can be found on Note 2 in the CS Manual Version 01.04.00 (October 2007).  
Reference: *CS Manual and Coding Instructions Part II*, page 534.

## New SEER Resources Available

---

The Collaborative Staging Task Force announced the release of *Collaborative Staging (CS)* version 01.04.00 October 31, 2007. The revisions were necessary to resolve issues and enhance the documentation to improve the quality of data collection.

The complete *Collaborative Staging and Coding Manual* may be downloaded and saved to your computer for use in daily abstracting. The manual has been set up so that comments and highlighting can be implemented. You can also type in a word or phrase to quickly locate a particular rule.

## New Employee

---

The Texas Cancer Registry would like to welcome Edith Zambrano to our staff. Edith is our new Public Health Technician II for Regions 8 and 10 and works in the San Antonio office. She graduated Cum Laude from St. Mary's University in May 2006 with a Bachelor of Science in Biology and a minor in Chemistry. Prior to joining the TCR, Edith worked as cancer registrar for a radiation oncology clinic.

Edith has always been interested in health care and has a strong family background in this field. Her father is a family doctor, and her mother is a Pharmacobiological Chemist and teacher. She has an older sister who is a Nuclear Medicine Technologist.

Edith says she is honored to be a part of a career that is so important and helpful.

- *LaTonya Kelly, BS*  
*Training Specialist*

## Congratulations to the New Certified Tumor Registrars in Texas!

---

Donna Marlar, LVN, CTR, from the Area Health Education Center in Texarkana successfully sat for her CTR exam in March 2007 and was inadvertently omitted in the last issue of the newsletter.

The following successfully sat for their CTR exam in September 2007:

- Leila Asnaashari                      Memorial Herman Southwest, Houston
- Kay Crawford                              UT SW, Dallas
- Kathleen Dunlap                          Methodist Health Center, Sugar Land
- Reyna Hernandez                          Memorial Herman Hospital-Houston Medical Center, Houston
- Elaine Herring                              Oncology Network Consultants, Tyler
- Rosita Longoria                              Texas Cancer Registry, McAllen
- Laurel McDonald                              Presbyterian Hospital
- Kay McVittie                                  Oncology Network Consultants, Harlingen
- Heidi Noel                                      Oncology Network Consultants, Austin
- Lorraine Richter                              Good Shepherd, Longview
- Amanda Ritter                                  Joe Arrington Cancer Ctr., Lubbock
- Valerie Sanchez                              Valley Baptist Medical Center- Harlingen
- Misty Sonnenberg                              Regional Cancer Treatment Center –San Angelo
- Dianna Watkins                              Texas Cancer Registry, Austin
- Brenda Whitesell                              Macro International, San Angelo

Again, congratulations for a job well done!

- *Leticia Vargas, CTR*  
*Quality Assurance*

**Remember:** The appropriate code for pituitary adenoma is 8272/0 and not 8140/0.  
Reference: ICD-O- 3 pages 75 and 108

## Texas Cancer Reporting Newsletter

Publication No. 10-10542  
Winter 2008

Texas Cancer Reporting News  
Staff Editorial Committee:

Brenda Mokry, M.Ed.  
Epidemiology

LaTonya Kelly, BS  
Training Specialist

Dianna Watkins, CTR  
Quality Assurance

John Hopkins,  
New Initiatives  
Regional Management

Susan Perez, RHIT, CTR  
Quality Assurance

Leticia Vargas, CTR,  
Quality Assurance

Cindy Dorsey, CTR  
Program Specialist

How to Contact Us:

Texas Cancer Registry,  
Cancer Epidemiology and Surveillance  
Branch MC 1928  
Texas Department of State Health Services  
PO Box 149347  
Austin, TX 78714-9347

Regional Offices:

Arlington: 817-264-4590

Austin: 512-458-7523 -or- 800-252-8059

Houston: 713-767-3180

Lubbock: 806-767-0440

McAllen: 956-668-6304

San Antonio: 210-949-2165

Tyler: 903-877-7935

Visit us online:

[www.dshs.state.tx.us/tcr](http://www.dshs.state.tx.us/tcr)

## Mail Outs

The world of cancer registry is always changing and TCR is committed to keeping up with those changes. Future communication will be via email to ensure that all reporters receive information more efficiently. Please be sure to contact your regional office and verify that we have the correct email address on file.

- *LaTonya Kelly, BS*  
*Training Specialist*

Questions regarding information found in this newsletter, or suggestions for future editions can be directed to Leticia Vargas in Austin.

Texas Cancer Registry,  
Cancer Epidemiology and Surveillance Branch MC 1928  
Texas Department of State Health Services  
PO Box 149347  
Austin, TX 78714-9347

**PRSR STD**  
**U.S. POSTAGE**  
**PAID**  
**AUSTIN, TX**  
**PERMIT NO. 28**