



Texas Cancer Reporting News

Volume XIV, No. 1 Summer 2012 Publication No. E10-10542



Texas Cancer Registry



The mission of the Texas Cancer Registry is to collect, maintain, and disseminate high quality cancer data that contribute towards cancer prevention and control, research, improving diagnoses, treatment, survival, and quality of life for all cancer patients.

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 5U58DP000824-05.

State Agency Funding

- Cancer Prevention and Research Institute of Texas
- Texas Department of State Health Services
- Texas Health and Human Services Commission

Academic Institutions

Appreciation is also extended to the following academic institutions for their past funding of the Texas Cancer Registry:

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

Additional financial support was provided by:

- 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
- University of Texas - Pan American
- University of Texas at El Paso
- Stephen F. Austin State University
- University of Houston - Clear Lake
- University of Texas at Dallas

Texas Cancer Reporting News

Summer 2012

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Questions regarding information found in this newsletter, or suggestions for future editions can be directed to Alison Little, in Austin at (512) 458-7523, (800) 252-8059, or email at Alison.Little@dshs.state.tx.us.

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

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Registry Accomplishments

NAACCR Gold Certification



The Texas Cancer Registry has received notification of earning NAACCR Gold Certification based on the

quality and completeness of 2009 diagnosis year data. Reaching this level of data quality and completeness would not be possible without the professionalism and dedication of the community of cancer reporters in Texas. We thank you for your contributions to cancer prevention and control, to the lives of cancer patients and their families, and to the health of all Texans!

Transition to Registry Plus

The Texas Cancer Registry has been working hard to transition from our Foxpro-based cancer abstracting and data management system to the CDC's Registry Plus software suite. The new software will offer many benefits for data processing and security, as well as bringing Texas on board with a system used by many other state cancer surveillance systems. We are pleased to share the news that the Texas Cancer Registry has now gone live with Registry Plus! As has been communicated previously, facilities that are currently using Sandcrab Lite will need to transition over the next several months to the comparable free application in the Registry Plus suite, Web Plus. For more information, please see our letters to reporters on our website: http://www.dshs.state.tx.us/tcr/reporter_updates.shtm.

TCR Contributions to New Texas Cancer Plan

The 2012 Texas Cancer Plan for the state was released on April 30, 2012 by the Cancer Prevention and Research Institute of Texas. Texas Cancer Registry managers contributed to the collaborative effort of framing the state's goals for cancer research, prevention, and control. The Texas Cancer Plan is written with measurable objectives for each larger goal, and Texas Cancer Registry data will be used to measure progress on many of these

objectives. To access the new Texas Cancer Plan, please see www.txcancerplan.org.

Alison Little, MPP

Program Specialist

Core Business Operations Group

Austin



Resources on Comparative Effectiveness Research

The screenshot shows the Texas Cancer Registry website. At the top, there is a search bar and a navigation menu with links for Home, About Us, News, I am..., I want to..., Resources, and Find Services. The main content area is titled 'TCR and CER' and features a photo of four people (two men and two women) smiling. Below the photo, there is a section titled 'Comparative Effectiveness Research (CER) Project' with a brief description of the project. The page also includes logos for CER and NAACCR Gold Certification.

The Texas Cancer Registry is one of ten central cancer registries in the country that have been designated to contribute to Comparative Effectiveness Research through a project funded by the American Recovery and Reinvestment Act. The project includes investment in infrastructure for receiving data from electronic health records systems and performing data linkages as well as one-year collection of extra data items. We have recently updated our website to include information for cancer reporters and the public about Texas's work on the Comparative Effectiveness Research project at this link: <http://www.dshs.state.tx.us/tcr/TCR-and-CER.aspx>. We appreciate all of the work of Texas Cancer Reporters in making this project possible.



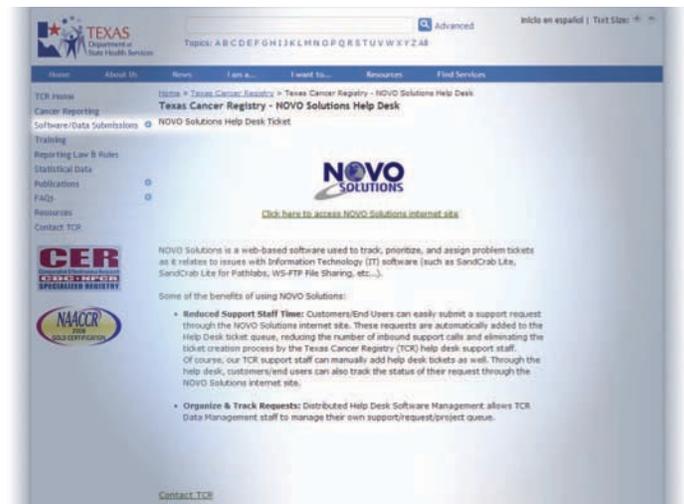
Need Technical Assistance? Please Submit a NOVO Solutions Ticket!!!

The Texas Cancer Registry is converting to a new cancer abstraction and database management system, Registry Plus, made available by the Centers for Disease Control and Prevention (CDC). As the Texas Cancer Registry staff is busy getting acquainted with the new software suite, we need to re-emphasize the importance of making any requests you have for technical assistance through the “NOVO Solutions, Inc.” application on the TCR website. If you need a password reset or have problems/ questions related to Sandcrab Light, Web Plus, or the technical processes of submitting data to the TCR, please submit your technical assistance request through NOVO Solutions instead of by calling or e-mailing us.

The NOVO Solutions application creates a tracking trail so that we can monitor any problem trends and ensures that your request will not get “lost in the cracks” or placed on the back burner. Using the NOVO Solutions system will also help us meet your technical assistance needs as efficiently as possible. The NOVO Solutions icon is located on our TCR home page: <http://www.dshs.state.tx.us/tcr/novo.shtm>.

In the past, we have accepted phone calls and emails to provide you with support, but we now ask that you use these methods for emergency situations only. Thank you for your help, and we look forward to serving you.

Pam Jatzlau
Systems Analyst
Core Business Operations Group
Austin

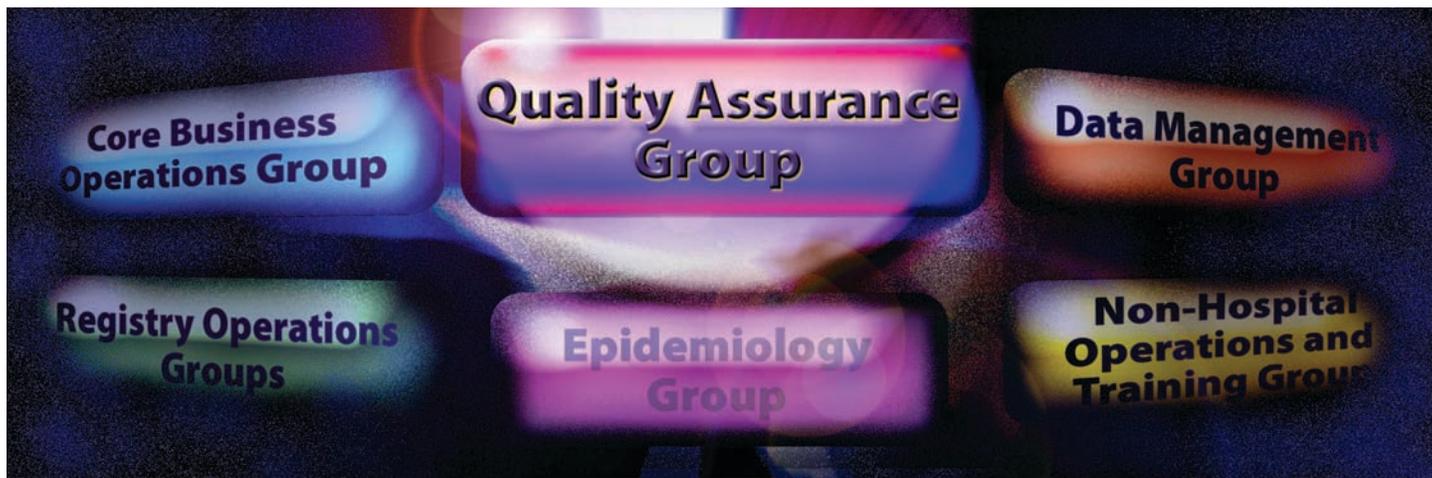


New Web-Based Hematopoietic and Lymphoid Database

There is a new application on the SEER website where you can access both the 2010 and the new 2012 Hematopoietic and Lymphoid Database and manuals. This web-based version allows you to flip back and forth between each manual as needed. Updates are automatic so you will always be assured of having the **most** current information available. Also, since no software installation is needed, it will not create problems for those who do not have permission to install software on their work computers. All you need is a computer with internet access. These applications can be downloaded for registrars that do not have internet access. To access the application go to the SEER website at <http://seer.cancer.gov/tools/heme/> and under the heading “Web-based Version of the Database.” Click on the link “2012 Hematopoietic & Lymphoid Database and Manual.” Don’t forget to save the location as one of your favorites!

Dianna Watkins, CTR
Public Health and Prevention Specialist
Quality Assurance Group
Austin

TCR Spotlight: Meet the Quality Assurance Group!



This is a continuation of a series started in the Winter 2011-12 edition of *Texas Cancer Reporting News*, to let you know about the different work groups of the Texas Cancer Registry (TCR). In this edition, we spotlight the Quality Assurance Group.

What kinds of tasks does the Quality Assurance Group do in the TCR? How is the Quality Assurance Group's work different than other groups in the TCR?

The Quality Assurance (QA) Group of the TCR ensures adherence of Texas public health cancer surveillance data to national quality standards. The activities of the QA Group include:

- evaluating and implementing the national edit sets;
- evaluating and resolving data quality discrepancies such as known over unknown and/or correct and valid codes;
- consolidating the information from two or more source records, resulting in the best first course information;
- ensuring that each primary tumor is represented once and only once;
- casefinding activities such as death clearance;
- identifying data quality issues or trends; and
- preparing Texas data for dissemination in Calls for Data by the North American Association of Central Cancer Registries (NAACCR) and to the National Program of Central Registries (NPCR) of the Centers for Disease Control and Prevention (CDC).

Quality Assurance teams in central cancer registries across the nation follow the NAACCR reference book, *Standards for Cancer Registries, (Vol. III) Standards for Completeness, Quality, Analysis, and Management of Data*. This resource provides central registries with standardized structural requirements, process standards, and outcome metrics. It is the responsibility of the QA Group at the TCR to identify and implement any reporting changes and disseminate and implement errata for the state.

What are the roles of various members of the group?

The QA Group is led by the manager, Susana Perez, and team lead, Elena Faz. They oversee all quality assurance activities in the registry. Beatriz Gutierrez (lead worker) and Jael Davis take cancer cases that the TCR finds only through death certificates and follow up to reporting facilities, Justices of the Peace and hospices for more

continued on page 5...

TCR Spotlight *continued...*

information. Beatriz's and Jael's goal in this process ("death clearance") is to make sure these cases have all needed information and that the TCR data file includes as few Death Certificate Only (DCO) cases as possible. The primary activities of Cindy Dorsey (lead worker), Ray Pare, Dianna Watkins, Leticia Vargas and Judy Gonzales are consolidation of source records and resolution of data quality discrepancies. The entire QA Group identifies data quality issues and makes recommendations for resolutions at various levels of cancer reporting and data collection.

What are some of the outputs of the QA Group?

One cancer patient may have medical records relevant to public health surveillance from many different treatment professionals (diagnostic results from a pathology laboratory and treatment information from a hospital, for example). The QA Group consolidates the source records into a case with the best first course information for each individual by primary tumor. The TCR receives 240,000 records per year from the various cancer reporters (reporting facilities, cancer treatment centers, path labs etc.); after the data from these records are consolidated, there are approximately 100,000 unique incident cancer cases per year. These consolidated cases are the basis for measuring how much cancer exists (by cancer site, region, race, sex, etc.) and what the trends are over time.

How has the work of the QA Group changed over the past 5 or 10 years?

Several functions within the QA Group have changed drastically over the last several years. The QA Group has changed from completely manual consolidation to some automated consolidation. When team members do perform manual consolidation, the work is done on computers rather than paper, eliminating the previously-needed step of updating analytic files. Additionally, data are linked with many other datasets to improve the quality of demographics, including files from the Department of State Health Services Vital Statistics Unit, Social Security Death Index, Medicaid, and Voter's Registration. Finally, the QA Group has changed from being a team of 4 to a team of 10 in an effort to keep up with the increasing volume of cancer cases and the addition of more required data items.

What are some of the most interesting parts of the work the QA Group is doing right now?

Currently the QA Group is involved in evaluating and implementing additional data quality checks to migrate TCR data to a new cancer abstracting and database management system (Registry Plus). This has been a challenging and learning experience.

Is there anything else you'd like Texas Cancer Reporters to know about the QA Group?

The QA Group would like to recognize the dedication and diligence of Texas Cancer Reporters. Improving the quality, timeliness and completeness of Texas data would not be possible without you.

Susana Perez, RHIT, CTR

Group Manager

and

Elena Faz, CTR

Team Lead

Quality Assurance Group

Austin



Coding Corner

New Chemotherapy Drug in SEER *Rx

Zocor (simvastatin) causes tumors and metastasis to regress in hepatomas and also colon cancers. If the physician states it is being prescribed as treatment for the patients' cancer then it should be coded as chemotherapy. If the patient was on Zocor prior to the diagnosis, then do not code unless the physician states to continue the drug for treatment of the tumor.

Resource:

AskSEERCTR <http://www.seer.cancer.gov/registrars/>

Optical Nerve Glioma

Question:

In 2007 a three year old female with a history of a neurofibromatosis type 1 was diagnosed with a glioma of the right optic nerve. Is the glioma considered separate from the neurofibromatosis and therefore a second primary?

Answer:

A neurofibromatosis type 1 and a glioma of the optic nerve is considered two separate primaries if diagnosed prior to 2007. If the two are diagnosed between 2007 and 2011 they are still accessioned as two separate primaries but the optic nerve glioma should be coded as a pilocytic astrocytoma (C723, 9421/3). Optic nerve gliomas associated with neurofibromatosis type 1 are considered to be pilocytic astrocytomas in North America.

Resource:

SINQ question 20081126 at <http://seer.cancer.gov>

Elena Faz, CTR

Team Lead

and

Dianna Watkins, CTR

Public Health and Prevention Specialist

Quality Assurance Group

Austin

Remember:

Coding Grade/Differentiation

The Commission on Cancer (CoC) of the American College of Surgeons has made a change in the collection of data item grade/differentiation for cases submitted in 2012. CoC now requires that the special grades collected as part of the Collaborative Stage Data Collection System not be coded in the data item grade/differentiation. Examples of special grade include Bloom-Richardson Score and Gleason Score. The Texas Cancer Registry continues to require that grade/differentiation be coded for all sites.



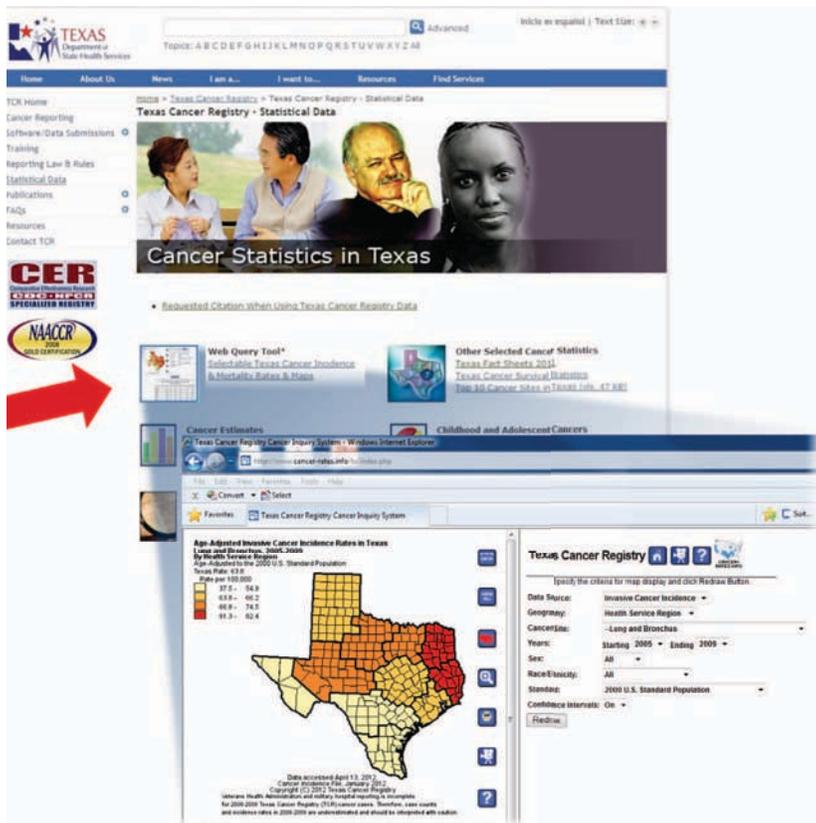
Epidemiology Corner

Cancer Incidence Data for 2009 Available Sooner Than Ever!

This year the Texas Cancer Registry had diagnosis year 2009 data available for researchers, planners, and others to use in December of 2011, earlier than ever before. These data are available on our web query tool, in standard tables and in fact sheets on the TCR website (<http://www.cancer-rates.info/tx/index.php>). These data are also available in limited use SAS and SEER*Stat data sets by special request.

The completeness, timeliness, and quality of our data set as a whole and of specific data fields like race and sex are extremely important in terms of using the data for cancer prevention, control, and research. For this reason, the TCR examines the completeness of the data compared to expected and also examines what percent of specific fields are unknown or missing, as shown in the table below.

Year of Diagnosis	Complete % (Compared to Expected)	Unknown Race %	DCO%	Microscopic Confirmation %	Unknown Stage at Diagnosis %	Missing Age %	Missing Sex %	Missing County %
2009	95.7%	1.3%	2.8%	90.2%	16.4%	0.0%	0.0%	0.0%



Thank you to all of our cancer reporters for helping us stay on top of cancer reporting, resulting in the early availability of our data. This is especially impressive for a state as large as Texas.

David Risser, PhD, MPH
and
Cheryl Bowcock, MPH
Epidemiologists
Epidemiology Group
Austin



Training Corner

Training Requests:

We are pleased to announce that The Texas Cancer Registry has a new **Training Request Form** on our webpage: <https://www.dshs.state.tx.us/tcr/Training-Request.aspx>. This form will give the Training Team at the Department of State Health Services a better understanding of the training needs for each facility. We will in turn be able to schedule trainings faster and more efficiently. If you would be so kind, please use the link above to fill out the Training Request Form, as needed.

Are you receiving our e-mails?

If you are a Texas cancer reporter, you should be receiving information from the Texas Cancer Registry via blast e-mails that say they are from the Texas Health and Human Services Commission (tx.hhs@govdelivery.com). If you are not receiving these e-mails, please contact TCR at <http://www.dshs.state.tx.us/tcr/contact-tcr.shtm>.

Upcoming Webinars:

As always, you can access the most up-to-date schedule of upcoming webinars on the TCR web page, <http://www.dshs.state.tx.us/tcr/webinars.shtm>.

Here are the upcoming webinars at the time that this newsletter goes to press:

NAACCR webinars:

ICD-10-CM and Cancer Surveillance 7/12/12

This 3-hour class will present preparations cancer registries and surveillance programs should be making for implementation of ICD-10 CM in healthcare facilities. Basics of the coding system will be presented. We will apply for CE hours from AHIMA that would meet the requirements that all RHITs receive at least 6 hours of training on ICD 10-CM coding.

Collecting Cancer Data: Hematopoietic 8/2/12

This 3-hour class will present the following information for hematopoietic primaries: anatomical information needed to abstract and code the cases; how to determine

the number of primary tumors using the updated Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual; how to code the CSv2 data items; and the treatments and how to code them.

Coding Pitfalls 9/6/12

This 3-hour class will address coding dilemmas identified through quality control of registry data and present solutions with rationale for determining the number of primary tumors using the MP/H rules, assigning ICD-O-3 topography and histology codes using the ICD-O-3 Manual, completing the appropriate data items using CSv2, and completing treatment data items as required by all standard setters.

****NAACCR CTR Prep:** The Texas Cancer Registry will be re-broadcasting the NAACCR CTR Prep webinars for the September 2012 CTR exam. The nine webinars will run from July until the end of September, 2012. This service is free of charge for Texas residents. The webinar information will be posted on our webpage as it becomes available.

NCRA webinars:

The 2012-2013 NCRA webinar schedule will be posted in the fall. Please visit our website for details.

Ethel Garcia, Ms, MEd,

Training Specialist,

*Non-Hospital Operations and Training Group,
Austin*



Employee Update

New TCR Staff Members and Contractors

Lee Alison recently joined the TCR as a new Contractor in the Data Management Group. He previously worked as a programmer/analyst at Intergraph and has 20 years of experience with database programming and design. He has a BSBA degree from University of Alabama in Huntsville.

Ethel Garcia, MS, MEd, is the TCR's Training Specialist IV with the Central Training Team, having quickly been promoted after joining the TCR in April as a Training Specialist III. Ms. Garcia has earned a Master of Health Education degree from the University of Texas and a Master of Science from UT Brownsville. She has taught Anatomy, Physiology, and Biology at Odessa College and the University of Phoenix. As a Research Assistant with the Litaker Group, she has experience in communicating with hospital staff and collecting data from medical records.

Anne Hakenewerth, MS, PhD joined the TCR on June 11th as the new Epidemiology Group Manager. She previously worked as the Director of Research for the Carolina Center for Health Informatics at the University of North Carolina School of Medicine. She has a PhD in Epidemiology from the University of North Carolina at Chapel Hill and an MS in Biology from the University of North Carolina at Charlotte. Dr. Hakenewerth's areas of research focus include head and neck cancer (dissertation) and statewide emergency department data (previous job.)

Carrie Perkins is the TCR's new Staff Services Officer in the Core Business Operations Group. Carrie holds a B.A. from Old Dominion University. For the last four years, she has been providing general business-related support for the Texas Health and Human Services Commission All Eligibility Systems Unit. Prior to her current position, Carrie worked for the Texas Department of Assistive and Rehabilitative Services. Before moving to Texas, she was a Practice Information Coordinator for a pediatric clinic in Norfolk, Virginia.

Saroj Rai, PhD joined the TCR on April 16th as the Manager of the newly formed Non-Hospital Operations and Training Group. Dr. Rai previously worked as a Director of Global Medical Affairs for Novartis Vaccines and Diagnostics and has 20 years of experience in research and development of new drugs and biologics. She has a PhD in Chemistry/Biochemistry from The Ohio State University with research focus on viral inactivation of bloodborne pathogens.

Sunil Sitoula, MSER joined the TCR as a contract SAS programmer in March, 2012. His primary focus is developing SAS management reporting for monitoring the completeness, timeliness and quality of CER data items. Sunil holds a Master of Science degree in Economic Research from the University of North Texas. He also holds a Bachelor's degree in Business Computer Information System from UNT. He has over 8 years of experience working in SAS and databases like Oracle, Teradata, and SQL Server. As a certified SAS programmer his focus is mostly on data validation, writing SAS scripts for automation, and Statistical Analysis on linear and non-linear modeling.

Samuel Waswa began work in February as TCR's new Research Specialist III in the Epidemiology Team. Sam previously worked in the DSHS Immunization Branch, where he gained rich experience in data analysis and linkage. He also holds a Bachelor's degree in Computer Information Systems from Park University and a certificate in Public Health Informatics from the University of Maryland.

Welcome, new staff!

Marie Longoria, CTR
Program Specialist
Northeast Texas Registry Operations Group
Houston



Case Completeness by Dx Year

As of: June 13, 2012

HSR 1: 2007 100%	HSR 7: 2007 100%
2008 100%	2008 100%
2009 94%	2009 95%
2010 84%	2010 83%
2011 42%	2011 29%

HSR 2: 2007 92%	HSR 8: 2007 100%
2008 95%	2008 100%
2009 96%	2009 97%
2010 87%	2010 81%
2011 33%	2011 11%

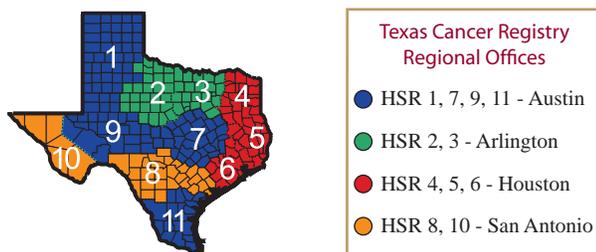
HSR 3: 2007 100%	HSR 9: 2007 98%
2008 100%	2008 98%
2009 97%	2009 94%
2010 92%	2010 92%
2011 26%	2011 35%

HSR 4: 2007 99%	HSR 10: 2007 100%
2008 95%	2008 100%
2009 90%	2009 100%
2010 82%	2010 93%
2011 25%	2011 56%

HSR 5: 2007 100%	HSR 11: 2007 100%
2008 100%	2008 100%
2009 100%	2009 98%
2010 90%	2010 88%
2011 33%	2011 28%

HSR 6: 2007 100%	State: 2007 100%
2008 100%	2008 100%
2009 100%	2009 97%
2010 92%	2010 88%
2011 25%	2011 27%

Texas Health Service Regions



New Certified Tumor Registrars in Texas

Congratulations to the new Certified Tumor Registrars in Texas!

The following individuals passed their CTR exam in March 2012:

L. Francine Hamza

Priscilla Ramos

Diane Sprague

Melissa A. Valencia

Leticia Vargas, CTR

Public Health Technician

Quality Assurance/Training Group

Austin



Remember:

CoC-Approved Registries are required to collect Clinical TNM data items. In 2011 TCR requires that the following items be transmitted when submitting data.

Item/Field NAACCR Data Item#

TNM Clinical T for Female Breast; Rectum 940

TNM Clinical N for Female Breast; Rectum 950

TNM Clinical M for Female Breast; Rectum 960

TNM Clinical Stage Group for Female Breast; Rectum 970

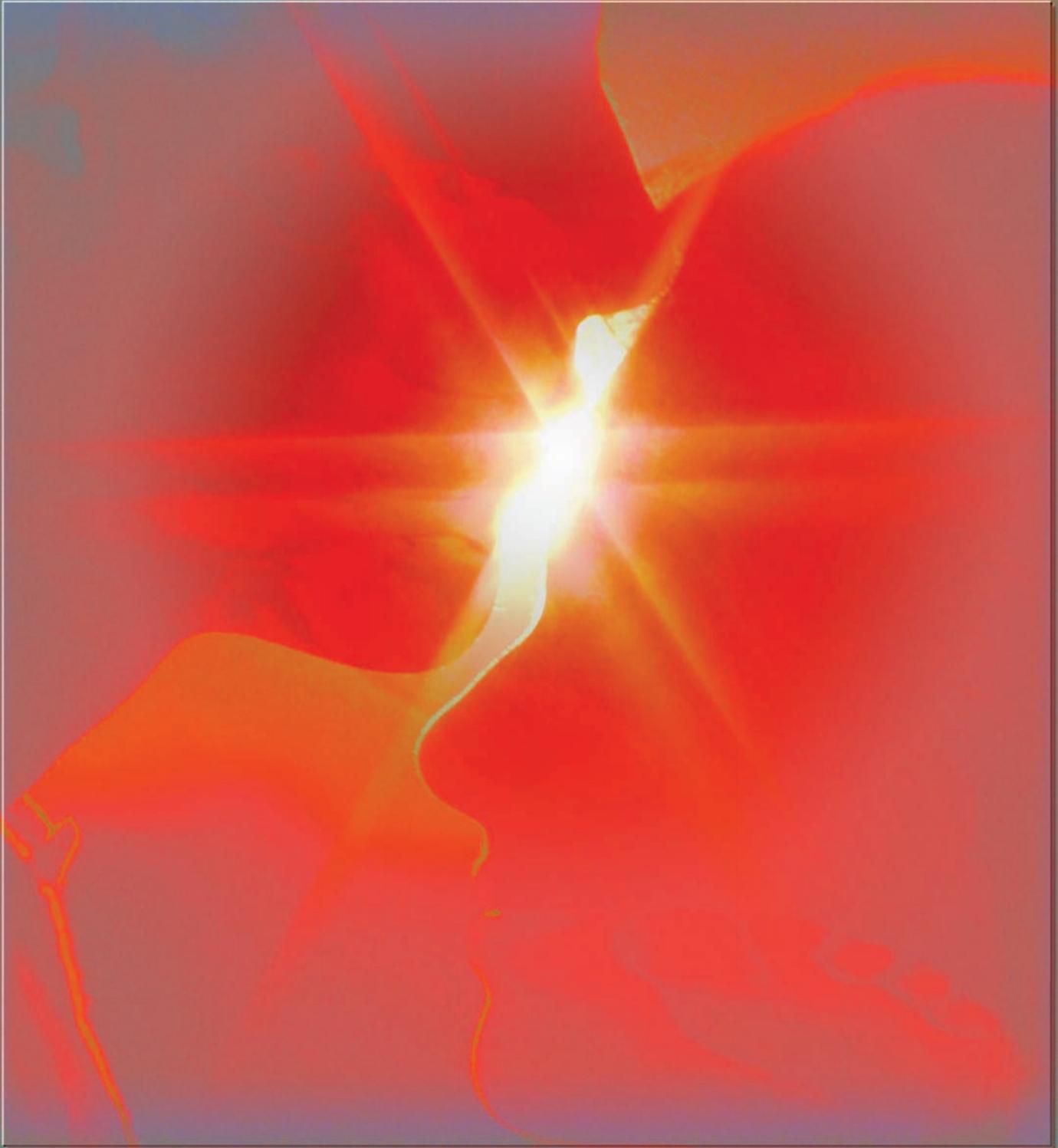
TNM Clinical Descriptor for Female Breast; Rectum 980

TNM Edition Number for Female Breast; Rectum 1060



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