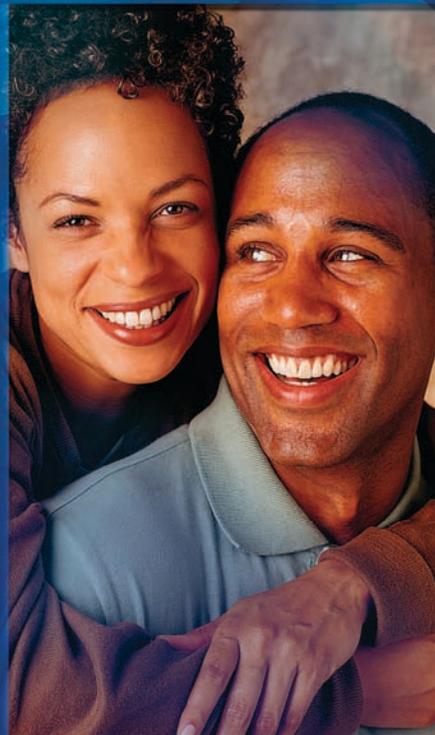




Texas Cancer Reporting News

Volume XIII, No. 2 Winter 2011-2012 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

Winter 2011-2012

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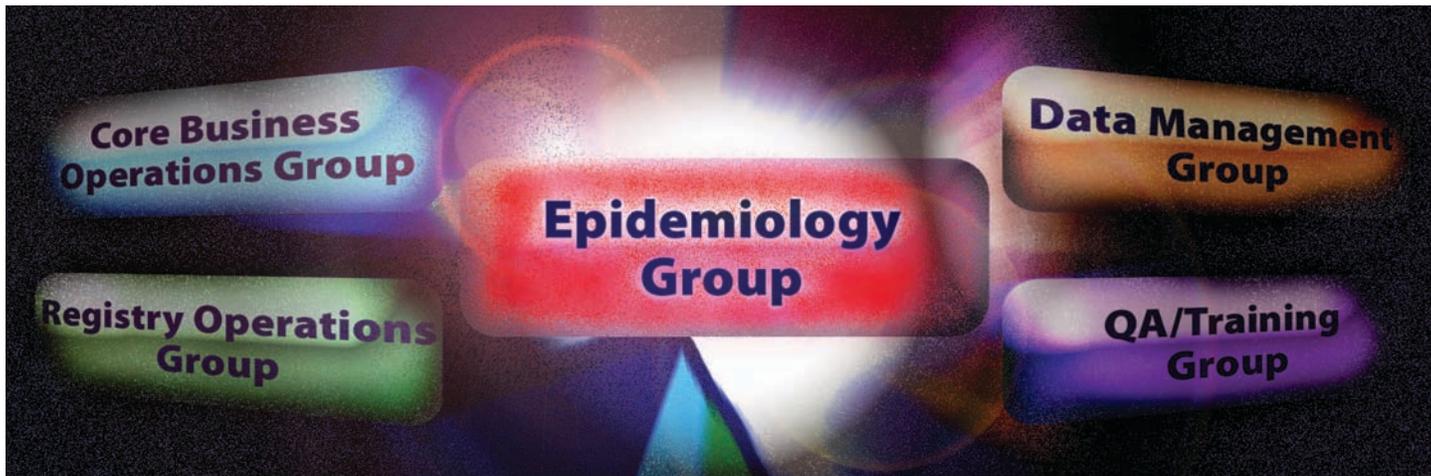
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Visit us online: www.dshs.state.tx.us/tcr

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TCR Spotlight



For the next few editions of the Texas Cancer Reporting News, we will have a series of spotlights on the various groups of staff that comprise the Texas Cancer Registry. To inaugurate our series, we will begin with the Epidemiology Group.

Meet the Epidemiology Group of the Texas Cancer Registry (or call us the “Epi Team”)!

Do you ever wonder what happens to all of the cancer reports that are collected and submitted to the TCR? In order to improve public health efforts to understand, treat, and prevent cancer, the cancer data we collect must be used. In addition to developing data standards for cancer registration, part of NAACCR’s mission is to “promote the use of cancer surveillance data... for epidemiologic research, public health programs, and patient care to reduce the burden of cancer in North America.” The Epi Team of the TCR plays an important role toward fulfilling this mission in a variety of ways.

The Epi Team consists of a manager (currently vacant), three Epidemiologists – David, Paul, and Cheryl – and three Research Specialists – Stephanie, George, and another position that is currently vacant. We were asked to provide descriptions of what we do on a daily basis. However there is seldom a “daily routine” for the Epi Team; our work can vary greatly.

As all reporters know, enormous effort goes into collecting cancer data and ensuring that it is complete, accurate, and timely. What may not be widely known is that the Epi Team plays a large role in that process as well. Stephanie performs regular queries of the data, evaluating overall data quality and providing feedback to the other sections of the TCR. Data linkages (matching TCR data to external data sources) play a large role in our data quality efforts as well. Stephanie and Cheryl link TCR data to numerous external data sources to fill in missing data, such as race or vital status, or to locate cancer cases that have not been previously reported. Some examples of data that are useful in these linkages include death records from the Vital Statistics Unit, Medicaid claims data, and voter registration records.

Epi Team members, particularly Stephanie and George, play a huge role in preparing our cancer data for submission to NAACCR and CDC for the annual “calls for data.” This is a critical function of the TCR, as our data are evaluated and certified through this process.

continued on page 3...

TCR Spotlight *continued...*

The journey does not end with producing and maintaining high quality cancer data. We also analyze and disseminate it to researchers, policy makers, health care providers, and the many other customers who have an interest in the status of cancer in Texas.

TCR receives over 400 requests for cancer statistics every year. The entire Epi Team fills those requests, but David is usually the first point of contact. We also provide tools that allow our customers to obtain cancer summary statistics on their own. One such tool, the “query tool,” is available through our website (<http://www.dshs.state.tx.us/tcr/data.shtm>) and can be used to look at cancer incidence and mortality in various ways, such as by sex or county. There were more than 18,000 web “page visits” of the query tool in 2010 and we will exceed that number in 2011. George makes sure that the “query tool” data are up to date and available to our users.

Since customers are often interested in data about particular cancer issues, the TCR produces topic-centered reports. Some recent examples include: 2011 Texas Selected Cancer Facts, Colorectal Cancer in Texas, 2010, and Cervical Cancer in Texas, 2010. The majority of the work that goes into producing the data for those reports is performed by the Epi Team (although our Graphic Designer plays a huge role as well!).

Since the TCR data became “Gold Certified” in 2006, researchers have become increasingly interested in obtaining our data for research projects. The Epi Team, and our TCR Director, Dr. Williams, coordinate and collaborate with these researchers, who may be medical professionals, university faculty members, students, or others. Some projects are simple and can be filled by providing the researcher with a tool to evaluate data that contains no personal identifiers (such as name). We provide these data files to be used primarily with SEER*Stat, a free software package from SEER. George works behind-the-scenes magic to keep our SEER*Stat files current and working. Other research projects must go through a complex application process which requires rigorous review by an internal board (called the Institutional Review Board) to ensure that the research is sound, valuable, and that individual information will be protected. As of April 2011 TCR was providing data to or collaborating with researchers on 38 projects. The TCR Epi Team members, particularly Paul, coordinates and participates in this process.

Frequently a research project will require complex data linkages between TCR data and external data sources, such as the Indian Health Service, or the DSHS Mental Health and Substance Abuse programs. The entire Epi Team plays a critical role in these projects.

Finally, in the past couple of years, the TCR has partnered with the Cancer Prevention and Research Institute of Texas (CPRIT), a state agency established in 2007 to fund groundbreaking cancer research along with prevention programs and services in Texas. The Epi Team provides support to CPRIT in their mission and a TCR epidemiologist, Cheryl, is co-located with CPRIT staff in Austin to assist them with their data and research needs.

Cheryl Bowcock, MPH

*Epidemiologist, Epidemiology Group
Austin*



Coding Corner

Hematopoietic and Lymphoma Primaries

Question:

If the medical record for a patient with lymphoma does not mention B symptoms (Fever, night sweats or weight loss) how should SSF 2 be coded?

Answer:

Code SSF 2 as 000 if the medical record does not mention B symptoms.

Resource:

Collaborative Stage for TNM 7 - Revised 11/22/2010, Lymphoma Schema, Site Specific Factor 2, Note 3.

Question:

A patient with history of pancytopenia had a bone marrow biopsy. The diagnosis on the pathology report is acute myeloid leukemia and chronic lymphocytic leukemia. Rule M7 states that if a diagnosis of the chronic and acute phase is made within 21 days and there is a positive bone marrow biopsy then it is one primary. Should this be coded as one primary?

Answer:

Two primaries should be coded. Rule M7 refers to the acute and chronic phase of the same neoplasm. You have a diagnosis of a lymphoid neoplasm and a myeloid neoplasm. Continue to rule M13 since none of the other rules fit this scenario. Go to the Hematopoietic Database and use the Multiple Primaries Calculator. The calculator will show that this is two primaries.

Resource:

Johnson CH, Adamo M, Peace S, Percy-Laurry A (eds.), *2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual*. National Cancer Institute, Bethesda, MD 20892-8316: <http://seer.cancer.gov/tools/heme/index.html>

SEER Inquiry System: <http://seer.cancer.gov/seerlookup/index.php?page=search> Question 20110085

Question:

When should I use the *2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual*?

Answer:

The 2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual is used to answer four questions for cases diagnosed as of 2010 and later:

1. Is it reportable? Follow the 10 Reportability Instructions (page 12 – 13) to determine if your case is reportable. For cases that do not meet the criteria in the Reportability Instructions, query the Hematopoietic Database.
2. How many primaries? Go to the Multiple Primary and Histology rules (Flowchart begins on page 14) to determine how many primaries should be reported. If a case does not meet the criteria for rules M1 through M12, go to the Hematopoietic Database. Do *not* go to the Hematopoietic Database or the Multiple Primaries Calculator before checking the manual. Remember, during the diagnostic workup the physician may start with a non-specific (NOS) diagnosis then further testing may show a more specific diagnosis. This is not multiple primaries.

Note: Rules M7 – M9 refer to both chronic and acute phase of a neoplasm diagnosed within 21 days. To determine if two diagnoses are the chronic and acute phases of a neoplasm use the Hematopoietic Database.

Example: A bone marrow biopsy shows myelodysplasia possibly in transition. These findings are consistent with

continued on page 6...

Coding Corner *continued...*

an evolving acute myeloid leukemia. The patient has no history of MDS, and is treated based on a diagnosis of MDS/AML. The first step is to search the Hematopoietic Database for MDS. Display MDS, unclassifiable (9989/3). The Transformation box shows that MDS (chronic neoplasm) transforms to AML (9861/3) (acute neoplasm). Use rule M7 and abstract a single primary, AML.

3. What is the primary site and histology for each primary? Use PH rules (Flowchart begins on page 19) and stop at the first one that applies. When rules PH1-PH39 do not apply use the Hematopoietic Database.
4. What is the grade? Use the Grade of Tumor Rules (Flowchart begins on page 35) and stop at the first rule that applies.

Resource:

Johnson CH, Adamo M, Peace S, Percy-Laurry A (eds.), *2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual*. National Cancer Institute, Bethesda, MD 20892-8316: <http://seer.cancer.gov/tools/heme/index.html>

SEER Inquiry System: <http://seer.cancer.gov/seer inquiry/index.php?page=search> Question 20110087

Cindy Dorsey, CTR

*Program Specialist, Quality Assurance/Training Group
Austin*

NAACCR Version 12.1 Metafile

The TCR 12.1B metafile (TCRCERV121B.RMF) is ready and available for download from our website at [www.http://www.dshs.state.tx.us/tcr/vendors.shtm](http://www.dshs.state.tx.us/tcr/vendors.shtm). This metafile includes edits for the Non-Standard NAACCR Data Items (CER Project). If your facility uses third party reporting software, please verify the editset being used with your vendor when you upgrade to Version 12.1. All submissions must pass the TCRCERV121B edits prior to submitting. It is recommended that you load this metafile in GenEDITS Plus and then run your data submission in GenEDITS Plus before submitting your file to the TCR. For facilities using SandCrab Lite (SCLv10), the edits and updated software should automatically download and install when you access the application.

Elena Faz, CTR

*Team Lead, Quality Assurance/Training Group
Austin*

Remember:

Non-specific size descriptions for CS Tumor Size are to be used *only* when a more precise size is not available. When the registrar has to code a non-specific size (e.g. code 995 stating the tumor size is between 4 and 5 cm), he/she should document in the text field that an exact tumor size was not mentioned within the medical records. Reference: The 2011 Texas Cancer Registry Handbook (Revised June 2011), Appendix A, pg. A-34, e.

Comparative Effectiveness Research (CER) Project

Texas is one of ten specialized registries with the new Comparative Effectiveness Research (CER) Specialized Registry designation. The Summer 2011 Texas Cancer Reporting News addressed what Comparative Effectiveness Research is and why the TCR is collecting this additional information. More specifically, CER Specialized Registries will help collect detailed data to address key CER questions on colorectal cancers, breast cancers, and chronic myeloid leukemia (CML). Some of the major activities required by CER Registries include an emphasis on data collection through data linkages, building electronic reporting capacity, and the development of non-hospital reporting sources with the goal of expanding sustainable activities to other registries over time.

A number of additional fields with higher quality data will be collected by the TCR for cancer cases diagnosed January 1 through December 31, 2011. This includes both data collected from hospital sources and data acquired through linkages with large datasets such as the Breast and Cervical Cancer Early Detection Program and the National Death Index. Additional fields will include:

- Cancer staging
- Treatment - focusing specifically on colorectal cancers, breast cancers and CML
- Biomarkers for some sites
- Comorbidities for all sites
- Smoking history for all sites
- Height and weight for all sites
- Occupation for all sites

The greatest amount of additional information required from cancer reporters is in the area of treatment. Detailed information will be required for breast, colorectal and CML cases. This includes:

- Chemotherapy- including up to six courses with NSC number (available on Seer Rx), doses planned and received, start and end dates and chemo completion status
- Granulocyte CSF Status

- Erythrocyte Growth Factor Status
- Thrombocyte Growth Factor Status
- Hormone Therapy - up to two courses with NSC number
- Biological Response modifiers - up to two courses with NSC number
- Subsequent Treatment - as available for breast, colorectal and CML.

If your facility has chosen to have the TCR or a TCR representative code these fields, the information needed to code them must be fully documented using an Excel workbook format provided by the TCR on each abstract or scheduling an onsite visit. The Excel workbook will then be submitted via TCR's secure WS_FTP server along with your regular data submission if your facility opted to provide the required information in this format. This is the same process used for data uploads now. The workbook features general instructions and a Case Documentation worksheet with detailed field instructions available on column headers by placing your mouse over the field. It also includes a sample entry. The CER Spreadsheet and CER Spreadsheet Instructions, along with Revisions to the 2011 Cancer Reporting Handbook, are available on the TCR website at:

<http://www.dshs.state.tx.us/2011-Cancer-Reporting-Handbook.aspx>.

Revised files are indicated by *, and new additions to the handbook are indicated by **. A complete listing of the revisions with section and page number is located in the file Specific Listing of September 2011 Revisions**.

If you have questions or need assistance with the CER spreadsheet, please contact your regional office or central office at 1-800-252-8059. TCR staff members are available to assist in any way possible.

Kimberly Willis, CTR
Team Lead, Non-Hospital Operations Group
Austin



New Rules

Amendments to Texas Cancer Registry Rules, found in Texas Administrative Code, Title 25, Sections 91.1-91.12, became effective on August 14, 2011.

The amendments ensure continued compliance with federal requirements for operation of state central cancer registries found in 42 U.S.C., §§280e - 280e-4, which allows the state to remain eligible for federal grants, and maintain compliance with Health and Safety Code, Chapter 82 (Texas Cancer Incidence Reporting Act). These rule amendments also meet the state statutory requirement that every four years each state agency review and consider for re-adoption each rule adopted by that agency.

Summary of Rule Amendments

- Minor editorial changes were made to Sections 91.1-91.5, and Sections 91.7-91.10 to correct formatting and enhance clarity in rules.
- Amendments to Section 91.4 provide clarification that clinical laboratories are not required to report data items they do not collect and includes a reference to language in Section 91.6 regarding conditions under which non-electronic reports of cancer will be accepted.
- Amendments to Section 91.6 provide clarification of the specific reporting methodologies that apply to health care facilities, clinical laboratories and health care practitioners and the conditions under which non-electronic reports of cancer will be accepted.
- Amendments to Section 91.11 correct the agency address.
- Amendments to Section 91.12 correct the agency address and establish guidelines for conducting studies where cancer registry data are used to identify potential participants and patient contact is involved.

Link To Updated Texas Cancer Registry Rules

The updated Texas Cancer Registry Rules can be accessed via our Website at: <http://www.dshs.state.tx.us/tcr/lawrules.shtm>.

John Hopkins

Group Manager, Core Business Operations Group
Austin

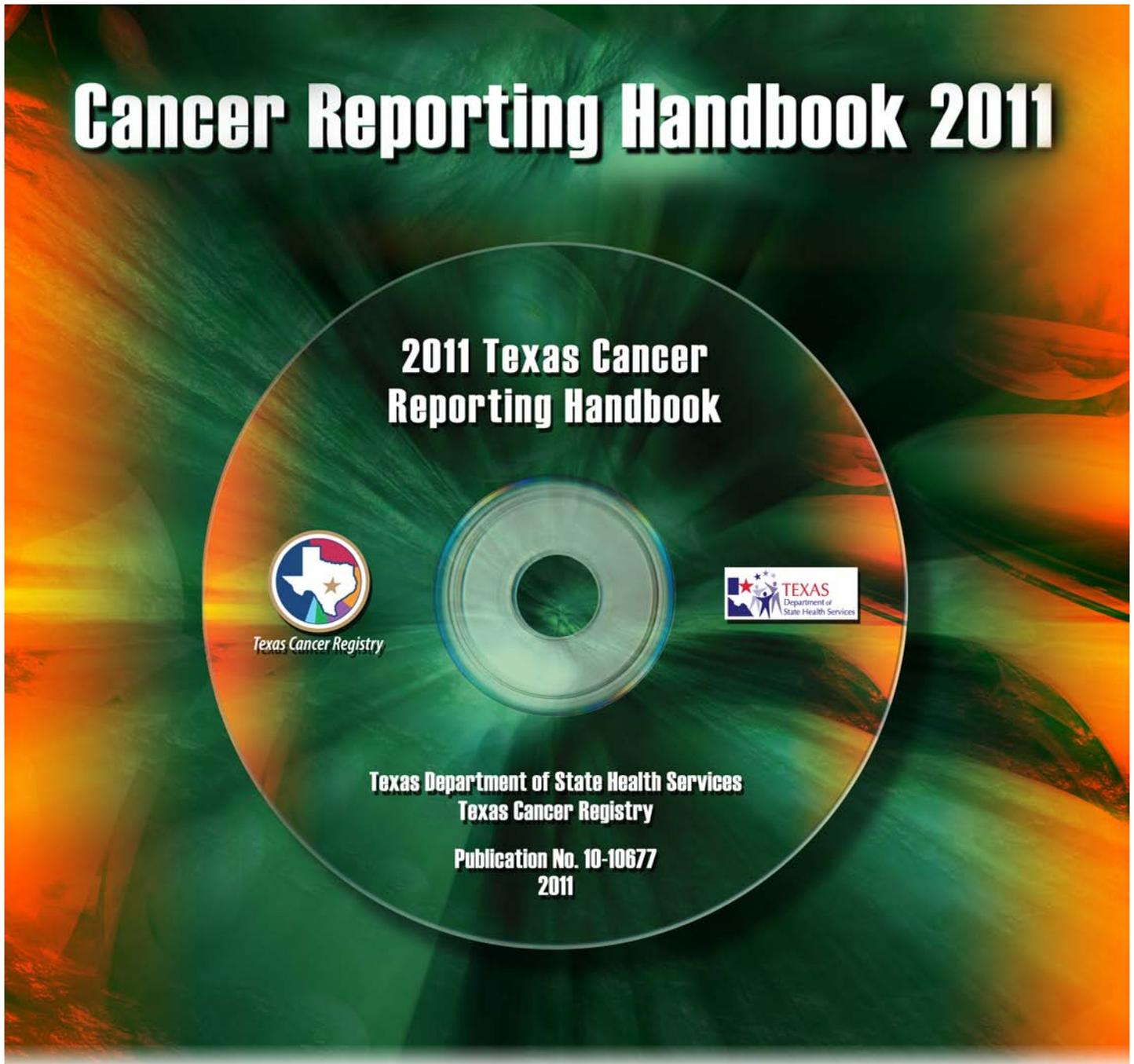


Remember:

In evaluating 2011 submissions, data items are being submitted blank which are required from all reporters for all sites. These data items are:

<u>NAACCR # data item</u>	<u>NAACCR data item name</u>
9960	Height
9961	Weight
9965	Tobacco Use Cigarettes
9966	Tobacco Use Other Smoke
9967	Tobacco Use Smokeless
9968	Tobacco Use NOS
9970	Comorbidity Source
3110-3164	Comorbidity/Complication 1-10

2011 Cancer Reporting Handbook



The 2011 Handbook on compact disc was mailed on July 20, 2011. The handbook is also now available on the Texas Cancer Registry website at <http://www.dshs.state.tx.us/tcr/2011-Cancer-Reporting-Handbook.doc>. As discrepancies are identified, corrected pages/sections are placed on our webpage. Be sure to visit our website regularly.

Cindy Dorsey, CTR
Program Specialist
Austin



Training Corner

The Texas Cancer Registry (TCR) will continue to host North American Association of Central Cancer Registries (NAACCR) and National Cancer Registrars Association (NCRA) training opportunities as well as providing CTR Exam preparation resources. As always, please look for updated information at our website: <http://www.dshs.state.tx.us/tcr/webinars.shtm>.

NAACCR Webinars

The TCR will continue to broadcast the 2011-2012 NAACCR webinar series. You can view these three-hour webinars statewide. Webinar materials will be attached to the webinar announcements. Please contact your regional representative if you will not have access to the material. Many entities prohibit emails with attachments. Certificates will be emailed. If you prefer a hard copy, please contact Judy Gonzales at Judy.Gonzales@dshs.state.tx.us.

NAACCR Schedule for 2012

2/02/12	Collecting Cancer Data: Lung
3/01/12	Abstracting and Coding Boot Camp: Cancer Case Scenarios
4/05/12	Collecting Cancer Data: Lower Digestive System
5/03/12	Collecting Cancer Data: Hematopoietic
6/14/12	Using and Interpreting Data Quality Indicators
7/12/12	ICD-10 CM and Cancer Surveillance
8/02/12	Collecting Cancer Data: Melanoma of Skin
9/06/12	Coding Pitfalls

NCRA Webinars

The NCRA will present an “Advance Quality Abstracting” webinar series. Each 90-minute webinar will include an overview of the topic, an in-depth analysis of the site, and a question and answer session. Each session begins at 1:00 PM CST and will be worth 1.5 Continuing Education credits.

*** Only paid registrants will receive Continuing Education credits.

*** You can visit the NCRA website at <http://www.ncra-usa.org> for registration information.

NCRA Schedule for 2012

2/15/12	Head presented by Shirley Jordan Seay, PhD, OCN, CTR
3/14/12	Neck presented by Shirley Jordan Seay, PhD, OCN, CTR
4/11/12	Ovary presented by Sharmen Dye, CTR and Kathleen Rogers, CTR

NCRA will continue the webinars dedicated to “ICD-10 CM: An Update for Cancer Registrars.” Specific dates will be announced on the NCRA website.

2/2012	ICD-10 CM Part II
5/2012	ICD-10 CM Part III

NAACCR CTR Exam Preparation and Review Webinar Series

The TCR is making recordings of the NAACCR CTR Exam Preparation and Review Webinar Series available at no charge. The course includes eight two-hour sessions carefully prepared to reflect changes to the 2012 CTR Exam. For additional information on topics and dates please see the schedule below:

NAACCR CTR Exam Preparation and Review Webinar Series

1/24/12	Registry Organization & Operations (continued) 1:30-3:30
1/31/12	Data Analysis and Interpretation (statistics and epidemiology) 1:00-3:00

continued on page 10...

Training Corner *continued...*

- 2/07/12 Concepts of Abstracting, Coding and Follow-up (anatomy) 1:00-3:00
- 2/14/12 Concepts of Abstracting, Coding and Follow-up (casefinding, abstracting and coding) 1:00-3:00
- 2/21/12 Staging Principles 1:00-3:00
- 2/28/12 ICD-O-3 Coding and MP/H Rules, Hematopoietic and Lymphoid Neoplasm Coding 1:00-3:00
- 3/06/12 Timed Test Overview and Test-Taking Tips 1:00-3:00
- 3/3-17/12 CTR Exam testing window

Dwenda Smith, CTR

*Training Specialist, Quality Assurance/Training Group
Austin*



Remember:

The Texas Cancer Registry (TCR) follows certain approved policies and procedures regarding encryption of electronic files containing confidential information. *All data files containing confidential information must be encrypted and password protected when being transmitted.* AxCrypt is the approved encryption software for use by the TCR. Outside entities receiving AxCrypt encrypted and password protected files must either have AxCrypt installed or have the capability of receiving a self-executable file (".exe" file type). AxCrypt is freeware and available at <http://www.axantum.com/AxCrypt/Downloads.html>. You can access instructions on AxCrypt use and read more about acceptable encryption methods at the TCR website: <http://www.dshs.state.tx.us/tcr/Texas-Cancer-Registry-Acceptable-Encryption-Methods/>.

Remember:

The CS Tumor Size/Ext Eval is based on the method that determined the most advanced subcategory of the derived "T." If the tumor size or extension could not be determined, the registrar should still know the procedures that were used to try and determine those fields. The evaluation field does not need to be coded to 9 (unknown) when the CS Tumor Size or CS Tumor Extension is unknown. Reference: The 2011 Texas Cancer Registry Handbook (Revised June 2011), Appendix A, pg. A-49, 10.

New Certified Tumor Registrars in Texas

Congratulations to the new Certified Tumor Registrars in Texas!

The following individuals passed their CTR exam in September 2011:

Geraldine M. Freund, Seton Network, Austin

Erica Higgins

Chantel D. Raigosa, Baylor Medical Center, Irving

Kimberly A. Rodriguez, Harris Methodist, Fort Worth

Leticia Vargas, CTR

*Public Health Technician, Quality Assurance
Training Group
Austin*



Registry Accomplishments

The TCR submitted data for diagnosis years 1995 - 2009 to NAACCR in December and is preparing to submit 2010 diagnoses to the CDC National Program of Cancer Registries in the spring.

We also wanted to let you know about two important advances in research that have been recently made and an additional cancer control effort that has been funded using the cancer data you have provided:

***Journal of the American Academy of Dermatology*. 65.5 Supplement 1 (November 2011).**

[http://www.eblue.org/issues?issue_key=S0190-9622\(11\)X0013-0](http://www.eblue.org/issues?issue_key=S0190-9622(11)X0013-0)

http://www.cdc.gov/cancer/skin/what_cdc_is_doing/melanoma_supplement.htm

This journal supplement, consisting of multiple articles, aggregated and examined data on melanoma from 45 states, including Texas. According to the CDC, the supplement “cover[s] the largest percentage of the U.S. population ever studied” for melanoma surveillance. Among the study population (comprising approximately 78% of the U.S. population) there were 45,000 cases of melanoma each year for 2004-6. The studies in the supplement also analyzed cancer trends and survival rates.

Engels, Eric et al. “Spectrum of Cancer Risk Among U.S. Solid Organ Transplant Recipients.” *Journal of the American Medical Association*. 306.17 (November 2011): 1891-1901.

<http://jama.ama-assn.org/content/306/17/1891>

This study confirms a hypothesis that the rate of cancer is higher among organ transplant recipients than among the general population (twice as high). Although previous suspicion has been that the donated organs themselves were the reason for the higher rates, the study indicates that the higher rate is actually due to the immunosuppression used during the organ transplant. The study also adds to the field because it investigates cancer rates for a range of types of organ transplants, whereas previous studies have focused on kidney transplants.

The Texas Cancer Registry is also partnering with UT Southwestern Medical Center, Parkland Health and Hospital System, UT School of Public Health in Dallas and the Simmons Cancer Center on a five-year, \$6.3 million dollar NCI-funded project to help improve colorectal cancer screening and provide over 30,000 free colorectal screens to the uninsured and underinsured. More information is available at: <https://sph.uth.tmc.edu/2011/11/utsph-collaborates-with-ut-southwestern-and-parkland-for-6-3-million-nci-grant-to-improve-colorectal-cancer-screening-in-dallas-safety-net-healthcare-system/>.

These are truly shared accomplishments. Thank you for everything you do to support population cancer surveillance in Texas!

Alison Little, MPP

Program Specialist, Core Business Operations Group

Austin



Employee Update

New TCR Staff Members

Anshu Bohra joined the newly formed Non-Hospital Operations Group. Anshu has an MPH in Social and Behavioral Health, and Bachelor's degrees in Medicine and Surgery. She has experience in cancer registration and reporting guidelines and was a volunteer with the TCR for 9 months.

Steve Carrico joined the Texas Cancer Registry in December as our newest Data Management contractor. Steve has a wealth of experience in both FoxPro and SQL and is a former president of the Austin FoxPro Users Group. He is retired from the U.S. Air Force.

Tracy Potter will join the newly formed Non-Hospital Operations Group in February. She has three years' experience in cancer registration and reporting guidelines at an accredited hospital cancer registry. She has an Associate's degree in Health Information Management and a certificate in Cancer Registry Management and Coding, and will receive a Bachelor's degree in Health Profession/Cancer Data Management in May, 2012.

Promotions

Priscilla Ramos has been promoted to join the newly formed Non-Hospital Operations Group. She has ten months' experience in cancer registration and reporting guidelines at the Texas Cancer Registry. Priscilla has an Associate's degree in Health Information Management and certificates as a Medical Assistant and as a Coding Specialist.

Farewells

Eric Miller, Ph.D., the TCR's former Epidemiology Manager, is now with the Centers for Disease Control and Prevention (CDC) in Washington, D.C. Dr. Miller had been with the TCR for three years and previously worked as the CDC Epidemic Intelligence Services Officer for Texas at DSHS. We wish Dr. Miller well in his new pursuits!

Nelda Moreno, CTR retired after 21 years of service with the Department of State Health Services. Nelda began her career with the legacy Texas Department of Health in August, 1990 and her career with DSHS/TDH has all been with the Texas Cancer Registry. Nelda worked her first five years in the Austin central office before transferring to the San Antonio regional office. Her first position was as Secretary III and she later ventured into the more technical role of cancer registration. She held numerous positions: Field Records Analyst, almost all of the Public Health Tech levels and Program Specialist III in May of 2004. In February 2005, Nelda was hired for the Team Lead Program Specialist IV position.

Nelda was instrumental in providing technical assistance and guidance both to hospital cancer reporters as well to TCR staff. She has been dedicated to the cancer registry field, and her dedication and commitment to the TCR and State of Texas is greatly appreciated by all. Nelda is now spending time with her 90-year-old mother and also plans to travel to places like Puerto Rico, Chicago, New York and San Francisco.

The TCR wishes **Kris Puramsetti**, Research Specialist in the Epidemiology Group, a fond farewell as he leaves the TCR for opportunities in the private sector. Kris worked with the Department of State Health Services for six years, including in the Blood Lead Registry before the Texas Cancer Registry. 

Epidemiology Corner



Book Review: The Emperor of All Maladies: A Biography of Cancer

Siddhartha Mukherjee's *The Emperor of All Maladies: A Biography of Cancer* is a masterfully written book that describes the disease of cancer and its place in the human experience, even allowing readers to enter the “mind” of cancer. He writes, “In most ancient societies, people didn't live long enough to get cancer. Indeed, cancer's emergence in the world is the product of a double negative: It becomes common only when all other killers themselves have been killed.” Modern understanding of the disease originated with our understanding that all plants and animals are made of cells, and that cells arise from other cells. “If cell growth is the secret of living, and if we seek immortality, then so, too, does the cancer cell.”

Perhaps of greatest interest to cancer registrars, the chapter titled “Counting Cancer” describes the development of cancer registries. This chapter provides excellent examples of the use of and importance of age-adjustment for measuring cancer rates and survival rates, essential metrics to evaluate the effect of the disease on populations. The chapter also addresses the important role of registries in cancer prevention and treatment.

The book reviews important contributions of scientists and physicians to the war on cancer, including Sydney Farber, one of the first physicians to attempt to cure cancer using drugs. As we readers learn, through the stories of these scientists' work, that cancer is built into our genes, we begin to understand that it is not a disease that will be solved by any single revolutionary discovery. Mukherjee notes that “With cancer, where no simple or definitive cure is in sight — and is never likely to be — the past is continually conversing with the future.” We may learn to prevent some types of cancer, but cancer will probably never go away, as many infectious diseases have. In other words, the war on cancer will probably not be won as other wars have — by vanquishing the killer. Instead, this war will more likely be won as an accommodation — learning to live with cancer, so that we will likely die of other diseases.

Mukherjee lists three important new directions in cancer medicine: (1) cancer therapeutics — targeting therapies against cancer genes; (2) cancer prevention — identifying possible carcinogens, cancer screening, and survival; and (3) more complex methods — learning how to intervene in the pathways of aberrant genes and to explain the behavior of cancer cells. These new directions may be one of the most important justifications for the cancer registry — to preserve the historical data on the occurrence of cancer, supporting improved interventions in the future.

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New TCR Web Content

We encourage you to use the TCR website as your complete information resource for Texas Cancer Registry reporting, statistical data, reporting law and rules, epidemiologic and reporting publications, webinars and training, and general information about the registry.

There is change in the login procedure for NAACCR and NCRA Training Webinars. Instead of the password protected login on the TCR site, attendees will now receive a link directly through your email.

Be sure to check the "Recent Additions" section of our home page to see what's new. As of this writing, the latest posting was the 2012 Texas Expected Numbers and Cancer Cases and Deaths.

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.

Henry Pinter

Web Development and Graphic Design
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Remember:

Revisions to the 2011 Texas Cancer Registry Handbook have been posted on the TCR website at <http://www.dshs.state.tx.us/tcr/2011-Cancer-Reporting-Handbook.doc>. A complete listing of revisions including section and page number are in the "Specific Listing of September 2011 Revisions**."

Case Completeness by Dx Year

As of: January 18, 2012

HSR 1: 2006 98%	HSR 7: 2006 100%
2007 98%	2007 100%
2008 100%	2008 100%
2009 92%	2009 93%
2010 73%	2010 75%

HSR 2: 2006 91%	HSR 8: 2006 100%
2007 90%	2007 100%
2008 94%	2008 100%
2009 93%	2009 96%
2010 78%	2010 73%

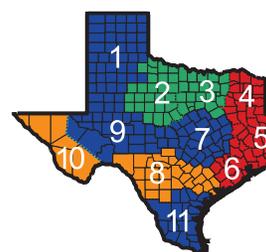
HSR 3: 2006 100%	HSR 9: 2006 95%
2007 100%	2007 96%
2008 99%	2008 97%
2009 96%	2009 98%
2010 81%	2010 83%

HSR 4: 2006 94%	HSR 10: 2006 100%
2007 98%	2007 100%
2008 95%	2008 100%
2009 88%	2009 100%
2010 73%	2010 83%

HSR 5: 2006 100%	HSR 11: 2006 98%
2007 100%	2007 100%
2008 100%	2008 100%
2009 100%	2009 97%
2010 81%	2010 77%

HSR 6: 2006 100%	State: 2006 99%
2007 100%	2007 99%
2008 100%	2008 99%
2009 100%	2009 96%
2010 82%	2010 79%

Texas Health Service Regions



Texas Cancer Registry Regional Offices	
● HSR 1, 7, 9, 11 - Austin	
● HSR 2, 3 - Arlington	
● HSR 4, 5, 6 - Houston	
● HSR 8, 10 - San Antonio	

Retirement Party for Elaine Woods, CTR



As noted in the last edition of Texas Cancer Reporting News, Elaine Woods retired this past summer as the manager of the Northeast Texas Operations Group, after 21 years of service to the Texas Cancer Registry. These are photos from TCR's retirement party for her.

Retirement Party for Nelda Moreno, CTR



Also after 21 years of service to the Texas Cancer Registry, Nelda Moreno retired this past year. She was the Team Lead Program Specialist IV in the the San Antonio regional office.

Breast Cancer Awareness Day



Last year, TCR staff members wore pink to honor Breast Cancer Awareness Day.

Remember:

Accurate race coding is a crucial element in research and cancer control activities. Reporters that know a patient's nationality but not the appropriate race code can access *The 2011 SEER Program Coding and Staging Manual, Appendix D*, for assistance http://seer.cancer.gov/manuals/2010/SPCSM_2010_AppendixD.pdf. This tool should be used only when a race cannot be identified in the medical records.