



Texas Cancer Reporting News

Volume XIV, No. 2 Winter 2012-13 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 1U58DP003902-01.

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 2012-2013

Editorial Committee:

Cheryl Bowcock, MPH
Epidemiologist, Austin

Yolanda Conde, CTR
Program Specialist, Austin

Ashley Dixon, MPH
Program Specialist, Austin

Elena Faz, CTR
Program Specialist, Austin

John Hopkins
Core Business Operations Manager, Austin

Marie Gallegos, CTR
Program Specialist, Houston

Henry Pinter
Graphic Design, Austin

David Risser, PhD, MPH
Epidemiologist, Austin

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: 512-305-8506 -or- 800-252-8059

Houston: 713-767-3180

San Antonio: 210-949-2169



In this issue:

Registry Accomplishments. 2

TCR Spotlight: Non-Hospital Operations and Training Group. 3

Coding Corner. 5

Coding Histology for Breast and Endometrium. 6

Epidemiology Corner. 9

Web Plus Transition. 11

Training Corner. 12

New Certified Tumor Registrars in Texas. 13

Employee Update. 14

Case Completeness by Dx Year. 15

2013 NAACCR Annual Conference is Coming to Austin!. 16



Questions regarding information found in this newsletter, or suggestions for future editions can be directed to Ashley Dixon, in Austin at (512) 305-8506, (800) 252-8059, or email at Ashley.Dixon@dshs.state.tx.us.

This publication was supported by CDC Cooperative Agreement # 5U58/DP000824-05. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

The Texas Cancer Reporting News is published three times each year by the Texas Cancer Registry, Texas Department of State Health Services. For the most recent issue, please visit:

http://www.dshs.state.tx.us/tcr/news_tcrn.shtm

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

Publication No. E10-10542



Registry Accomplishments

The TCR completed its annual call for data in December, submitting 1,489,458 cases diagnosed from 1995 through 2010 to the North American Association of Central Cancer Registries (NAACCR) and CDC National Program of Cancer Registries (NPCR). The TCR also completed its first test submission of 2011 Comparative Effectiveness Research data, and continues to work toward 90% completeness by the end of January. This would not be possible without the hard work of Texas cancer reporters collecting high quality data.

In 2012, there were 38 research journal articles published using TCR data. We have highlighted a few articles that we felt may be of particular interest to our Texas cancer reporters.

[Carozza SE, Langlois PH, Miller EA, Canfield M. Are children with birth defects at higher risk of childhood cancers? *Am. J. Epidemiol.* 2012; 175\(12\):1217-1224.](#)

The authors of this article conducted a linkage of Texas Cancer Registry data with Texas Birth Defects Registry data to determine how birth defects may influence the risk of developing childhood cancer. The study found that children with a birth defect had a 3-fold increased risk of developing cancer overall, with germ cell tumors, retinoblastomas, soft-tissue sarcomas, and leukemias having statistically significant elevated point estimates. All types of birth defects, with the exception of musculoskeletal had increased cancer incidence.

[Ramirez AG, Weiss NS, Holden AE, Suarez L, Cooper SP, Munoz E, Naylor SL. Incidence and risk factors for hepatocellular carcinoma in Texas Latinos: implications for prevention research. *PLoS One.* 2012; 7\(4\):e35573. Epub Apr 18.](#)

While rates of cancer overall in the U.S. have declined, the rates of hepatocellular cancer (HCC) specifically have actually increased. According to data from the Surveillance, Epidemiology, and End Results (SEER) Program, Latinos

have higher rates of HCC than the general population. However, the SEER data does not include Texas Latinos, which make up one-fifth of the U.S. Latino population. Thus, the authors set out to determine whether the incidence of HCC differs among U.S. and Texas Latinos, including comparing Texas Latinos overall and a South Texas subset. The results found that of the three Latino groups compared, South Texas Latinos had the highest age-adjusted HCC incidence rates and the SEER Latinos had the lowest.

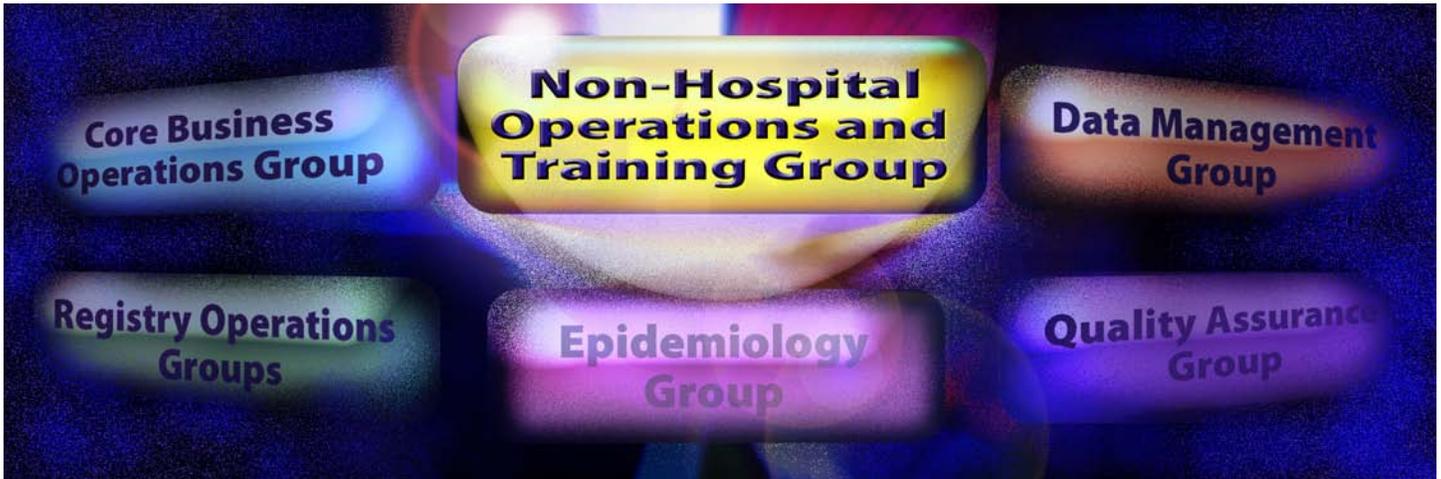
[Risser DR, and Miller EA. Cancer in Relation to Socioeconomic Status: Stage at Diagnosis in Texas, 2004-2008. *Southern Medical Journal.* 105\(10\):508-512.](#)

An article coauthored by the TCR's David Risser, sought to determine if there was an association between socioeconomic status (SES) and stage of cancer at diagnosis. This study used Texas Cancer Registry data from years 2004 – 2008 for 15 cancer sites and by the SES of the census tract of residence. The results showed that for most cancer sites, late-stage cancer diagnosis increased with decreasing SES, and these findings were consistent by cancer site, race, ethnicity, and by urban and rural areas of the state. These findings were also consistent with previous research that indicates late-stage diagnosis in lower SES areas is due to lower screening rates among the people living in these lower SES areas of the U.S.

Ashley Dixon, MPH
Program Specialist
Core Business Operations Group
Austin



TCR Spotlight: Meet the Non-Hospital Operations and Training 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 Non-Hospital Operations and Training Group.

What tasks does the Non-Hospital Operations and Training Group do in the TCR? How is its work different from other groups in the TCR?

The Non-Hospital Operations and Training Group is an essential part of the TCR, responsible for overseeing all non-hospital cancer incidence reporting activities, including but not limited to, all pathology laboratory reporting for the state of Texas. The Central Training Team oversees all cancer reporting training providing internal DSHS Staff and Texas Cancer Reporters with the latest information technology techniques and cancer reporting standards and policies.

What are the roles of various members of the Non-Hospital Operations and Training Group?

Anshu Bohra, Amy Abraham, Moriah Polanco, Valentina Montoya Cisneros, and Jael Davis, the Team Lead, comprise the Non-Hospital part of the group working with electronic clinical pathology reporting (e-path). Their responsibilities include performing cancer record coding and review for all clinical pathology laboratories. The TCR is in the planning stages of collecting electronic records from physicians' offices and ambulatory surgery centers. The Non-Hospital Team also monitors compliance from reporting path labs and conducts quality control review and analysis to ensure reliability, completeness, consistency and comparability of cancer registry data.

Ethel Garcia and Matt Mayfield comprise the Central Training Team and ensure that DSHS Staff as well as over 800 Texas Cancer Reporters have the technical and educational support and information they need to provide the state of Texas with the highest quality cancer reporting data possible. The Central Training Team provides educational webinars, various types and levels of cancer reporting training, and preparation courses for the Certified Tumor Registrar (CTR) Exams.

Beatriz Gutierrez supervises the Non-Hospital Operations and Training Group. Her responsibilities include planning, developing, implementing, evaluating, coordinating, and supervising all training and non-hospital cancer reporting programs and activities.

continued on page 4...

TCR Spotlight *continued...*

What are some of the outputs of the group?

During the Third Quarter of 2012, the Central Training Team conducted five Basic Training sessions, one Registry Plus Software Training session, six advanced specialized trainings given by April Fritz, three NAACCR Webinars, one NCRA Webinar, and nine CTR Prep sessions were made available for Texas Cancer Reporters. Overall, a total of 543 individuals received training.

The Non-Hospital group has six large volume pathology labs reporting electronically. Seven more path labs are in the process of coming on board. From April 1, 2012 through July 27, 2012, the Non-Hospital group has processed 12,661 records.

How has the work of the Non-Hospital Operations and Training Group changed over the past 5 or 10 years?

One of the most exciting changes that the Non-Hospital Operations and Training Group has made is moving toward using electronic reporting and communications, such as HL7, Web Plus, and eMaRC. Most of our pathology reports and files are electronic, and the Training Team has implemented electronic training requests and electronic webinar attendance forms on the Texas Cancer Registry Webpage. The TCR is also moving toward a more user-friendly electronic version of our Cancer Reporting Handbook.

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

One of the most interesting parts of our work is working alongside the many Cancer Reporters in Texas in both the hospital and non-hospital areas. Our goal is to collect, maintain, and disseminate the highest quality cancer data that will contribute toward overall public health, cancer prevention and control, improving diagnoses, treatment, survival, and quality of life for all cancer patients. With the help of the Cancer Reporters, we make that all possible.

Is there anything else you'd like Texas Cancer Reporters to know about the Non-Hospital Operations and Training Group?

We value the hard work of every Texas Cancer Reporter. The Non-Hospital Operations and Training Group will continue to work toward providing the most up to date cancer reporting information and education.

Ethel Garcia, MS, MEd

Training Specialist

and

Jael Davis, CTR

Team Lead

Non-Hospital Operations and Training Group

Austin



Coding Corner

Tumor Grade, Grade Path Value and Grade Path System

Question:

How is grade coded for an invasive urothelial carcinoma of the bladder that is stated to be a WHO “high grade?”

Answer:

The WHO grade can be used to code a bladder grade since it is an invasive tumor. Use the conversion table in the Bladder Coding Guidelines in Appendix C of the SEER Program Coding and Staging Manual 2011 to convert the term “high grade” to a valid SEER code. Based on this conversion table, the grade should be coded to 4.

Resource:

SEER Program Coding and Staging Manual 2011, Appendix C, Coding Guidelines: Bladder. SEER Inquiry System, Transaction ID 20120031, <http://seer.cancer.gov/seer inquiry/index.php>.

Question:

The WHO grade can be used to code a bladder grade since it is an invasive tumor. The Bloom-Richardson (BR) Score for a 2012 lumpectomy was 2+2+2. However, the patient had neoadjuvant therapy. The initial biopsy path does not state a grade. How should I code Breast, Site-Specific Factor 7 (Nottingham or BR Score/Grade)?

Answer:

When there is not a BR score/grade prior to neoadjuvant treatment, you must code SSF7 as 999, unknown or no information. When neoadjuvant treatment is given, you can only code the grade prior to the treatment.

Note: an in-situ breast diagnosis would also have a SSF7 code of 999.

Resource:

2012 Texas Cancer Reporting Handbook, page 97, item 13. <http://cancerbulletin.facs.org/forums/content.php>, Forum: Collaborative Stage, Breast, Thread: Grade/diff & SSF 7.

Question:

I have a 2011 prostate case where the only tumor grade indication is a Gleason’s Score of 7. What should I code for the Grade Path System?

Answer:

The Grade Path System records the denominator (or second number) of the tumor grade reported in the Grade of Tumor (NAACCR #440). It denotes whether the Grade of Tumor is from a 2, 3 or 4 grade system. Do not code a grade in the Grade Path System that was converted from a site-specific grading system such as Bloom-Richardson for breast, Fuhrman for kidney or Gleason’s Score for prostate. Since you only have a Gleason’s Score 7 for grade, you will leave the Grade Path System blank. If there is no value for the Grade Path System, then the Grade Path Value is left blank as well. Either both of these fields are coded or both are left blank.

Note: the Grade Path System and Grade Path Value should be left blank for all cases diagnosed prior to 2010.

Resource:

2012 Texas Cancer Reporting Handbook, page 97, item 13.

Dianna Watkins, CTR

Public Health and Prevention Specialist
Quality Assurance Group
Austin



Coding Histology for Breast and Endometrium Primary Sites

In 2015 there will be revisions and updates to the MP/H rules. Until then, please use the following questions and answers taken directly from SEER Inquiry System (SINQ) to determine the correct histology for breast and endometrium primaries only. These questions can be viewed at <http://seer.cancer.gov/seer inquiry/index.php>.

Note: According to SINQ, squamous metaplasia is synonymous with squamous differentiation.

Endometrium

Question 20110014:

MP/H Rules/Histology--Corpus Uteri: Which MP/H rule applies in coding histology for a “high grade Endometrioid adenocarcinoma with squamous differentiation (adenosquamous carcinoma)?”

Answer:

Endometrioid adenocarcinoma with squamous differentiation is coded to 8570 [Adenocarcinoma with squamous metaplasia].

Note: The following row needs to be added to Table 2 in order to be able to correctly use the MP/H rules to reach this conclusion.

Column 1: Endometrioid adenocarcinoma	Column 3: Adenocarcinoma with squamous metaplasia
Column 2: Squamous metaplasia Squamous differentiation	Column 4: 8570

The change will be made in the next revision of the rules.

Please note: The table below is provided by TCR.

Column 1: Required Histology	Column 2: Combined with Histology	Column 3: Combination Term	Column 4: Code
Endometrioid adenocarcinoma	Squamous metaplasia Squamous differentiation	Adenocarcinoma with squamous metaplasia	8570

The column below is found on page 80 of the MP/H Manual at http://seer.cancer.gov/tools/mphrules/2007_mphrules_manual_09272011.pdf. When using this column consider combinations of Endometrioid with any histology other than Squamous, and Squamous with any histology other than Endometrioid.

Column 1: Required Histology	Column 2: Combined with Histology	Column 3: Combination Term	Column 4: Code
Gyn malignancies with two or more of the histologies in column 2	Clear cell Endometrioid Mucinous Papillary Serous Squamous Transitional (Brenner)	Mixed cell adenocarcinoma	8323

continued on page 7...

Coding Histology for Breast and Endometrium Primary Sites *continued...*

Question 20081046:

MP/H Rules--Corpus uteri: How is histology coded for an endometrial tumor described as an "Endometrioid adenocarcinoma with prominent squamous metaplasia?"

Answer:

For cases diagnosed 2007-2013:

Endometrioid adenocarcinoma with squamous metaplasia is coded 8570 [Adenocarcinoma with squamous metaplasia]. This falls under the Histology Coding Rules for Other Sites, rule H17. The code for Endometrioid adenocarcinoma is 8380. The code for Adenocarcinoma with squamous metaplasia is 8570. The histology with the numerically higher ICD-O-3 code is Adenocarcinoma with squamous metaplasia -- 8570.

Question 20021168

Histology (Pre-2007)--Corpus Uteri: What code is used to represent the histology "Endometrioid carcinoma with squamous differentiation" for an endometrium primary?

Discussion

Answer:

For cases diagnosed 2004-2006:

Endometrioid adenocarcinoma with squamous differentiation is coded 8570 [Adenocarcinoma with squamous metaplasia].

For tumors diagnosed 2007 or later, refer to the MP/H rules. If there are still questions about how this type of tumor should be coded, submit a new question to SINQ and include the difficulties you are encountering in applying the MP/H rules.

Breast

Question 201100004:

MP/H Rules/Histology--Breast: Which MP/H rule applies when coding the histology field for a tumor described as a "metaplastic carcinoma, adenosquamous and spindle cell type?"

Answer:

This is a metaplastic carcinoma as stated in the path diagnosis. Rule H14 applies. Assign code 8575/3. According to the WHO Classification, metaplastic carcinoma is a general term for a group of neoplasms characterized by a mixture of adenocarcinoma with dominant areas of spindle cell, squamous, and/or mesenchymal differentiation.

Use the Multiple Primary and Histology Coding Rules Manual for cases diagnosed 2007-2013 to determine the histology for this case. Code histology to 8575/3 [metaplastic carcinoma] as stated in the pathology diagnosis.

continued on page 8...

Coding Histology for Breast and Endometrium Primary Sites *continued...*

Step 1: Open the Multiple Primary and Histology Coding Rules manual. Choose one of the three formats (i.e., flowchart, matrix or text) under the Breast Histo rules determine histology for the case.

Step 2: Go to the SINGLE TUMOR: INVASIVE CARCINOMA ONLY module. The rules are intended to be reviewed in consecutive order within the module from Rule H10 to Rule H19. You stop at the first rule that applies to the case you are processing.

Step 3: Stop at rule H14. Code the histology when only one histologic type is identified. According to the WHO Classification, metaplastic carcinoma is a general term for a group of neoplasms characterized by a mixture of adenocarcinoma with dominant areas of spindle cell, squamous, and/or mesenchymal differentiation.

Question 20021062:

Histology (Pre-2007)--Breast: What code is used to represent histology for “invasive ductal carcinoma with squamous differentiation?” Is “squamous differentiation” synonymous with “squamous metaplasia?”

Answer:

For tumors diagnosed prior to 2007:

Code the Histology field to 8570/3 [Adenocarcinoma with squamous metaplasia]. Our pathology consultant agrees that squamous metaplasia is synonymous with squamous differentiation.

For tumors diagnosed 2007 or later, refer to the MP/H rules. If there are still questions about how this type of tumor should be coded, submit a new question to SINQ and include the difficulties you are encountering in applying the MP/H rules.

Cindy Dorsey, CTR

Program Specialist

Quality Assurance Group

Austin



Remember:

2011 Cases

Remember 2011 cases were due August 2012. If you have not submitted all your 2011 cases please talk to your regional representative about your timeline for abstracting and getting your cases in as soon as possible.

Epidemiology Corner

Texas Cancer Registry Website Adds Cancer Survival Data

An important reason for collecting cancer data in a Registry is to enable calculation of population-based cancer survival statistics. This is one way we can learn about factors that may affect cancer survival, measure the effectiveness of interventions, and improve survival in the future. Cancer survival may be measured as only the observed survival time, that is, the time from diagnosis of the cancer until death. The problem with observed survival, especially for a disease such as cancer, is that most cancer occurs in older persons, for whom other risks of mortality may be higher. Therefore the observed survival may be misleading.

Because of this, cancer survival rates are usually adjusted for other causes of death besides cancer. Traditionally this has been done using the method called “relative survival”. In relative survival the endpoint is death from any cause (including suicide, homicide, auto accident, etc.). This method compares the survival of a group of cancer patients with their “expected survival” if they had not developed cancer, using a “life table” of a similar population without cancer, and is usually expressed as a percentage. Therefore, relative survival is a measure of the effect of the cancer diagnosis on survival, taking into consideration the expected survival. Figure 1 illustrates 1- to 5-year relative survival curves for some major types of cancer in Texas. Note the high survival from breast and prostate cancer, intermediate survival for non-Hodgkin’s lymphoma and colorectal cancer, and relatively low survival for lung cancer. For many years the Texas Cancer Registry has been presenting relative survival estimates for Texas residents with cancer by comparing their observed survival to their expected survival based on U.S. populations. However, U.S. life tables include only the race categories of white, black, and all other races combined. Because U.S. life tables are not available for Hispanics, who make up a large part of the Texas population, we have been unable to generate meaningful race or ethnicity-specific relative survival estimates for Texas.

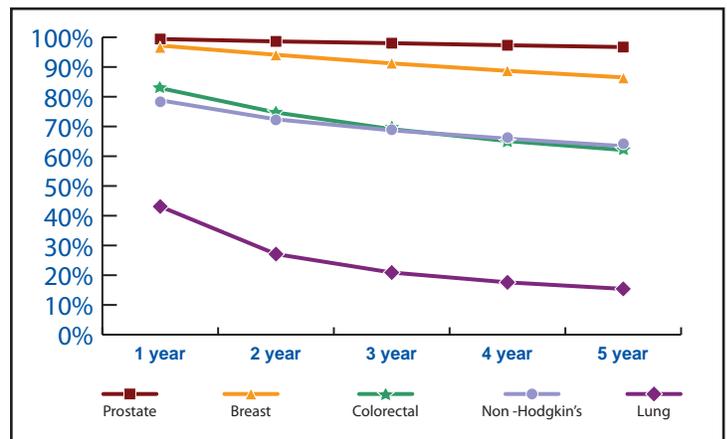


Figure 1

Fortunately, another way of calculating cancer survival rates (“cause-specific survival”) overcomes this problem. This method uses the cause-of-death on the death certificate, and only measures survival for cancer patients who actually died of cancer. Since life tables are not necessary for generating cause-specific survival, we can generate survival rates for all major races and ethnic groups in Texas: non-Hispanic whites, Hispanics (of any race), Blacks, and Asian/Pacific Islanders.

There are some limitations associated with using the cancer-specific cause of death to calculate cause-specific survival. There are known accuracy problems with cause of death classification on death certificates. In addition, this method does not measure “cancer-consequent mortality;” that is, non-cancer causes of death that may not have resulted in death had the person not also been fighting cancer. Although both relative and cause-specific methods of estimating cancer survival have potential biases, we have begun using both methods to measure cancer survival in Texas, partly

continued on page 10...

Epidemiology Corner *continued...*

because cancer-specific survival estimates can be calculated for the diverse race and ethnicity groups of our Texas population.

In Table 1 we show the 5-year survival rates for different cancer sites, by both relative survival and by cause-specific survival. Note that lung cancer has almost identical 5-year relative and cause-specific survival rates. This makes sense since the 5-year survival for lung cancer is

Cumulative Summary	Relative Texas Survival	95% C.I.		Cause-Specific Texas Survival	95% C.I.	
		LCI	UCI		LCI	UCI
All Sites Combined	62.1%	62.0%	62.2%	63.0%	62.8%	63.1%
Oral Cavity & Pharynx	57.6%	56.8%	58.3%	61.1%	60.1%	62.0%
Colon & Rectum	62.1%	61.7%	62.5%	61.2%	60.7%	61.6%
Lung & Bronchus	15.4%	15.2%	15.6%	15.8%	15.4%	16.1%
Melanoma	84.6%	84.0%	85.2%	84.2%	83.6%	84.8%
Breast (Female only)	86.5%	86.2%	86.7%	85.1%	84.8%	85.4%
Prostate	96.7%	96.5%	97.0%	92.3%	92.1%	92.5%
Urinary Bladder	75.0%	74.3%	75.6%	74.5%	73.8%	75.2%
Kidney & Renal Pelvis	67.0%	66.3%	67.6%	70.3%	69.5%	71.0%
Non-Hodgkin's Lymphoma	63.4%	62.8%	64.0%	67.5%	66.8%	68.1%
Leukemia	54.7%	54.0%	55.4%	58.9%	58.0%	59.7%

Table 1

quite low (15% range), and most persons with lung cancer will die from their disease. On the other hand, both non-Hodgkin's lymphoma and leukemia have a lower relative survival, and significantly higher cause-specific survival. This suggests that these diseases may have a higher cancer-consequent mortality (death due to other causes than the specific cancer site, but still related in some way to the underlying disease), and therefore a lower cancer-specific mortality, leading to the higher cause-specific survival rate.

Figure 2 is an example of how cause-specific survival can be used. It illustrates some small differences in colorectal cancer survival between non-Hispanic whites, Blacks, and Hispanics in Texas; it would not have been possible to compare these groups using relative survival alone (due to the lack of U.S. Hispanic life tables mentioned above).

The Texas Cancer Registry Survival website is now presenting both relative survival and cause-specific survival tables: <http://www.dshs.state.tx.us/tcr/survival.shtm>.

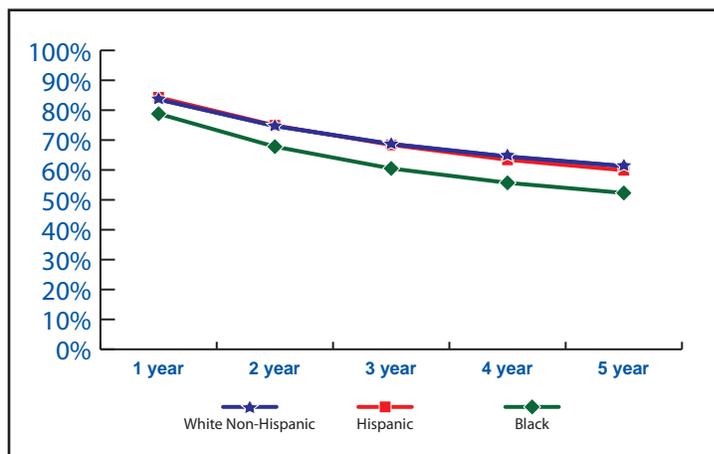


Figure 2

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



Web Plus Transition

September 17, 2012 was the ‘go live’ date for Web Plus for file transfers. It is imperative to complete and submit the [Web Plus User Information Form](#) and [Web Plus Use and Confidentiality Statement](#). If you have already submitted these forms, thank you for doing so and no further action is required at this time. If you have not had the opportunity to do so, we urge you to do so as quickly as possible. Please complete these forms and fax them to (512) 305-8405.

SANDCRAB Lite (SCL) has been discontinued and should only be used as a historical reference for abstract lookups. All cancer reporters who used SCL to abstract their cases should now be using Web Plus. If your facility has not yet made the transition to Web Plus please contact your regional representative for additional direction.

A Web Plus User’s guide is now available to help reporters become familiar with all the features and functions for adding new cancer cases and file transfers. To download the user’s guide, please visit our website at www.dshs.state.tx.us/tcr. For additional direction in abstracting 2012 cases, please reference the 2012 Cancer Reporting Handbook.

For technical assistance, please contact Pam Jatzlau (512-305-8140).

Handbook Distribution

Our Texas Cancer Registry (TCR) 2012 Cancer Reporting Handbook is now available on the TCR website at <http://www.dshs.state.tx.us/tcr/reporting.shtm>.

The following are the key updates and changes to the 2012 handbook:

- The handbook includes all data items required for cases diagnosed January 1, 2012 and forward.
- Appendix A has been revised to only reflect TCR required Collaborative Stage (CS) Site Specific Factors (SSF) and the site specific surgery codes.
- A reference document has been included in our reporting handbook as well as the TCR website to identify the required SSFs for each site at a glance.
- The complete Collaborative Staging Cancer System Version 02.04 may be referenced at <http://cancerstaging.org/cstage/manuals/index.html>.
- The sections “Reporting Tools” and “Appendix B: Texas Cancer Reporting Law and Rules” may be referenced at <http://www.dshs.state.tx.us/tcr/default.shtm>.

The TCR mailed out one CD per facility in August 2011. If you need a hard copy of the 2012 Cancer Reporting Handbook, please contact Ethel Garcia at 512-305-8510 or Ethel.Garcia@dshs.state.tx.us.

2012 Submissions

The TCR is accepting cancer cases diagnosed January 1, 2012 and forward. Data submissions must be in NAACCR Version 12.2 and clear the TXState_MetatileV122C edits prior to submission.

Elena Faz, CTR

Team Lead

Quality Assurance Group

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 2012-2013 NAACCR webinar series. You can view these three-hour webinars statewide. Continuing Education Certificates will be distributed by NAACCR. For more information please contact Matt Mayfield at Matthew.Mayfield@dshs.state.tx.us.

NAACCR Schedule for 2012-2013

- 10/4/12 [Collecting Cancer Data: Stomach and Esophagus*](#)
- 11/01/12 [Collecting Cancer Data: Uterus*](#)
- 12/06/12 [Collecting Cancer Data: Pharynx*](#)
- 1/10/13 [Collecting Cancer Data: Bone and Soft Tissue*](#)
- 02/07/13 [Collecting Cancer Data: Central Nervous System*](#)
- 03/07/13 Abstracting and Coding Boot Camp: Cancer Case Scenarios
- 04/04/13 Collecting Cancer Data: Breast
- 05/02/13 Collecting Cancer Data: Bladder and Renal Pelvis
- 06/06/13 Collecting Cancer Data: Kidney
- 07/11/13 Topics in Geographic Information Systems
- 08/01/13 Cancer Registry Quality Control
- 09/05/13 Coding Pitfalls

*Please note: past webinars have been included as reporters can reference the material from previous webinars on our website. Also, it may be possible to

still receive Continuing Education hours even after the webinar has occurred.

NCRA Webinars

NCRA will present a “Strategic Abstracting” webinar series. Each 60-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 Continuing Education credit*.

* Only paid registrants will receive Continuing Education credits. Please visit the NCRA website at <http://www.ncra-usa.org> for registration information.

NCRA Schedule for 2012-2013

- 09/26/12 [General Coding and Data Relationships*](#)
- 10/24/12 [Strategic Abstracting: Genitourinary Sites*](#)
- 11/14/12 [Strategic Abstracting: Skin and Melanoma*](#)
- 01/09/13 [Strategic Abstracting: Breast*](#)

*Please note: past webinars have been included as reporters can reference the material from previous webinars on our website. Also, it may be possible to still receive Continuing Education hours even after the webinar has occurred.

NAACCR CTR Exam Preparation and Review Webinar Series

The TCR will provide Texas Cancer Reporters with the NAACCR CTR Exam Preparation and Review Webinar Series at no charge. The course includes nine 2-hour sessions carefully prepared to reflect changes to the 2013 CTR Exam.

continued on page 13...

Training Corner *continued...*

Course Registration began on December 13, 2012. Please email Ethel.Garcia@dshs.state.tx.us with your name, email address, phone number, and facility name if you are interested in participating in the CTR Prep Course. For additional information please visit the TCR Website: <http://www.dshs.state.tx.us/tcr/Training/CTR-Prep-Resources.aspx>.

Course Dates: January 8, 2013 through March 5, 2013

CTR Exam Preparation Session Topics

1. Introduction to the exam format
2. Registry organization and operations
3. Data analysis and interpretation
4. Concepts of abstracting, coding and follow-up: Anatomy and physiology
5. Concepts of abstracting, coding and follow-up: Case finding and ascertainment; Abstracting and coding principles
6. Concepts of abstracting, coding and follow-up: ICD-O-3 coding; AJCC Staging
7. Collaborative Stage coding principles
8. Multiple primary and histology coding rules; Hematopoietic and lymphoid neoplasm coding
9. Timed test; Overview; Test taking tips; Q&A

3/09/13 – 3/23/13 *CTR Exam Testing Window*

Ethel Garcia, MS, MEd

Training Specialist

Non-Hospital Operations and Training Group

Austin

New Certified Tumor Registrars in Texas

Congratulations to the new Certified Tumor Registrars in Texas!

The following individuals passed their CTR exam in September 2012:

Caroline Allred

Amanda M. Brown

Yolanda Conde

Olivia Farley

Danielle Steele

Theresa D. Vela

Kisha Willis

Leticia Vargas, CTR

Public Health Prevention Specialist

Quality Assurance Group

Austin

Remember:

Web Plus

Remember to use Web Plus when submitting data and other documents to the Texas Cancer Registry.

When submitting other documents (non-NAACCR files, i.e. disease index, excel files) please add a note in the comment box specifying which TCR staff is expecting your file. WS-FTP is no longer available for data transfers.

Employee Update

The Texas Cancer Registry Welcomes the Following New Staff Members:

Amy Abraham, MPH started on June 25, 2012, as a Program Specialist II in the Non-Hospital Operations Group. Ms. Abraham holds a bachelor's degree in Microbiology and Mathematics from the University of Texas at Arlington and a Master of Public Health with an epidemiology focus from the University of North Texas Health Science Center in Ft. Worth, Texas. Previously, she has worked as an Intern at the Detroit Department of Public Health in Detroit, Michigan and as Medical Lab Technician at John Peter Smith Hospital in Ft. Worth, Texas.

Nicole Martinez started on July 2, 2012, as a Public Health and Prevention Specialist II at the Houston Regional office. Ms. Martinez holds a bachelor's degree in Biology from the University of San Antonio. She has previously held positions as a Lab Technician with Texas Center for Infectious Diseases (TCID), and a Dental Technician. As a government contractor with the US Air Force, Nicole held the position of Research Assistant, managing regulatory documents for vascular research protocols.

Moriah Polanco started on July 9, 2012 as our Program Specialist I in Quality Assurance. She was then promoted to the Program Specialist II position in the Non-Hospital Operations Group as of October 19, 2012. Ms. Polanco holds a bachelor's degree in Biology from the University of Massachusetts. She has 3 years' experience in pharmacology clinical trial research, as well as over 2 years' experience abstracting medical data from electronic health records to complete study care forms.

Matthew Mayfield, MS rounds out the Training Team in Austin as the Training Specialist III, beginning on August 6, 2012. He holds a bachelor's degree in Mathematics/Fine Arts and a master's degree in

Educational Administration from Southern Illinois University. Mr. Mayfield has ten years of experience as a teacher in a variety of settings and grade levels in Illinois and Texas.

Olivia Farley, CTR filled the Public Health and Prevention Specialist II position in Austin on August 13, 2012. Effective December 1, 2012, she was promoted to the Public Health and Prevention Specialist III position with the QA team. Ms. Farley sat for and passed the CTR exam in September of this year. She also holds a Bachelor of Arts degree in Business Administration, a Medical Assistant Diploma and has completed the American Health Information Management Association (AHIMA) CTR course. She has experience working for an American College of Surgeons approved Cancer Registry.

Kendra Wilson, MS joined the Arlington office on October 9, 2012 as our new Public Health and Prevention Specialist II. She holds a bachelor's degree in Biology/Chemistry from Xavier University in Louisiana and a master's degree in Molecular/Cellular Biology from Tulane University in Louisiana. She is also currently working on her doctorate in Public Health at the University of North Texas Science Center (UNTSC). Kendra's past work experience includes Research Assistant with the UNTSC. She has also taught college Biology I and II at Tarrant County College District Northeast Campus.

Carla Taylor is our new Public Health and Prevention Specialist III, also joining the Arlington office on October 9, 2012. She holds a bachelor's degree in Health Information Management from the University of Cincinnati. Carla's past work experience includes

continued on page 15...

Employee Update *continued...*

over eight years of experience as a Certified Tumor Registrar, Coding Specialist, and Medical/Pathologist Transcriptionist.

Ashley Dixon, MPH began on October 17, 2012 as our new Program Specialist III in the Core Business Operations Group. Ms. Dixon holds a bachelor's degree in Human Biology from The University of Texas at Austin and a Master of Public Health in Epidemiology from The University of Texas Health Science Center at Houston (UTHealth). She has previously completed two internships at DSHS, one with the Blood Lead Surveillance Group and the other with the Infectious Disease Control Unit. Ashley's other work experience includes working as a Teaching Assistant for epidemiology courses at UTHealth.

Welcome, new staff!

Marie Gallegos, CTR

*Program Specialist
Northeast Texas Registry Operations Group
Houston*

Ashley Dixon, MPH

*Program Specialist
Core Business Operations Group
Austin*

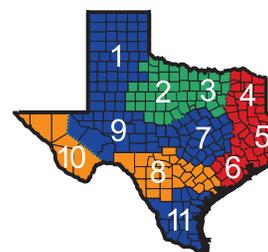


Case Completeness by Dx Year

As of: January 18, 2013

HSR 1: 2010 86%	HSR 7: 2010 87%
2011 62%	2011 53%
2012 1%	2012 2%
HSR 2: 2010 87%	HSR 8: 2010 86%
2011 63%	2011 28%
2012 5%	2012 1%
HSR 3: 2010 95%	HSR 9: 2010 93%
2011 63%	2011 58%
2012 2%	2012 5%
HSR 4: 2010 84%	HSR 10: 2010 97%
2011 56%	2011 76%
2012 5%	2012 6%
HSR 5: 2010 91%	HSR 11: 2010 90%
2011 60%	2011 59%
2012 7%	2012 2%
HSR 6: 2010 95%	State: 2010 91%
2011 61%	2011 57%
2012 11%	2012 4%

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	

Save the Date: The NAACCR 2013 Annual Conference is Coming to Austin!



The Texas Cancer Registry is very pleased and honored to be hosting the NAACCR 2013 Annual conference, taking place in Austin on June 8-14, 2013. This will be the first NAACCR conference ever held in Texas and it includes all of North America, therefore we encourage all of our researchers and reporters to participate. The conference venue will be the Hilton Austin, located in the heart of downtown.

This year's conference theme is, "Thinking Big: The Future of Cancer Surveillance," and will explore innovative and creative ideas for how science, technology, policy, and collaboration can shape the future of cancer surveillance. Sessions during the conference will address future directions, both realized and potential, from multiple perspectives on cancer surveillance in North America.

Complete information on the conference and pre- and post-conference workshops will be communicated by email in mid-February. We hope to see you all in Austin this summer!

NAACCR 2013 Annual Conference

**Thinking Big:
The Future of Cancer Surveillance**

June 8-14, 2013

Ashley Dixon, MPH

Program Specialist

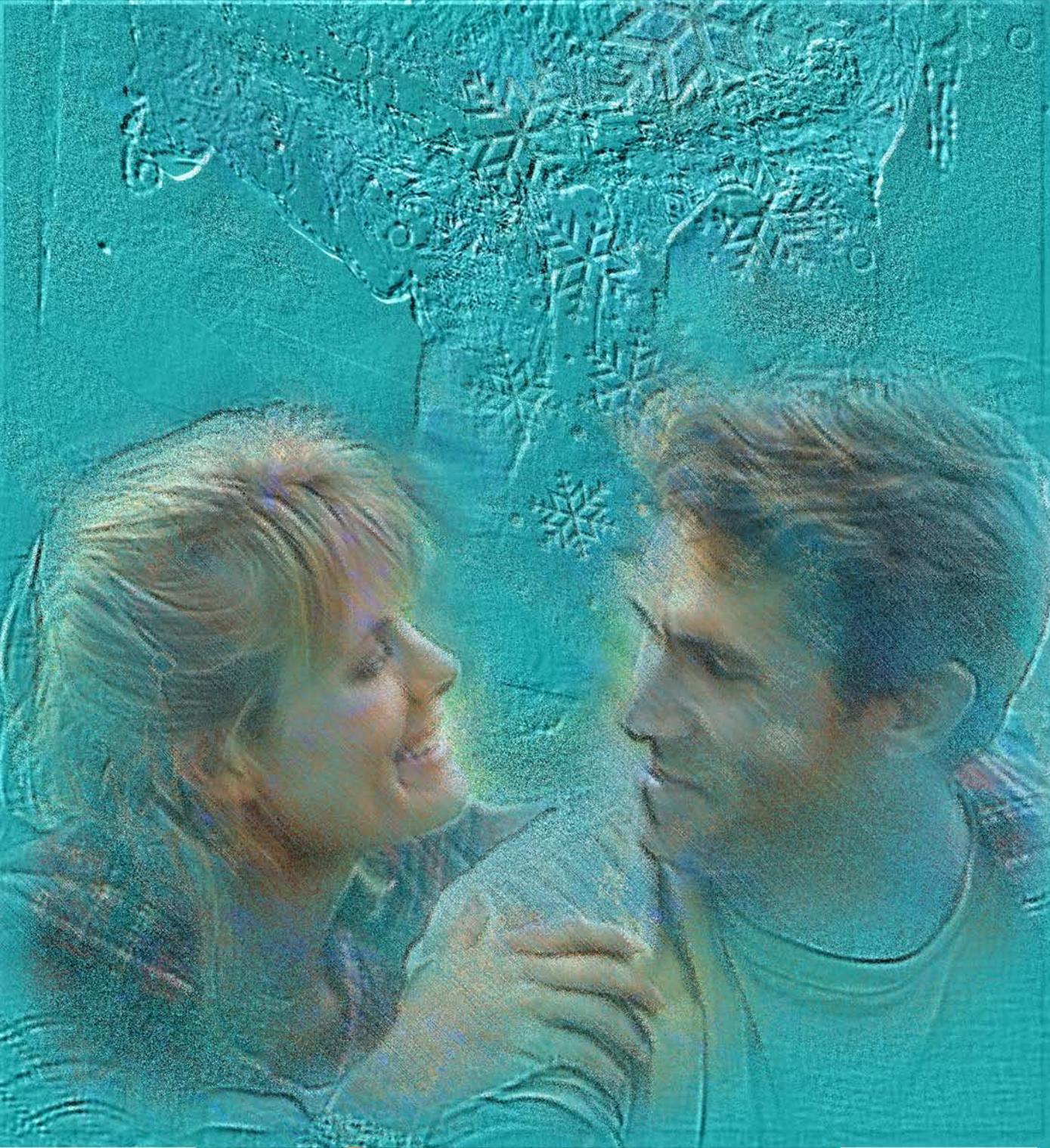
Core Business Operations Group

Austin



Texas Cancer Reporting News

Volume XIV, No. 2 Winter 2012-13 Publication No. E10-10542



Texas Cancer Registry

