

Texas Cancer Reporting News

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Texas Cancer Registry

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IN THIS ISSUE

Registry Accomplishments

by Ashley Dixon, MPH

NAACCR / CDC-NPCR Update

In December 2014, the Texas Cancer Registry completed its annual calls for data, submitting 1,719,694 Texas resident cases diagnosed from 1995 through 2012 to the CDC National Program of Cancer Registries (NPCR) and the North American Association of Central Cancer Registries (NAACCR). Data submission to NPCR satisfies part of the NPCR requirement for reporting registry progress to CDC and facilitates evaluation by both NPCR and NAACCR of TCR data in regards to timeliness, quality, and completeness. These data will be available for use by TCR partners and stakeholders in January 2015.

Publications Using TCR Data

In the November 26, 2014 issue of *The Lancet*, the TCR was one of 279 population-based registries included in the largest cancer study ever. The article, "[Global surveillance of cancer survival 1995-2009: analysis of individual data for 25 676 887 patients from 279 population-based](#)

[registries in 67 countries \(CONCORD-2\)](#)," provides an international comparison of survival trends, and reveals very wide differences that the authors attribute as most likely due to differences in access to early cancer diagnosis and optimum treatment.

TCR data were included in the United States Cancer Statistics (USCS) web-based report released by NPCR, and now for the first time ever, includes "Relative Survival data." Data from 30 NPCR central cancer registries that met the USCS publication criteria and conducted linkage with the National Death Index for all years 2003-2010, were included in the analysis. The 5-year relative survival was calculated for cases diagnosed during 2003-2010 and followed through 2010. Current release includes 5-year relative survival by selected primary site, race, sex, and age group for all sites combined, lung and bronchus, colon and rectum, female breast, cervix uteri and prostate cancer. These data and technical notes can be accessed at www.cdc.gov/uscs.

Registry Accomplishments	1
Epidemiology Corner	2
Completeness by Region	3
New Content on SEER*Educatate	3
Collaborative Stage Transition	4
NAACCR Notes	4
Training Corner	5
Employee Updates	6

Be sure to check out the TCR's Publications webpage for all the latest releases:

www.dshs.state.tx.us/tcr/publications.shtm 

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JANUARY IS

CERVICAL CANCER

AWARENESS MONTH

For more information visit: <http://www.cdc.gov/cancer/cervical/>.

Epidemiology Corner

by Leticia Nogueira, PhD, MPH and David Risser, PhD, MPH

Trends in Cancer Mortality in Texas

Annual statistics reporting from the Texas Cancer Registry (TCR) shows the death rate for cancer in Texas has declined since 1993. The cancer death rate for men and women combined fell 24.2% from 1993 to 2011, the most recent year for which data are available. This 24.2% decline translates to approximately 204,000 cancer deaths avoided during this time period.

In 2013, a total of 107,869 new cancer cases and 44,150 deaths from cancer were projected to occur in Texas. Lung, colorectal, breast, and prostate cancers are the most common causes of death in Texas, accounting for almost half of the total cancer deaths among men and women. Death rates have decreased by more than 50% for prostate cancer, and more than 30% for lung, colorectal, and breast cancer since 1990, when Texas cancer mortality data started being reported (Figure 1).

Lung cancer death rates declined 43.2% in males since 1990 and 19.9% in females since 1996 (Figure 1). The differences reflect historical patterns in tobacco use; women started smoking in large numbers later than men. While the decrease in lung cancer mortality is attributed to reductions in smoking, the large drop in prostate, colon, and breast cancer is attributed to improvements in early detection and treatment.

Cancer death rates vary among racial and ethnic groups and have declined in every racial/ethnic group from 1990-2011 as shown in Figure 2. Mortality rates have declined more than 35% among black men, more than in any other group. Even so, black men continue to have the highest cancer death rates among all racial/ethnic groups in both Texas and the U.S. 🌐

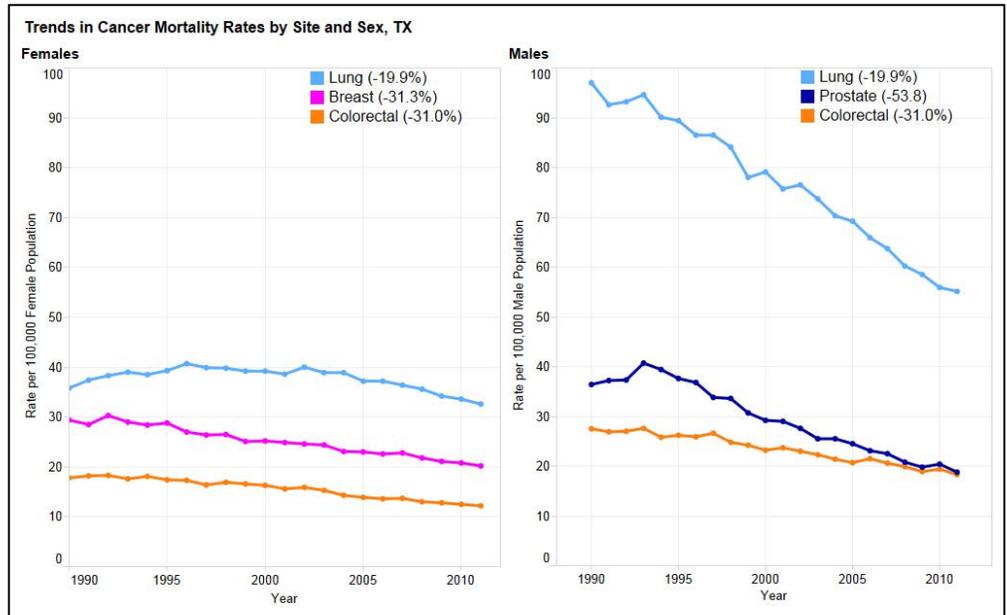


Figure 1

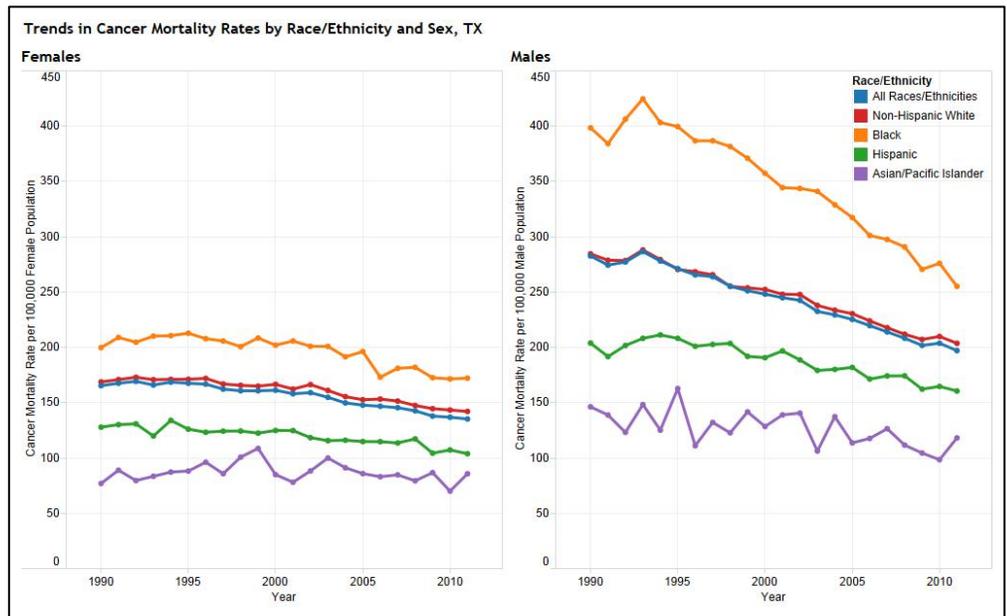


Figure 2

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COMPLETENESS BY REGION

Diagnosis Year 2012

As of December 31, 2014

96.2%

Texas Overall

92.1%

Region 1

95.2%

Region 2

97.6%

Region 3

99.2%

Region 4

94.6%

Region 5

96.0%

Region 6

95.3%

Region 7

94.2%

Region 8

93.4%

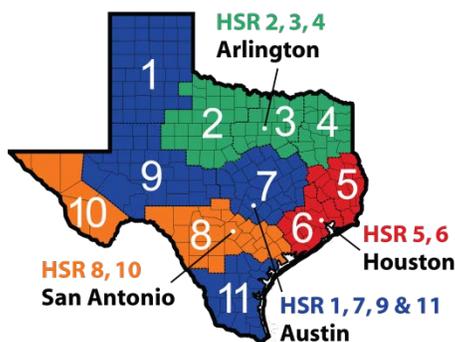
Region 9

97.3%

Region 10

96.1%

Region 11



FOR MORE INFORMATION

Check out the TCR's Completeness Dashboard at <http://tinyurl.com/TCRdashboard>.

New Content on SEER*Educate

adapted from Mary Potts, RHIA, CPA, CTR

Anatomy and Physiology

The National Cancer Institute's SEER Program and the Fred Hutchinson Cancer Research Center are pleased to announce an expansion of the free training and continuing education series in SEER*Educate. Anatomy and Physiology has been released as a new module in General Knowledge. Within the Introduction and Twelve Systems are 4 to 9 tests, each with 20 questions. This is a self-study course equivalent to a college-level class. Although no college credit is offered by SEER*Educate, some organizations may accept the SEER*Educate course as fulfilling an anatomy and physiology requirement. This module can be used alone or it can be used to assess one's progress through classes, textbooks, or lectures.

- A/P Introduction - 9 tests
- Circulatory System - 7 tests
- Digestive System - 6 tests
- Endocrine System - 6 tests
- Integumentary System - 6 tests
- Lymphatic and Immune Systems - 6 tests
- Musculature System - 5 tests
- Nervous System - 7 tests
- Reproductive System (Females) - 6 tests
- Reproductive System (Males) - 4 tests
- Respiratory System - 6 tests
- Skeletal System - 5 tests
- Urinary System - 7 tests

Anatomy is the study of the structure of a living body. Anatomy includes learning the size, shape, and location of structures in the body. Physiology is the study of the function of the body parts and the body as a whole. Physiology includes learning the physical, chemical, and mechanical processes that make an organism function. Anatomy and physiology are interdependent upon each other and an understanding of both is necessary for the cancer registrar.

Multiple Primary and Histology (MP/H) Practical Application

A Multiple Primary and Histology (MP/H) practical application was also recently released in SEER*Educate. The 2007 MP/H Rules (Revised August 24, 2012) contains site-specific rules for consistent and standardized coding of the number of

primaries and histology. Each of the following site-specific modules includes five case scenarios with answers and rationales to help registrars learn how to use the 2007 MP/H Rules:

- Benign and Borderline Brain/CNS
- Breast
- Colon
- Head and Neck
- Kidney
- Lung
- Malignant Brain/CNS
- Melanoma
- Other Sites
- Urinary

This new content is available from the Training Menu in the Practical Application section. One of the best ways to learn cancer registry work is by doing cancer registry work. A primary goal of SEER*Educate is to provide access to free practical application exercises to learn how code and apply guidelines associated with various aspects of a registrar's responsibility. SEER has applied to the National Cancer Registrars Association (NCRA) for continuing education credits for this entire series.

Sign up at SEER*Educate today by visiting <https://educate.fhcrc.org/> and Learn by Doing! 🇺🇸

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Collaborative Stage Transition

adapted from Castine Clerkin, MS, CTR

The use of the Collaborative Stage Data Collection System (CSv0205) will continue as the primary staging method for cases diagnosed beginning January 1, 2015. CDC requires the collection of CSv2 data items needed to derive SEER Summary Stage (SSF1 for Lung, Pleura, and Retinoblastoma; SSF2 for CorpusAdenosarcoma, CorpusCarcinoma, and CorpusSarcoma; SSF3 for Prostate), prognostic SSFs (SSF1, SSF2, SSF8, SSF9, SSF11, and SSF13 – SSF16 for Breast and SSF1 for Brain/ CNS/ Intracranial), and the schema discriminator (SSF 25) for applicable sites. CDC-NPCR requires, as available, the collection of CSv2 data items needed to derive AJCC-7 TNM Stage.

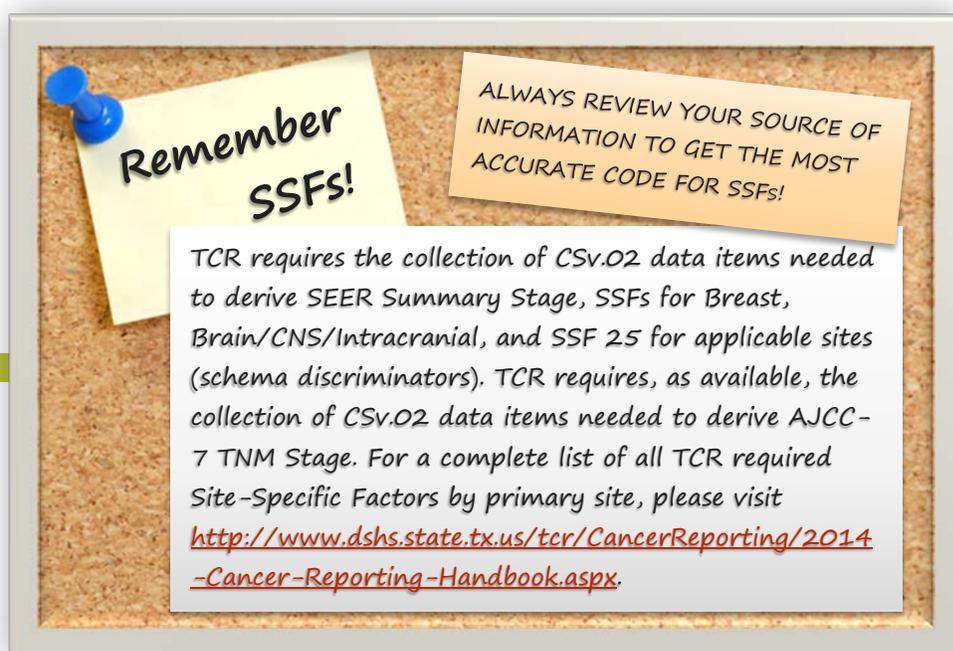
Beginning with cases diagnosed January 1, 2016, Collaborative Stage will no longer be used as the primary staging system for new cases. All new cases will be directly coded

SEER Summary Stage 2000 and AJCC-TNM, 7th Edition. It is important to note, however, that the CS Transition Group agreed to continue collecting Site Specific Factors using the current NAACCR data layout and definitions at least through 2016. This approach will continue to use the programming and logic structure established in Collaborative Stage to collect those variables. 🌐

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NAACCR Notes

adapted from NAACCR List Serve

NAACCR Town Hall: The Registry of the Future

In September, NAACCR's Registry Operations Advisory Group sponsored a Town Hall Webinar entitled "Registry of the Future." Some issues discussed include:

- The registry of the future will have to include concurrent abstracting and it will have to be paperless
- Availability of data sources will have to be uniform, or otherwise, registries could specialize and collaborate
- Review of guidelines around data ownership, use of big data, linkages across data sets
- Consider linkage to tissue repositories
- Multiple, interoperable formats for gathering specific segments of the data
- More granular, "mini" data sets enabled by interoperability and flexible formats
- Longitudinal patient follow-up enabled by complete, accessible health records

- The registry "client base"; should always include Surveillance but could also include others – physicians, researchers, patients, tissue banks, other disease registries
- It could support the patient journey, be interactive with patient and doctor, and more directly influence health care

A recording of the webinar can be found at www.naacccr.org/EducationandTraining/TownHallWebinars.aspx.

NAACCR Video

NAACCR members are on the front lines of cancer control and committed to working to reduce the burden of cancer in North America. Every day they capture data on patients diagnosed with cancer that physicians, researchers, health care administrators, and standard setters rely on.

To celebrate and highlight the work of so many dedicated individuals, NAACCR created a new tool to inform the public about the important role cancer registries play in preventing and treating cancer. The short explainer video, which was developed in cooperation with the Communications Steering Committee and NAACCR staff, can be viewed on NAACCR's YouTube channel at <http://youtu.be/VWtKsQvFKdA>.

We encourage all cancer reporters to take a moment to watch it, and share it with your friends, family, and colleagues. NAACCR would like to thank cancer reporters for all that they do. Their efforts to gather and support vital information that is used to develop programs to prevent cancer, detect it earlier, and improve survival, make the world a better place. 🌐

Training Corner

by M'Lissa Quintanilla, BA, LVN

Greetings, Texas Cancer Reporters! My name is M'Lissa Quintanilla and I am the new Training Specialist with the Texas Cancer Registry. It is an honor to be a part of this work and I look forward to meeting you and serving your training needs.

Special Topics

Your attention to the following areas ensures high quality cancer data from your valued efforts.

- Beginning January 1, 2015, directly coded SEER Summary Stage 2000 will be required from all facilities.
- An updated version of the Hematopoietic & Lymphoid (Heme) Database was released by NCI SEER on January 14, 2015. If you are using a downloaded version, be aware that you must download the new version at the following link: <http://seer.cancer.gov/seertools/hemelymph/>. TCR recommends use of the web-based version rather than a downloaded version.
- *Multiple Primary and Histology Rules* – MP/H coding rules were recently covered in the December 4, 2014 NAACCR Webinar. If you would like access to this training, please contact the Training Team at TCR.Training@dshs.state.tx.us.
- *County FIPS Codes* – Appendix C of the 2014 Cancer Reporting Handbook has a list of FIPS codes by county. Web Plus allows code lookup in the FIPS County Code at DX field. Alternately, you may use your preferred search engine to locate the county by city name.
- *Text* – Remember to include text from the operative and pathology reports to support your coding. If data is absent from the record, include a note to reflect that. Please make every effort to fill out all of the required fields.
- *SSFs* – Remember to code your site-specific factors. A list of required SSFs can be found at www.dshs.state.tx.us/tcr/CancerReporting/Hospital-Reporting.aspx.
- *Country code* – Codes for Yugoslavia and Czechoslovakia (previously used only as historic codes) have been changed from XYG and X CZ to YUG and CSK, respectively, and may be used for any of the country data items starting with 2015

cases and NAACCR Version 15 edits. Yugoslavia and Czechoslovakia both ceased to exist in the early 1990s.

For other training requests, please visit <https://www.dshs.state.tx.us/tcr/Training-Request.aspx>. TCR is your resource!

2014 Cancer Reporting Handbook

The 2014 Cancer Reporting Handbook was published in August 2014. Be sure to download your copy of the Handbook at www.dshs.state.tx.us/tcr/CancerReporting/2014-Cancer-Reporting-Handbook.aspx. Save a copy to your desktop for frequent reference. Do you need a tutorial on how to download the handbook or quickly access specific topics found in the handbook? Send an email to TCR.Training@dshs.state.tx.us and we will get you started!

NAACCR Webinars

The 2014 – 2015 NAACCR Webinar Series began in October and continues through September 2015. The TCR broadcasts these webinars in multiple locations throughout Texas, at no cost for reporters.

2015 NAACCR WEBINAR SCHEDULE

01.08.15	Collecting Cancer Data: Testis
02.05.15	Collecting Cancer Data: Uterus
03.05.15	Abstracting and Coding Boot Camp: Cancer Case Scenarios
04.02.15	Collecting Cancer Data: Stomach and Esophagus
05.07.15	Collecting Cancer Data: Larynx and Thyroid
06.04.15	Collecting Cancer Data: Pancreas
07.09.15	Survivorship Care Plans
08.06.15	Collecting Cancer Data: Central Nervous System
09.03.15	Coding Pitfalls

For the complete listing, including past webinars, please see the TCR Webinar page at www.dshs.state.tx.us/tcr/webinars.shtm. Please Note: It may still be possible to earn CE hours for past webinars.

NCRA Webinars

The 2015 NCRA Webinar Series details will be added to the webinar webpage soon. Please note: For the NCRA 2014 webinar series, CEs are available at no cost to Texas cancer reporters. For questions regarding access, please email TCR.Training@dshs.state.tx.us.

NAACCR CTR Exam Preparation and Review Webinar Series

The TCR is making the NAACCR CTR Exam Preparation and Review Webinar Series available at no charge. The course runs Tuesdays from 12 pm – 2 pm CST from December 30, 2014 through February 24, 2015. These will also be rebroadcast by NAACCR after the initial start date. Look for an email from the TCR for information on how to register.

CTR EXAM PREP SCHEDULE

12.30.14	Introduction to the Exam Format/Registry Operations & Management/Data Quality Assurance
01.06.15	Cancer Committee & Cancer Conference/Central Registry Activities
01.20.15	Analysis & Data Usage
01.27.15	Data Collection: Casefinding, Abstracting, Coding, Follow-up, Survivorship, and Outcomes
02.03.15	Data Collection: Anatomy & Physiology/ICD-O-3 Coding
02.10.15	Data Collection: Multiple Primary & Histology Coding Rules/Hematopoietic and Lymphoid Neoplasm Coding
02.17.15	Data Collection: Staging Systems
02.24.15	Timed Test; Overview; Test Taking Tips; Q & A

Tentative CTR Exam dates are February 28, 2015 – March 21, 2015. Additional updates will be posted on our website at www.dshs.state.tx.us/tcr/Training/CTR-Prep-Resources.aspx. 

FOR MORE INFORMATION

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Employee Updates

by Ashley Dixon, MPH

Leticia Nogueira, PhD, MPH joined the TCR in July 2014, and became the Epidemiology Group Manager in October. Prior to coming to the TCR, she was a post-doctoral fellow with the National Cancer Institute for the past four years. Leticia has a Ph.D. in Cell and Molecular Biology from the University of Texas at Austin, an M.P.H. in Quantitative Methods from Harvard University School of Public Health in Boston, and a B.S. in Biology and Genetics from the Universidade Estadual Paulista, in Sao Paulo, Brazil.

Jodi Vasquez, RHIT also started at the TCR in July 2014, and promoted to the Program Specialist I position in QA in August 2014. Jodi attended Texas State Technical College in Harlingen, and earned her Registered Health Information Technology certification. Jodi is CTR eligible.

Patricia Thompson, RHIA, BS was selected as the eReporting and Training Group's Public Health and Prevention Specialist III starting in September 2014. Patricia has a bachelor's degree with a major in Health Information Management/Medical Records, and previously worked as an adjunct professor for Austin Community College in Medical Coding. She has also participated in different IT initiatives including the ICD-10 upgrade, automated records projects, and has served as Health Information Administrator for state-operated and private sector facilities; her most recent position was with DADS. She previously worked for the TCR as an abstractor. Patricia is CTR eligible.

M'Lissa Quintanilla, BA, LVN also joined the TCR in September 2014 and became the Training Specialist IV in the eReporting and Training Group in October.

M'Lissa is a Licensed Vocational Nurse (LVN) with 23 years of experience and holds a Bachelor of Arts in History with a minor in Chemical Engineering from the University of Texas at Austin. She has served as the Continuing Education Committee Chair for the LVN Association of Texas. For the last two and a half years, she has been a Clinical Educator for the Visiting Physicians Association. M'Lissa is CTR eligible.

Akshata Vankalapati, BS started with the Southwest Texas Registry Operations Group as a Public Health and Prevention Specialist II in October 2014. She has a Bachelor of Science and currently enrolled at Santa Barbara College to earn her Associate Degree in Cancer Information Management. She has almost two years' experience working in the cancer registry at Prime Healthcare in Reno, Nevada. Akshata is CTR eligible. 



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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 5U58DP003902-02.

State Agency Funding

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

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 also 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

Questions regarding information found in this newsletter, or suggestions for future issues can be directed to Ashley Dixon, in Austin at (512) 776-3629, (800) 252-8059, or email at Ashley.Dixon@dshs.state.tx.us.

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

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