



# Texas Cancer Reporting News

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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

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- 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

*Spring / Summer 2014*

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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](mailto:Ashley.Dixon@dshs.state.tx.us).

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

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## Registry Accomplishments

### *NPCR and NAACCR Calls for Data Results*

The Texas Cancer Registry (TCR) received results from CDC's National Program of Cancer Registries (NPCR) and the North American Association of Central Cancer Registries (NAACCR) annual Calls for Data that took place last fall. The data were evaluated on completeness, accuracy, and timeliness, as demonstrated by meeting the following five data quality criteria: percent completeness, unresolved duplicate rate, percent death certificate only cases, percent missing critical data elements (age, sex, race, and county), and percent passing edits. The TCR has once again achieved NPCR "High Quality Data Standards" for diagnosis year 2011. The TCR also achieved NAACCR Silver Certification based on the quality and completeness of 2011 diagnosis year data; falling just short of Gold Certification by 0.12% in the completeness criterion.

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

### *NAACCR/ARC Conference Presentations*

This year's North American Association of Cancer Registries (NAACCR) conference was held in conjunction with the International Association of Cancer Registries (IACR) and took place from June 21st through June 28th in Ottawa, Ontario, Canada. Two TCR staff members presented at this year's joint conference.

Stephanie Easterday, CTR, MA, with TCR's Epidemiology Group, presented at the NAACCR portion of the conference. Stephanie's presentation is titled "Using SAS to Approximate a Two-Pass Linkage in Link Plus." The presentation tackles the issue that programs designed to find the same people in different data sets, known as linkage programs, are expensive or difficult to use with Texas-sized data sets.

Many of these programs produce a list of links which must be manually reviewed if they fall into the range between obvious links and obvious non-links. By using SAS to find as many links as possible before using one of these linkage programs, the manual review will be easier, more accurate, and less time consuming.

Beatriz Gutierrez, MPH, CTR, Manager of TCR's Non-Hospital Operations and Training Group, presented on the topic, "Can Inpatient Data be Used to Improve Melanoma Case Completeness?" during the IARC portion of the conference. Her presentation is about how to achieve better case completeness, specifically melanoma completeness. Underreporting is a known issue for certain types of cancer. Melanoma has historically been underreported as these cases are more likely to be diagnosed and treated outside of the hospital setting. New approaches are being used to identify reporting sources such as electronic sources; in this case, outpatient data were used to create records from the unique identified cases. The goal is to achieve a more complete melanoma dataset that will ultimately reflect real population incidence rates.

### *Publications by TCR Staff or Using TCR Data*

***All-cancers mortality rates approaching diseases of the heart mortality rates as leading cause of death in Texas.*** Wyatt SW, Maynard WR, Risser DR, Hakenewerth AM, Williams MA, Garcia R. *South Med J.* 2014 Jan;107(1):19-23.

OBJECTIVES: Diseases of the heart and malignant neoplasms (all-cancers) are the leading causes of death in the United States. The gap between the two has been closing in recent years. To assess the gap status in Texas and to establish a baseline to support evaluation efforts for the Cancer Prevention Research Institute of Texas, mortality data from 2006 to 2009 were analyzed.

*continued on page 3...*

## Registry Accomplishments *continued...*

**METHODS:** Immediate cause of death data in Texas for the years 2006-2009 were analyzed and rates developed by sex, race/ethnicity, and four metropolitan counties.

**RESULTS:** Overall, for the years 2006-2009, the age-adjusted mortality rates (AARs) among Texas residents for both diseases of the heart and all-cancers decreased; however, during this time frame, there was greater improvement in diseases of the heart AARs as compared with all-cancers AARs. For the four large metropolitan counties of Bexar, Dallas, Harris, and Travis, data were analyzed by sex and race/ethnicity, and 11 of the 12 largest percent mortality rate decreases were for diseases of the heart.

**CONCLUSIONS:** Age-adjusted mortality rates among Texas residents from diseases of the heart are showing improvement as compared with the rates for all-cancers.

***The relationship between area poverty rate and site-specific cancer incidence in the United States.*** Boscoe FB, Johnson CJ, Sherman RL, Stinchcomb DG, Lin G, Henry KA. *Cancer*. 2014 May 27. [Epub ahead of print]

**BACKGROUND:** The relationship between socioeconomic status and cancer incidence in the United States has not traditionally been a focus of population-based cancer surveillance systems.

**METHODS:** Nearly 3 million tumors diagnosed between 2005 and 2009 from 16 states plus Los Angeles were assigned into 1 of 4 groupings based on the poverty rate of the residential census tract at time of diagnosis. The sex-specific risk ratio of the highest-to-lowest poverty category was measured using Poisson regression, adjusting for age and race, for 39 cancer sites.

**RESULTS:** For all sites combined, there was a negligible association between cancer incidence and poverty; however, 32 of 39 cancer sites showed a significant association with poverty (14 positively associated and 18 negatively associated). Nineteen of these sites had monotonic increases or decreases in risk across all 4

poverty categories. The sites most strongly associated with higher poverty were Kaposi sarcoma, larynx, cervix, penis, and liver; those most strongly associated with lower poverty were melanoma, thyroid, other nonepithelial skin, and testis. Sites associated with higher poverty had lower incidence and higher mortality than those associated with lower poverty.

**CONCLUSIONS:** These findings demonstrate the importance and relevance of including a measure of socioeconomic status in national cancer surveillance.

(Abstracts and citations from PubMed.)

***Ashley Dixon, MPH***

*Program Specialist*

*Core Business Operations Group*

*Austin*



### **Reminder:**

Facilities are required to complete and submit all 2013 admission year cancer cases by June 30, 2014.

If your cancer registry anticipates a delay in your 2013 cancer reporting, please contact your regional representative as soon as possible to discuss a Reporting Improvement Plan.

Contact information for your TCR regional representative is available at <http://www.dshs.state.tx.us/tcr/contact-tcr.shtm>.

## TCR Spotlight: Registry Operations 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 Registry Operations Group.

### *What tasks does the Registry Operations Group perform in the TCR?*

The Registry Operations Group is an essential part of the Texas Cancer Registry (TCR), responsible for statewide compliance monitoring, as well as processing and reviewing cancer records from over 500 facilities located across the state. Additional responsibilities include conducting active casefinding and data collection activities for facilities with cancer caseloads of 100 or less cases annually as well as conducting quality control review and analysis. These efforts help to ensure reliability, completeness, consistency, and comparability of cancer registry data. Registry Operations management and staff also play an important role in providing technical assistance on and education about registry activities to reporters throughout the state.

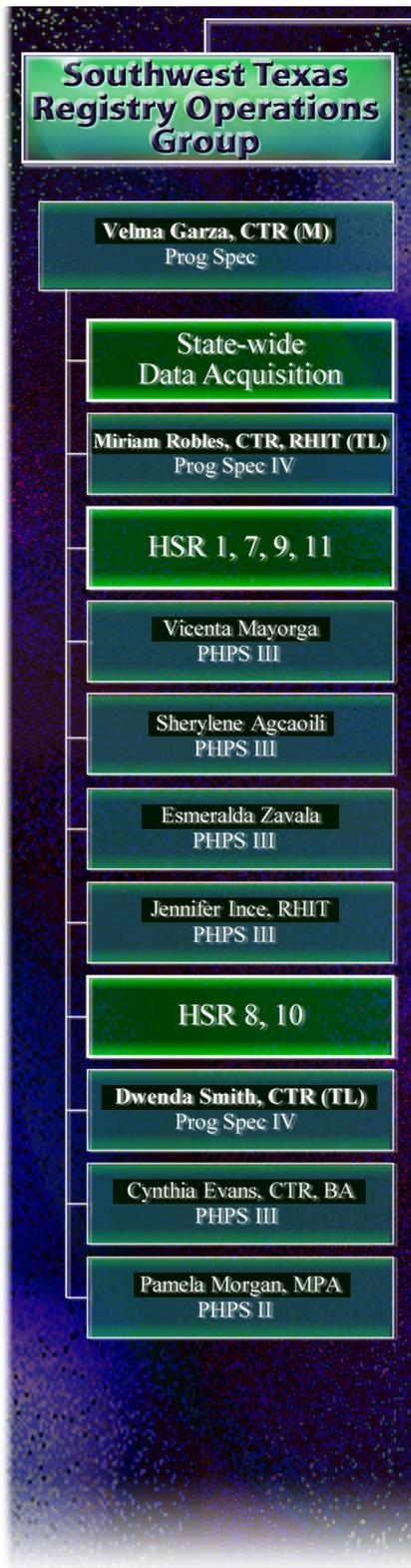
TCR Registry Operations Group staff is located in offices across the state including the Central Office in Austin, as well as regional offices in Arlington, Houston, and San Antonio. Staff in the Registry Operations Group consists of two Managers, four Team Leads and 13 additional staff. More than 50% of staff members are Certified Tumor Registrars (CTRs).

### *What are the roles of various members of the Registry Operations Group?*

Velma Garza, CTR, is the Southwest Texas Registry Operations Group Manager and supervises staff housed in Austin and San Antonio. Dora Rodriguez-Flores, CTR, is the Northeast Texas Registry Operations Group Manager, supervising Arlington and Houston based staff. Velma and Dora's responsibilities include planning, developing, implementing, evaluating, and coordinating all of the Registry Operations Groups activities.

Miriam Robles, CTR, and Dwenda Smith, CTR, are the Austin-based Team Leads responsible for coding and reporting requirements, data submission guidelines, and monitoring compliance for reporting facilities. Miriam conducts these activities in Health Service Regions (HSR) 1 (Panhandle), 7 (Central Texas), 9 (West Texas), and 11 (South Texas) while Dwenda's areas of responsibility are HSRs 8 (San Antonio area) and 10 (El Paso).

*continued on page 5...*

TCR Spotlight *continued...*

Each coordinates the workload of staff for their respective teams. Miriam also researches, evaluates and implements national edit sets to meet data standards.

Debra Anderson, CTR, is the Team Lead located in the Arlington office and Judy Spong, CTR, is the Team Lead in the Houston office and coordinates the workload for staff in their assigned offices. Debra is responsible for coding and reporting requirements, data submission guidelines, and monitoring compliance for reporting facilities in HSRs 2 (Abilene area) and 3 (DFW area). Judy is responsible for the same activities in HSRs 4 (Tyler area), 5 (East Texas) and 6 (Houston area).

Vicenta Mayorga, Sherylene Agcaoili, Esmeralda Zavala, and Jennifer Ince housed in Austin, work with TCR reporters in HSRs 1, 7, 9, and 11. Cynthia Evans, CTR, (San Antonio) and Pamela Morgan (Austin) work with reporters in HSRs 8 and 10. Staff is responsible for abstracting, coding, and conducting case finding audits to ensure reliability and completeness of the cancer registry data. These staff also provides technical assistance to reporters.

Cheryl Harbert, CTR, Carla Taylor, CTR, and Kathy Johnson make up the staff of HSRs 2 and 3 in the Arlington office. Marie Gallegos, CTR, and Wanda Hamilton, CTR, are the staff covering HSRs 4, 5, and 6 in the Houston office. Like their colleagues housed in Austin, this staff is also responsible for abstracting, coding, and conducting case finding audits to ensure reliability and completeness of TCR data as well as providing technical assistance to reporters.

***What are some of the outputs of the group?***

- Completing error free cancer case reports from conducting annual case finding data collection activities for small facilities with 100 or less reportable cases per year;
- Preparing and providing, as requested, facility specific reports to reporting facilities;
- Providing facilities with results of case finding audits and recommendations on how to capture all reportable cases; and,
- Ensuring timely cancer case reporting from facilities.

***How has the work of the Registry Operations Group changed over the past 5 or 10 years?***

Over the last several years registry operations have continue to evolve, constantly changing the day to day activities of registry staff. Registry

*continued on page 6...*

TCR Spotlight *continued...*



Operations Group staff keeps current with and implement these changes and provide technical assistance with and educate reporters. Some more recent and ongoing changes include the adding and deleting of data fields captured and the availability of most cancer registry resources in electronic formats.

In 2004, a major change impacting the Registry Operations Group was the transition from SEER Summary Staging to the Collaborative Stage Data Collection System which is a relevant set of data items that describe how far a cancer has spread at the time of diagnosis. Information is collected and coded for tumor size, extension, lymph node status, metastatic status and site specific factors.

SEER Rx was implemented as a one-step lookup for coding oncology drug and treatment regimens for cancer diagnoses effective January 1, 2005. The SEER Rx Interactive Antineoplastic Drug Database web-based version was released in 2013.

In 2007, we folded up our tri-fold paper Multiple Primaries chart which was not available online, as the National Cancer Institute’s Surveillance, Epidemiology, and End Results (SEER) Program introduced the updated online version of the 2007 Multiple Primary and Histology Coding Rules. These rules help reporters determine the number of reportable primaries for multiple solid tumors as well as which histology to use.

In March 2010, SEER rolled out the 2010 Hematopoietic Coding Manual and Database Version 1.4. This update included an updated desktop version and the implementation of a web-based version. Now known as the Hematopoietic and Lymphoid Neoplasm Coding Manual, this resource was developed to assist registrars with rules and guidelines in determining case reportability, the number of primaries, and how to code primary site, histology, and grade for hematopoietic and/or lymphoid neoplasms. SEER provided online training modules for registrars.

In August 2012, the TCR transitioned from the Texas developed SANDCRAB Lite (SCL) Registry Software to the Centers for Disease Control and

Prevention’s (CDC) Registry Plus suite. WS-FTP for file submissions and the use of SCL for cancer abstracting was discontinued. Web Plus software was implemented as the mechanism for reporting facilities to abstract cancer cases and to securely transmit cancer cases to the TCR.

*continued on page 7...*

## TCR Spotlight *continued...*

Registry operations activities continue to change and grow. The Registry Operations Group is the area where many of the changes are first implemented and where reporters receive information, education, and technical guidance on how to implement changes impacting the quality and completeness of Texas cancer data.

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

The Registry Operations Group has been involved in testing the software for NAACCR Version 14. Thorough testing must be performed before releasing any revision or new versions of the software. Testing is conducted for functionality as well as ensuring that appropriate current edits are in place.

### *Is there anything else you'd like Texas Cancer Reporters to know about the Registry Operations Group?*

Ongoing education is a must in the ever-changing cancer registry field and the Registry Operations Group plays a significant role in providing education and technical assistance in multiple venues. Recent educational activities that operations group staff participated in include:

- Participation, in multiple roles, at the annual Texas Tumor Registrars Association Educational Conference;
- Hosting and participating in various roles at the first North American Association of National Cancer Registries (NAACCR) conference held in Texas in June 2013;
- Participation in webinars sponsored by NAACCR and NCRA that are other popular sources of cancer registry based information; and,
- Coordinating and attending the annual Texas Cancer Registry Statewide Training presented by April Fritz. This training is designed to take the basic knowledge of the cancer registrar and build more advanced skills.

In addition to the ongoing activities of the operations staff, operations staff participates in activities impacting the TCR as a whole, such as having a significant role in twice yearly calls for data. The Registry Operations Group is dedicated to collecting complete, timely, and accurate cancer data and appreciates the significant contributions of and ongoing collaborations with all Texas Cancer Reporters.

Contact information for Registry Operations Group staff noted in this article can be found at <http://www.dshs.state.tx.us/tcr/contact-tcr.shtm>.

### **Dwenda Smith, CTR**

*Program Specialist*

*Southwest Texas Registry Operations Group*

*Austin*



### **Reminder:**

All cancer cases for admission year 2012 were due June 30, 2013.

It is vital that all 2012 cases are completed and submitted as soon as possible in order for the Texas Cancer Registry (TCR) to process these cases in a timely manner for our annual Call for Data submissions in Fall 2014.

If you have not submitted all of your 2012 cases, please contact your regional TCR representative about your timeline for abstracting and submitting your cases as soon as possible.

## Coding Corner

### Question 1:

A patient had a biopsy of the rectum that came back as adenocarcinoma, nos. The patient then had chemotherapy followed by a low anterior resection. The pathology from the LAR showed moderately to poorly differentiated adenocarcinoma. How do we code Grade/Differentiation for this case?

### Answer (choose one):

- a. 2 moderately differentiated
- b. 3 poorly differentiated
- c. 9 unknown
- d. Blank

Check your answer on page 18.

### Question 2:

Polypectomy diagnosed adenocarcinoma in a tubular adenoma involving submucosa. No other treatment. What is the code for Site Specific Factor 4?

Rectum

CS Site-Specific Factor 4

Tumor Deposits

*Note 1: Tumor deposits (TD) are defined as one or more satellite peritumoral nodules in the pericorectal adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule. Such TD may represent discontinuous spread, venous invasion with extravascular spread, or a totally replaced lymph node.*

*Note 2: Record the number of TD whether or not there are positive lymph nodes.*

*Note 3: Assign code 000 if surgical resection of the primary site is performed, the pathology report is available for review, and tumor deposits are not mentioned.*

### Answer (choose one):

- a. 000: None
- b. 998: No surgical resection of primary site
- c. 999: Unknown

Check your answer on page 18.

### Resources:

Surveillance, Epidemiology, and End Results Program (SEER) – <http://seer.cancer.gov/tools/grade/2013> TCR Handbook – <http://www.dsbs.state.tx.us/tcr/CancerReporting/2013-Cancer-Reporting-Handbook.aspx>

### Question 3:

Grade—Liver: How should grade be coded for a liver lesion treated with radio frequency ablation (RFA) followed by a transplant showing moderately differentiated hepatocellular carcinoma? See discussion.

### Answer:

For this case, record the grade specified even though it is after RFA. RFA is not systemic or radiation treatment and should not alter the grade.

### Resource:

SEER Inquiry System (SINQ) – <http://seer.cancer.gov/seerinqury/>

### Question 4:

Grade—Brain and CNS: How should grade be coded for a pineal parenchymal tumor of “intermediate differentiation”?

### Answer:

Code the grade as 2 based on instruction #8 in the revised grade instructions for 2014. Do not use WHO grade to code the grade field for CNS tumors.

### Resource:

SEER Inquiry System (SINQ) – <http://seer.cancer.gov/seerinqury/>

### Question 5:

Grade—Can the FIGO grade be used for coding the morphology grade? FIGO Grade is coded in CS SSF 7 in the Corpus Uteri schema. The SEER Program Coding and Staging manual does not address using FIGO grade for coding grade in morphology.

continued on page 9...

## Coding Corner *continued...*

### Answer:

Do not use FIGO grade to code the grade field.

### Resource:

SEER Inquiry System (SINQ) – <http://seer.cancer.gov/seer inquiry/>

See #9 on page 79 of the SEER manual – [http://www.seer.cancer.gov/manuals/2013/SPCSM\\_2013\\_maindoc.pdf](http://www.seer.cancer.gov/manuals/2013/SPCSM_2013_maindoc.pdf)

A complete list of Grade Coding Instructions for cases diagnosed 2014 and forward can be found at <http://seer.cancer.gov/tools/grade/>. If you have questions or need additional information please call Susana Perez at 512-305-81045.

### **Susana Perez, CTR**

Manager

Quality Assurance Group

Austin

### Remember:

#### Updated SSF Table

The Site-Specific Factors (SSF) table has been updated to reflect 2014 changes. TCR no longer collects SSFs 10 and 12 for Breast cases.

The 2014 Site-Specific Factors (SSF) Required by TCR table has been updated to include the SSFs 3, 4, and 5 for breast 2013 and 2014. These SSF's were inadvertently left out.

The updated table can be found on the TCR website on the 2013 Cancer Reporting Handbook page: <http://www.dshs.state.tx.us/tcr/CancerReporting/2013-Cancer-Reporting-Handbook.aspx>.

## Employee Update

### *The Texas Cancer Registry Welcomes the Following Staff Members:*

#### Core Business Operations Group

**Maria Vega, MPA** joined the Texas Cancer Registry as the new Manager over the Core Business Operations Group on January 13, 2014. Maria has a Bachelor of Science in Business and Public Administration from Trenton State College (NJ), as well as a Masters in Public Administration from Texas State University. She has almost 30 years of experience in health and human services agencies working in a broad range of areas such as disease surveillance, management, administration, grant preparation, and grant and legislative reporting with several organizations, including the New Jersey Department of Health, the Texas Department of State Health Services (DSHS), and the Texas Department of Family and Protective Services (DFPS). Her most recent position included project management responsibilities associated with DFPS' Sunset Review efforts.

#### Quality Assurance Group

**Elena Faz, CTR** joined the Quality Assurance (QA) Team on March 3, 2014. Elena conducts death clearance and consolidation activities. You may recall that Elena had retired from the Texas Cancer Registry in December 2012. Previous to her retirement, Elena had been a team member with the Texas Cancer Registry for over 20 years and last served as the team lead in the QA area. She has held several TCR positions and was instrumental in the transition from SandCrab to Web Plus.

#### *Welcome, new staff!*

### **Marie Gallegos, CTR**

Program Specialist

Northeast Texas Registry Operations Group

Houston

## Epidemiology Corner

### *TCR Data Widely Used in Cancer Research*

Beyond simply counting cancer cases, the work that the TCR does every day is vitally important to cancer research in Texas and the U.S. As one of the nation's largest statewide cancer registries, with 17 years of statewide cancer incidence data available, the TCR is a valuable resource for cancer research. Researchers may access much of the TCR's non-confidential data online at <http://www.cancer-rates.info/tx/index.php>, or by contacting the TCR directly to make a data request.

Researchers may also have the need for confidential data elements that might enable identification of a particular patient; examples include name, street address, zip code, telephone number, and birthdate. Because the TCR is obligated by law to maintain confidentiality of such information, research studies requesting confidential data must justify their request in a written application to TCR and the DSHS Institutional Review Board (IRB). To learn more about DSHS' IRB process click here <http://www.dshs.state.tx.us/tcr/irb.shtm>.

For example, a proposed study may require contacting patients, linking cancer records with records from another data set, or mapping incident cancer cases, tasks which can only be accomplished by using an individual's personal information such as name, address, and birthdate. The TCR Epidemiology Group and Branch Manager, as well as the DSHS IRB and the DSHS Executive Steering Committee, all review and approve applications for confidential data before TCR can release the information. This process typically takes several months and often longer for complex studies.

Currently the TCR has 50 active IRB-approved studies, with four studies in the planning stage. These studies are wide-ranging in design and topic: some contact patients and ask them to provide additional information on exposures or dietary intake; some ask for linkage of their cohort of patients with TCR records to ascertain cancer incidence in their study population; and some measure disparities in cancer incidence, mortality, or treatment between different races and ethnic groups, and geographic locations. IRB-approved studies using TCR data are currently funded by more than \$63 million from grants and governmental agencies.

To learn more about how TCR data is used and/or the IRB process contact Dr. David Risser at 512-305-8103.

***David Risser, PhD, MPH***

*Epidemiologist*

*Epidemiology Group*

*Austin*



## Training Corner

The Texas Cancer Registry (TCR) Training and Education Team are working on the *2014 Cancer Reporting Handbook*. The Site-Specific Factors (SSF) table has been updated to reflect 2014 changes, and can be found on our website: <http://www.dshs.state.tx.us/tcr/CancerReporting/2013-Cancer-Reporting-Handbook.aspx>.

Here are some important changes for the *Hematopoietic Manual and Database*:

- An updated manual and database was released in January 2014.
- The 2010 and 2012 manuals and databases are combined into one.
- No reviews of existing data are required.
- Two M rules were deleted.
- One M rule was added for PTLD.
- Several PH rules were deleted (information from these rules added to the database).
- A non-reportable section was added to the manual (Appendix F).

Keep the following in mind when using the *Hematopoietic Manual and Database*:

- Use of manual and database is based on the most recent date of diagnosis.
- **Always** go to the database first.
- **Always** use the Heme database when coding primary site.
- Do **not** use ambiguous terms to code a specific histology.
- Apply the grade of tumor rules to determine the cell indicators for the histology.
- Do **not** use the multiple primaries calculator first.

Did you know?

- SING is regularly updated with Hematopoietic questions from Ask SEER Registrar.
- Everyone can review SING questions/answers: <http://www.seer.cancer.gov/seerinqury/index.php>.

### NAACCR Webinar Schedule

The 2013-2014 NAACCR Cancer Registry and Surveillance Webinar Series ends in September. The next webinar, focusing on Topics in Survival Data will be held on July 10, 2014. Please visit TCR's website for times and locations near you: <http://www.dshs.state.tx.us/tcr/webinars.shtm>. Participants receive three continuing education hours for each monthly 3-hour webinar after completing a quiz.

#### Webinars in the 2013-2014 webinar series include:

10/03/13 *Collecting Cancer Data: Lip and Oral Cavity\**  
 11/07/13 *Collecting Cancer Data: Prostate\**  
 12/05/13 *Collecting Cancer Data: Ovary\**  
 01/09/14 *Collecting Cancer Data: Gastrointestinal Stromal Tumors (GIST)\**  
 02/06/14 *Collecting Cancer Data: Treatment Data\**  
 03/06/14 *Abstracting and Coding Boot Camp: Cancer Case Scenarios\**  
 04/03/14 *Collecting Cancer Data: Melanoma\**  
 05/01/14 *Collecting Cancer Data: Colon and Rectum\**  
 06/05/14 *Collecting Cancer Data: Liver\**  
 07/10/14 Topics in Survival Data  
 08/07/14 Collecting Cancer Data: Lung  
 09/11/14 Coding Pitfalls

*\*Please note: past webinars are included as reporters can request reference material from previous webinars and it may be possible to receive continuing education hours even after the webinar has occurred.*

The 2014-2015 NAACCR Cancer Registry and Surveillance Webinar Series begins in October. We will notify reporters as more information becomes available.

*continued on page 12...*

## Training Corner *continued...*

### *NAACCR CTR Exam Preparation and Review Webinar Series*

The TCR will sponsor a re-broadcast of the NAACCR CTR Prep Course for the October 2014 CTR Exam. The course is provided at no charge for all Texas Cancer Reporters. Please enter your contact information and facility information to properly register for the re-broadcast of the course. The link to register is: <https://www.surveymonkey.com/s/BC6QNVM>.

The course will air from August 26, 2014 through October 14, 2014. Because this will be a re-broadcast, attendance will not be tracked and participants will be able to study at their own pace. The anticipated start date for the re-broadcast is September 2, 2014.

### *New Certified Tumor Registrars in Texas*

Congratulations to all the new Certified Tumor Registrars in Texas! Thank you to the following individuals for sharing their great news of passing the CTR exam in March 2014:

**Michelle Mutka, CTR**  
**Nicole Martinez, CTR**  
**Kendra Wilson, CTR**

Please visit the Education and Training website for more information about TCR-sponsored training opportunities: <http://www.dshs.state.tx.us/tcr/training.shtm>.

*Alana Trammell, MEd*  
*Training Specialist*  
*Non-Hospital Operations and Training Team*  
*Austin*



*Pictured: Intermediate/Advanced Cancer Reporting Training conducted by April Fritz and Associates in Houston, May 7-8, 2014. This training was taught by Denise C. Harrison, BS, CTR, Cancer Information Management Program Director at Santa Barbara City College.*

## 2014 Reporting Requirements and Changes

The Texas Cancer Registry (TCR) has converted to NAACCR Version 14. Cancer reporters should submit data using Version 14 regardless of diagnosis year and run their submission files through the current Version 14 editset prior to submission. To download the current TCR metafile, go to <http://www.dshs.state.tx.us/tcr/software.shtm>.

Cases diagnosed **January 1, 2013 and forward** *must* comply with TCR reporting requirements.

### Required Data Items as of January 1, 2013:

<i>NAACCR Data Item #</i>	<i>Data Item Name</i>
252	Birthplace--State
254	Birthplace--Country

### No longer required data items as of January 1, 2014:

250	Birthplace
441	Grade Path Value
449	Grade Path System
2864	Site Specific Factor 10 for breast
2866	Site Specific Factor 12 for breast

### Collaborative Stage Requirement Status *(updated January 22, 2014)*

SEER has developed a database which will provide cancer reporters:

- The Site Specific Factors (SSFs) required by each standard setter for each CSv2 version
- Changes of SSFs between versions
- Different SSFs requirements between standard setters
- The default values required by each standard setter for required and non-required fields

Reporters can find this database at <http://seer.cancer.gov/csreqstatus/>

For more information about items covered here please contact your regional TCR representative. Find your regional TCR representative by going to <http://www.dshs.state.tx.us/tcr/contact-tcr.shtm>.

### **Susana Perez, CTR**

*Manager*

*Quality Assurance Group*

*Austin*



## 2014 Grade Coding Guidelines

Grade in solid tumors is a measurement of how closely the tumor cells resemble the parent tissue (organ of origin). Well-differentiated tumor cells closely resemble the tissue from the organ of origin while poorly-differentiated and undifferentiated tumor cells bear little or no resemblance to the tissue from the organ of origin.

Pathologists describe the tumor grade using three systems or formats:

1. Two levels of similarity; also called a two-grade system:
  - a. Grade I, low grade
  - b. Grade II, high grade
  
2. Three levels of similarity; also called a three-grade system:
  - a. Grade I, well-differentiated
  - b. Grade II, moderately differentiated
  - c. Grade III, poorly differentiated (undifferentiated carcinoma is usually separated from this system, since “poorly” bears some, albeit little, similarity to the host tissue, while “undifferentiated” has none, e.g. Undifferentiated carcinoma).
  
3. Four levels of similarity; also called a four-grade system:
  - a. Grade I, well-differentiated
  - b. Grade II, moderately differentiated
  - c. Grade III, poorly differentiated
  - d. Grade IV, undifferentiated or anaplastic

Breast and prostate grades may convert differently than other sites.

### ***Important to Remember***

Terminology: use the ‘Description’ column or the ‘Grade’ column to code grade. Breast and prostate use the same grade code with a few noted exceptions.

<i>Description</i>	<i>Grade</i>	<i>Assigned Grade Code</i>	<i>Exception for Breast and Prostate Grade Code</i>
Low grade	I-II	2	1
Partially well differentiated	I-II	2	1
Medium grade, intermediate grade	II-III	3	2
High grade	III-IV	4	3

There have been several changes implemented for coding grade for cases diagnosed January 1, 2014 and forward.

### ***Coding Grade for Solid Tumors***

The following is a summary of grade rules for cases diagnosed January 1, 2014 and forward:

1. Code grade prior to neoadjuvant treatment
2. Code grade from primary tumor only

*continued on page 15...*

## 2014 Grade Coding Guidelines *continued...*

3. Code grade for specific histologic terms that imply a grade
4. Code grade for invasive portion of mixed invasive/in situ tumor; if in situ only, code grade if given
5. Code highest grade within applicable system even if only a focus
6. Use information from special grade systems first
7. Use Two-, Three- or Four-grade system
8. Use the table with the “Description” or the “Grade” from the SEER website <http://seer.cancer.gov/tools/grade/>
9. If no description fits or grade is unknown prior to neoadjuvant treatment, code as 9

### *Special Grade Systems for Solid Tumors*

Grade information based on CS Site-specific factors (SSF) for breast, prostate, heart, mediastinum, peritoneum, retroperitoneum, soft tissue, and kidney parenchyma is used to code grade.

CS Schema	Special grade system
Breast	Nottingham or Bloom-Richardson (BR) Score/Grade (SSF 7)
Prostate	Gleason’s Score on Needle Core Biopsy/Transurethral Resection of Prostate (TURP) (SSF 8)
Prostate	Gleason’s Score on Prostatectomy/Autopsy (SSF 10)
Heart, Mediastinum	Grade for Sarcomas (SSF 1)
Peritoneum	Grade for Sarcomas (SSF 1)
Retroperitoneum	Grade for Sarcomas (SSF 1)
Soft Tissue	Grade for Sarcomas (SSF 1)
Kidney Parenchyma	Fuhrman Nuclear Grade (SSF 6)

**Note:** Do not use these tables to code grade for any other groups including WHO (CNS tumors), WHO/ISUP (bladder, renal pelvis), or FIGO (female gynecologic sites) grades.

### *Special Grade System Rules*

#### **Breast (excluding lymphomas; CS schema: breast)**

Use Bloom Richardson (BR) or Nottingham score/grade based on SSF 7. BR could also be referred to as: Bloom-Richardson, modified Bloom-Richardson, BR, BR grading, Scarff-Bloom-Richardson, SBR grading, Elston-Ellis modification of Bloom-Richardson score, Nottingham modification of Bloom-Richardson, Nottingham-Tenovus grade, or Nottingham grade.

Code the tumor grade using the following priority order:

- a. BR scores 3-9
- b. BR grade (low, intermediate, high)

*continued on page 16...*

## 2014 Grade Coding Guidelines *continued...*

Please be aware that TCR doesn't collect SSF 7. Grade needs to be coded using conversion table.

### **Kidney Parenchyma (excluding lymphomas; CS schema: Kidney Parenchyma): Fuhrman Nuclear Grade**

The Fuhrman Nuclear Grade should be used to code grade for kidney parenchyma only based on SSF 6. Do not use for kidney renal pelvis. TCR doesn't collect SSF 6 and grade needs to be coded using conversion table.

### **Soft Tissue (sites excluding lymphomas: soft tissue, heart, mediastinum, peritoneum, and retroperitoneum; Grade for Sarcomas)**

The Grade for Sarcomas should be used to code grade based on SSF 1. The grading system of the French Federation of Cancer Centers Sarcoma Group (FNCLCC) is the preferred system. Record the grade from any three-grade sarcoma grading system the pathologist uses. In some cases, especially for needle biopsies, grade may be specified only as "low grade" or "high grade." The numeric grade takes precedence over "low grade" or "high grade."

### **Prostate (excluding lymphomas; CS schema: prostate)**

Use the highest Gleason score from the biopsy/TURP or prostatectomy/autopsy. Use a known value over an unknown value. Exclude results from tests performed after neoadjuvant therapy began. This information is collected in SSF 8 (Gleason score from biopsy/TURP) and SSF 10 (Gleason score from prostatectomy/autopsy).

For more information regarding the grading rules for cases diagnosed January 1, 2014 and forward, please go to <http://seer.cancer.gov/tools/grade/>.

When coding grade for hematopoietic and lymphoid neoplasms remember to follow the instructions given in the current *Hematopoietic and Lymphoid Neoplasm Manual* found at: [http://seer.cancer.gov/tools/heme/Hematopoietic Instructions and Rules/](http://seer.cancer.gov/tools/heme/Hematopoietic%20Instructions%20and%20Rules/).

If you have questions or need more information on the contents of this article, please call Alana Trammell at 512-305-8157.

***Alana Trammell, BS, MEd***

*Training Specialist*

*Non-Hospital Operations and Training Group*

*Austin*

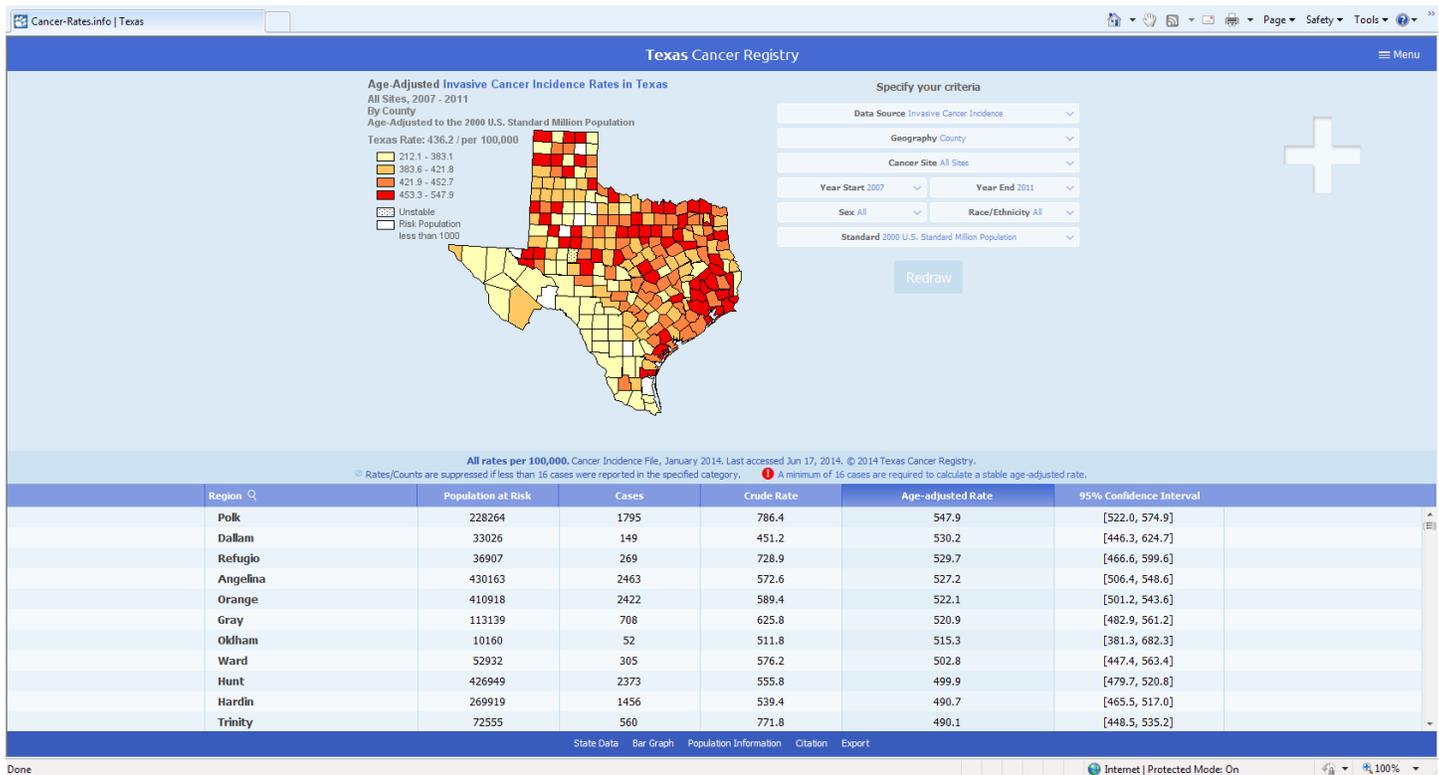


### **Remember:**

#### **Coding Vapor Cigarettes or "E-cigs"**

Standards setters have not yet provided direction on how to code the use of e-cigarettes in the tobacco use fields. Until this issue is addressed by the standard setters do not consider e-cigarettes the same as tobacco. Do not code the use of e-cigarettes in any of the tobacco fields at this time. TCR will provide additional direction once guidance is received.

## TCR Web Query Tool Enhancements



TCR's web query tool (<http://www.cancer-rates.info/tx/index.php>) now has a completely updated look and an interface that adds data items and enhanced ease of use. With the new look, the map will be primary and appear in the same window as the selection criteria used to draw the map. The data tables will include 95% confidence intervals to enable easier determination of rate stability and significant differences between groups.

Users are able to select some cancer sites by stage at diagnosis and by geographical location at the time of diagnosis. This may provide some insight into areas that may benefit from increased early diagnosis efforts. Sites for which stage at diagnosis will be available include cervix, colon and rectum, and breast (with a more prominent option to select female breast).

Users are also able to see and compare two maps displayed on the same screen. For example, it is now possible to compare a Texas County map showing the rate for early stage breast cancer next to a map showing incidence of late stage breast cancer. Again, this may help to identify those counties that may potentially benefit from enhanced early diagnosis efforts.

We hope you will enjoy the latest enhancements to the TCR's web query tool.

**David Risser, PhD, MPH**

Epidemiologist

Epidemiology Group

Austin



## Texas Cancer Programs Receive National Achievement Award

The Commission on Cancer (CoC) of the American College of Surgeons has granted its Outstanding Achievement Award (OAA) to a select group of 74 accredited cancer programs across the United States, including three in Texas.

Established in 2004, the CoC OAA recognizes cancer programs that strive for excellence in providing quality care to cancer patients. The award is granted to facilities that demonstrate a Commendation level of compliance with seven standards that represent four areas of program management, clinical services, patient outcomes, and data quality. The level of compliance with the seven standards is determined during an on-site evaluation by a physician surveyor. In addition, the cancer programs must receive a compliance rating for each of the remaining 27 cancer program standards. Seventy-four programs received the OAA as a result of surveys performed in 2013. This number represents approximately 14 percent of cancer programs surveyed during this period. A majority of recipients are community-based hospitals; however, there were also academic hospitals, integrated networks, a pediatric hospital, and a freestanding cancer center that received this year's award.

The following Texas Cancer Programs received this distinguished award:

Methodist Dallas Medical Center – Dallas, TX  
Scott and White Memorial Hospital – Temple, TX  
Baylor Regional Medical Center – Plano, TX

Congratulations and a job well done!

***Velma Garza, CTR***

*Manager*

*SW Texas Registry Operations Group*

*Austin*



### ***Coding Corner Answers:***

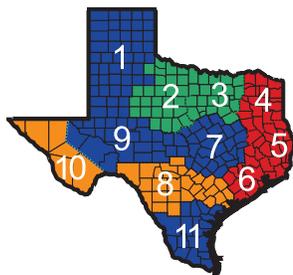
- 1. c. 9 Unknown*
- 2. b. 998: No surgical resection of primary site,  
Polypectomy is not resection of primary site*

## Case Completeness by Dx Year

As of June 1, 2014

<b>HSR 1:</b> 2012 81.7%	<b>HSR 7:</b> 2012 80.0%
2013 52.9%	2013 40.5%
<b>HSR 2:</b> 2012 76.4%	<b>HSR 8:</b> 2012 81.5%
2013 40.2%	2013 34.4%
<b>HSR 3:</b> 2012 86.0%	<b>HSR 9:</b> 2012 81.4%
2013 50.4%	2013 42.4%
<b>HSR 4:</b> 2012 79.6%	<b>HSR 10:</b> 2012 96.9%
2013 47.2%	2013 53.8%
<b>HSR 5:</b> 2012 83.7%	<b>HSR 11:</b> 2012 83.0%
2013 41.0%	2013 42.9%
<b>HSR 6:</b> 2012 87.5%	<b>State:</b> 2012 84.7%
2013 51.5%	2013 46.7%

### 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

## TCR Help Desk

The TCR resumed using the NOVO Solutions web-based utility to report IT issues to the TCR Help Desk. The goal is to provide quicker responses, and to better track and receive notifications from reporters when experiencing issues with Web Plus, such as uploading and downloading files, or abstracting cases.

To access the TCR Help Desk, visit TCR's (<http://www.dshs.state.tx.us/tcr/>) and click 'Software/Data Submissions' then 'TCR Help Desk' in the left-hand navigation. You may also access the TCR Help Desk directly, at the following link: <http://texashealth.novolutions.net/>.

If you need any assistance with the TCR Help Desk or accessing NOVO Solutions, please contact Pam Jatzlau at [pam.jatzlau@dshs.state.tx.us](mailto:pam.jatzlau@dshs.state.tx.us) or 512-305-8140. 

### Remember:

#### Collaborative Stage CSv02.05 Coding Changes

In CSv02.05 two changes in the CS lymph nodes table for Melanoma and Merkel Cell Skin Schemas were inadvertently omitted. Please follow the link below and review the instructions: <https://cancerstaging.org/cstage/registrars/Documents/CSv0205%20Support%20for%20Known%20Issues.pdf>.

## TCR is Moving

In August 2014, the Texas Cancer Registry (TCR) will move from its temporary downtown Austin location back to the DSHS main campus on 49th Street in Austin. TCR staff email and mailing addresses will remain the same. We will send out an email via GovDelivery services with new telephone and fax numbers for Austin-based staff, along with other information in mid-August. Please also watch our website for updated information at <http://www.dshs.state.tx.us/tcr/>.

*Maria Vega, MPA*

*Manager*

*Core Business Operations Group*

*Austin*



### **Remember:**

#### **Uploading PDFs in Web Plus**

Reporters: if you are uploading multiple medical records in .pdf format to Web Plus, the TCR asks that you zip the individual .pdf files into a single zipped file before uploading. This means you would upload only one zipped file containing multiple records, as opposed to many separate files for each individual record. Once the files arrive at the TCR, they can be unzipped and the .pdf files are sent to their intended location. This will save you time and space, and helps the TCR process the file faster. Please also remember files no longer need to be encrypted or password protected, as Web Plus is secure. If you have any questions or need additional information please call Pam Jatzlau at 512-305-8140.



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