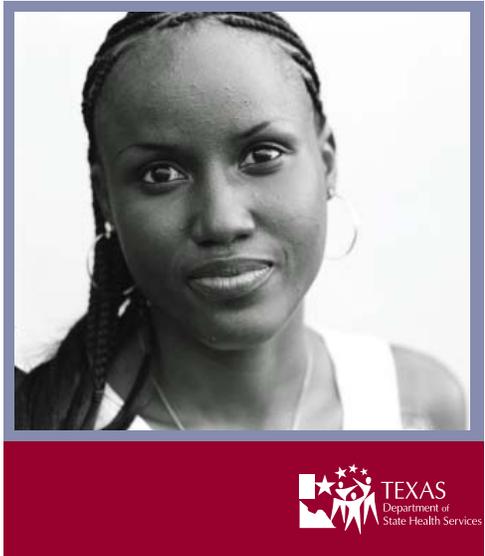


TEXAS CANCER REPORTING NEWS



Texas Cancer Registry

Volume X, No. 3
Publication No. 10-10542
Fall 2008



*The mission of the Texas Cancer Registry
is to contribute significantly
to the knowledge of cancer
for use in reducing the Texas cancer burden.*

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 #U58/DP000824-02.

State Agency Funding

- Texas Department of State Health Services
- Texas Health and Human Services Commission

Academic Institutions

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

Appreciation is also extended to the following academic institutions that provide funding and collaboration with the Texas Cancer Registry in support of regional registry operations:

- Texas A&M University
- University of Texas Health Science Center at Tyler
- University of Texas Health Science Center at San Antonio

Additional financial support is 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
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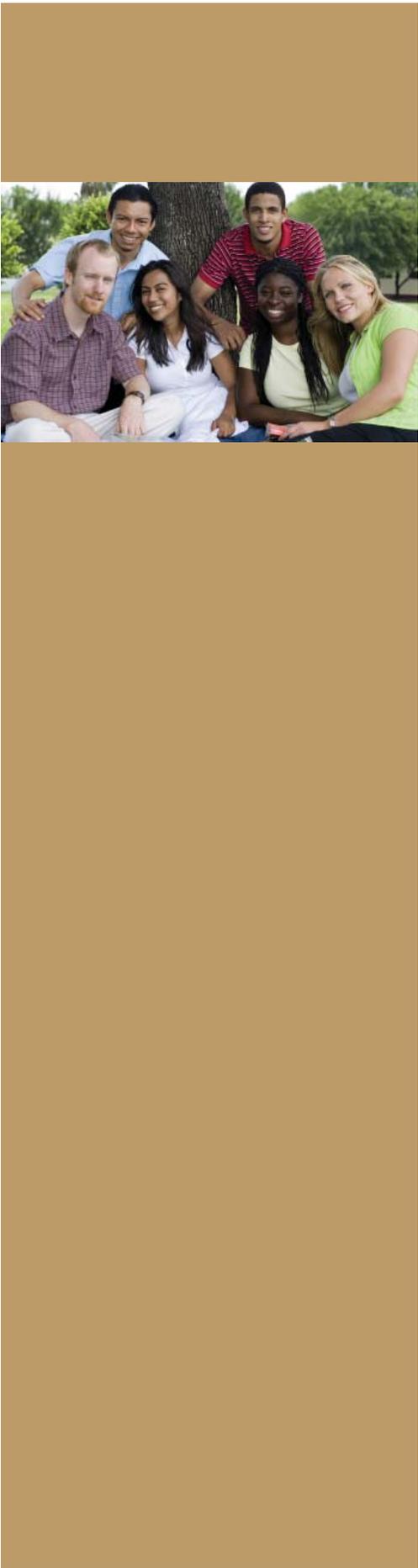
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Questions regarding information found in this newsletter, or suggestions for future editions can be directed to Leticia Vargas, CTR, Quality Assurance, in Austin at (512) 458-7523, (800) 252-8059 (in Texas), or email at Leticia.Vargas@dshs.state.tx.us.

This publication was supported by CDC Cooperative Agreement # U58/DP000824-02. 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. 10-10542



TCR Cancer Reporting Handbook 2008 Revisions

The National Centers for Health Statistics (NCHS) released updated ICD-9-CM codes which became effective October 1, 2008. The changes that affect case-finding were incorporated into the 2008 TCR Cancer Reporting Handbook, along with a few corrections to the Handbook. One copy of the revisions was mailed to each facility on October 10, 2008. The revisions are also available on the TCR website at <http://www.dshs.state.tx.us/tcr/2008crhb.shtm>.

If you have any questions, please contact your regional TCR representative. See <http://www.dshs.state.tx.us/tcr/contact-tcr.shtm> for contact information, or call 1-800-252-8059.

- Cindy Dorsey, CTR
Program Specialist, Austin



New Certified Tumor Registrars in Texas

Congratulations to the New Certified Tumor Registrars in Texas!

The following successfully sat for their CTR exam in September 2008:

- Teresa Eaton – Wilford Hall, San Antonio
- Kurt D. Hanson – Texas Oncology, Aubrey
- Henry A. Joaquin – Brazosport Memorial Hospital, Lake Jackson
- Donna P. Kennedy – College Station Medical Center, Sealy
- Della F. Moon -- Hankamer
- Gary L. Vogt – Baylor University Medical Center, Dallas

- Leticia Vargas, CTR
Quality Assurance, Austin



UTB/TSC Bachelor's Degree Program

The University of Texas at Brownsville and Texas Southmost College (UTB/TSC) offers a Bachelor of Applied Arts and Sciences – Interdisciplinary (BAAS-ID) degree with a specialization in Cancer Information Management.*

Prerequisites for the program are:

- Associate of Applied Science degree
- Medical Terminology – one semester
- Anatomy and Physiology – two semesters (or one semester Anatomy & Physiology and one semester of either Pathophysiology or Pharmacology)
- Biology or Medical Science – one semester

Upon acceptance into the program, the student receives 33 semester hours credit for the associate degree. The student then completes the bachelor's degree by taking general education core courses (some of which may also transfer from the associate degree) and courses in three specialty areas, one of which is the Cancer Information Management specialization.

The Cancer Information Management courses cover all aspects of cancer registry and cancer program management, and serve as preparation for individuals seeking to obtain their Certified Tumor Registrar (CTR) credential.

For additional information on this program, please contact Barbara Denton, MS, CTR at barbara.denton@utb.edu or 956-543-8261.

*This Program is funded by a grant from the Cancer Prevention & Research Institute of Texas.

Coding Corner

MP/H Rules for Bladder

Question:

Do we code a 2008 urothelial cancer with small cell differentiation to small cell cancer?

Answer:

According to the MP/H 2007 Rules, cell differentiation is not coded in bladder tumors. Use Rule H3 and code 8120 (transitional cell/urothelial cell carcinoma). Rule H3 indicates to code 8120 (transitional cell urothelial carcinoma) when there is: Pure transitional cell carcinoma, flat (non-papillary) transitional cell carcinoma, transitional cell carcinoma with squamous differentiation, transitional cell carcinoma with glandular differentiation, transitional cell carcinoma with trophoblastic differentiation, nested transitional cell carcinoma, or microcystic transitional cell carcinoma.

Resources:

Commission on Cancer Inquiry & Response System, Question ID No. 23984, http://web.facs.org/coc/FM-Pro?-db=ajcctransaction.fp5&-format=search_resultsfeedbackreply.htm&transaction%20id=23984&-script=updatefeedback&-find, 2007 Multiple Primary & Histology Coding Rules (Revised May 2007), page 315.

Question:

On 10/18/2006 a patient was diagnosed with Transitional Cell Carcinoma (8120/3) of the bladder. On 9/10/2008 they were diagnosed with non-invasive urothelial cancer of the urethra. Is this a single primary?

Answer:

Per Rule M8, this would be a single primary. The urethra ca is an example of the field effect --- cancer cells appearing in other epithelial tissue within the urinary system. Rule M8 indicates urothelial tumors located in two or more of the following sites are considered single primaries: the renal pelvis (C659), ureter (C669), bladder (C670-C679) and urethra/prostate urethra (C680).

Resources:

SEER Program Coding and Staging Manual 2007, page C-898. Commission on Cancer Inquiry & Response System, Question ID No. 27928, http://web.facs.org/coc/FMPro?-db=ajcctransaction.fp5&-format=search_resultsfeedbackreply.htm&transaction%20id=27928&-script=updatefeedback&-find

Question:

A patient with Transitional Cell Carcinoma (8120/3) was diagnosed in 2003. In 2008 they were diagnosed with urothelial cancer (8120/3). Does this go under rule M6 or M7.

Answer:

If both tumors occurred in the bladder, you would stop at Rule M6. This rule was written specifically for bladder so that we do not overcount the number of bladder tumors. However, if the 2008 urothelial cancer occurred in two separate organs, you would continue on to Rule M7 and have two primaries.

Resources:

2007 Multiple Primary & Histology Coding Rules (Revised May 2007), page 315. Commission on Cancer Inquiry & Response System, Question ID No. 28204, http://web.facs.org/coc/FMPro?-db=ajcctransaction.fp5&-format=search_resultsfeedbackreply.htm&transaction%20id=28204&-script=updatefeedback&-find

- Dianna Watkins, CTR
Quality Assurance, Austin



Remember:

The data *must* run through the appropriate NAACCR and TCR edits and necessary corrections completed before submitting a file to the TCR.

Resource: 2008 TCR Cancer Reporting Handbook, page 15.

NAACCR and NCRA Webinar Series

The Texas Cancer Registry (TCR) will host two categories of training opportunities as listed below, NAACCR and NCRA:

The North American Association of Central Cancer Registry (NAACCR):
The TCR will continue to broadcast the 2008-2009 NAACCR webinar series. You can view the Webinars in Austin, Dallas, Fort Worth, Houston, Beaumont, Tyler, Laredo, McAllen, Lubbock, San Antonio and El Paso. Please check our website for specific location information at <http://www.dshs.state.tx.us/tcr>.

Certificates will be emailed to you unless you prefer a hard copy, in which case, email your request to Helen.Knapp@dshs.state.tx.us.

Schedule:

1/8/2009	Measuring and Minimizing the Disclosure Risk of a Cancer Data Public Use File
2/5/2009	Collecting Cancer Data: Pharynx
3/5/2009	Cancer Staging In-depth
4/2/2009	Collecting Cancer Data: Central Nervous System
5/7/2009	Using the National Death Index in Registry Mortality Ascertainment Activities
6/11/2009	Collecting Cancer Data: Prostate
7/9/2009	Advanced Coding & Abstracting
8/6/2009	Collecting Cancer Data: Breast
9/3/2009	Assessing and Using Cancer Data

The National Cancer Registrar's Association (NCRA) Advanced Education Committee developed a Webinar series aimed at understanding and addressing complex coding issues to reduce discrepancies in collaborative and TN&M staging and multiple primary and histology coding and are based on data compiled from IACoS/COC I&R, SING, NPCR Train the Trainer seminars, and state inquiry issues. Registration is not required. You can view the Webinars in Austin, Arlington, Houston, Tyler, Laredo, McAllen, Lubbock, San Antonio, Temple, Amarillo and El Paso. Please check

our website for specific location information at <http://www.dshs.state.tx.us/tcr>. ****Please note that only PAID registrants will be eligible to receive CE credit.**

Schedule:

1/22/2009	Lymphomas & Hematopoietics
3/19/2009	Oral Cavity
5/14/2009	Lung

Reminders of broadcast dates will be emailed. Remember to call your TCR regional office to update your email address. We hope you will continue to take advantage of these training opportunities.

- Leticia Vargas, CTR
Quality Assurance, Austin



2009 Reporting Requirements

The Texas Cancer Registry's reporting requirements for 2009 will remain the same as for 2008. The only change will be that TCR Edits will move from Version 11.2 to Version 11.3 to meet national standards for 2009 cases.

TCR plans to have the TCR 11.3 edit set available on our website for download by the end of January 2009. Please do not submit any 2009 cases until the 11.3 edits are in place and we have notified you to resume submissions. Cases diagnosed prior to 2009 may be submitted using the NAACCR_11.2.RMF edit set until Version 11.3 Edits are available. All prior years *must* also be submitted using 11.3 TCR Edits, as soon as the new edit set is available.

All other new reporting requirements for 2009 will be met by deriving and/or populating data fields from data currently submitted. Please contact your regional representative if you have questions.

- Susan Perez, CTR
Quality Assurance, Austin



Query Tool

Age-Adjusted Invasive Cancer Incidence Rates in Texas
All Sites, 2001-2005
 By County
 Age-Adjusted to the 2000 U.S. Standard Population
 Texas Rate: 452.1
 Rate per 100,000

County	Population at Risk	Cases	Crude Rate	Age-adjusted Rate	95% Confidence Interval Lower Limit	95% Confidence Interval Upper Limit
Anderson	276984	1316	475.1	499.5	472.7	527.4
Andrews	64142	320	498.9	491.3	438.7	549.0
Angelina	404415	2055	508.1	500.7	479.3	522.9
Aransas	117927	871	738.6	511.2	476.8	548.1
Archer	45496	150	329.7	304.3	257.3	358.5
Armstrong	10678	59	552.5	417.2	313.9	552.8
Atascosa	208816	702	336.2	372.8	345.6	401.7
Austin	125713	706	561.6	500.4	463.9	539.2
Bailey	33025	167	505.7	444.2	378.9	519.4
Bandera	96376	543	563.4	456.0	417.7	497.3

The TCR has installed a data query tool on our website which will allow the user to generate customized maps and tables of cancer incidence or mortality rates in Texas. This invaluable tool can now be accessed by clicking on the “Statistical Data” tab located on the left side of the TCR homepage.

Please refer to our Summer 2008 newsletter (page 4) for a detailed description of this query tool at http://www.dshs.state.tx.us/tcr/news_tcrn.shtm.

- Brenda Mokry, M. Ed.
 Epidemiology, Austin



Remember:
 When a pathology report states the tumor is intramucosal or states intramucosal adenocarcinoma, this is an indication of the extent of invasion. Do not code the histology to mucinous adenocarcinoma unless the final diagnosis states mucinous Adenocarcinoma.

Resource: 2007 Multiple Primary and Histology Coding Rules, Colon Terms and Definitions, page 30.

Election Results

Advisory Committee to the Texas Cancer Registry

After conducting a strategic planning process in 2008, the Advisory Committee to the Texas Cancer Registry (ACTCR) (formerly known as the Texas Cancer Data Workgroup) has emerged with new plans to help further support the high quality data produced by the Texas Cancer Registry (TCR) and the state's many cancer reporters. On October 31, 2008, Committee Members also voted to appoint the newly named Committee's first Chair and Vice Chair. The election resulted in the following Officer appointments:

- **ACTCR Chair - Brad Pollock, M.P.H., Ph.D**
Dr. Pollock currently is Professor and the Chairman of the Department of Epidemiology and Biostatistics at the University of Texas Health Science Center at San Antonio (UTHSCSA) and Associate Director for Population Studies of the Cancer Therapy & Research Center. His research activities over the past 20 years have included leadership positions in epidemiology and cancer control in the Pediatric Oncology Group and the successor Children's Oncology Group (COG) where he serves as the principal investigator of the COG Community Clinical Oncology Program Research Base grant from the National Cancer Institute. Prior to moving to San Antonio in 2001, he was Associate Director for Cancer Prevention and Control of the University of Florida's Shands Cancer Center and was an active member of the Florida Cancer Data System's Data Users Group.
- **ACTCR Vice Chair - Karen Torges**
Ms. Torges (KT) is currently the Director of Strategic Collaborations at the High Plains Division of the American Cancer Society in Austin. KT has more than thirty years of experience in community, state and national strategic planning and collaboration. Her involvement includes serving on the Executive Committee of the Texas Comprehensive Cancer Control Coalition, the Texas Pain Advocacy & Information Network, the Texas Medical Association Committee on Cancer, the National Commission on Cancer's Cancer Liaison Committee, the Physician Oncology Education Program Steering & Executive Committees, Texas Partnership for End of Life Care Board & Executive Committee, and Eliminating Disparities in Clinical Trials Marketing Subcommittee. Ms. Torges has been involved and active in supporting the TCR for the past 15 years.

The ACTCR members are enthusiastic that with the Committee's new organizational structure and leadership, members' resources can be increasingly utilized to ensure the TCR continues its positive and productive relationships with its many stakeholders, as well as meeting the needs of both the general public and its stakeholders in providing timely, complete and high quality cancer data. ACTCR members have already formed operational committees to begin working on a diverse group of projects including dermatopathology / melanoma data acquisition planning, and TCR data utilization marketing efforts.

The next ACTCR meeting is scheduled for January 14, 2009. At that meeting, Dr. V.O. Speights, Jr., former Chair, Texas Cancer Data Workgroup, will transfer leadership of the group to the new Chair and Vice Chair.

- *Dustin M. Smith, BS, CHES*
New Initiatives and Regional Management Group, Austin

Becoming a Contractor for the Texas Cancer Registry

The Texas Cancer Registry (TCR) has ongoing opportunities for Certified Tumor Registrars (CTRs) to contract for services such as our Casefinding and Data Collection (CFDC) Program. Under this program, the TCR annually awards bids to CTRs to perform on-site casefinding and data collection activities at small case-load reporting facilities across Texas. We anticipate beginning our next solicitation for bids in February 2009. For information on this and other TCR service needs, contact Debra Dale at debra.dale@dshs.state.tx.us.

For information and guidance on how to register as a state vendor, visit the Texas Comptrollers website for State Purchasing / Doing Business with the State of Texas:

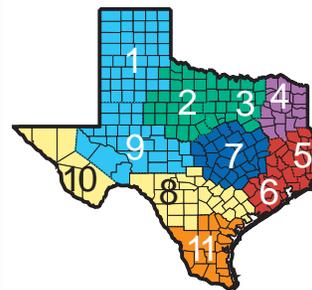
<http://www.window.state.tx.us/procurement/>

- Debra Dale, BA
Program Specialist-Austin

Case Completeness by Dx Year

As of: January 8, 2009

HSR 1: 2005	95%	HSR 7: 2005	100%
2006	94%	2006	99%
2007	88%	2007	94%
2008	22%	2008	29%
HSR 2: 2005	93%	HSR 8: 2005	100%
2006	88%	2006	100%
2007	77%	2007	91%
2008	27%	2008	27%
HSR 3: 2005	96%	HSR 9: 2005	97%
2006	96%	2006	92%
2007	89%	2007	84%
2008	30%	2008	29%
HSR 4: 2005	94%	HSR 10: 2005	100%
2006	92%	2006	100%
2007	85%	2007	88%
2008	26%	2008	31%
HSR 5: 2005	96%	HSR 11: 2005	94%
2006	100%	2006	94%
2007	89%	2007	85%
2008	23%	2008	24%
HSR 6: 2005	100%	State: 2005	98%
2006	100%	2006	97%
2007	94%	2007	90%
2008	29%	2008	28%



Texas Cancer Registry Regional Offices

- HSR 1,9 - Lubbock
- HSR 2,3 - Arlington
- HSR 4 - Tyler
- HSR 5,6 - Houston
- HSR 7 - Austin
- HSR 8, 10 - San Antonio
- HSR 11 - McAllen

Texas Health Service Regions

Remember:

The suggested primary site code for most Meningiomas (9530/0-9530/3) is the Meninges (C70.0, C70.1 and C70.9). Meningiomas arise from the Meninges, not the brain, although they can invade brain.

Resource: ID 20021031

<http://www.seer.cancer.gov/cgi-bin/seer inquiry/index.pl>

Employee Update

New Employees

Dr. Eric Miller is our new Epidemiology Manager who originally hails from Minnesota. A few years after undergrad with a degree in Biology from the University of Minnesota he moved his family to pursue a PhD from the University of North Carolina in 2004. Dr. Miller brings a wealth of epidemiologic experience to the TCR. Dr. Miller worked at the Department of State Health Services as the CDC Epidemic Intelligence Service (EIS) officer and was most recently the Pregnancy Risk Assessment Monitoring Coordinator (PRAM) at the Texas Department of State Health Services. Dr. Miller also held an Epidemiologist position for Birth Defects and Developmental Disabilities at the Centers for Disease Control (CDC) in Atlanta. In his spare time he plays basketball and is a fan of the University of North Carolina Tar Heels. Dr. Miller, his wife Cheryl, and his children, Madeline (8), and Dason (4), feel right at home here in Austin.

Helen Knapp is our new Training Specialist III. She has worked as Program Coordinator for the Texas AgriLife Extension Service (Texas A & M) for the past 10 years. Helen has developed curricula and taught 2 courses on a bi-monthly basis. Helen has also conducted training daily to a varied audience. Helen has a real passion for training and is looking forward to utilizing her skills for the Texas Cancer Registry.

Farewell

Joann Humphries who had served as regional trainer resigned effective October 1st, 2008. Joann had occupied that position for about 2 years and is now at home spending time with her family.

- Marie Longoria, CTR
Program Specialist, Houston



Using TCR Online www.dshs.state.tx.us/tcr

We encourage you to use the [TCR website](http://www.dshs.state.tx.us/tcr) as your complete information resource for Texas cancer reporting, statistical data, reporting law and rules, epidemiologic and reporting publications, webinars and training, and general information about the registry.



Be sure to check the Recent Additions section of our home page to see what's new.

The most recent additions to TCR online include:

- [Texas Cancer Facts & Figures, 2008 Report](#)
- [Texas Data Use](#)
- [Upcoming Webinar Information](#)
- [Web Query Tool](#)

When you visit us online, remember to add us to your bookmarks so you can always return to the information and resources we provide to help with your reporting or other cancer data-related activities.

- Corbin Choate
Graphics Designer/Web Developer, Austin



Remember:
The Disease Index should be run by "Admission Year" rather than "Discharge Year".

Resource: 2008 TCR Cancer Reporting Handbook, page 20.

Brain Surgery Code Clarification

The June 2008 issue of the Commission on Cancer Flash contained an article clarifying the primary brain surgery codes in FORDS. Codes 20, 40 and 55 have been widely misinterpreted since the introduction of FORDS in 2003. The following table contains commonly misused codes with clarification.

20	Local excision (biopsy) of lesion or mass Use this code to describe excision (removal) of the primary tumor or “debulking” (less than full removal of the tumor). Most primary brain surgery is coded to 20.
40	Partial resection Use this code to describe partial resection of a lobe.
55	Gross total resection Use this code to describe gross total resection of a lobe. This is a less common form of surgical treatment.

Please make a note of these clarifications in your FORDS 2007 revised manual, Appendix B, page 281 and in your 2008 Texas Cancer Registry Reporting Handbook, Appendix A, page A-536.

- Dianna Watkins, CTR
Quality Assurance, Austin

Remember:
Facilities should be working on the second quarter (April-June) for 2008 cases. Second quarter cases are due on December 31st.

Resource: 2008 TCR Cancer Reporting Handbook, pages 10-11.

Technology Corner

New TCR Edits for 2008:

All facilities should now be using the TCR Edits v11.2 (WNAACCR_V11_2.RMF) available on the TCR website (<http://www.dshs.state.tx.us/tcr/vendors.shtm>) for commercial software vendors and facilities. Data with an admission or diagnosis date after January 1, 2008 must be run through the 11.2 TCR Edits – this edit set should also be used for admission or diagnosis dates prior to January 1, 2008. American College of Surgeons accredited registries should run their data through the National Cancer Data Base (NCDB) edits prior to submitting their data to the NCDB. The NCDB edit set is geared to meet the reporting requirements for the NCDB and will not meet all the reporting requirements of the TCR.

SandCrab Lite (SCL) has the TCR edits built in and should always automatically download the latest version of TCR Edits (as long as automatic updates are turned on; automatic updates are the default when installed). Third party cancer reporting software may or may not have built in edits to meet one or both of these entities' requirements. Please check with your software vendor to determine which edits are in your reporting software. The edits for NCDB as well as additional instruction and direction on your NCDB data submissions are found at <http://www.facs.org/cancer/ncdb/datasubmission.html>.

GenEdits Plus 1.1.2 now available on TCR Website:

- Facilities that currently use GenEdits Plus version 1.0.6 (or earlier) with their commercial software should download the new GenEdits Plus version 1.1.2 beginning with step 2 & 3 downloads/installs (TCR web link <http://www.dshs.state.tx.us/tcr/genedits.shtm>). If you already have GenEdits Plus version 1.1.2, but do not have the TCR edits, just download step 3 of the same TCR web link to automatically modify the configuration – this will add the new WNAACCR_V11_2.RMF edits to your previously installed GenEdits Plus.

- Facilities that use the old version of GenEdits Lite should uninstall this product and install GenEdits Plus version 1.1.2 following all three (3) steps identified at the TCR web link <http://www.dshs.state.tx.us/tcr/genedits.shtm>.

SandCrab Lite for Pathlabs Version 3.0 (Pathology Laboratory State Reporting Software):

The Texas Cancer Registry (TCR) implemented SandCrab Lite for Pathlabs (SCL-P) version 3.0 this past summer and would like to remind any Pathlab using the prior version of SCL-P to download the new version 3.0 from our TCR website at the following link <http://www.dshs.state.tx.us/tcr/scl-path.shtm>. The new SCL-P version will incorporate the Standards for Cancer Registries, Volume V; Pathology Laboratory Electronic Reporting Version 2.0. Alternate methods for larger pathology laboratories (using Health Level Seven [HL7]) to submit their data to the TCR is still being tested. Facilities that used SCL-P version 1.0 or 2.0 should contact the TCR prior to installing version 3.0 for technical assistance (800-252-8059 Jonathan Unnasch at ext. 3626 or Marilyn Stark at ext. 3625).

Help Desk Software – Novo Solutions:

Novo Solutions Help Desk Software is now available on the TCR website under the Software Tab. The hyperlink is <http://www.dshs.state.tx.us/tcr/novo.shtm>. The SandCrab Lite software Maintenance/Setup tab also has a Novo Solutions button that will allow facilities and TCR staff to enter a problem ticket for IT related questions (e.g., SandCrab Lite, CRESS, GenEdits Plus, Edits, etc.). An email with the ticket number and the ability for the user to monitor the status of their ticket will be available with this new system.

- Jonathan Unnasch
Business Analyst, Austin



Data Collection Guidelines of Primary CNS Tumors

1. Pilocytic astrocytoma must be coded to 9421/3 per ICD-O3 revisions. This is the most common histology for childhood CNS tumors
2. Malignant and non-malignant CNS tumors behave differently and have different multiple primary rules and separate schemas.
3. Laterality is recorded for specific sites for both malignant and non-malignant neoplasms.
 - Cerebral meninges, not otherwise specified (C70.9)
 - Cerebrum (C71.1)
 - Frontal lobe (C71.2)
 - Temporal lobe (C71.2)
 - Parietal lobe (C71.3)
 - Occipital lobe (C71.4)
 - Olfactory nerve (C72.1)
 - Optic nerve (C72.3)
 - Acoustic nerve (C72.4)
 - Cranial nerve, not otherwise specified (72.5)
4. Laterality is used to determine multiple primaries only for the non-malignant neoplasms.
5. Laterality should be coded to 1-4 and 9 when coding a CNS site considered to be bilateral.
6. Clarification in the brain book (Data Collection of Primary Central Nervous System Tumors) page 10-11, if the only diagnosis is mass or lesion of the CNS, there is no ICD-O-3 code for this and should not be reported unless a definitive diagnosis is made. If a definitive diagnosis is made the earlier date when “mass” was stated should be used for Date of Initial Diagnosis. The terms tumor, mass, lesion and neoplasm are equivalent and may be used interchangeably.
7. Timing is not used to determine multiple primaries for malignant or non-malignant intracranial and CNS tumors. If a malignant tumor of the same histology as an earlier one is diagnosed in the same site at ANY TIME, it is considered the same primary.
8. Per rule H6 of the Benign Brain and CNS MP/H rules, multiple meningiomas of uncertain behavior are to be coded to 9530/1. This code should only be used for meningiomas with uncertain behavior. It should not be used for multiple benign or malignant meningiomas.
9. Histologic transformation can change a benign tumor to one that is uncertain whether benign or malignant; it can change a non-malignant tumor into a malignant tumor; and it can change a malignant tumor to one with a higher grade and with a different histologic code.
10. Recurrence, progression, or any reappearance of the original histology is always the same disease process and the histology code should NOT be changed. The original histology and behavior code is maintained.
11. The exception to the rule of not changing the behavior code is the transformation of a non-malignant tumor into a malignant tumor. When this malignant transformation occurs in a previously non-malignant tumor, the tumors are considered separate primaries and two abstracts are completed.
12. Malignant transformation includes changes in the tumor morphology from WHO grade I to WHO grade II, III, or IV or changes in the behavior code from codes /0 or /1 to codes /2 or /3.

- Edith Zambrano, BS, CTR
Public Health Tech, San Antonio

