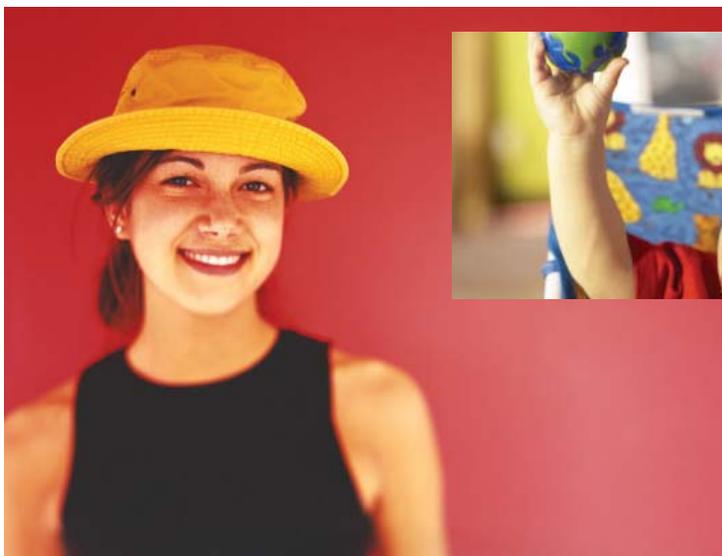
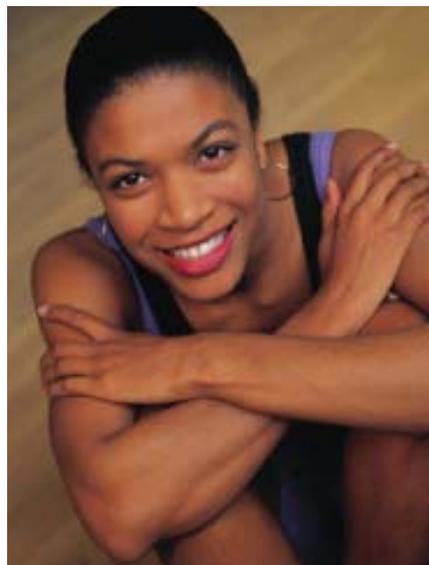
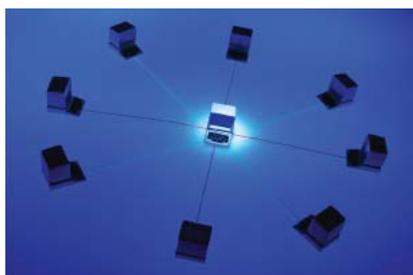
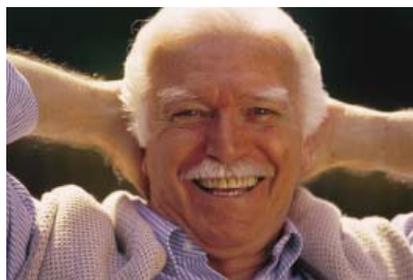


TEXAS CANCER REPORTING NEWS



Texas Cancer Registry

Volume X, No. 1
Publication No. 10-10542
Spring 2008



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

Editorial Committee:

Brenda Mokry, M.Ed.
Epidemiology, Austin

Dianna Watkins, CTR
Quality Assurance, Austin

John Hopkins,
*New Initiatives
Regional Management, Austin*

Susan Perez, RHIT, CTR
Quality Assurance, Austin

Leticia Vargas, CTR,
Quality Assurance, Austin

Cindy Dorsey, CTR
Program Specialist, Austin

Marie Longoria, CTR
Program Specialist, Houston

How to Contact Us:

Texas Cancer Registry,
Cancer Epidemiology and
Surveillance Branch
MC 1928
Texas Department of
State Health Services
PO Box 149347
Austin, TX 78714-9347

Regional Offices:

Arlington: 817-264-4590

Austin: 512-458-7523 -or-
800-252-8059

Houston: 713-767-3180

Lubbock: 806-767-0440

McAllen: 956-668-6304

San Antonio: 210-949-2165

Tyler: 903-877-7935

In this issue:

New CTRs 1
Texas Cancer Programs Recognized 1
Case Completeness by Dx Year 1
Coding Corner 2
NAACCR Webinar Series for Hospitals 2
Initial Date of Cancer Diagnosis 3
TCDWG Strategic Planning Initiative 4
Texas Cancer Reporting Handbook for 2008 4
Houston Registrars Are Published Authors 5
Amoxicillin and MALT Lymphoma 5
TCR Data Use In Cancer Research 6
What's Online? 6
New Release-CS Version 01.04.1 7
Coding Grades for Prostates 7
TCR Transmittal Form 8
Technology Corner 9
New TCR Mailing Address 10

This publication was supported by CDC Cooperative Agreement Number U58/DP000824. 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



Congratulations to the New Certified Tumor Registrars in Texas!

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

Takisha S. Brown	Baylor University Medical Center, Dallas
Alicia G. Moreno	Dallas
Cyndi M. Rutherford	Seton Hospital, Austin
Missy L. Strable	St. David's Hospital, Austin
Edith Zambrano	Texas Cancer Registry, San Antonio

Outstanding Texas Cancer Programs Recognized by Commission on Cancer (CoC)

We are pleased to announce the CoC has recognized two cancer programs within the state for their exceptional performance in providing quality care to cancer patients. The CoC's 2007 Outstanding Achievement Award (OAA) acknowledges CoC approved programs that have demonstrated a "Commendation" level of compliance with seven CoC cancer program standards. Those standards include cancer committee leadership, cancer data management, clinical services, research, community outreach and quality improvement, as well as earning a compliance rating for the remaining 29 standards.

Congratulations to Covenant Medical Center in Lubbock, Texas and to University Medical Center, also in Lubbock, Texas for receiving this prestigious award in 2007.

We also wish to recognize the cancer program at Medical Center Hospital in Odessa, Texas for receiving their initial CoC accreditation in 2007.

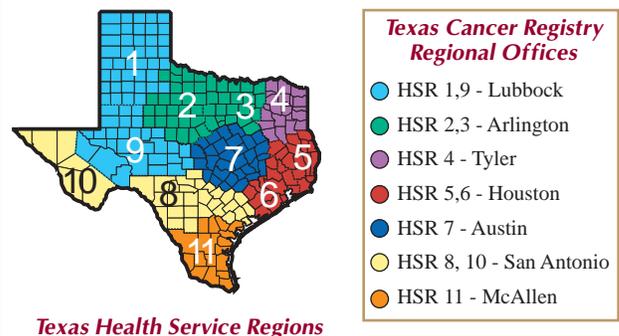
The TCR salutes the outstanding accomplishments of these CoC facilities within our state.

- Dianna Watkins, CTR
Quality Assurance, Austin

Case Completeness by Dx Year

As of: May 9, 2008

HSR 1: 2004 100%	HSR 7: 2004 103%
2005 95%	2005 100%
2006 92%	2006 93%
2007 56%	2007 60%
HSR 2: 2004 91%	HSR 8: 2004 99%
2005 92%	2005 99%
2006 81%	2006 96%
2007 48%	2007 59%
HSR 3: 2004 98%	HSR 9: 2004 93%
2005 95%	2005 96%
2006 91%	2006 85%
2007 59%	2007 43%
HSR 4: 2004 100%	HSR 10: 2004 103%
2005 93%	2005 99%
2006 87%	2006 90%
2007 48%	2007 53%
HSR 5: 2004 102%	HSR 11: 2004 96%
2005 95%	2005 92%
2006 94%	2006 84%
2007 51%	2007 44%
HSR 6: 2004 101%	State: 2004 99%
2005 99%	2005 97%
2006 95%	2006 92%
2007 54%	2007 55%



Coding Corner

2007 MP/H Rules – Bilateral Involvement and Recurrent Disease

Question:

How many primaries are abstracted when bilateral breast ductal carcinoma is diagnosed in 2007 and the physician is referencing this to be one primary?

Answer:

Use the 2007 MP/H Breast site specific rules to determine the number of primaries for this case. Start with Rule M4. Stop at Rule M7 which state that tumors on both sides (right and left) are multiple primaries. Do not use a physician's statement to determine whether a patient has a recurrence of a previous cancer or a new primary.

Resources:

<http://seer.cancer.gov/cgi-bin/seer inquiry/index.pl>
Question ID No 20071087

2007 SEER Manual, pgs C-691 & C692 Multiple Primary & Histology Coding Manual (MP/H), revised 02/2008, pages 299-300

Question:

A statement from a pathologist within the path report indicates a 2007 breast cancer patient has "recurrent ductal carcinoma" initially diagnosed in 2001. Can we use the pathologist's statement to determine whether this cancer represents a new primary or recurrent disease?

Answer:

The only time you can accept a pathologist's statement of recurrence is when the statement is made based on a review of the slides from the previous diagnosis compared to the slides from the current diagnosis. A physician's statement like the one indicated is not sufficient proof. In this situation you will need to apply the 2007 MP/H Breast site specific rules. Go to the multiple tumors module and begin with rule M4. Stop at rule M5: tumors diagnosed more than 5 years apart are multiple primaries.

Resources:

<http://seer.cancer.gov/cgi-bin/seer inquiry/index.pl>
Question ID No 20071079 2007 SEER Manual, pg 7, item A7

Multiple Primary & Histology Coding Manual (MP/H), revised 02/2008, page 10, and item A7

- *Dianna Watkins, CTR*
Quality Assurance Austin

NAACCR Webinar Series for Hospitals

We are continuing our NAACCR Webinar series. The Webinars are broadcast in 9 locations throughout Texas. You can view the Webinar in Austin, San Antonio, McAllen, Tyler, Dallas/Fort Worth, Lubbock, El Paso, Houston and Laredo. The next Webinars will be held on the following dates:

07/10/08	Abstracting Upper Gastrointestinal Tract Cancer Incidence and Treatment Data
09/11/08	Abstracting Other Digestive System Cancer Incidence and Treatment Data

We hope you will continue to take advantage of these training opportunities. The TCR will continue to host these for 2008-2009.

- *Leticia Vargas, CTR*
Quality Assurance, Austin

Remember to update your Multiple Primary Histology manual with the revisions released January 1, 2008 and February 8, 2008.

Resource:
<http://www.seer.cancer.gov/>

Initial Date of Cancer Diagnosis

The date of a cancer diagnosis is the day, month and year the tumor was initially acknowledged cancerous by a recognized medical practitioner. The date of diagnosis can be based on clinical or microscopic confirmation.

Clinical diagnosis:

Use the initial date a medical practitioner diagnosed cancer via clinical means such as physical exam or medical imaging. This date should not be changed when a clinical diagnosis is later confirmed by a positive histology or cytology.

Pathology or cytology report:

Code the date the biopsy was taken; not the date the report was dictated or transcribed. Do not base a date of diagnosis on “suspicious cytology”. Only a positive cytologic confirmation is diagnostic of cancer. Remember that positive tumor markers (such as an elevated PSA) are not considered a diagnosis of cancer and should not be used to determine a date of diagnosis.

If a medical practitioner indicates, in retrospect, the patient had cancer at an earlier date, code the earlier date as the date of diagnosis. However, do not back-date the diagnosis to the earlier date if there is no practitioner’s statement or documentation indicating that previous slides were reviewed and determined cancerous.

Example: In June of 2007 a patient had a bilateral salpingo oophorectomy and the pathology revealed a diagnosis of papillary cystadenoma of the ovaries. In December 2007 the patient was diagnosed with metastatic papillary cystadenocarcinoma. The physician did not review the slides from June 2007 and did not make a statement that the June 2007 tumor was malignant. The date of diagnosis will remain December 2007.

If a patient receives first course treatment and there is no information about the date of diagnosis, record the date of admission as a date of diagnosis. If a patient receives a first course of treatment before a definitive

diagnosis, use the date therapy was initiated.

Instructions for coding the date of diagnosis for autopsy only cases and Death Certificate only cases can be found in the 2007 SEER Program Coding and Staging Manual (page 63).

If an exact date cannot be determined using the above guidelines, the date of diagnosis should be estimated by examining all available information. Guidelines to estimate an initial diagnosis date are located in the 2008 Texas Cancer Registry (TCR), Cancer Reporting Handbook (CRH) (pages 69-71) and the 2007 SEER Program Coding and Staging Manual (pages 63-64). FORDS permits the use of “99999999” to code an unknown diagnosis date, however, it is stated in the manual (FORDS Revised 2007, page 89) that an “approximation is preferable to recording the date as unknown.” As a last resort, every effort should be made to estimate a date based on available documentation. In order to meet TCR reporting requirements, do not code “99999999”. Code the month and year of Date of Admit/1st Contact and the day as 99. Be sure to document that date of diagnosis is unknown.

- Dianna Watkins, CTR
Quality Assurance, Austin

Remember the term “nodule” is used by radiologists to describe many types of abnormalities in the lung, not necessarily a malignancy or primary tumor. Therefore, “nodule” is not an equivalent term for tumor, mass, lesion, or neoplasm.

Resource: ID 20071028 <http://www.seer.cancer.gov/cgi-bin/seer inquiry/>

Texas Cancer Data Work Group (TCDWG) Strategic Planning Initiative

After 10 years of successful collaboration with the Texas Cancer Registry (TCR), the TCR and the TCDWG have determined that a Strategic Planning process will greatly benefit its future. Several recent events make this an opportune time to conduct a long-range planning activity. The CDC-National Program of Cancer Registries, which provides a significant share of the TCR's funding, added a new program standard this year, calling for each registry to have an "advisory committee." The TCDWG fulfills the CDC's new requirements to a great degree although minor changes will be necessary. Also, the TCR itself is undertaking a strategic planning process and an intended outcome is that the two planning activities will compliment each other. There has also been discussion among TCDWG members and staff that since the TCDWG has grown and matured it would be beneficial to add some additional structure such as more clearly articulating organizations that should be represented, selection of officers and other housekeeping items.

During the months of February through May 2008, the TCDWG will be updating its vision and mission as well as developing and implementing Operating Principles to provide an efficient and productive structure. These Operating Principles will further organize the TCDWG and improve its ability to provide advice to the Texas Cancer Registry in areas such as planning, developing stakeholder consensus, registry operations, research assistance, legislation and financial support.

It is anticipated that by fall 2008, the TCDWG that has served the TCR so well over the last 10 years will have a renewed presence and be positioned to continue providing advice and support to the TCR for yet another decade.

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

Texas Cancer Reporting Handbook for 2008

The TCR is revising the Texas Cancer Reporting Handbook for 2008. The revisions include changes in the Collaborative Staging and Coding Manual, Version 01.04.00, as well as changes in the Multiple Primary/Histology Rules. The Texas Cancer Registry Cancer Reporting Handbook, 2008 Edition will be distributed only on CD. The manual will also be available for download from the TCR's web site: www.dshs.state.tx.us/tcr/.



Look for the new TCR Handbook towards the end of June 2008.

- *Cindy Dorsey, CTR*
Program Specialist, Austin

A Reminder about confidential information: Please do not transmit disease indices or medical records to the TCR via email, even if that information is in an encrypted and password protected attachment. Sending any individually identifiable health information by email, either within the body of the email or as an attachment is a breach of the TCR's confidentiality policies. For facilities taking part in the Texas Cancer Registry's Case Finding & Data Collection Program, not following this policy could jeopardize future participation. If you have questions please contact your regional office.

Houston Registrars Are Published Authors

What do two sisters do when they make a career change to cancer registry but cannot let go of their background as professional educators? Deborah Roberson, MSM, CTR, and Denise Harrison, BS, CTR, found the solution by incorporating their teaching skills into their cancer registry work when they switched careers three years ago. And you may have recently benefited from their teaching without knowing it. Deborah and Denise are authors of the 2007 Spring, Summer, Fall and Winter Continuing Education Quizzes in the Journal of Registry Management.

Deborah is a former middle school math and science teacher. Denise taught college courses in anatomy and physiology, and microbiology. Deborah decided to earn a master's degree in Health Care Management. During her course work she was introduced to cancer registry and thought it sounded interesting. "I told Denise and she decided to join me in the Cancer Data Management program."

Encouraged by their former San Jacinto College Instructor, Mary Kimmel, CTR, Deborah and Denise joined the National Cancer Registrars Association Alternative Methods Committee. Deborah said, "We volunteered to write the CE quizzes for the Journal of Registry Management since our background as teachers gave us a lot of experience with test writing. We learn so much from the article reviews and enjoy discussing them together. Before publication of the journal, the editor selects one article for us to review. We read the article and then decide on appropriate learning objectives and questions." Deborah and Denise return the objectives, questions and answer key to the editor in time to meet the deadlines.

Deborah and Denise report, "We learn something new almost every single day." And are they ever dedicated! In September 2005, they almost missed sitting for the CTR exam because all the Houston test sites were closed due to Hurricane Rita. They drove all night and ended up in Florida to take the test.

They see their work as a family business. They live in the same city and bounce their quality assurance questions off each other. Deborah summed up their quality assurance exchanges perfectly: "Who better than a sister to tell you that you are WRONG, WRONG, WRONG!"

- Judy Spong, MS, CTR
Regional Operations Specialist, Houston

Remember the MP/H Rules manual is available in PDF format and may be downloaded as a single file or by section. Hard copy of the manual is available for purchase from the National Cancer Registrars Association (NCRA) Web site: <http://www.ncra-usa.org/store/index.htm#pubs8>.

Resource:
<http://www.seer.cancer.gov/>

Amoxicillin and MALT Lymphoma

Gastric lymphoma of mucosa-associated lymphoid tissue (MALT) has been shown to be related to the presence of *Helicobacter pylori*. Clear up the *H. pylori* infection and often the MALT lymphoma clears up, too. Does this mean that the antibiotics used to treat the infection should also be considered definitive treatment for the MALT lymphoma? Should they be coded as 'Other Treatment'? According to SEER*Rx, the answer is NO. A triple antibiotic regimen consisting of amoxicillin, Clarithromycin, and Lansoprazole is used to treat *H. pylori*. Although *H. pylori* is associated with MALT lymphoma, the antibiotic therapy treats only the *H. pylori* infection and does not directly treat the MALT lymphoma and should be considered ancillary treatment only.

- Jael Anaya, CTR
Consolidation Lead Worker, Austin

TCR Data Use In Cancer Research

One of the critical functions of the TCR is to provide data files and data linkage for research related to cancer etiology, prevention, and control. The TCR is able to provide these services to researchers, but only under strict guidelines. Protecting patient confidentiality is paramount to the TCR and required by state law and rule (Health and Safety Code, §82.009; Texas Administrative Code, Title 25, Part 1, Chapter 91, Subchapter A). The following research funded by the National Cancer Institute (NCI) is an example of an ongoing study using TCR data.

The TCR has provided cancer data to the National Institutes of Health (NIH) American Association of Retired Persons (AARP) Diet & Health Study, conducted by the NCI. This study is designed to prospectively examine the relationship between diet and major cancers (especially those of the breast, large bowel and prostate) in a sample of early to late middle-aged men and women in the United States. The sampling frame used for this study was the membership roll of the AARP. The AARP is an ideal source of participants for this study because of the size and demographics of its membership, and its commitment to promoting the health of its members.

For this study, participants have been asked to provide three types of health information through questionnaires: 1) dietary history information, 2) cancer risk factor information and 3) cancer diagnosis information. Cancer information is collected from population-based cancer registries through linkage of the cohort. The TCR performed this linkage using a data linkage program developed by the researchers, and provided variables on race/ethnicity, sex, tumor information, and treatment information. No personal identifiers were included in the final data set for analysis. Vital status data was also collected by the study from the latest Social Security Administration (SSA) mortality database and from the Nation Death Index at the National Center for Health Statistics.

These data will be used to help identify the role of diet

and lifestyle in cancer patients in terms of incidence, treatment, and survival. As most prior studies only examined cancer incidence, the NIH-AARP study addresses the limited research on the role of diet and lifestyle in the survival of cancer. This is an outstanding example of how TCR data are a vital component of cancer research.

- Paul Betts, MS
Epidemiologist, Austin

What's Online? www.dshs.state.tx.us/tcr

Question:

I'm having a data problem with Sand Crab Lite, what should I do?

Answer:

You can get help A.S.A.P., and it's as easy as 1,2,3!

1. Log on to the TCR website (www.dshs.state.tx.us/tcr)
2. In the left-hand navigation menu under software you will see the NOVO Help Desk Ticket.
3. Click on the Help Desk Ticket. If you are a first time user you will need to fill out a quick registration. If not, just login to create your express Help Desk ticket.
4. Enter your specific electronic concern.

Within minutes of sending your request, you will receive a confirmation that your ticket has been received. Your request will be reviewed and you will be contacted as soon as possible.

- Marie Longoria, CTR
Program Specialist, Houston

New Release **Collaborative Staging System (CS)** **Version 01.04.01**

The Collaborative Staging Task Force announced the release of Collaborative Staging version 01.04.01, on March 25, 2008. The CS Task Force resolved issues with the computer algorithm for deriving prostate AJCC categories and stage group, and breast histology 9020 so it can be staged.

These corrections affect software vendors only. There are NO CHANGES to the printed CS Manual 01.04.00 or its PDF counterpart, codes, or text. The revisions to the manual were released in October 2007. Please be sure your manuals were updated.

All programming files for this release are available for download from the CS Web page on the American Joint Committee on Cancer's (AJCC) Web site. Changes in the new version affect some derived fields. It is recommended that vendors deliver these updates to their clients as soon as possible. Implementation of Collaborative Staging Version 01.04.01 requires two actions on the part of software vendors.

Information for vendors can be found on the CS Web page at: <http://www.cancerstaging.org/cstage/index.html>.

Vendor questions or general questions regarding the CS release can be submitted to Donna Gress, RHIT, CTR, AJCC Technical Specialist at ajcc@facs.org. All technical and coding questions regarding CS should be submitted to the Inquiry and Response System at <http://web.facs.org/coc/default.htm>.

Reference: The Collaborative Staging Task Force

- *Leticia Vargas, CTR*
Quality Assurance, Austin

Remember to download the Benign Brain and CNS Rules which were released in October 2007 and are currently separate from the original 2007 manual.

The Benign Brain & CNS Rules can be accessed at: http://www.seer.cancer.gov/tools/mphrules/benign_brain.html

Coding Grade for Prostates

Code the tumor grade using the following priority order.

1. Gleason's grade (Remember to use the table to convert Gleason's grade into the appropriate code) Grade 6, 7 and 8 are not appropriate grades for solid tumors
2. Terminology Differentiation (well differentiated, moderately differentiated, etc.)
3. Histology grade Grade I, Grade II, Grade III, Grade IV
4. Nuclear grade only

Gleason's Score	Gleason's Pattern	Histologic Code	Terminology	ICD-O-3 Morphology 6 th Digit Code
2, 3, 4	1, 2	I	Well Differentiated	1
5, 6	3	II	Moderately Differentiated	2
7, 8, 9, 10	4, 5	III	Poorly Differentiated	3

TCR Transmittal Form

The TCR Transmittal Form (TF) is an electronic document that is embedded in the SandCrab Lite (SCL) software and the Cancer Registry Electronic Submission System (CRESS). This is a document that the reporter and TCR use to verify the cases being reported. The TF is required as part of the submission process and the user must complete the reporting facility and contact information during the initial transmission. The information is stored and will be automatically displayed again with future submissions. If contact information changes, i.e., an email address or new employee sending transmissions, users must remember to update the TF.

	Year of Admission:	Total Records Sent	Total Medical Records Sent	All Records Submitted For The Year (Please check one column)	
ABC MEDICAL CENTER	2004	1	0	<input type="radio"/> Yes	<input checked="" type="radio"/> No
		0	0	<input type="radio"/> Yes	<input checked="" type="radio"/> No
		0	0	<input type="radio"/> Yes	<input checked="" type="radio"/> No
		0	0	<input type="radio"/> Yes	<input checked="" type="radio"/> No
		0	0	<input type="radio"/> Yes	<input checked="" type="radio"/> No
		0	0	<input type="radio"/> Yes	<input checked="" type="radio"/> No
		0	0	<input type="radio"/> Yes	<input checked="" type="radio"/> No
		0	0	<input type="radio"/> Yes	<input checked="" type="radio"/> No

Comments:
This is a test submission of data

Generate Report

NOTE: Users must not use former employee SCL or CRESS Login Names and Passwords. Doing this will cause invalid TF contact information to be sent to our server and will result in our facility contact information being updated incorrectly. If an employee is no longer at the facility and you need access to SCL, contact your IT staff to provide you a Login Name and Password for your SCL. If you will be submitting your data using CRESS, contact the TCR for a CRESS application. The TCR will be happy to create an account for you.

- Elena Torres, CTR
Electronic Cancer Data Specialist, Austin

Technology Corner

New TCR Edits for 2008:

The new TCR Edits 11.2 (WNAACCR_V11_2.RMF) is currently being tested and should be available to commercial software vendors and facilities in May 2008. The TCR will update our website when these edits are available and will send out notifications. Do not submit 2008 data until this edit set is in place. Data with an admission or diagnosis date after January 1, 2008 must be run through the 11.2 TCR Edits. 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. 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 1.0.6 is Available on our TCR Website:

Facilities that currently use GenEdits Lite version 1.0.8 with their commercial software can find a new download that will modify the configuration and add the new TCR111.RMF (WNAACCR_V11_2.RMF after May 2008) on the TCR website at the following address: <http://www.dshs.state.tx.us/tcr/genedits.shtm>. Please note that users will need to download the section with the following verbiage:

- Update: GenEdits Plus v1.0.6 w/TCR 111 Edits (users w/previously installed GenEdits Lite 1.0.8 should convert over to GenEdits Plus v1.0.6).
- Download (Updated GenEdits Lite.cfg and TCR111.RMF as of July 13, 2007 - WNAACCR_V11_2.RMF after May 2008).

Facilities that use commercial software and do not have GenEdits Lite version 1.0.8 will need to download both sections from the "TCR GenEdits Lite" section located on the TCR website at the following address: <http://www.dshs.state.tx.us/tcr/genedits.shtm>. The following two download parts will be necessary for proper installation of the software, modification of the configuration and adding the TCR 11.1 Edits:

Information and links for GenEdits Plus can be found on the TCR website. Look for "GenEdits Plus" in the left-hand navigation menu.

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

The Texas Cancer Registry (TCR) will implement SandCrab Lite for Pathlabs (SCL-P) version 3.0 in May 2008. The new SCL-P version will incorporate the Standards for Cancer Registries, Volume V; Pathology Laboratory Electronic Reporting Version 2.0. The TCR was previously only beta testing SCL-P version 1.0 (beta) and 2.0 (beta) with a limited number of pathology laboratories. This beta project added electronic

(continued on last page)

Technology Corner (continued)

data linkage and matching capabilities to the Registry's SandCrab system. Alternate methods for larger pathology laboratories (using Health Level Seven [HL7]) to submit their data will be through the National Electronic Disease Surveillance System (NEDSS) (still in beta test for Cancer Registry submissions), SCL-P, Pipe Delimited, HL7 formats, or CRESS using the NAACCR Standards for Cancer Registries, Volume V – Pathology Laboratory Electronic Reporting version 2.0 dated November 2005. The modified version of the SandCrab system will include a module to link pathology laboratory reports to cancer records text stored in the SandCrab database to identify previously unreported cancer cases. The system will also consolidate pathology laboratory reports that have matching cases in the TCR database. It is anticipated that this enhancement to the existing SC and SCL systems will result in an improvement to data completeness. The SCL-P software will be available to pathology laboratories “free of charge.”

Help Desk Software – Novo Solutions

Novo Solutions Help Desk Software is now available on the TCR website under the Software Tab. See “What’s Online?” on page 6 for more information

- *Jonathan Unnasch*
Business Analyst, Austin

New TCR Mailing Address

Beginning September 1, 2008, regular mail to the Texas Department of State Health Services in Austin will no longer be delivered by the USPS to our street address. We are asking all of our customers to please begin using our new PO Box for regular mail sent to our Austin office. Courier and overnight deliveries should still be sent to the street address. Our new mailing address is:

Cancer Epidemiology & Surveillance Branch
MC 1928
Texas Department of State Health Services
PO Box 149347
Austin TX 78714-9347

- *Leticia Vargas, CTR*
Quality Assurance, Austin

Questions regarding information found in this newsletter, or suggestions for future editions can be directed to Leticia Vargas in Austin.

Texas Cancer Registry,
Cancer Epidemiology and Surveillance Branch MC 1928
Texas Department of State Health Services
PO Box 149347
Austin, TX 78714-9347

**PRSR STD
U.S. POSTAGE
PAID
AUSTIN, TX
PERMIT NO. 28**