

# TEXAS CANCER REPORTING NEWS



Texas Cancer Registry

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*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.

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- Texas Health and Human Services Commission

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

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

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## Texas Cancer Registry Reporting Changes for 2010

The Texas Cancer Registry (TCR) is still in the process of evaluating the reporting requirements for cases diagnosed January 1, 2010. This has proven to be a very difficult task and cannot be completed yet because resources and technical guidance from the national standard setters are not yet available.

In the meantime, here is a summary of changes using information that is currently available:

- The dates will go from MMDDCCYY to CCYYMMDD when the date is known and complete. The codes 00000000, 88888888, and 99999999 are no longer used.
- The format when the month and year are known and the day is unknown will be CCYYMM.
- When the year is known and valid with the month and day unknown it will be coded as CCYY.
- There will be 11 date flag fields relating to the specific date fields collected by the TCR. Some of these will be auto filled depending on the coding in the date field and others will require the reporter to populate.
- All submissions must be in NAACCR Version 12.
- Race 1-5 have additional race codes for each. Some have changed so be sure to use your manual when coding this data item. Code “09” was retired and codes 15-17 were added.
- Laterality has an additional code of “5” for a paired site, midline tumor and additional description for code “4” to help reporters code.
- We are required to collect the individual dates for systemic treatment (chemotherapy, hormone, Immuno therapy (BRM) or Transplant/Endocrine). The systemic date will be derived from these date fields.
- Text fields have been expanded to allow for additional pertinent text.
- The CS Extension field has expanded from a two digit to a three digit field.
- The CS Lymph Nodes field has expanded from a two digit to a three digit field.
- There will be additional SSF data items collected by the TCR for specific primaries where needed to derive the SEER Summary Data Item. For breast primaries we will require SSF1 (ER), SSF2 (PR), and the HER2 SSF’s. We will also require SSF25 for applicable sites where there are schema discriminators.
- Class of case has gone from a one digit to two digit field. Codes are divided into analytic (00-22) and non analytic groups (30-49 and 99).

ACoS facilities will have additional changes to meet Commission on Cancer requirements. Be sure to check the NAACCR Data Dictionary Fourteenth Edition, Record Layout 12 and 2010 Implementation Guidelines on the NAACCR website [http://www.naacr.org/index.asp?Col\\_SectionKey=7&Col\\_ContentID=133](http://www.naacr.org/index.asp?Col_SectionKey=7&Col_ContentID=133).

### **Remember:**

The Collaborative Staging (CS) Site Specific Factor 3 (SSF3) for prostate is where we code pathological extension of disease. Use all histological information including information from the prostatectomy (if performed within first course treatment) to code this field. Code 096 when it is unknown if a prostatectomy was performed. Code 097 if no prostatectomy was performed. Code 098 if prostatectomy was performed outside of first course or after disease progression. Code 099 if a prostatectomy was performed with unknown information regarding the pathological extension. Reference the Collaborative Staging section of the *2008 Texas Cancer Reporting Handbook*, pg A-449.

## Reporting Changes for 2010 *(continued)*

Additional changes in guidelines include the Hematopoietic and Lymphoid Neoplasm Rules. Implementation of these rules will require new histology terms, ICD-O codes and four newly reportable diseases where the behavior was changed from /1 to /3. Changes with these rules also include transformations collected as a new primary. There will be a Hematopoietic Database, which replaces the February 2001 Single Versus Subsequent Primaries of Lymphatic and Hematopoietic Disease. There are tables included in the 2010 Implementation Guidelines which provide guidance on coding the more specific histology. These are to be used when several descriptive terms and reportable neoplasms which are reported if a physician states they were malignant prior to January 1, 2010.

SEER will update the Multiple Primary and Histology Coding Rules. For 2010 the majority of changes are dealing with clarifications and corrections.

Additional information will be distributed as it becomes available in revised manuals, submission timelines and additional implementation direction. Please continue to check our website and be sure to let your regional representative know if your email has changed.

- Susana Perez, RHIT, CTR  
Quality Assurance/Training Manager, Austin 

## New Release of AJCC 7th Edition

The American Joint Commission on Cancer has released the 7th Edition of the AJCC Staging Manual. The manual is available from their website for \$64.95 and ships within 2-3 weeks. To order a staging manual please go to: <http://www.springer.com/medicine/surgery/cancer+staging?SGWID=0-40654-0-0-0>

The manual is organized by site into 57 comprehensive chapters and includes major revisions to many chapters including breast, colon, prostate, kidney, and others. There are new primary site chapters for extrahepatic bile ducts, distal bile duct, cutaneous squamous cell carcinoma, Merkel cell carcinoma, and the adrenal gland as well as an expanded section on ophthalmologic malignancies.

The manual includes many user-friendly enhancements such as:

- A revised and expanded section of the principles and rules of TNM staging.
- A concise summary of changes. Each chapter provides a snapshot of staging and coding details:
- New line drawings illustrating key sites.
- Full color text to highlight important elements of stage groupings and prognostic factors.
- A revised “Staging Form.”
- A CD-ROM packaged with printable Staging Forms.

The 7th Edition of the *AJCC Cancer Staging Manual and Handbook* are written for surgeons, oncologists, pathologists, and cancer registrars. A Staging Handbook is also available from their website designed to fit into the pocket of a lab coat.

- Susana Perez, RHIT, CTR  
Quality Assurance, Austin 

## Webinar Information

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

The TCR will continue to broadcast the 2009-2010 North American Association of Central Cancer Registries (NAACCR) webinar series. You can view these 3-hour webinars in Austin, Beaumont, Dallas, El Paso, Fort Worth, Houston, Laredo, Lubbock, McAllen, San Antonio and Tyler. Please check our website for specific location information at <http://www.dshs.state.tx.us/tcr/webinars.shtm>.

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

### Schedule:

2/4/2010	Collecting Cancer Data: Soft Tissue Sarcoma and Gastrointestinal Stromal (GIST)
3/4/2010	Collecting Cancer Data: Kidney
4/1/2010	Collecting Cancer Data: Skin Malignancies
5/6/2010	Using Geographic Information Systems (GIS) for Mapping and Spatial Analysis
6/3/2010	Collecting Cancer Data: Esophagus and Stomach
7/1/2010	Using CINA Data in Cancer Surveillance Activities
8/5/2010	Collecting Cancer Data: Lip and Oral Cavity
9/2/2010	Coding Pitfalls

The National Cancer Registrar's Association (NCRA) is presenting Collaborative Stage Version-2 (CSv2): Advanced Webinar Series. This was developed by NCRA's Advanced Education Committee and will be taught by experts in the industry, including CSv2 developers. The Webinars present an overview of the CSv2 with emphasis on new changes, including presentations on breast, prostate/genital/urinary, lung, colorectal, head and neck, lymphoma/hematopoietic,

gynecologic, liver/biliary, gastrointestinal/neuroendocrine, and skin cancer and advanced abstracting of site specific factors.

Each Webinar will include approximately 100 minutes of lecture and review of exercises and a Q&A session. The Webinars can be viewed in Austin, Temple, Dallas, McAllen, Laredo, El Paso, San Antonio, Houston, Lubbock, Arlington, Tyler and Amarillo. Check our website for specific location information and time at <http://www.dshs.state.tx.us/tcr/webinars.shtm>.  
\*\*\*\*Only PAID registrants will receive 2 CEs per webinar! \*\*\*\*

### Schedule:

2/4/2010	Liver/Biliary
2/18/2010	GIST/Neuroendocrine
3/4/2010	Skin
3/18/2010	Advanced Abstracting of Site Specific Factors

Remember to call your TCR regional office to update your email address.

We hope you will continue to take advantage of these training opportunities.

- *Judy Gonzales, CTR  
Training Specialist, Austin*



## Coding Corner

### *Determining Correct Diagnostic Confirmation Code*

#### **Question:**

If a patient has a prostatectomy for prostate cancer and is then seen at our facility several years later with a bone scan showing bone metastasis, would the correct diagnostic confirmation code for our facility be 7, diagnostic imaging?

#### **Answer:**

The correct diagnostic confirmation code for this case would be 1, positive histology, because the patient had a prostatectomy.

#### **Resources:**

*SEER Program and Staging Manual 2007, pg 76, Coding Instruction 1, Texas Cancer Registry Cancer Reporting Handbook, pg 99, Coding Instruction 5*

#### **Question:**

A mammogram in our facility showed a mass suspicious for malignancy. At a later admit the H&P stated the patient then went to another facility and had a biopsy that showed infiltrating ductal carcinoma. We reported the diagnostic confirmation code as 7 since the pathology report was not available at our facility. Is that correct?

#### **Answer:**

No, the correct diagnostic confirmation code for this case would be 1. The codes are in priority order with code 1 having the highest priority. The code should be changed to a lower code if, at any time during the course of disease the patient has a diagnostic confirmation code which has a higher priority.

#### **Resources:**

*SEER Program and Staging Manual 2007, pg 76, Coding Instructions 1 and 2  
Texas Cancer Registry Cancer Reporting Handbook, pg 100, Coding Instruction 13, Example a*

#### **Question:**

A patient came to our facility with lung cancer diagnosed by CT with possible liver metastasis. A liver biopsy here was positive for adenocarcinoma consistent with mets from lung cancer. What is the correct diagnostic confirmation code?

#### **Answer:**

The diagnostic confirmation code would be 1 based on the positive liver biopsy.

#### **Resources:**

*Texas Cancer Registry Cancer Reporting Handbook, pg 99, Coding Instruction 6a*

#### **Question:**

A patient was admitted to our facility with possible lung cancer based on medical imaging. Bronchial washings showed scant malignant cells but a biopsy for tissue diagnosis was not done due to the patient's poor health. How should the diagnostic confirmation be coded?

#### **Answer:**

Assign code 2, positive cytology based on the malignant cells in bronchial washings

#### **Resources:**

*Texas Cancer Registry Reporting Handbook, pg 99, Coding Instruction 7a*

- Cindy Dorsey, CTR  
Program Specialist, Austin



#### **Remember:**

All hematopoietic disease (leukemia, multiple myeloma, etc) with positive findings from peripheral blood smears; complete blood counts (CBCs) and white blood cell counts (WBCs) are considered positive histological findings and should have a Diagnostic Confirmation of 1. Reference the 2008 Texas Cancer Reporting Handbook, pg 99, No 6.

## Employee Update

The Texas Cancer Registry recently welcomed three new staff members, Kimberly Willis, Rachel Armstead and Miriam Robles.

Kimberly joined the Arlington Region Office on September 1, 2009, as a Regional Trainer. Kimberly holds an Associate Degree in Medical/Nursing and is a state certified Nursing Assistant. She holds an Associate Degree in Health Information Administration and is currently pursuing a Bachelor's Degree in Health Information Administration. Prior to joining the TCR Kimberly worked as a case manager and care provider for home health agencies. Kimberly also takes pride in volunteering for a variety of organizations.

Rachel began work as a Regional Trainer in the Houston Regional Office on October 1, 2009. Rachel holds a Bachelor of Science Degree in Health from Texas A&M University. She also recently completed a Bachelor of Science Degree in Funeral Services from the University of Central Oklahoma.

Miriam, who is a CTR, joined the TCR on December 1, 2009. Miriam holds an Associate Degree in Health Information Management and is a Registered Health Information Technician. Prior to December 1st, Miriam was the Team Lead at the McAllen TCR regional registry operated under contract with Texas A&M University, School of Rural Public Health. Miriam has also worked in a hospital setting where she was

responsible for compliance in reporting the facility's cancer data to the TCR. Miriam will be a great asset working in the central office.

### Promotion

Elena Torres, who is a CTR, is the TCR's new Quality Assurance Team Lead effective December 1st. She has been part of the TCR since 1984. Elena has held various positions within the TCR and the Department of State Health Services and brings her years of experience and great customer service together for both TCR staff and reporters alike. It is with great pride that we congratulate Elena on her promotion to Team Lead for the Quality Assurance and Training Group.

- Marie Longoria, CTR  
Program Specialist, Houston



## Cancer in Texas, 2009

The TCR will soon be releasing *Cancer in Texas, 2009*, a general report on the status of cancer in Texas. This is a new report produced by the TCR that will provide an overview of the cancer burden in Texas and describes the role of the TCR in data collection and translation of the data we collect into research. In addition to data presented on new cancer cases and deaths, the report provides estimates of the number of Texans living with cancer, cancer trends, geographic variation in cancer rates, and an overview of childhood and adolescent cancers. Because so much TCR data are now available on our query tool, the report also includes a section describing the query tool and its various features.

- Brenda Mokry, M.Ed.  
Epidemiology, Austin



### Remember:

Lymphoma within a single extranodal site with no lymph node involvement should be coded as 11 within the lymphoma CS Extension. Code 10 identifies involvement of a single lymph node region. Please reference the appropriate CS schema and read code descriptions when determining the correct code to use.

Reference the Collaborative Staging section of the 2008 Texas Cancer Reporting Handbook, pg A-559.

## Using TCR Online

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

We encourage you to use the [TCR website](#) 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 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  
Web Developer /Graphics Designer, Austin 

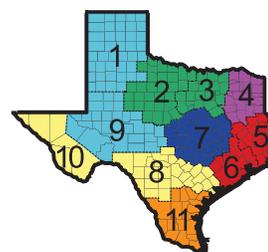
### Remember:

Do not code a metastatic site as bilateral involvement within a paired organ. Laterality identifies the side of a paired organ or the side of the body where the tumor originated. A left lung primary with mets to the right lung should have a coded laterality of left (2). Mets to the right side will be captured within the lung CS Mets field. Code laterality to 9 when there is bilateral involvement and the side of origin is unknown. Reference the 2008 Texas Cancer Reporting Handbook, pg 93, #5

## Case Completeness by Dx Year

As of: January 26, 2010

HSR 1: 2006 96%	HSR 7: 2006 100%
2007 95%	2007 100%
2008 85%	2008 87%
2009 22%	2009 37%
HSR 2: 2006 91%	HSR 8: 2006 100%
2007 89%	2007 100%
2008 85%	2008 91%
2009 34%	2009 34%
HSR 3: 2006 98%	HSR 9: 2006 93%
2007 98%	2007 94%
2008 86%	2008 84%
2009 35%	2009 32%
HSR 4: 2006 94%	HSR 10: 2006 100%
2007 96%	2007 100%
2008 80%	2008 93%
2009 26%	2009 26%
HSR 5: 2006 100%	HSR 11: 2006 96%
2007 100%	2007 97%
2008 86%	2008 90%
2009 30%	2009 29%
HSR 6: 2006 100%	State: 2006 99%
2007 100%	2007 99%
2008 92%	2008 88%
2009 38%	2009 34%



Texas Health Service Regions

### 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

## 2010 Timely Reporting Calendar

Cases Admitted In:	Should Be Reported In:
January 2010	July 2010
February 2010	August 2010
March 2010	September 2010
April 2010	October 2010
May 2010	November 2010
June 2010	December 2010
July 2010	January 2011
August 2010	February 2011
September 2010	March 2011
October 2010	April 2011
November 2010	May 2011
December 2010	June 2011

Please call your regional Texas Cancer Registry office for reporting information and training requests.

### Remember:

Mycosis Fungoides, CS Extension 30, should be used only when there is skin involvement with no mention of a general location or specific site. Use CS Extension code 25 when skin involvement is identified but only a general location or site is mentioned (i.e., face, torso, and arm). Reference the Collaborative Staging section of the 2008 Texas Cancer Reporting Handbook, pg A-349, Note 2.

## New CTRs

Congratulations to the new Certified Tumor Registrars in Texas.

The following sat for their CTR exam in September 2009:

Sharon E. Hornback- Friendswood  
 Swarnakala Kura- Medical Center of Plano, Plano  
 Laura Siciliano- Baylor University Medical Center, Dallas  
 Elizabeth Teter- Baylor University Medical Center, Dallas

Again, congratulations for a job well done!

- Leticia Vargas, CTR  
 Quality Assurance, Austin



## Online Training Hematopoietic & Lymphoid Neoplasms

The Surveillance, Epidemiology and End Results (SEER) website has links to educational presentations for the hematopoietic and lymphoid neoplasms. There are 13 presentations, which will be added as they become available. View these presentations in the order they are listed so that you will be prepared on how to use the 2010 rules being implemented January 1, 2010.

The National Cancer Registrars Association (NCRA) has approved these presentations for continuing education units. A CEU certificate is available for those who successfully complete each quiz.

As of December 1, 2009, there are 5 presentations available on the SEER website at <http://www.seer.cancer.gov/tools/heme/training/index.html>.

- Susana Perez, RHIT, CTR  
 Quality Assurance, Austin



## 2009 Annual TxTRA Conference, Houston, Texas

The Texas Tumor Registrar's Association (TxTRA) 37th Annual Educational Conference, "Staged for Change," was held on October 21- 23, 2009 at the Omni Hotel Westside in Houston. If there had been a real "stage" at TxTRA and the speakers were actors, the result would have been award winning performances by cancer registry superstars.

The predominant topic was Collaborative Stage Version 2 (CSv2) 2010 changes. Suzanna Hoyler, CTR and Commission on Cancer CSv2 national committee member, gave an overview of what to expect when the implementation goes into effect in January 2010. John Young, Jr., DrPH, CTR, Professor, Department of Epidemiology, Rollins School of Public Health, Emory University, Atlanta, Georgia, with his infinite wisdom, historical perspective and fabulous sense of humor, navigated attendees through the CSv2 schemas and new data items. Dr. Young's multiple presentations focused on the breast, lung, prostate and genitourinary cancers.

Two professors and the Informatics Manager from The University of Texas MD Anderson Cancer Center also shared the stage. Daniel Karp, MD, discussed the significance of enhancing the staging system to deliver personalized cancer treatment for lung patients. Merrick Ross, MD, spoke to the audience about the diagnostic tools and challenges of HER2-positive breast cancer and the importance of appropriate HER2 testing practices in breast cancer patients. Sarah Taylor, MPH, CTR, encouraged attendees to think creatively about the operational and revenue generating uses of registry data during her presentation, "Data on Stage."

"Fallopian Tube Malignancies," presented by Donna Coffey, MD, of the Methodist Hospital, and the "Surgical and Gynecologic Oncology Treatment Options for Endometrial Cancer" talk by Christine Lee, MD, of The Memorial Hermann- The Woodlands, enhanced the audience's knowledge and provided them with additional tools for abstracting gynecologic cases.

The State of Texas was well represented. Melanie Williams, PhD, Manager of the Texas Cancer Registry, discussed the challenges for 2010 data changes. Dr. Williams also energized the group by showing them how their cancer reporting contributes significantly to prominent state and national studies. Mr. William "Bill" Gimson, Executive Director of the Cancer Prevention and Research Institute of Texas (CPRIT), helped conference attendees better understand CPRIT's impact on cancer research and prevention in Texas.

Michael Condron II, MD, with the Harris County Medical Examiner's Office presented a lecture entitled "Introduction to the Autopsy." His talk piqued attendee's interest and curiosity.

Conference social events were also successfully staged. TxTRA honored Dr. John Young, Jr., Dr PH, CTR, Emory University, with a reception. The membership presented him with crystal Texas shaped bookends for his devoted service as a teacher, mentor and advocate for the tumor registry profession.

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



## Technology Corner

### **New System Registry Software planned for the Texas Cancer Registry:**

The Texas Cancer Registry (TCR) has received approval to replace the current central registry database and software SandCrab system. The new system, Registry Plus is sponsored by the Centers for Disease Control and Prevention (CDC) – National Program of Cancer Registries (NPCR). Registry Plus is a suite of publicly available free software programs for collecting and processing cancer registry data. The software programs are compliant with national standards. The Registry Plus software is currently scheduled to be implemented by August 2011, primarily due to hardware procurement, data migration, business process re-engineering, testing, training, and implementation. The implementation of the new software will impact both TCR staff and cancer reporters (facilities). The Registry Plus suite of software includes a product called Web Plus designed for cancer reporter submissions. This software will replace SandCrab Lite (SCL) and SandCrab Lite for Pathlabs (SCL-P). For additional details about Web Plus, please view the CDC hyperlink: <http://www.cdc.gov/cancer/npcr/tools/registryplus/wp.htm>.

### **Pathlab data submissions to the Texas Cancer Registry:**

The TCR can now process Pathlab Health Level 7 (HL7) data submissions. The TCR can receive HL7 data through multiple sources including WS\_FTP and the Public Health Information Network Messaging System (PHINMS) provided by CDC. Upon receipt of HL7 data, those data is processed through Artificial Intelligence in Medicine (AIM) TransMed software. Later the TCR will be testing the Electronic Mapping Reporting and Coding (eMaRC) Plus pathlab software provided by the CDC to determine which software will be used long term by the TCR. For additional information about AIM and eMaRC Plus, please view the following hyperlinks:

<http://www.aim.on.ca/products/transMedSuccesses.jsp> (AIM)

<http://www.cdc.gov/cancer/npcr/tools/registryplus/mp.htm> (eMaRC Plus)

- Jonathan Unnasch  
Business Analyst



#### **Remember:**

A transurethral resection of the prostate (TURP) is not a surgical resection. A TURP is considered clinical for staging purposes and should be coded in the prostate CS TS/Est-Eval as a 1. Reference the Collaborative Staging section of the 2008 Texas Cancer Reporting Handbook, pg A-446, Note 4.

## Hematopoietic & Lymphoid Neoplasm Project

**Version 1.1 released December 11, 2009**

The new Hematopoietic Database can be downloaded from the SEER website at <http://www.seer.cancer.gov/tools/heme/>. New reportability instructions and data collection rules for hematopoietic and lymphoid neoplasms are effective for cases diagnosed beginning January 1, 2010.

*The Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* and the Hematopoietic Database are two tools developed to aid in the accurate reporting of these neoplasms.

*The Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* is embedded in the Hematopoietic Database (Hematopoietic DB). The Hematopoietic DB is used when the rules specifically instruct the abstractor to refer to the DB or when the registrar has used all of the rules in the manual. The manual contains reportability instructions and rules for determining the number of primaries, the primary site and histology, and the cell lineage or phenotype. The instructions and rules within the manual are to be used first. The Hematopoietic DB is an electronic tool developed to assist in screening for reportable cases and determining reportability requirements. The database contains abstracting and coding information for all hematopoietic and lymphoid neoplasms (9500/3-9992/3).

It is recommended that prior to using either the manual or the Hematopoietic DB, registrars view the hematopoietic and lymphoid neoplasm presentations.

All revisions made for the current release of the software are listed in ReadMe.txt. Technical problems with downloading the database or viewing the database should be sent to [hematdb@imsweb.com](mailto:hematdb@imsweb.com).

Registrars should sign up to receive notification via e-mail when new releases of the program become available.

- Susana Perez, RHIT, CTR  
Quality Assurance, Austin



### **Remember:**

The Gleason's Score takes priority over terminology indicating grade. A table that converts a Gleason's pattern or score into an ICD-O-3 Morphology 6th Digit Code can be found in the 2008 Texas Cancer Reporting Handbook on page A-441.

## Death Clearance Webinar

The North American Association of Central Cancer Registries (NAACCR) is presenting a two hour webinar reviewing the recently released “Death Clearance Manual.” The webinar will be held Wednesday, March 10, 2010, at 12:00 Noon CT. Participation is free and open to anyone interested in Death Clearance procedures. Participants will be introduced to the new manual and become familiar with how it works. They will summarize and learn the goals of each step taken to complete the death clearance process as well as review the definition of a death certificate only (DCO) case and learn how to remove a case from DCO status.

You can download a copy of the Death Clearance Manual at:[http://www.naacr.org/filesystem/pdf/FINAL\\_Death\\_Clearance\\_Manual\\_9-22-09.pdf](http://www.naacr.org/filesystem/pdf/FINAL_Death_Clearance_Manual_9-22-09.pdf)

Please register at:<https://naaccrinc.webex.com/naaccrinc/onstage/g.php?t=a&d=805594387>

- *Judy Gonzales, CTR*  
*Training Specialist, Austin*



## SEER\*Rx Updated to Version 1.4.0

The SEER Interactive Drug Database was updated on January 11, 2010, with 21 new drugs and one new regimen. Each newly added drug is currently in Phase I, Phase II or Phase III clinical trials within the US and have not yet been granted approval by the Food and Drug Administration for cancer-directed therapy. These new drugs must be coded as “Other Treatment” when used as part of first course therapy (May 2008 Texas Cancer Reporting Handbook, page 134).

The Seer\*Rx is a free, automated reference guide for coding oncology drugs and drug regimen treatments on cases diagnosed January 1, 2005, and after. Version 1.4.0 can be uploaded to your computer through the SEER website at: <http://www.seer.cancer.gov/tools/seerrx/>. You may also register to have automated notifications sent directly to your email address when new releases become available.

- *Dianna Watkins, CTR*  
*Record Consolidation*



## NAACCR CTR Exam Preparation and Review Webinar Series

The Texas Cancer Registry (TCR) is making the North American Association of Central Cancer Registries (NAACCR), CTR Exam Preparation and Review Webinar Series available. These webinars are recordings. The course includes eight 2-hour sessions carefully prepared to reflect changes to the 2010 CTR Exam and a short follow-up post exam session. For additional information on topics and dates please see the schedule below:

### Schedule:

Date	Time	Topic
02/03/2010	1-3 PM	Data Analysis and Interpretation (statistics, epidemiology, etc)
02/10/2010	1-3 PM	Concepts of Abstracting, Coding and Follow-up (anatomy)
02/17/2010	1-3 PM	Concepts of Abstracting, Coding and Follow-up (casefinding, abstracting and coding)
02/24/2010	1-3 PM	Application of Coding and Staging (staging)
03/03/2010	1-3 PM	Application of Coding and Staging (ICD-O-3 and MP/H Rules)
03/08/2010	1-3 PM	Timed Test and Review
03/06/2010- 03/20/2010		CTR EXAM TESTING WINDOW
03/31/2010	1-2 PM	Feedback

The TCR is using GOTOMEETING.COM software to allow reporters to view each of these webinars from their own venues. The software can accommodate up to 200 users along with conference call capabilities using either the computer microphone and speakers (VoIP) or by calling in using a telephone. Please check our website <http://www.dshs.state.tx.us/tcr/default.shtm> for information on how to access the webinar through GOTOMEETING.COM.

If you have questions regarding the NAACCR CTR Exam Preparation and Review Webinar Series please contact Judy Gonzales at 512-776-3620 or use our toll free number 1-800-252-8059 x3620. You may also email Judy at [judy.gonzales@dshs.state.tx.us](mailto:judy.gonzales@dshs.state.tx.us).

If you have technical problems related to GOTOMEETING.COM, you may call Pam Jatzlau at 512-776-3617 or use our toll free number: 1-800-252-8059 x3617. You may also contact Pam by email at [pam.jatzlau@dshs.state.tx.us](mailto:pam.jatzlau@dshs.state.tx.us). We encourage reporters planning to sit for the CTR exam in March to take full advantage of this training opportunity.

To be eligible to take the CTR exam, candidates must meet all the requirements (experience & education) of one of the five eligibility routes by the application deadline. For a full description of all five eligibility routes go to [www.ctrexam.org](http://www.ctrexam.org).

- Leticia Vargas, CTR  
Quality Assurance, Austin



## Texas Cancer Registry - Audit of 2007 Diagnosis Year

The Texas Cancer Registry (TCR) in collaboration with the Centers for Disease Control and Prevention's (CDC) National Program of Cancer Registries (NPCR) will be contacting 12 Texas hospitals (still to be determined) to request participation in an independent audit by NPCR contractors of TCR (not hospital) case completeness and quality. All NPCR funded states are required to participate in this type of data audit every 5 years to evaluate and better ensure compliance with NPCR standards.

The audit encompasses a standardized national evaluation of state (not facility) central cancer registry cases for completeness and data quality. The 12 hospitals in Texas will be selected using random sampling techniques that also take into consideration facility caseload. The TCR has already begun work in January and the audit will take place in March 2010. Hospitals should be notified no later than February 2010 if their participation is being requested. NPCR contractors are scheduled to complete all 12 selected facilities within a two week time frame from March 15 – April 1, 2010. These contractors will perform reabstracting and casefinding activities, again, to assess TCR data quality and verify reporting of all reportable cases in the selected hospitals.

The TCR will notify the selected hospitals as soon as we receive the list from CDC/NPCR. At that time we will send official correspondence with instruction on what will be needed for their review, as well as a follow-up phone call so that any questions can be answered.

Also, please do not hesitate to contact Velma Garza, CTR, at 512-458-7111 ext. 3635 or 1-800-252-8059 if you have any questions or concerns prior to then.

- *Velma Garza, CTR*  
*Southwest Texas Registry Operations Group Manager, Austin*

