

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.

Federal Grant Funding

We acknowledge the Centers for Disease Control and Prevention for its financial support under Cooperative Agreement #U58/DP000824-02.

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- 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

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- University of Texas Health Science Center at San Antonio
- University of Texas Medical Branch at Galveston
- University of Texas Health Science Center at Houston
- Texas A&M University System Health Science Center
- Texas Tech University Health Sciences Center
- University of Texas at Austin
- University of Houston
- University of North Texas Health Science Center at Fort Worth
- Texas Tech University
- University of Texas at Arlington
- Texas State University - San Marcos
- University of Texas at Brownsville
- Texas Woman's University
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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.

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

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Texas Cancer Registry Releases “The Cost of Cancer In Texas, 2007”

In March 2009, the Texas Cancer Registry (TCR) in the Department of State Health Services (DSHS) released “The Cost of Cancer in Texas, 2007.” The publication is the result of a successful collaboration between a team of highly-respected researchers from the University of Texas Medical Branch at Galveston (UTMB) and the TCR. The research team, lead by Dr. Billy Philips, Jr., included Dr. Alai Tan, Dr. Daniel Freeman, Dr. Jean Freeman, Dr. Dong Zhang, and Dr. Hari Dayal. With financial support for the study being provided by the TCR, UTMB researchers worked to complete the study.

The study updates estimates last calculated in 1998 and considered data from multiple sources and used National Cancer Institute methodology in combination with standard cost-of-illness methods. For the first time, TCR cancer incidence data were available for calculations, which should provide a more accurate estimate. The results of the study estimate that:

- The total cost of cancer in Texas for 2007 was \$21.9 billion.
- Direct costs were \$10.0 billion with \$7.7 billion for cancer health care.
- Indirect costs from cancer morbidity and mortality were \$11.8 billion.
- The costs of cancer health care were highest for colorectal (\$1.1 billion) and lung cancer (\$1.0 billion).
- The indirect costs from morbidity and mortality were highest for lung (\$2.4 billion) and breast cancer (\$2.1 billion)

This study would not have been possible without input, support and advice from the TCR, DSHS, Texas Comprehensive Cancer Control Coalition, and other agencies and organizations. The study is available from the TCR Website at: <http://www.dshs.state.tx.us/tcr/publications.shtm#generalpubs>

- Eric Miller, Ph.D.

Manager of Epidemiology, Austin



Remember:

According to AJCC, the staging basis for a TURBT of the bladder is clinical and should be recorded as CS TS/Ext-Eval “1” which states “No surgical resection done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques including surgical observation without biopsy. No autopsy evidence used.” Do not code this procedure to CS TS/Ext-Eval 3.

Resource:

CS Manual vs. 01.04.00, Part II page 467 and May 2008 TCR Handbook, page A-488.

The Commission on Cancer Outstanding Achievement Award Recipients for 2008

The Commission on Cancer (CoC) announced the recipients of their prestigious Outstanding Achievement Award for 2008. This award is designed to recognize cancer programs that provide exceptional quality care to their cancer patients. Recipients of this award must demonstrate a commendation level of compliance with seven standards pertaining to cancer committee leadership, cancer data management, clinical services, research, community outreach and quality improvement. Additionally, the facility must receive a compliance rating for the remaining 29 CoC program standards.

The Texas Cancer Registry applauds the Texas CoC Outstanding Achievement Award winners for 2008:

- Medical City Dallas Hospital, Dallas, Texas
- Presbyterian Hospital of Dallas, Dallas, Texas
- University of Texas Southwestern Medical Center
- University Hospital St. Paul, Dallas, Texas
- St. Luke's Episcopal Hospital, Houston, Texas
- Memorial Hermann The Woodlands Hospital, The Woodlands, Texas
- Trinity Mother Frances Health System, Tyler, Texas

The CoC also recognizes newly accredited programs that demonstrate exceptional performance at first survey. The following are newly accredited Texas facilities awarded the CoC 2008 New Program Outstanding Achievement Award:

- North Austin Medical Center, Austin, Texas
- Memorial Hermann Southeast, Houston, Texas
- Presbyterian Hospital of Plano, Plano, Texas

The press release announcing the Outstanding Achievement Awards for 2008 is now on-line. You can find it under the CoC News Web page: <http://facs.org/cancer/cannews.html>.

Congratulations to all who worked so hard to achieve this special honor bestowed by the CoC.

- Dianna Watkins, CTR
Quality Assurance, Austin



TCR Cancer Reporting Handbook 2008 Revisions

The Texas Cancer Registry's (TCR) reporting requirements for 2009 will remain the same as for 2008. However, some minor corrections have been identified and an erratum will be mailed to facilities in the spring. It will also be available on the TCR website.

Please remember that all cases must now be submitted using the TCRCR11.3A Edits. The edits are available on the TCR website at <http://www.dshs.state.tx.us/tcr/genedits.shtm>.

If you have any questions, please contact your regional TCR representative. A complete list of TCR staff and phone numbers is available at <http://www.dshs.state.tx.us/tcr/contact-tcr.shtm>.

- Cindy Dorsey, CTR
Program Specialist, Austin



The International Conference on Breast and Cervical Cancers in Nicaraguan Women

The Texas Cancer Registry (TCR), along with the Austin Samaritans, Seton Healthcare Network and various other organizations, has been involved in the collaboration with Nicaragua and El Salvador to set up a cancer registry in Nicaragua.

In December 2008 TCR received an invitation to participate in The International Conference on Breast and Cervical Cancers in Nicaraguan Women. The conference was held on January 7 and 8, 2009 at the University Medical Center at Brackenridge Hospital in Austin. It was organized by Austin Samaritans, an organization directed by Dr. John D. Doty. The goal of the conference was to increase awareness of cervical and breast cancers in Nicaragua as well as to discuss the development of a tumor registry.

The conference agenda included:

- Panel presentation about clinical practice, promotion, and prevention and intervention programs in Nicaragua, with the participation of Alvaro Garcia, MD, from the Universidad Nacional Autónoma de Nicaragua; Freddy Meynard, MD, Dean of UNAM Medical School; Roberto Ortega, MD, Medical Director, Fundacion Ortiz Gurdian (Nicaragua); Ofelia Rojas Berrio, MD, Pathologist of Leon School of Medicine from Nicaragua.
- Prospect for a Central American Tumor Registry by Ing. Margarita Aquino de Tomasino from El Salvador Cancer Registry.
- Presentation of different experiences in Nicaragua in order to give treatment and implement preventive measures for Breast and Cervical cancer according with the Public Health System in Nicaragua by John Doty, MD; Sue Howe, MPH; Peter Thompson, MD, Kathleen Taylor, MD; William Au, MD; Sandra Hatch, MD; and Rebecca Richards-Kortum, PhD.

- Workgroups for Cervical and Breast Cancer Strategies and Tumor registry for Nicaragua and Central America.

The conference provided the opportunity for all the attendees to learn how Nicaraguan public health workers and physicians have come together to improve the overall health of Nicaraguan women by addressing the extraordinary death rate due to breast and cervical cancers. Cervical cancer is the single largest contributing cause of morbidity and mortality in women aged 30-60 in Nicaragua. They have also identified the most prevalent high risk HPV types; in prevalence order they are HPV 16, 58, 31, and 57 (HPV vaccine includes 6, 11, 16, and 18 genotypes). Nicaraguan women are primary caregivers of the family. The need of a National Cancer Registry in order to collect and provide accurate information was included as a planning, evaluation and surveillance tool.

A workgroup developed the essential work plan to develop a Nicaraguan Cancer Registry This was accomplished with the participation of Nicaraguan key players, Dr. Melanie Williams (TCR), Cindy Rutherford from Seton Healthcare Network, Beatriz Gutierrez (TCR); Alexandra Nolen, Director of Health Policy and Planning –UTMB, and Susana Perez (TCR). The key components of a registry were identified as well as the components necessary for implementation within the Nicaraguan government.

A quality assurance program focused on external medicine in order to get the information for early detection of any cancer was proposed. They identified problems with the quality of death certificates and a project will be developed to address that concern during the education of future physicians.

The need and development plan has been presented to the Nicaraguan Ministry of Health (MINSa). This plan includes support for cancer registry training and IT support, donated computers and software, and

Nicaragua (continued)

training resources. Seven facilities will start training and implementing data collection; one of the facilities is a pediatric hospital. The workgroup also proposed physician training on the importance of a cancer registry and complete documentation in the medical records. The Rotary Club will contribute cancer registry resources available in Spanish.

This is an ongoing project but the initial ground work has been established. It was a pleasure to share our knowledge, experiences and ideas. We believe they will succeed in their mission.

- *Beatriz Gutierrez, CTR
Vital Statistics Specialist*



Use of “Rapid Abstract”

It is important to remember that the TCR has data reporting requirements that are mandatory by law for each cancer case. These reporting requirements can be found on pages 3-4 of the Texas Cancer Registry Rules which can be accessed at:

http://www.dshs.state.tx.us/tcr/Cancer_Registry_Rules-2006.pdf

Facilities that use commercial software have access to “Rapid Abstract.” By using the “Rapid Abstract” feature the TCR loses vital information that is necessary to have accurate and complete cancer data for Texas. The TCR will follow back on these and require a complete abstract to be submitted. Please do not use this feature of your software.

If you have any questions regarding “Rapid Abstract”, please contact your TCR regional office.

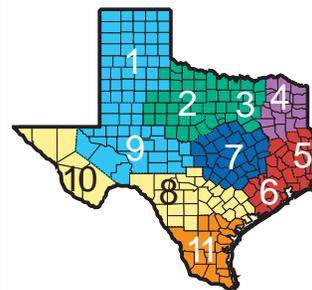
- *Leticia Vargas, CTR
Quality Assurance, Austin*



Case Completeness by Dx Year

As of: April 28, 2009

HSR 1: 2005	96%	HSR 7: 2005	100%
2006	95%	2006	99%
2007	91%	2007	97%
2008	55%	2008	55%
HSR 2: 2005	93%	HSR 8: 2005	100%
2006	88%	2006	100%
2007	82%	2007	95%
2008	50%	2008	52%
HSR 3: 2005	97%	HSR 9: 2005	98%
2006	97%	2006	92%
2007	93%	2007	89%
2008	58%	2008	52%
HSR 4: 2005	94%	HSR 10: 2005	100%
2006	93%	2006	100%
2007	90%	2007	95%
2008	52%	2008	51%
HSR 5: 2005	97%	HSR 11: 2005	95%
2006	100%	2006	95%
2007	93%	2007	91%
2008	54%	2008	51%
HSR 6: 2005	100%	State: 2005	98%
2006	100%	2006	98%
2007	98%	2007	94%
2008	58%	2008	55%



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

Employee Update

Farewell

It is with a heavy heart that Region 6 says goodbye to Wanda Arriaga. Wanda worked in public health for 21 years. She started the first 7 years of her career with Long Term Care. In 1991, Wanda left Zoonosis Program to be one of the original team members for a new program called Birth Defects and she stayed 13 years. She continued her public health surveillance career by joining the Texas Cancer Registry in August 2005. Wanda did a great job of taking care of all the administrative responsibilities for the Houston office. She is highly regarded by her co workers and management for her willingness to assist, teach, and mentor. Wanda was also our go-to person when we needed guidance about office policy and procedure. Wanda always knew where to find it and what it meant; especially anything related to travel. In addition, to her administration duties in cancer registry, Wanda also assisted in case finding duties. I know all of us will miss our hard working colleague, whose attention to detail and wonderful sense of humor made our work days enjoyable and run more smoothly. We wish her the best.

Geri Lynne Knippen began her 15 year career in Region 2/3 in January 1994 as the secretary to Dr. James Zoretic; and also assisted Ron Tomlinson, Director of Information Services, during the same time. When the Epidemiology Program began operation in June 1995, Geri Lynne became the Administrative Assistant to Brad Walsh. She left Epidemiology in August 1998 to join the Texas Cancer Registry as an Administrative Assistant. In December 1999, Geri Lynne began work with the Birth Defects Program as a Surveillance Specialist. She rejoined the Cancer Registry team in 2001 as a trainer and has contributed to the education of our North Texas cancer registrars for the last 8 years. Her last day with Reg. 2/3 was Friday, January 30th, 2009.

Candace Bogard starts her new position with Immunizations on Friday, May 1, 2009. Candace began

with the Health Department in Region 1 in 1988 and worked in Direct Client Services until 1994 with Texas Health Steps. In 1999 she moved to Region 3 and worked in Texas Health Steps until 2003. Candace joined Cancer Registry in 2003 relocating back to Region 1. Candace states she will truly miss working with her co-workers at TCR as well as the contacts at the reporting facilities. She thanks everyone for their support and prayers and asks to please stay in touch!

Helen Knapp resigned March 17, 2009.

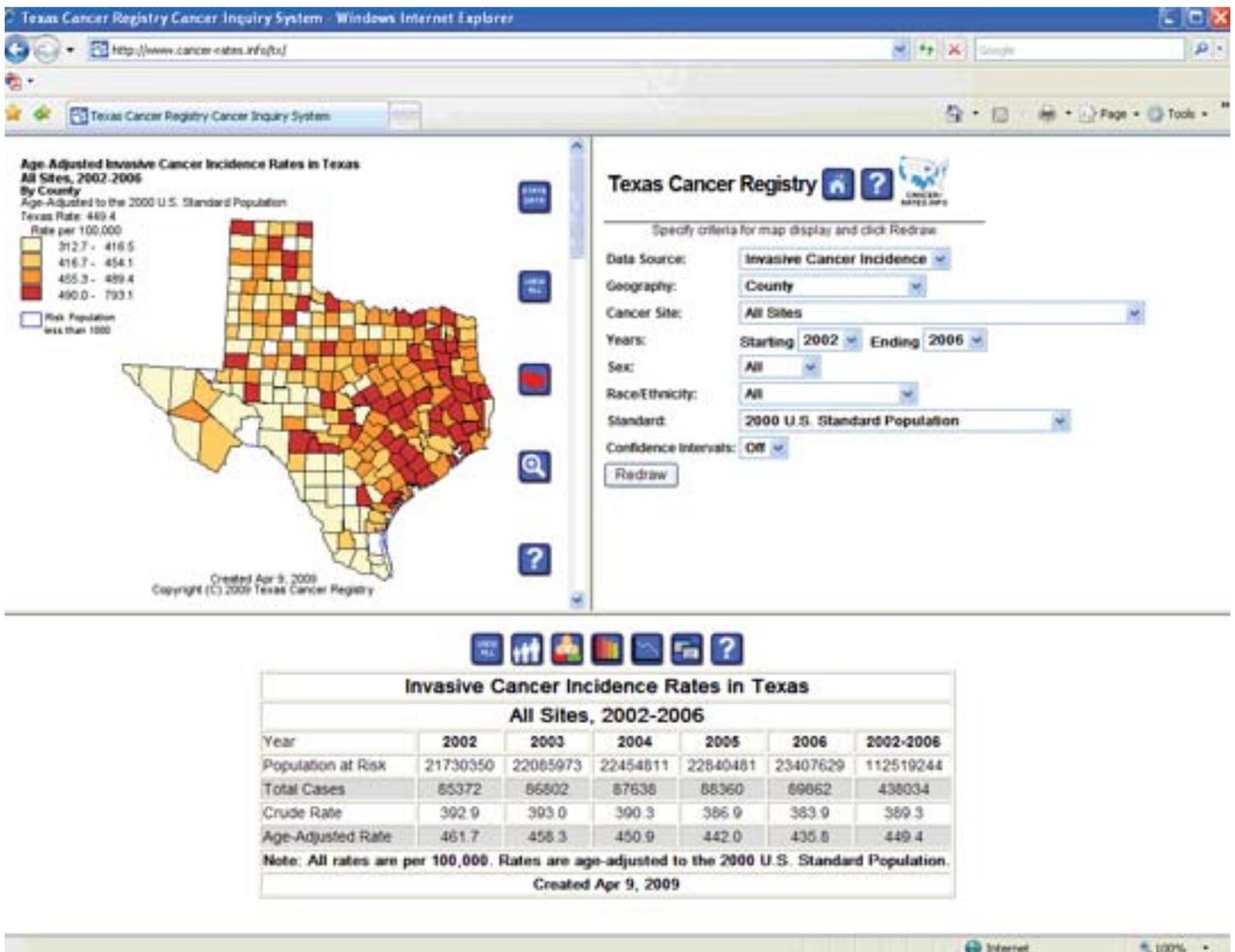
Promotion

Dwenda Smith is the Texas Cancer Registry's new Training Specialist IV effective April 1st. Dwenda has been a part of the Texas Cancer Registry Team since 1990 in both the San Antonio office and the Austin office. Through the years, Dwenda has held various positions within TCR, and brings her years of experience and great customer service together for both TCR trainers and reporters alike. It is with great pride that we congratulate Dwenda, as her expertise makes her a perfect lead for the TCR Central Training Team.

- Marie Longoria, CTR
Program Specialist, Houston



Query Tool



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



TCRCR 11.3a Edits

The Texas Cancer Registry continues to implement new edit sets to meet national standards and requirements by the Centers for Disease Control. All data must clear the 11.3a edits regardless of diagnosis date. This edit set will accommodate previous year's data.

National standard setters have incorporated new edits as well as revised existing edits in their continued effort to collect quality data. We have included the logic in an effort to help reporters resolve inconsistencies in their data prior to submission. Please do not hesitate to call your regional representative if you have additional questions.

The most common errors in the data being submitted to the TCR with the new edits are as follows:

- CS Extension, Brain Schema
- CS Extension, Mycosis Fungoides Schema
- CS Mets at DX, Lung, Laterality
- CS TS/EXT Eval Surgery, Bladder Schema
- Derived SS2000, Behavior ICDO3
- Primary Payer at DX, Date of DX

CS Extension, Brain Schema: This edit verifies that if the primary site reflects the supratentorial then CS extension is not coded to infratentorial and vice versa.

If Primary Site = C711-C715 (supratentorial), then CS Extension must not = 11, 12, 20, or 51 (infratentorial tumors).

If Primary Site = C716-C717 (infratentorial), then CS Extension must not = 10 or 50 (supratentorial tumors).

This edit is skipped if any of the following conditions are true:

1. CS Extension is empty
2. Primary Site is not C700 or C710-C719 (Brain and Cerebral Meninges)

This edit is also skipped for the following histologies: Kaposi Sarcoma (Histologic Type ICD-O-3 = 9140) Lymphoma and Hematopoietic (Histologic Type ICD-O-3 = 9590-9699, 9702-9729, 9731-9989)

CS Extension, Mycosis Fungoides Schema: The edit verifies that CS Extension is coded properly for the Mycosis Fungoides and Sezary Disease schema per Note 2 for CS Extension: Use code 25 when skin involvement is present but only a general location/site is mentioned (i.e., face, legs, torso, arms). Use code 30 when there is skin involvement but there is no mention of location/site.

If Primary Site = C440-C448 (specified skin sites), then CS Extension must not = 30 (Skin involvement, NOS).

This edit is skipped if:

1. CS Extension is empty
2. Case is not Mycosis Fungoides and Sezary Disease (Histologic Type ICD-O-3 9700-9701)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (border line)

CS Mets at DX, Lung, Laterality: Purpose: This edit verifies lung cases coded as bilateral involvement have CS Mets at DX coded to bilateral as well.

If Primary Site = C340-C343, C348-C349 (Lung schema):

If Laterality = 4 (Bilateral involvement), then CS Mets at DX must = 39 or 40, which indicate involvement of contralateral lung or further metastatic disease or 50 [(10) + any of [(35) to (40)]].

Remember per the multiple primary rules, involvement of diffuse bilateral nodules "is the only condition when laterality = 4."

This edit is skipped if any of the following conditions are true:

1. CS Mets is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (border-line)

This edit is also skipped for the following histologies: Kaposi Sarcoma (Histologic Type ICD-O-3 = 9140)

TCRCR11.3a Edits (continued)

Lymphoma and Hematopoietic (Histologic Type ICD-O-3 = 9590-9699, 9702-9729, 9731-9989)

CS TS/EXT Eval Surgery, Bladder Schema: This edit verifies the CS Tumor Size/Ext Eval code is correct for surgeries which do not meet the pathologic staging criteria for cases coded using the CS Bladder schema.

For cases using the CS Bladder schema (Primary Site = C670-C679), if RX Summ--Surg Prim Site = 10-27, then the CS Tumor Size/Ext Eval must not = 3, 5, 6, or 8.

This edit is skipped if any of the following conditions are true:

1. CS Tumor Size/Ext Eval is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

This edit is also skipped for the following histologies: Kaposi Sarcoma (Histologic Type ICD-O-3 = 9140) Lymphoma and Hematopoietic (Histologic Type ICD-O-3 = 9590-9699, 9702-9729, 9731-9989)

Derived SS2000, Behavior ICDO3: This edit captures Behavior/Derived SS2000 errors. It is not meant to duplicate the calculation of stage performed by the CS algorithm routine. Its intention is to catch errors that might be due to stage not being re-derived after a change is made to one of the fields used to calculate Derived SS2000.

This edit is skipped if any of the following conditions are true:

1. Derived SS2000 is blank
2. Case is death certificate only (Type of Reporting Source = 7)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

If Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Histologic Type ICD-O-3 NOT = 9590-9699, 9702-9729, 9731-9989 (lymphoma and hematopoietic), then Derived SS2000 must be 8 (not applicable). This used to be coded to “9”.

Note 1: In situ behavior (Behavior Code ICD-O-3 of 2) generally maps only to a Derived Summary Stage of 0 (in situ). The one exception is: A bladder case coded with a CS Extension of 10 (Confined to mucosa, NOS) will map to Derived Summary Stage of 1 (local).

Note 2: Malignant behavior (Behavior Code ICD-O-3 of 3) generally cannot map to a Derived Summary Stage of 0 (in situ). The one exception is: A prostate case coded with a CS Extension (clinical extension) of 99 (unknown) and CS Site-Specific Factor 3 (pathologic extension) of 000 (in situ) will map to Derived Summary Stage of 0 (in situ).

Primary Payer at DX, Date of DX: If Date of Diagnosis is 2007 or later then Primary Payer at DX cannot be blank.

Changes to existing edits are as follows:

Prostate –(**Edit is Age, Primary Site, Morphology ICDO3**) Edit changed to require review if age is less than 40, instead of less than 45 when the site is prostate and histology is Adenocarcinoma (81403).

Prostate –(**CS Extension, TS/Ext Eval, Prostate Schema**) Edit verifies that cases coded using the CS Prostate schema, CS Extension and CS Tumor size/Ext Eval are consistent.

Added “2” to CS Tumor Size/Ext Eval Codes allowed if RX Summ-Surg Prim Site is 19-26. For example if 50” Radical prostatectomy is coded do not use code “3” for CS TS/Ext-Eval (no surgical resection performed), use code “4” (surgical resection performed). Remember that you cannot take the information from a TURP to code SSF3.

TCRCR11.3a Edits (continued)

The CS Extension, Lymphoma Schema edit:

Removed C024 (lingual tonsil), C090-C099 (tonsil), C111 (pharyngeal tonsil), C142 (Waldeyer's ring), C172 (ileum), and C181 (appendix) from list of primary sites NOT allowed for CS Extension 11.

The CS Extension, Primary Site, Behavior ICDO-3 edit:

The purpose of this edit is to verify that the values coded in Behavior Code ICD-O-3 and CS Extension are consistent.

The Regional Nodes Ex, Reg Nodes Pos edit:

Changed to allow Regional Nodes Positive of 95 with Regional Nodes Examined of 98.

The Primary Site, Laterality edit: If Primary Site C342 (lung, middle lobe), Laterality cannot = 2 (left) or, if year of Date of Diagnosis = 2007 or later and not = 9999, Laterality cannot = 4 (bilateral).

Again remember per the multiple primary rules, involvement of diffuse bilateral nodules "is the only condition when laterality can be a 4 for lung cases."

Code 4 is seldom used except when both ovaries are involved simultaneously, single histology or Bilateral retinoblastoma or Bilateral Wilms tumors.

The TCR continues to get submissions with the Physician Following NAACCR data item #2470 and Physician Managing NAACCR Data Item #2460 fields are left blank. The edits for these fields no longer allows these fields to be blank. See pages 63-64 in our Cancer Reporting Handbook for coding instructions for these data fields.

- Susan Perez, CTR
Quality Assurance, Austin



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:

- [The Cost of Cancer in Texas, 2009 Report](#)
- [Tobacco and Cancer in Texas, 2009 Report](#)
- [Cancer Incidence and Mortality in Texas, 2001–2005 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:

When coding CS TS Ext-Eval, don't assume the CS Standard Table will apply to the primary site in question. There are many primary sites where the CS Standard Table will not apply (lymphomas, prostate etc). Please use your manuals for coding due to the variation in schemas.

Texas Cancer Registry Implemented New Codes for Non-Reportable Cases

Upon review of the facility disease index cases may be identified as TCR non-reportable cases. A list of these cases must be kept each year because the TCR needs to review the disease index and the non-reportable list when it conducts casefinding audits after facilities have completed reporting for a given year. SandCrab Lite users document in the text field “reason for not reporting” once a case is flagged as non-reportable. TCR would like for reporters to begin using the new codes along with the text description. Most facilities using commercial or other vendor software currently document non-reportable (NR) directly on the disease index. Another method would be to develop an electronic spreadsheet that can be sorted alphabetically, such as Excel or Word.

Non-Reportable List

Facility Name: _____ Facility ID# ____ Reviewed by: _____ Telephone: _____

Patient Name	Med Rec #	Admit Date	Date of Birth	SS#	Casefinding Source	N/R Code

*** KEEP A COPY FOR YOUR RECORDS

NON-REPORTABLE (N/R) CODES:

- 01 – Benign
- 02 – Non-Reportable Skin Cancer (Site=C44._, Morph=8000-8110)
- 03 – No Evidence of Disease (NED) (History of Cancer but No Evidence of Treatment Currently and No Evidence of Cancer Currently)
- 04 – Cancer Not Proven
- 05 – Duplicate Case (This Cancer has already been reported to TCR)
- 06 – In situ Cancer of Cervix, CINIII
- 07 – No Cancer Mentioned in Record
- 08 – Diagnosed prior to 1995
- 09 – Lab only
- 10 – Other (Include Explanation)

Source: Texas Cancer Registry 2008 Cancer Reporting Handbook, Page 33

- Cynthia Evans LVN, CTR
Casefinding Specialist, San Antonio



Technology Corner

New TCR Edits for 2009:

All facilities should now be using the TCR Edits v11.3A (TCRCR113A.RMF) available on the TCR website (www.dshs.state.tx.us/TCR/vendors.shtm) for commercial software vendors and facilities. Data with an admission or diagnosis date after January 1, 2009 must be run through the 11.3A TCR Edits – this edit set should also be used for admission or diagnosis dates prior to January 1, 2009. 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 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:

- 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 (texas113.ini) and add the new TCRCR113A.RMF edits to your previously installed GenEdits Plus software.
- Facilities that use the old version of GenEdits Lite or GenEdits Plus (other than 1.1.2) should uninstall this product and install GenEdits Plus version 1.1.2. Perform all three (3) steps identified at the TCR web link <http://www.dshs.state.tx.us/tcr/genedits.shtm>.

Help Desk Software – Novo Solutions:

Novo Solutions Help Desk Software is now available on the TCR website under the Software Tab. The hyper-link 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.

Remember:

A prostatectomy that is not part of first course treatment should be coded as 098 in CS Site-Specific Factor 3 CS Extension-Pathologic Extension. When SSF 3 is coded to 098 the surgical procedure can only be coded to 00 since it did not fall within first course treatment guidelines.

Resource:

CS Manual vs. 01.04.00, Part II, page 437 and May 2008 TCR Handbook, page A-452.

Technology Corner (continued)

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

The updated edits for SCL-P is now available and should automatically download and install. The new edits are tcrsclp113a.rmf 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 (version 1 or 2) 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).

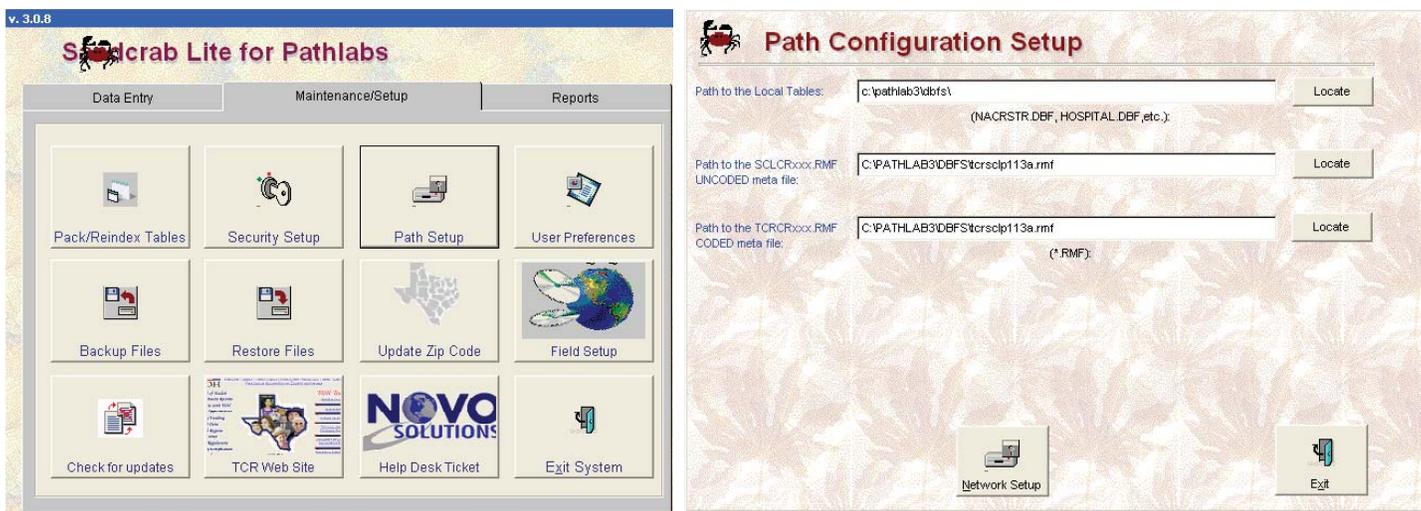


Figure 1 – Check Edits for SCL-P (tcrsclp113a.rmf)

- Jonathan Unnasch
Business Analyst, Austin

Remember:
There are three types of polycythemia: primary, secondary and relative. The only reportable type is “primary” polycythemia. The record must have one of the terms “chronic”, “primary” or “polycythemia vera” in order to be reportable.

Resource:
May 2008 TCR Handbook, Section I, page 4. COC Inquiry & Response Question ID No. 14282.

Coding Corner

Determining Reportability for Hematopoietic Disease and Lymphoma

Question:

Is smoldering multiple myeloma a reportable diagnosis? Also, should evolving multiple myeloma be reported?

Answer:

Smoldering multiple myeloma is reportable as multiple myeloma (9732/3). Smoldering means the process is progressing, possibly at a slower rate than expected.

Evolving multiple myeloma could represent a plasmacytoma, plasma cell dyscrasia, or another lymphoproliferative disorder. Not all of these histologies are reportable. Additional information is needed to determine reportability. If no further information is available this would not be reportable.

Resources:

SEER Inquiry System, Question ID 20031200, <http://seer.cancer.gov/seer inquiry/index.php?page=view&id=20031200&type=q>

SEER Inquiry System, Question ID 20020069 , <http://seer.cancer.gov/seer inquiry/index.php?page=view&id=20020069&type=q>

Question:

Is polycythemia secondary to smoking reportable?

Answer:

Secondary polycythemia (caused by smoking, among other things) and polycythemia without other specifications are not reportable. A list of synonyms for the reportable diagnosis of polycythemia vera can be found on page 28 of Abstracting and Coding Guide for the Hematopoietic Diseases.

Resources:

Commission on Cancer Inquiry & Response System, Question ID No. 14282, , <http://web.facs.org/coc/FMPro>

Question:

A patient was diagnosed at our facility with mycosis fungoides. A year later a biopsy showed anaplastic large T-cell lymphoma. The physician states that this represents a transformation of the previous mycosis fungoides. Should the anaplastic large T-cell lymphoma be reported as a second primary?

Answer:

This is one primary, mycosis fungoides. The physician states that this one diseases process started as mycosis fungoides and progressed into lymphoma. A physician's statement has priority over other sources in determining the number of hematopoietic primaries. The multiple primary rules for hematopoietic disease did not change in 2007 when the new MP/H rules went into affect.

Resources:

SEER Inquiry System, Question ID 20061075, <http://seer.cancer.gov/seer inquiry/index.php?page=view&id=20061075&type=qMP/H Rules for Breast>

Coding Corner (continued)

Question:

Patient had a mastectomy with two lesions, same histology, in different quadrants. Rule M4 states tumors in sites with ICD-O-3 topography code (Cxxx) with different second (Cxxx) and/or third characters (Cxxx) are multiple primaries. Is this multiple primaries?

Answer:

Rule M4 does state topography codes different at 2nd (Cxxx, Example: C509 and C349) or 3rd characters (Cxxx, Example: C509 and C559) are multiple primaries. Characters are letters and digits, so C504 and C502 are different at the 4th character. This breast has two lesions in different quadrants that are different at the 4th character this should be reported as a single primary.

Resources:

Commission on Cancer Inquiry & Response System, Question ID 26880, <http://web.facs.org/coc/FMPro>

Question:

A patient with a previous breast primary presented with supraclavicular nodes. The pathologist reported the lymph nodes were positive for metastatic breast adenocarcinoma. Since the previous breast cancer tissue was not reviewed for comparison with the supraclavicular lymph node tissue, should this be reported as a new primary?

Answer:

This is a recurrence because it is metastases that occurred in lymph nodes.

Resources:

Commission on Cancer Inquiry & Response System, Question ID 25724, <http://web.facs.org/coc/FMPro>

Question:

A path report said left breast, infiltrating lobular carcinoma, lower inner quadrant, and dcis in upper outer quadrant. Is this two separate primaries, with different quadrants and histologies?

Answer:

Use rule M10 and code as a single primary. Code the invasive histology (H27) invasive lobular.

Resources:

Commission on Cancer Inquiry & Response System, Question ID 25666, <http://web.facs.org/coc/FMPro>

- Cindy Dorsey, CTR
Program Specialist, Austin

Training Opportunities

NAACCR and NCRA Webinar Series

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>.

Schedule:

05/07/2009	Using the National Death Index in Registry Mortality Ascertainment Activities
06/11/2009	Collecting Cancer Data: Prostate
07/09/2009	Advanced Coding & Abstracting
08/06/2009	Collecting Cancer Data: Breast
09/03/2009	Assessing and Using Cancer Data

The National Cancer Registrar's Association (NCRA):

With the first four sites in this five-part series Advanced Abstracting Webinars now complete; the next scheduled webinar will cover:

05/14/2009 Lung

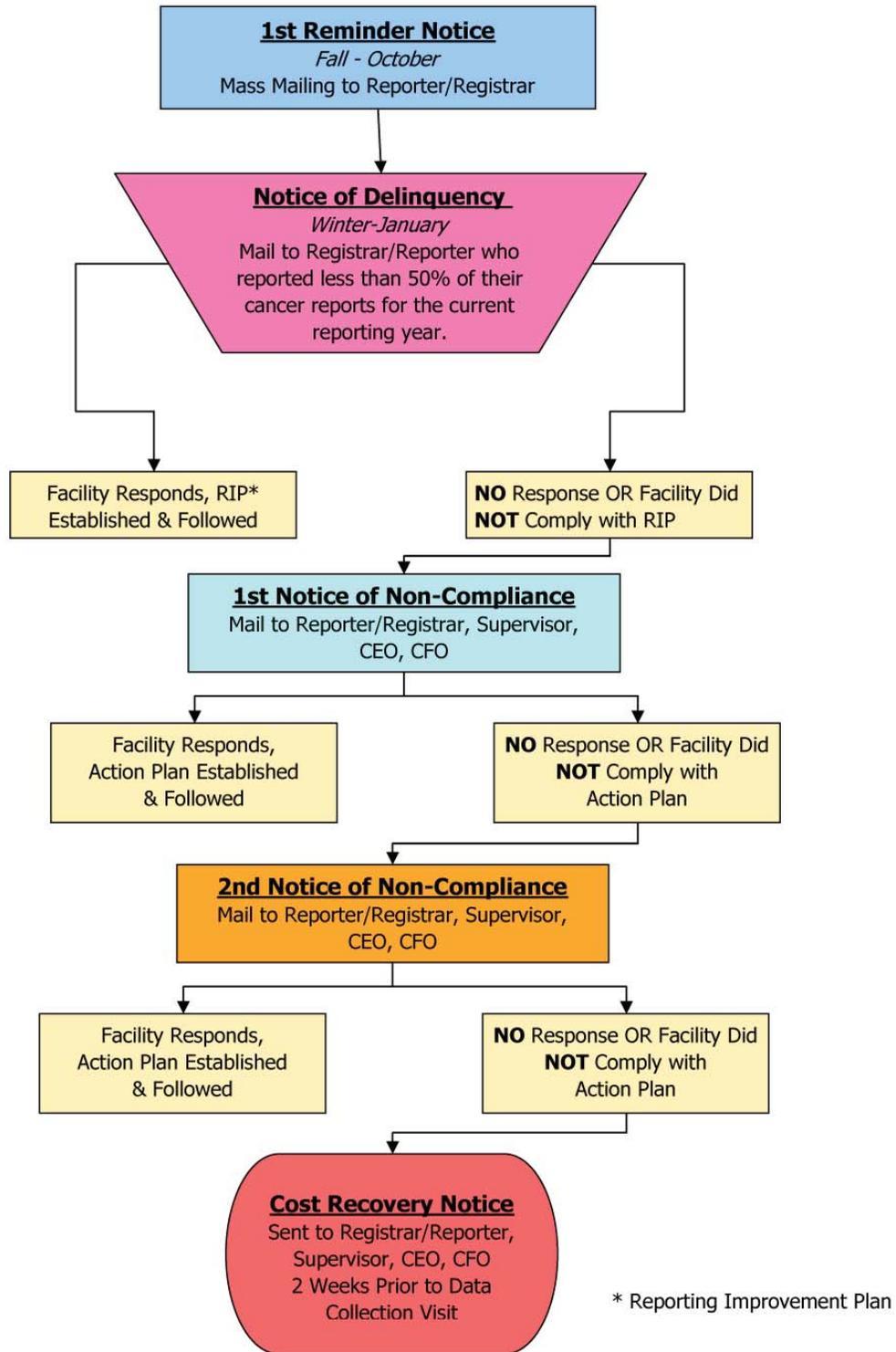
Registration is not required. You can view the Webinars in Austin, Arlington, Houston, Tyler, Laredo, McAllen, Lubbock, San Antonio, Temple, Amarillo and El Paso. Please check our website for specific location information at <http://www.dshs.state.tx.us/tcr>.

****Please note that for NCRA Webinars only PAID registrants will be eligible to receive CE credit****

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

TEXAS CANCER REGISTRY COMPLIANCE MONITORING PROCESS



- Dora Rodriguez-Flores, CTR
Regional Program Specialist