

REPORTING TOOLS

Electronic Reporting

Manual (paper) cancer reporting forms, mailed medical records, or modem submissions are no longer allowed. All cancer reports (also referred to as abstracts, records or cases in this handbook) must be submitted electronically either via an FTP data submission process (**F**ile **T**ransfer **P**rotocol, used to transfer files over the Internet), or by sending an encrypted, zipped, password protected data file saved on a CD via a courier service with a mechanism for tracking shipments.

Note: All data submissions must clear TCR required edits at the time of submission. For SCL users, current edits are automatically maintained. For information on incorporating and/or using TCR edits in facility-specific or vendor software, contact the Central TCR Office in Austin at 1-800-252-8059 or (512) 458-7523.

WS-FTP (File Sharing) Web Transfer Module

The TCR no longer uses the **C**ancer **R**egistry **E**lectronic **S**ubmission **S**ystem (CRESS) to support web-based FTP submissions of data files. WS-FTP is the new process for submitting cases to the Texas Cancer Registry (TCR) for both commercial software and SandCrab Lite software users. The WS-FTP is a secured site and cannot be accessed by anyone without a valid user id and password.

If you are using SCL, the new process will require the SCL user to save the submitted cases to disk (recommend users save to Network drive, even if default is to C:drive for security purposes and backup). Once the cases are saved on the SCL user's PC or Network, they will login to WS-FTP and transmit the submitted cases to the TCR. Data is transmitted via Secure Shell or SSH; a network protocol that allows data to be exchanged using a secure channel between two networked devices.

For more information on the WS-FTP application whether using commercial software or SCL software, please refer to the TCR web site at <http://www.dshs.state.tx.us/tcr/ws-ftp.shtm>, or contact the TCR helpdesk at 1-800-252-8059.

Preferred Method of Data Submission

We strongly recommend facilities to submit their data via the Internet (WS-FTP). This process better assures the security of confidential patient information during submission to our office. When confidential patient data are submitted on CD through the mail, they can be lost and/or more readily accessed by unauthorized personnel.

If data files are submitted via CD, they must be encrypted, zipped, password protected and mailed via a courier service which provides a tracking mechanism. The password must **never** be sent with the CD. Please either call the TCR Central Office at 1-800-252-8059 or (512) 458-7523 to provide your password. The TCR Confidential Information Security Policy prohibits transmission of confidential information via regular mail.

Reporting Software

SANDCRAB Lite (SCL):

SCL, a cancer abstract reporting software developed for reporters, is available from the TCR free of charge. SCL meets TCR reporting requirements, but does not meet all requirements for an ACoS approved cancer program. Cases are entered directly into the computer and submitted to the TCR via an FTP process.

The SCL system requirements, registration, software, and *User's Manual* are available at: www.dshs.state.tx.us/tcr/reporting.shtm#SCL. SCL can be downloaded from the TCR website at www.dshs.state.tx.us/tcr/FormSL.shtm by selecting "Register to Download SCL." If you have questions, need assistance with the installation of SCL, or require a CD of the software, contact the Central TCR Office in Austin at 1-800-252-8059 or (512) 458-7523.

SCL System Requirements:

- A 300 MHz Intel-based personal computer
- 64 MB or more RAM for Windows 98
- 128 MB or more of RAM for Windows 2000, Windows NT, Windows ME, Windows XP, and Windows Vista
- CD-ROM Drive or CD-RW (optional)
- 1.44 MB 3 ½" floppy drive (optional)
- Approximately 185 MB (185,000,000 bytes) or more Free Hard Disk Space is needed to install the SCL program. Additional disk space will be needed as records are added to the database.
- Internet and/or network connectivity (recommended for software/table updates)

Commercial Vendor or Facility Software

All commercial or facility software must fully comply with TCR reporting requirements, including the correct NAACCR format standards and TCR edits. If you have questions, or need assistance in determining if your software meets TCR standards, contact the Central TCR Office in Austin at 1-800-252-8059 or (512) 458-7523.

Format Standards

Note to SCL Users: Reporters submitting data using SCL should disregard this section on Format Standards.

The layout and coding scheme for reporting with commercial vendor or facility software should follow the *NAACCR Data Exchange Record Layout*. Please refer to the *NAACCR Standard for Cancer Registries, Volume II*, for a description of the layout. All columns not requiring data must be blank.

Facilities with an ACoS approved program must utilize the *FORDS* manual as well as the TCR's *Cancer Reporting Handbook* to ensure reporting compliance with both entities, as the data sets for

the TCR and ACoS are different. Refer to *Appendix H* for a comparison of data sets for the ACoS, NAACCR, SEER, and TCR requirements.

Note: Submissions in an incorrect format, with missing or incomplete data, and/or errors **will be rejected**. Rejected reports must be resubmitted within 30 days. If cases are rejected, they will not count towards your compliance.

NAACCR Version Submission Format:

Diagnosis/Admission Year	NAACCR Version
All years	12 Required

Note: When using commercial registry software, follow the coding instructions specific to that software. **Do not** mix codes from one software with another. Any alteration or deviation from the codes specified in the software instructions will create errors in reporting.

Timeliness of Data Submission

Timeliness of case reporting is important, however, data quality and completeness must be assured as well. Researchers, epidemiologists, health planners, clinicians, and laypersons benefit from access to the most current information. Due to reporting requirements of CDC and TCR, all reports of cases shall be submitted to the TCR within six months of initial diagnosis or admission at their facility with active disease and/or treatment of cancer. This information is referenced in *Section 91.5(a) (When to Report)* of the *Texas Cancer Incidence Reporting Rules*. Refer to *Appendix B* at www.dshs.state.tx.us/tcr/lawrules.shtm#law for more information regarding reporting timeliness.

Timely Reporting Calendar for 2010:

Note: The TCR is allowing a two month extension for reporting 2010 cancer cases.

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

Representatives from your regional office are available to provide training on appropriate reporting procedures.

Note: If cases are abstracted at the time patients are discharged from your facility, all or part of the first course of treatment may be missed. A procedure should be implemented to check patient readmissions for additional first course of treatment information before submitting to the TCR.

Data Submission Procedures for Non-Hospital Reporters

Independent Clinical Laboratories are required to submit reports at least quarterly. Electronic submission is required.

Health care practitioners are required to furnish data or provide patient information access to the TCR if the same data or information are not reported by a health care facility or clinical laboratory. Health care practitioners initially diagnosing and performing in-house pathological tests for patients should report on a quarterly basis and include cases diagnosed within six months of reporting. Otherwise, health care practitioners should submit data within two (2) months of the TCR's request for specific patient information.

Note: The reporting by health care practitioners is being implemented in phases as resources allow.

Regional Contacts		
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Public Health Regions

