Texas Cancer Reporting News

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TEXAS Department of State Health Services

Texas Cancer Registry

CPRIT CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

The mission of the Texas Cancer Registry is to collect, maintain, and disseminate high quality cancer data that contribute towards cancer prevention and control, research, improving diagnoses, treatment, survival, and quality of life for all cancer patients.

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 1U58DP003902-02.

State Agency Funding

- Cancer Prevention and Research Institute of Texas
- Texas Department of State Health Services
- Texas Health and Human Services Commission

Academic Institutions

Appreciation is also extended to the following academic institutions for their past funding of the Texas Cancer Registry:

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

Additional financial support was provided by:

- University of Texas Medical Branch at Galveston
- University of Texas Health Science Center at Houston
- Texas A&M University System Health Science Center
- Texas Tech University Health Sciences Center
- University of Texas at Austin
- University of Houston
- University of North Texas Health Science Center at Fort Worth
- Texas Tech University
- University of Texas at Arlington
- Texas State University - San Marcos
- University of Texas at Brownsville
- Texas Woman's University
- Texas Southern University
- University of Texas - Pan American
- University of Texas at El Paso
- Stephen F. Austin State University
- University of Houston - Clear Lake
- University of Texas at Dallas

Texas Cancer Reporting News

Fall/Winter 2013

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In this issue:

Questions regarding information found in this newsletter, or suggestions for future editions can be directed to Ashley Dixon, in Austin at (512) 305-8506, (800) 252-8059, or email at Ashley.Dixon@dshs.state.tx.us.

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http://www.dshs.state.tx.us/tcr/news_tcrn.shtm

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

Publication No. E10-10542

Registry Accomplishments

NAACCR / CDC-NPCR Update

The TCR completed its annual calls for data, submitting 1,604,656 Texas resident cancer cases diagnosed from 1995 through 2011 to the North American Association of Central Cancer Registries (NAACCR) and the CDC National Program of Cancer Registries (NPCR). The TCR also completed its final submission of 2011 Comparative Effectiveness Research (CER) data, thus concluding the CER Project.

At a recent DSHS Council meeting the Commissioner, Dr. David Lakey, recognized the Texas Cancer Registry for having again earned NAACCR Gold Certification and meeting CDC-NPCR high quality data standards. In presenting the NAACCR certificate to the Council, Dr. Lakey acknowledged how vital the work of cancer reporters is to the overall effort of cancer prevention and control in Texas. The Council Chair, Glenda Kane, also acknowledged how important the work is in the fight against cancer, especially considering the cost of cancer and its impact on our economy. This is a well-earned recognition of our reporters and staff's hard work and dedication. Thank you!

NAACCR's Annual Conference was held this past June in Austin, and as things always are in Texas, was a BIG success! The conference drew delegates from across America, Europe and the Caribbean, and provided a forum for education, exchange of ideas, problem solving, planning for the future, and a chance to network with colleagues. During the week-long event, 400 delegates attended sessions, viewed posters, and participated in workshops.

Publications Using TCR Data

In 2013, a variety of research journal articles were published using TCR data. A few of these publications are highlighted below.

Disparities in the Treatment and Outcomes of Lung Cancer among HIV-infected People in Texas. Suneja G, Shiels MS, Melville SK, Williams MA, Rengan R, Engels EA. AIDS. 2013 Jan 28;27(3):459-68.

OBJECTIVES: HIV-infected people have elevated risk for lung cancer and higher mortality following cancer diagnosis than HIV-uninfected individuals. It is unclear whether HIV-infected people with lung cancer receive similar cancer treatment as HIV-uninfected people.

DESIGN/METHODS: We studied adults 18+ years old with lung cancer reported to the Texas Cancer Registry (N=156,930) from 1995-2009. HIV status was determined by linkage with the Texas enhanced HIV/AIDS Reporting System. For non-small cell lung cancer (NSCLC) cases, we identified predictors of cancer treatment using logistic regression. We used Cox regression to evaluate effects of HIV and cancer treatment on mortality.

RESULTS: Compared with HIV-uninfected lung cancer cases (N=156,593), HIV-infected lung cancer cases (N=337) were more frequently young, non-Hispanic black, male, and with distant stage disease. HIV-infected NSCLC cases less frequently received cancer treatment than HIV-uninfected cases (60.3% vs. 77.5%; odds ratio 0.39, 95% confidence interval [CI] 0.30-0.52, after adjustment for diagnosis year, age, sex, race, stage, and histologic subtype). HIV infection was associated with higher lung cancer-specific mortality (hazard ratio [HR] 1.34, 95%CI 1.15-1.56, adjusted for demographics and tumor characteristics). Inclusion of cancer treatment in adjusted models slightly attenuated the effect of HIV on lung cancer-specific mortality (HR 1.25; 95%CI 1.06-1.47). Also, there was a suggestion that HIV was more strongly associated with mortality among untreated than among treated cases (adjusted HR 1.32 vs. 1.16, p-interaction=0.34).

CONCLUSION: HIV-infected NSCLC cases were less frequently treated for lung cancer than HIV-uninfected cases, which may have affected survival.

Muddy Water? Variation in Reporting Receipt of Breast Cancer Radiation Therapy by Population-based Tumor Registries. Walker GV, Giordano SH, Williams M, Jiang J, Niu J, MacKinnon J, Anderson P, Wohler B, Sinclair AH, Boscoe FP, Schymura MJ, Buchholz TA, Smith BD. Int J Radiat Oncol Biol Phys. 2013 Jul 15;86(4):686-93.

continued on page 3...

Registry Accomplishments *continued...*

PURPOSE: To evaluate, in the setting of breast cancer, the accuracy of registry radiation therapy (RT) coding compared with the gold standard of Medicare claims.

METHODS AND MATERIALS: Using Surveillance, Epidemiology, and End Results (SEER)-Medicare data, we identified 73,077 patients aged ≥66 years diagnosed with breast cancer in the period 2001-2007. Underascertainment (1 - sensitivity), sensitivity, specificity, x, and X(2) were calculated for RT receipt determined by registry data versus claims. Multivariate logistic regression characterized patient, treatment, and geographic factors associated with underascertainment of RT. Findings in the SEER-Medicare registries were compared with three non-SEER registries (Florida, New York, and Texas).

RESULTS: In the SEER-Medicare registries, 41.6% (n=30,386) of patients received RT according to registry coding, versus 49.3% (n=36,047) according to Medicare claims (P<.001). Underascertainment of RT was more likely if patients resided in a newer SEER registry (odds ratio [OR] 1.70, 95% confidence interval [CI] 1.60-1.80; P<.001), rural county (OR 1.34, 95% CI 1.21-1.48; P<.001), or if RT was delayed (OR 1.006/day, 95% CI 1.006-1.007; P<.001). Underascertainment of RT receipt in SEER registries was 18.7% (95% CI 18.6-18.8%), compared with 44.3% (95% CI 44.0-44.5%) in non-SEER registries.

CONCLUSIONS: Population-based tumor registries are highly variable in ascertainment of RT receipt and should be augmented with other data sources when evaluating quality of breast cancer care. Future work should identify opportunities for the radiation oncology community to partner with registries to improve accuracy of treatment data.

(Abstracts and citations from PubMed.)

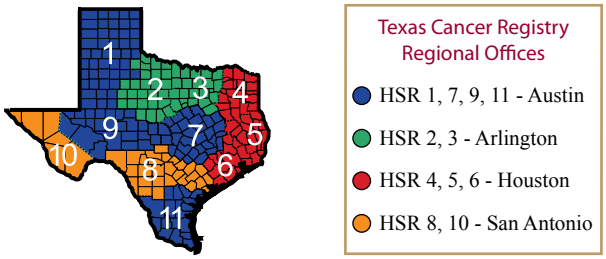
Ashley Dixon, MPH
Program Specialist
Core Business Operations Group
Austin

Case Completeness by Dx Year

As of: December 16, 2013

HSR 1:	2011	91%	HSR 7:	2011	86%
	2012	67%		2012	62%
	2013	19%		2013	11%
HSR 2:	2011	84%	HSR 8:	2011	91%
	2012	61%		2012	59%
	2013	12%		2013	11%
HSR 3:	2011	93%	HSR 9:	2011	85%
	2012	71%		2012	65%
	2013	19%		2013	9%
HSR 4:	2011	86%	HSR 10:	2011	103%
	2012	62%		2012	79%
	2013	14%		2013	26%
HSR 5:	2011	94%	HSR 11:	2011	92%
	2012	66%		2012	67%
	2013	12%		2013	13%
HSR 6:	2011	95%	State:	2011	91%
	2012	71%		2012	68%
	2013	21%		2013	17%

Texas Health Service Regions



TCR Spotlight: Core Business Operations Group

This is a continuation of a series started in the Winter 2011-12 edition of *Texas Cancer Reporting News*, to let you know about the different work groups of the Texas Cancer Registry (TCR). In this edition, we spotlight the Core Business Operations Group.

What task is the Core Business Operations Group for at the TCR? How is its work different from other groups in the TCR?

The Core Business Operations Group supports the TCR with its daily operations; from administrative to technical, this group's talents support the entire Registry. The work of the Core Business Operations Group is a bit different from other TCR groups in that rather than having all staff work on a common task, for instance, quality assurance or non-hospital reporting, each staff member is responsible for a unique set of tasks, covering a separate sphere of specialized interest. You'll see that even though there is specialization, there is still some overlapping of duties and backup present. Specifically, the group oversees and coordinates statewide administrative activities for the Registry, such as grant reporting, data security, staff services, website maintenance, and legislative session activities. The group also provides support and direction for the program's strategic planning, including establishing program goals and objectives; developing guidelines, procedures, policies, rules and regulations; as well as coordinating and evaluating these activities in the registry.

What are the roles of various members of the Core Business Operations Group?

The roles and staff members of the Core Business Operations Group are as follows: Joyce Felix, Staff Services Officer; Ashley Dixon, Program Specialist; Henry Pinter, Creative Media Designer; Pam Jatzlau, Systems Analyst; and Kendra Collier, Administrative Assistant.

The Staff Services Officer (SSO) is responsible for coordinating program administration, Human Resources, purchasing, and financial functions such as processing and maintaining timesheets, equipment, record keeping, physical and electronic filing systems, and routine correspondence and reports.

The Program Specialist's tasks include coordinating and preparing grant applications and other grant activities including performance reporting; participating in the development, monitoring and reporting of various branch

continued on page 5...

TCR Spotlight *continued...*

performance and compliance measures; preparing written comprehensive project plans, reports of findings and recommendations for TCR business operations, legislative initiatives, and rules; coordinating activities and meetings of the Advisory Committee to the Texas Cancer Registry (ACTCR); completing periodic review and updates of CESB and TCR websites; routine maintenance of the CESB intranet site; and coordinating the publication of the TCR newsletter.

The Systems Analyst is the "front door" of the TCR, working with the TCR's external customers to bring cancer data into the registry. This includes serving as first line phone support for external customers; creating and control of Web Plus accounts; as well as collecting and processing files for uploading and downloading in our data base.

The Creative Media Designer is responsible for the graphic design of all the TCR's media needs. This includes design and imaging for Branch publications, presentations, training materials, conference materials, signage, exhibits, displays and the TCR's external public website; as well as acting as the liaison to the DSHS Print Shop for department publications and handbooks.

The Administrative Assistant helps keep the TCR running smoothly by answering the main phone line and 1-800 number; assisting with preparation for meetings and trainings; updating and maintaining lists and rosters; equipment maintenance; travel assistance and tracking; certain routine purchases; meeting room coordination with CPRIT; restocking supplies and ordering equipment; and physical security at the front door.

What are some of the outputs of the group? What are the most interesting parts of the work the Core Business Operations Group is doing right now?

Some of the routine outputs of the group include monthly reports to the section and division; purchase requisition forms, payment claims, epi suspense assignments; grant reports and applications; as well as phone lists and organizational charts.

Recent outputs in the area of graphic design include hard copy versions of the *Annual Report* and the *Tobacco and Cancer in Texas Report*, as well as the 2013 Texas Fact Sheets, which are available online. On the external TCR site, the *Education and Training, Cancer Reporting,* and *Publications* sections were recently updated with a new, improved look and function. The group just recently published the new *2013 Cancer Reporting Handbook* and *2013 Texas Childhood Cancer Fact Sheet.*

The most interesting parts of the Core Business Operations Group's work include assisting with the Business Process Mapping project and developing dashboards for performance measures using the business intelligence product, Tableau. The dashboards have been really helpful in assisting the operations staff in focusing their work, especially during the calls for data.

continued on page 6...

TCR Spotlight *continued...*

The group has also been active in supporting the implementation of Stage 2 Meaningful Use Physician Reporting; including activities such as creating new physician reporting and meaningful use webpages on the TCR website and developing an online registration process for physicians to report to the TCR.

Is there anything else you'd like Texas Cancer Reporters to know about the Core Business Operations Group?
Stay tuned for the latest developments and newly published information on the TCR's ever-evolving website!

Ashley Dixon, MPH
Program Specialist
Core Business Operations Group
Austin

Remember:

CS Tumor Size (NAACCR Data Item 2800) must be coded for cases diagnosed Jan 1, 2004 and later. This replaces EOD Tumor Size (Item 780) which is collected for cases diagnosed Jan 1, 1998 through Dec 31, 2003.

Tumor Size should be recorded in millimeters. For example a 3.3cm tumor should be converted to 33 millimeters and coded as 033.

Coding Corner

Treatment

Did You Know? Several chemotherapeutic drugs have changed categories from Chemotherapy to BRM/Immunotherapy, **effective diagnosis date January 1, 2013 forward**. Be sure to use the updated SEER-Rx Interactive Drugs Database web-based format. *For cases diagnosed prior to January 1, 2013 continue coding the drugs in the table below as chemotherapy.*

Drug Name(s)	Previous Category	New Category	Effective Date
Alemtuzumab/Campath	Chemotherapy	BRM/Immunotherapy	1/1/2013
Bevacizumab/Avastin	Chemotherapy	BRM/Immunotherapy	1/1/2013
Rituximab	Chemotherapy	BRM/Immunotherapy	1/1/2013
Trastuzumab/Herceptin	Chemotherapy	BRM/Immunotherapy	1/1/2013
Pertuzumab/Perjeta	Chemotherapy	BRM/Immunotherapy	1/1/2013
Cetuximab/Erbitux	Chemotherapy	BRM/Immunotherapy	1/1/2013

Resource:
http://seer.cancer.gov/tools/seerrx/.

continued on page 7...

Coding Corner *continued...*

Newly Required Treatment Data Collection* for cases diagnosed on or after January 1, 2012:

RX Summ – Radiation* (NAACCR Item #1360)

Codes the type of radiation therapy performed as part of the first course of treatment. TCR requires Rx Summ – Radiation for breast and colorectal cases (as available for all other sites).

Question:
How is RX Summ coded for a patient who receives MammoSite radiation therapy?

Answer:
Assign the code for RX Summ –Radiation field to "2"- radioactive implants, and code the Radiation Regional Treatment Modality to "52" – intracavitary, high dose rate (HDR). MammoSite would be coded as brachytherapy, intracavitary, as there is no direct insertion into tissue. Be sure to thoroughly review your facilities radiation therapy progress notes for accurate radiation coding.

Resource:
2012 Texas Cancer Reporting Handbook, pages 134-138.

Question:
Radiation Therapy – Prostate: Is the regional treatment modality XRT best coded to 50 (brachytherapy, NOS), 53 (LDR) or 54 (HDR) when the documentation indicates only "I-125 seeds" to the prostate?

Answer:
Assign code 53 [Brachytherapy, interstitial, LDR] for seeds to the prostate. Seeds are always low dose because they are left in place and the radioactivity decays over time.

Resource:
SEER Program Coding and Staging Manual 2013, Section VI, First Course of Therapy. SEER Inquiry System, Question: 20071125, http://seer.cancer.gov/manuals/2013/SPCSM_2013_maindoc.pdf.

Announcement:

The Collaborative Stage Governance Committee has announced the discontinuation of several site-specific factors as an enhancement to CS version 2.05. These are data items that are not involved in stage calculation and have never been required by any standard setters. Software vendors will be provided with information on the discontinued factors so they can be hidden from the end user's screen. For more information, frequently asked questions and a complete list of discontinued factors see http://cancerstaging.org/cstage/index.html.

Cynthia Evans LVN, CTR
Public Health and Prevention Specialist
Regional Operations Group
San Antonio

Collaborative Stage Announcement

After careful consideration, the American Joint Committee on Cancer AJCC), Centers for Disease Control and Prevention (CDC), the Commission on Cancer (CoC), and the National Cancer Institute (NCI) have determined that it is not feasible to continue support of Collaborative Staging beyond diagnosis year 2015. Beginning with cases diagnosed in 2016 support of Collaborative Stage will cease and CDC, CoC and NCI will transition to direct coding of the AJCC TNM staging.

We believe that direct coding of AJCC along with the careful collection of clinically significant biomarkers and prognostic factors will provide our programs with a more precise and stable method for the collection of staging data that is positioned to keep pace with future medical advances. The Canadian Council of Cancer Registries (CCCR) is aware of the forthcoming changes and has started a process to determine how staging will continue in Canada.

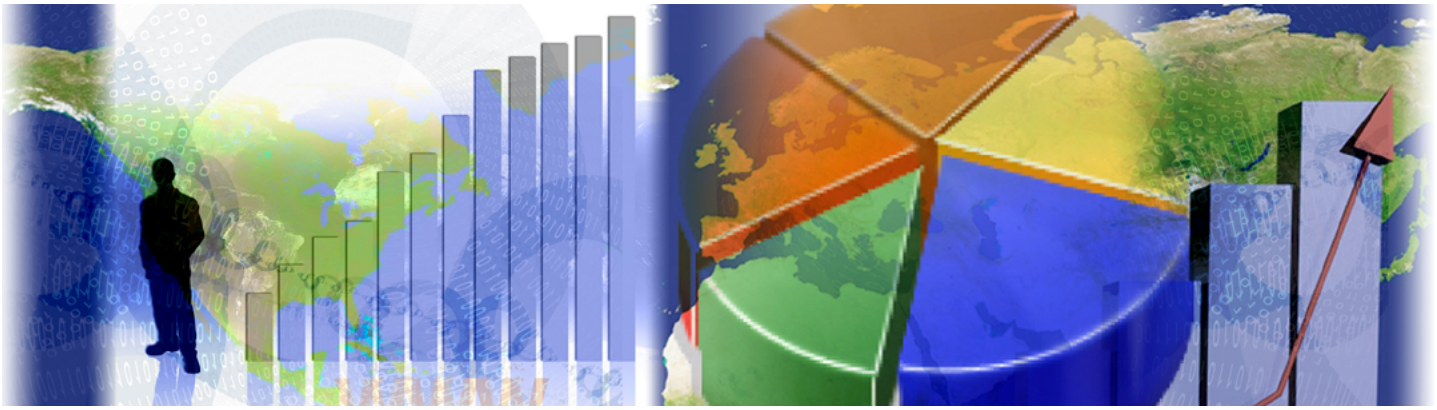
2014 and 2015 will be a transition period for all of us. During this transition the Collaborative Stage v2.05 Data Collection System will be used. At the same time the AJCC, CDC, CoC, NCI and CCCR will devote resources and support for training and other activities to ensure the continued collection of high quality data. Training will focus on procedures for directly coding clinical and pathological AJCC T, N, and M and stage group, as well as identifying optimal methods to capture biomarkers and prognostic factors. Although planning for this transition is just beginning we will be depending on the surveillance community, in coordination with NAACCR and NCRA, for expertise and insights into effective training development and delivery; and the needed changes in reporting standards and software as we move forward. Together we will build new processes which will ensure the continued collection of high quality data to inform research based on more meaningful clinical information and improve our ability to support best practices for patient care.

Please check the Texas Cancer Registry website for training opportunities in Texas at http://www.dshs.state.tx.us/tcr/training.shtm.

Epidemiology Corner

Texas Cancer Registry Directly Calculates Cancer Prevalence in Texas

The Texas Cancer Registry has been publishing cancer prevalence estimates on our website for many years now http://www.dshs.state.tx.us/tcr/prevalence.shtm. However, estimates for 2009 prevalence and earlier years have been true estimates, based on applying calculated SEER prevalence statistics, to the Texas population. Therefore, cancer prevalence estimates have only been as good as the comparison between all SEER areas and Texas. As a cancer registry our primary concern is with registering new cases of cancer so that we can generate high-quality cancer incidence and cancer survival statistics. Prevalence refers to the number of persons (it is also a count) who are living with cancer in the population. Therefore it is a statistic that incorporates both incidence and survival, since it includes persons whether they were diagnosed in given year, or diagnosed many years ago, as long as they are still alive in the population.



Prevalence is a very valuable statistic for health services research, to better understand the demand on health care resources. Prevalence can also lead to the seeming paradoxical situation that those cancers that are most likely to be successfully treated leading to long-term survival, may also be the most prevalent cancers. Prevalence data are not as useful for etiologic research, for which incidence and mortality rates are usually better suited, but prevalence data can be very valuable in planning health services and long-term care needs.

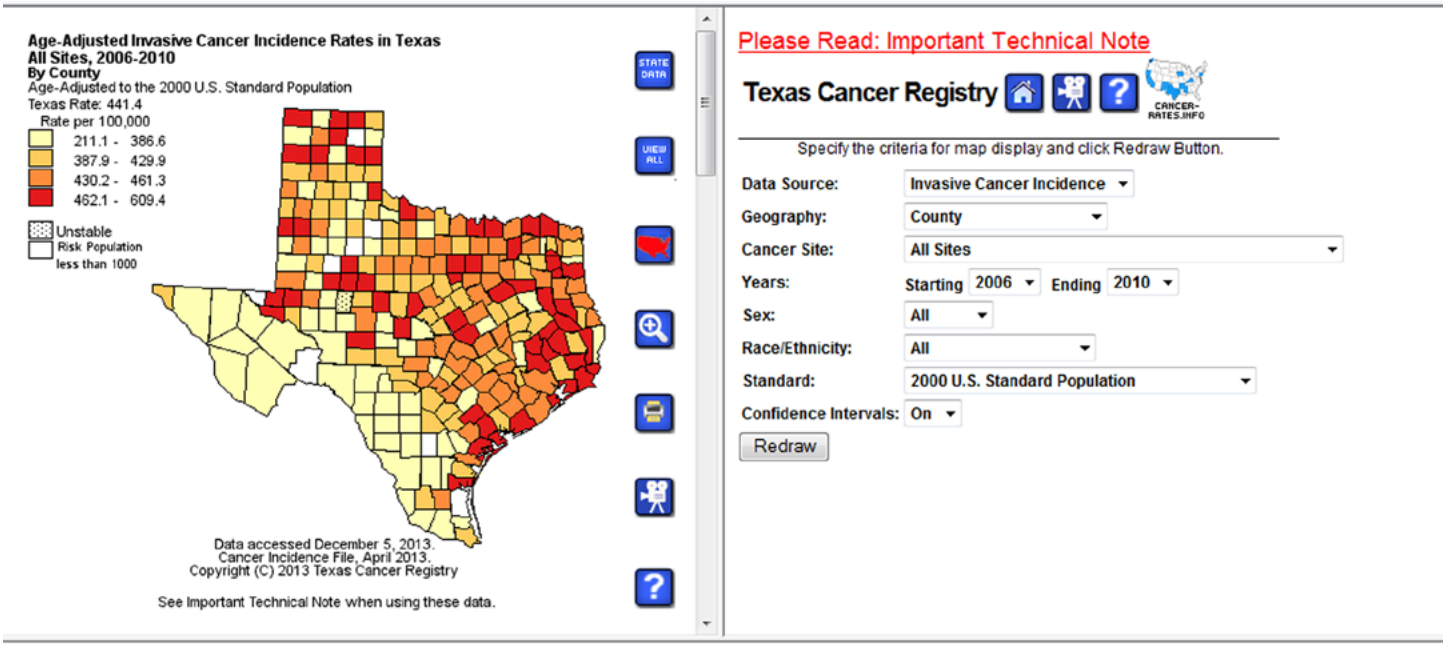
To directly count complete prevalence (defined as all persons who have ever been diagnosed with cancer and who are living in Texas) we would need more years of registry data. But we can directly calculate what is termed limited-duration prevalence, and that is what we have been publishing on our webpage. A limited-duration prevalence is defined as all persons that were diagnosed within a given time period (we have been using a 10-year time period, or 10-year limited-duration prevalence, on our webpage) who are still alive and residing in the population. Of course, this number changes every day, so a prevalence statistic is usually given for a single day, and we provide prevalence as of January 1 of each year. This year, for the first time, we have calculated Texas cancer prevalence directly from our own data, and we found that as of January 1, 2010, we had 488,114 living Texas residents who had been diagnosed with cancer in the previous 10-years.

continued on page 10...

Epidemiology Corner *continued...*

For 2010 we will continue to publish a 10-year limited-duration prevalence (since it compares quite favorably with the estimates based on the SEER prevalence data that we previously used for 2005-2009 prevalence estimates), but in the future we may produce prevalence tables for longer time periods, and we can do so now upon request.

TCR Web Query Tool--Instant Access to TCR Data



If you don't already know how easy it is to gain access to the cancer data that our TCR cancer reporters work so hard to produce, you should visit the Texas Cancer Registry Web Query tool, at the following web link: http://www.cancer-rates.info/tx/index.php. From this site you can generate cancer incidence rates for any type of cancer in Texas, by county or other geographic areas, at the click of a button. This site even generates nice downloadable maps for you to illustrate the areas of high or low cancer incidence or mortality rates. You can generate tables of rates, and graphs of trend lines, for cancer incidence or mortality. And a new, improved feature to increase usefulness is a Help Menu available by clicking the question mark ("?") key.

David Risser, PhD, MPH
and
Cheryl Bowcock, MPH
Epidemiologists
Epidemiology Group
Austin

Training Corner

The Texas Cancer Registry (TCR) will continue to host North American Association of Central Cancer Registries (NAACCR) and National Cancer Registrars Association (NCRA) training opportunities as well as providing CTR Exam preparation resources and a variety of specialized training opportunities conducted by our TCR Training Staff. Please visit the Education and Training website for more information about our TCR-sponsored activities, such as webinars and courses: http://www.dshs.state.tx.us/tcr/training.shtm.

2013 Cancer Reporting Handbook

The Texas Cancer Registry Training and Education Team has just published the 2013 Cancer Reporting Handbook. An electronic version of the Handbook is available online on the TCR Webpage: http://www.dshs.state.tx.us/tcr/training.shtm.

Advanced Trainings

The Texas Cancer Registry's yearly Statewide Training for Texas Cancer Reporters with speaker April Fritz and co-instructors Louanne Currence and Denise Harrison was a big success! This year we had a big increase in the number of students attending our Training, jumping from 230 students in 2012 to an estimated 300 students in 2013. We added 2 workshops to our already 9 workshops across the state in order to give more Reporters the opportunity to attend our free Training, learn the most up-to-date reporting information, and receive 13.5 continuing education hours.

More information about the Statewide Training can be found in the TCR Website: http://www.dshs.state.tx.us/tcr/training_schedule.shtm.

We are currently planning our 2014 Statewide Training for late Spring 2014.

NAACCR Webinars

The 2013-2014 NAACCR Cancer Registry and Surveillance Webinar Series is now underway! The NAACCR Webinars are free for all Texas Cancer Reporters through the Texas Cancer Registry. Please visit our website for the broadcast locations near you: http://www.dshs.state.tx.us/tcr/webinars.shtm.

Continuing Education Certificates will be distributed by NAACCR. For more information please contact Alana Trammell at Alana.Trammell@dshs.state.tx.us.

NAACCR Schedule for 2013-2014

*10/03/13 Collecting Cancer Data: Lip and Oral Cavity**
*11/07/13 Collecting Cancer Data: Prostate**
*12/05/13 Collecting Cancer Data: Ovary**
01/09/14 Collecting Cancer Data: Gastrointestinal Stromal Tumors (GIST)
02/06/14 Collecting Cancer Data: Treatment Data
03/06/14 Abstracting and Coding Boot Camp: Cancer Case Scenarios
04/03/14 Collecting Cancer Data: Melanoma
05/01/14 Collecting Cancer Data: Colon and Rectum
06/05/14 Collecting Cancer Data: Liver
07/10/14 Topics in Survival Data
08/07/14 Collecting Cancer Data: Lung
09/11/14 Coding Pitfalls

**Please note: past webinars have been included as reporters can request reference material from previous webinars. Also, it may be possible to still receive Continuing Education hours even after the webinar has occurred.*

NCRA Webinars

NCRA will present a "Strategic Abstracting" webinar series. Each 60-minute webinar will include an overview of

continued on page 12...

Training Corner *continued...*

the topic, an in-depth analysis of the site, and a question and answer session. Each session begins at 1:00 PM CST and will be worth 1 Continuing Education credit*.

** Only paid registrants will receive Continuing Education credits. Please visit the NCRA website at http://www.ncra-usa.org for registration information. The NCRA Webinars are free for all Texas Cancer Reporters through the Texas Cancer Registry. Please visit our website for the broadcast locations near you: http://www.dshs.state.tx.us/tcr/webinars.shtm. For more information please contact Alana Trammell at Alana.Trammell@dshs.state.tx.us.*

NCRA Schedule for 2013-2014

11/20/13 Strategic Abstracting: Non Malignant Brain & Central Nervous System
12/11/13 Strategic Abstracting: Hematopoietics
01/22/14 Strategic Abstracting: Bladder

NAACCR CTR Exam Preparation and Review Webinar Series

The TCR will provide Texas Cancer Reporters with the NAACCR CTR Exam Preparation and Review Webinar Series at no charge. The course includes nine 2-hour sessions carefully prepared to reflect changes to the 2014 CTR Exam.

Course Registration will begin in January 2014. Please contact Alana Trammell at Alana.Trammell@dshs.state.tx.us if you have questions. A registration announcement will be sent via our distribution list in January. To be added to our distribution list and receive coding updates and educational opportunities such as webinar and course information, please contact Alana Trammell.

Remember:

RX-SummRadiation (Data Item 1360) is required beginning with 2012 cases. A crosswalk of the Regional Treatment Modality to Radiation codes can be found in the SEER 2013 Manual, on page 127. The manual can be found at http://seer.cancer.gov/manuals/2013/SPCSM_2013_maindoc.pdf.

Please visit the TCR Website for additional information about the CTR Prep Course: http://www.dshs.state.tx.us/tcr/Training/CTR-Prep-Resources.aspx.

Ethel Garcia, MS, MEd
Training Specialist
Non-Hospital Operations and Training Group
Austin

Employee Update

The Texas Cancer Registry Welcomes the Following Staff Members:

Core Business Operations Group

Kendra Collier is the Texas Cancer Registry's Administrative Assistant and started on January 16, 2013. Kendra earned an A.A.S. in Business Administration from Lamar State College – Port Arthur, and most recently has been working as an Administrative Assistant supporting Board activities in the Commissioner's Office at the Texas Higher Education Coordinating Board. Kendra also has experience in Human Resources, purchasing and medical records management with private sector employers.

Joyce Felix, MBA is our Staff Services Officer who started with us on July 15, 2013. Joyce holds an MBA in Business Management. She has over 8 years of experience in administrative positions with HHSC, including as a Staff Services Officer. Prior to starting state service she held several private sector positions, including 14 years as an Executive Assistant with Chevron Petroleum Technology Company in California and owning her own business.

Non-Hospital Operations and Training Group

Valentina Cisneros is a Public Health and Prevention Specialist III in the Non-Hospital Operations Group. Valentina comes to us with experience as a research coordinator and abstractor of medical records for cancer epidemiology studies at Baylor and UTMD Anderson in Houston. She is also currently completing her Master of Public Health degree at the University of Texas School of Public Health in Austin, and expects to graduate in May 2014. Valentina started January 28, 2013, and she is CTR eligible.

Alana Trammell joined the TCR Staff on August 12, 2013 as a Training Specialist III. She has a Bachelor of Science in Biology from The University of Incarnate Word San Antonio and currently worked on a Master of Education degree in Management of Technical Education from Texas State University San Marcos and graduated in December 2013. Previously, Ms. Trammell worked as an Aquatic Science Teacher for Del Valle ISD and has 10 years of teaching experience. Ms. Trammell has also worked as a Physician Liaison and a Hospital Technician for Methodist Hospital San Antonio and she is CTR eligible.

Quality Assurance Group

Analise Castellanos, MPH joined the QA Team as our Program Specialist III on March 18, 2013. She earned her BA from Texas A&M University and her Master of Public Health degree in Epidemiology from the University of North Texas Health Science Center. Analise comes to us from Carter BloodCare where she supervised research projects and analyzed data. As a research assistant at UNTHSC she worked with medication and vital statistics data.

Colleen Wu, MS started May 13, 2013 in the QA Team as our Program Specialist II. Colleen is CTR eligible and earned her BS in Molecular Biology from The University of Texas at Austin and her Master of Science in Genetic Counseling from the University of Texas Graduate School of Biomedical Sciences at Houston. Ms. Wu is currently working towards her BS in Health Information Management from Texas State University. She has over 4 years of experience in data collection and distribution with UT Health Science Center San Antonio.

Lora Campbell is a QA Team Program Specialist I. Ms. Campbell holds a Bachelors of Science from the University of Louisiana and is CTR eligible. She has two years of experience in cancer reporting to the state of Texas using both our previous reporting

continued on page 14...

Employee Update *continued...*

software and our current Web Plus. Ms. Campbell also has over 16 years of experience working in the pathology settings. Lora started July 15, 2013.

Registry Operations

Sherylene Agcaoili is a Public Health and Prevention Specialist III and began with the TCR on April 15, 2013. Sherylene comes to the TCR from the DSHS Lab in Austin. Ms. Agcaoili has 8 years' experience with anatomy and medical terminology with her work in the DSHS Lab and the Alaska Department of Health. She has technical knowledge and experience in the application of coding anatomy and medical terminology and is CTR elgible.

Jennifer Ince, RHIT is a Public Health and Prevention Specialist III. Jennifer recently obtained her Associate's Degree, Registered Health Information Technician (RHIT), in Health Information Management and will be eligible to sit for the CTR exam after one year with the registry. Jennifer joined the TCR on July 8, 2013.

Pamela Morgan, MPA is a Public Health and Prevention Specialist II. Pamela has a Bachelor's Degree, Registered Health Information Administrator (RHIA), in Health Information Management and a Master's Degree in Public Administration. Ms. Morgan comes to the TCR from the Arizona Cancer Registry and is currently eligible to sit for the CTR examination. Pamela joined the TCR on July 29, 2013.

Welcome, new staff!

Marie Gallegos, CTR
Program Specialist
Northeast Texas Registry Operations Group
Houston

New Certified Tumor Registrars in Texas

Congratulations to the new Certified Tumor Registrars in Texas!

The following individuals passed their CTR exam in 2013:

Elizabeth Basquez, CTR
Diana Bermudez, CTR
Ambir Byrd, CTR
Charity Dossett, CTR
Donzelle Endres, CTR
Shanita Farmer, CTR
Suzzane Gomez, CTR
Fernando Lopez, CTR
Leslie McNeil, CTR
Chidiebere Ozumba, CTR
Moriah Polanco, CTR
Tasha Robbins, CTR
Tracy Tedder, CTR
Bonnie S. Tomlinson, CTR

Ethel Garcia, MS, MEd
Training Specialist
Non-Hospital Operations and Training Group
Austin

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