

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

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- University of Texas M.D. Anderson Cancer Center
- Baylor College of Medicine
- University of Texas Southwestern Medical Center at Dallas

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- University of Texas at Austin
- University of Houston
- University of North Texas Health Science Center at Fort Worth
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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 Reporting Changes for 2010

The Texas Cancer Registry (TCR) reporting requirements will change for cases diagnosed/admitted January 1, 2010 and forward. These new requirements are based on many changes as set forth by national standard setters. The TCR 2010 Cancer Reporting Handbook will incorporate all of the new and revised data items along with detailed coding instructions and will be available soon. Please check the website for the anticipated release date.

All 2010 cancer cases must be submitted in NAACCR Version 12 and clear the TCRv12edits. This edit set will be posted on our website in late July.

The data items revised for 2010 are listed in the table below.

<i>Data Item Name and Number</i>	<i>Explanation of Changes</i>
Date of Admit/First Contact #580	NOTE: In 2010, the format used to transmit all dates from hospitals to central registries or NCDB has been modified for interoperability with nonregistry data systems. Depending on registry software, these changes may be transparent to registrars. All blank (unknown) will not be accepted. Format: YYYYMMDD - complete date must be valid.
Class of Case #610	New codes 00-99. The new two digit codes offer more flexibility for recording diagnosis and treatment by the facility as distinct from diagnosis and treatment performed by a staff physician, and for distinguishing between all or part of first course treatment at the facility.
First Name #2240 Middle Name #2250 Maiden Name #2390 Alias #2280 Street Address #2330 Address at Diagnosis Supplemental #2335 City At Diagnosis #70	The item length for these fields has been increased to allow for more characters.
Date of Birth #240	Format: YYYYMMDD - when complete date is known and valid. YYYY - when only the year of birth is known. All blank (unknown) will not be accepted.
Date of Diagnosis #390	Format: YYYYMMDD - when complete date is known and valid. YYYYMM - when year and month are known and day is unknown. All blank (unknown) will not be accepted.
Race 1-5 #160-164	Code 09 (Asian Indian; Pakistani; Sri Lankan) has been eliminated. New codes: 15 Asian Indian or Pakistani, NOS 16 Asian Indian 17 Pakistani

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TCR Reporting Changes for 2010 *continued...*

Data Item Name and Number	Explanation of Changes
Text Remarks-Other Pertinent Information #2680	Item length increased to allow for more information.
Laterality #410	New code: 5 Paired site: midline tumor
Diagnostic Confirmation #2580	New Code: 3 Positive histology PLUS positive immunophenotyping AND/OR positive genetic studies (used only for hematopoietic and lymphoid neoplasms, 9590-9992).
RX Date Surgery #1200	Format: YYYYMMDD - when complete date is known and valid. YYYYMM - when year and month are known and the day is unknown. YYYY - when year is known and month and day are unknown. (blank) - when no surgery was done. If surgery was done a date or at least a year must be coded. All blank (unknown) will not be accepted if surgery is coded as done.
Surgical Procedure of Primary Site	Updates per FORDS 2010 including addition of new Hematopoietic ICD-O codes to exclusions.
Date Radiation Started #1210	Format: YYYYMMDD - when complete date is known and valid YYYYMM - when year and month are known and the day is unknown YYYY - when year is known and month and day are unknown (blank) - when no radiation was given. If radiation was given a date or at least a year must be coded. All blank (unknown) will not be accepted if radiation therapy is coded as given.
Date Systemic Therapy Started #3230	Format: YYYYMMDD - when complete date is known and valid. YYYYMM - when year and month are known and the day is unknown. YYYY - when year is known and month and day are unknown. (blank) - when no systemic therapy was given. If systemic therapy was given, this data field will be populated from coded systemic dates. All blank (unknown) will not be accepted if systemic therapy is coded as given.

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TCR Reporting Changes for 2010 *continued...*

<i>Data Item Name and Number</i>	<i>Explanation of Changes</i>
Date Other Treatment Started #1250	Format: YYYYMMDD - when complete date is known and valid. YYYYMM - when year and month are known and the day is unknown. YYYY - when year is known and month and day are unknown. (blank) - when no other treatment was given. If other treatment is given a date must be coded. All blank (unknown) will not be accepted if other treatment is coded as given.
Date of Last Contact or Death #1750	Format YYYYMMDD Blank (unknown) will not be accepted
Date Abstracted #2090	Format YYYYMMDD
CS Extension #2810	Increased to 3 digits; updates to CS Extension per Collaborative Stage Data Collection System Version 02.02.00.
CS Lymph Nodes #2830	Increased to 3 digits; updates to CS Lymph Nodes per Collaborative Stage Data Collection System Version 02.02.00.

The new reportable data items TCR will require are listed below.

<i>New Item Name and Number</i>	<i>Item Description</i>
Date of Birth Flag #241	This flag will be derived by TCR.
Text Usual Occupation #310	Text for information about the patient's usual occupation, also known as usual type of job or work.
Text Usual Industry #320	Text for information about the patient's usual industry, also known as kind of business/industry.
Date of Diagnosis Flag #391	This flag will be derived by TCR.
Date of 1st Contact Flag #581	This flag will be derived by TCR.
RX Date Surgery Flag #1201	This flag will be derived by TCR.
RX Date Radiation Flag #1211	Explains why there is no appropriate value in the corresponding date field.
RX Date Chemo #1220	Date of initiation of chemo that is part of first course of treatment. Every resource must be reviewed to determine the date chemo was begun. If chemo is given then at least the year must be coded. If the date is unknown, use the year of diagnosis.
RX Date Chemo Flag #1221	Explains why there is no appropriate value in the corresponding date field.
RX Date Hormone #1230	Date of initiation for hormone therapy that is part of the first course of treatment. Every resource must be reviewed to determine the date hormone therapy was begun. If hormone therapy is given then at least the year must be coded. If the year is unknown, use the year of diagnosis.
RX Date Hormone Flag #1231	Explains why there is no appropriate value in the corresponding date field.
RX Date Immunotherapy #1240	Date of initiation for immunotherapy (biological response modifier) that is part of the first course of treatment. Every resource must be reviewed to determine the date immunotherapy was begun. If the year is unknown then use the year of diagnosis.

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TCR Reporting Changes for 2010

<i>New Item Name and Number</i>	<i>Item Description</i>
RX Date Immunotherapy Flag #1241	Explains why there is no appropriate value in the corresponding date field.
RX Date Other Flag #1251	This flag will be derived by TCR.
Date of Initial RX Flag #1261	This flag will be derived by TCR.
RX Summ Treatment Status #1285	Gives a summary of the status for all treatment modalities.
Date of Last Contact Flag #1751	This flag will be derived by TCR.
CS Site Specific Factor 1 #2880	ER for Breast; Extension Evaluated at Enucleation for Retinoblastoma; Also required for Derived Summary Stage for pleura (already required).
CS Site Specific Factor 2 #2890	PRA for Breast; Peritoneal Cytology for Corpus Carcinoma, Corpus Adenosarcoma, and Corpus Sarcoma.
CS Site Specific Factor 8 #2862	Breast - HER2: IHC Test Lab Value - shows whether or not the cancer cells have ER receptors and/or hormone receptors on their surface.
CS Site Specific Factor 9 #2863	Breast - HER2: IHC Test Interpretation.
CS Site Specific Factor 10 #2864	Breast - HER2: FISH Test Lab Value.
CS Site Specific Factor 11 #2865	Breast - HER2: FISH Test Interpretation.
CS Site Specific Factor 12 #2866	Breast - HER2: CISH Test Lab Value.
CS Site Specific Factor 13 #2867	Breast - HER2: CISH Test Interpretation.
CS Site Specific Factor 14 #2868	Breast - HER2: Result of other or unknown test.
CS Site Specific Factor 25 #2879	Schema Discriminator (to direct each site to the correct subgroup discriminator in the algorithm to derive Summary Stage. SSF 25 will be required for Nasopharynx/Pharyngeal Tonsil (C111); Esophagus, GE Junction (C161-C162); Stomach (C161-C162); Cystic Duct, Perihilar Bile Ducts, Distal Bile Ducts (C240); Peritoneum (C481-C482, C488), Peritoneum Female Gen (C481-C482, C488); Melanoma Ciliary Body (C694), Melanoma Iris (C694); Lacrimal Gland (C695), and Lacrimal Sac (C695).

Data Items No Longer Required by TCR

The following table lists data items no longer required by TCR in 2010.

<i>Item/Field</i>	<i>NAACCR Item Number</i>
Physician Managing	2460
Facility Referred From	2410
Facility Referred To	2420

- Cindy Dorsey, CTR
Program Specialist, Austin



Coding Corner

Coding PNET and pPNET

Question:

A patient had a diagnosis of extraskeletal Ewings sarcoma/primitive neuroectodermal tumor (PNET) of the buttock in February 2008. Is the ICD-O-3 code 9473/3 or 9364/3?

Answer:

There are two definitions of “PNET”. A primitive neuroectodermal tumor, PNET (9473), is found in the brain and central nervous system. Peripheral primitive neuroectodermal tumor, pPNET (9364) occurs in soft tissue mostly in the chest, pelvis and retroperitoneum.

Since the primary site is in the buttock, it is safe to determine that pPNET 9364 should be used over PNET 9473. The other histology mentioned is Ewings sarcoma (9260). Use the 2007 MP/H rules under “Other Sites” section to sort out the combination of 9364 and 9260. Stop at the MP/H rule H17 which states to use the histology with the numerically higher ICD-O-3 code of 9364.

Resource:

The 2007 Multiple Primary and Histology Coding Rules, Brain and CNS Terms and Definitions, page 71 (PNET & pPNET defined) and Other Sites Histology Coding Rules, page 329, (rule H17). Commission on Cancer Inquiry & Response System, <http://web.facs.org/coc/default.htm> ID No 29014.

Coding Polyps

Question:

A hysterectomy in 2007 indicated endometrial adenocarcinoma with focal clear cell features. The tumor arose within an endometrial polyp. Does the morphology need to indicate that it arose in a polyp since it is within the endometrium and not the colon?

Answer:

In addition to the colon, polyps can be found in other anatomical sites such as the uterus and esophagus. It is important that the code reflects the adenocarcinoma originated in a polyp within these sites as well as the colon. Use the “Other Sites” section of the 2007 MP/H Rules. Code the primary site to endometrium and the histology to 8210, adenocarcinoma in a polyp, based on Rule H12.

Resource:

The 2007 Multiple Primary and Histology Coding Rules, Other Sites Histology, Rule H12, page 328. Commission on Cancer Inquiry & Response System, ID No. 23855, <http://web.facs.org/coc/FMPro>.

Brain and CNS Reportability

Question:

Is hygroma (9173/0) reportable? Benign brain guidelines indicate that named tumors with an assigned ICD-O-3 code are reportable. However, the SEER Inquiry & Response System states: “Most cystic hygromas are fetal malformations and occur in patients less than two years old. A hygroma, in a general sense, is a response to trauma. Therefore, it is not a “new growth” and would not be reportable as either a cyst or a neoplasm. Unless the patient had some sort of operation, there is hesitation to include the case as a reportable benign tumor.” How is the cancer registrar to distinguish between reportable and non-reportable hygromas?

Answer:

Hygromas are not reportable. This instruction will be added to the next revision of the benign brain rules. According to an expert in the field, hygromas are not neoplastic. Hygromas are cystic dilations of a localized subarachnoid or subdural accumulation of clear fluid related to an excess accumulation of CSF,

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Coding Corner *continued...*

typically related to an old hemorrhage that somehow prevents reabsorption of CSF.

Resource:

SEER Inquiry & Response System, ID No. 20081114, <http://seer.cancer.gov/seerlookup/index.php?page=search>.

Casefinding

Question:

A patient came into our facility for a foot x-ray. “Renal cancer” is written at the top of the x-ray report. This makes it impossible to know if the cancer is active. Should we pick this case up for state reporting?

Answer:

Do not pick this case up for state reporting. Laboratory and x-ray cases that have a statement indicating “cancer” without elaborating on whether it is active should not be reported to the state. However, report the case if the laboratory and/or x-ray revealed mets. Remember, this guideline would apply for x-ray and lab cases ONLY. Do not apply this guideline if the patient was admitted and on a discharge or any other report in the medical record a physician states the patient has cancer. Lab information should be used as a method of identifying cases that were missed after review of usual resources such as your disease index or path reports.

Resources:

May 2008 Texas Cancer Reporting Handbook, Casefinding Section, page 26, Example e.

- Dianna Watkins, CTR
Quality Assurance, Austin



Hematopoietic Database & Manual Update Version 1.6.

The Hematopoietic Database (Hematopoietic DB) and the embedded Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual Version 1.6 was released on June 18, 2010, and is now available on the SEER website:

<http://seer.cancer.gov/tools/heme/index.html>

If you have the older version installed the new download will uninstall the previous version and replace it with version 1.6. The new version includes corrections to the Hematopoietic DB and to the Manual, including the requested corrections to the flowcharts. A complete list of the corrections is posted on the SEER website and can be accessed from the following link: <http://seer.cancer.gov/tools/heme/revisions.html>.

- Leticia Vargas, CTR
Quality Assurance, Austin



Remember for casefindings:

The phrase “suspicious for a malignancy” would be a diagnosis of cancer; “suspicious for a mass” would not, unless it’s the brain or CNS. Reference the Casefinding section of the 2008 Texas Cancer Reporting Handbook, page 17, and 28; 2007 Multiple Primary and Histology Coding Rules, page 9 equivalent or equal terms. The 2010 Handbook is not available at the time of this newsletter issue.

New Eligibility Routes for the September 2010 CTR Exam

Candidates for the September 2010 CTR exam must meet eligibility requirements that include a combination of experience in a CTR-staffed cancer registry and education in an NCRA-accredited program or allied health degree. For those sitting for the September exam, candidates must meet all requirements for one of the following eligibility routes:

Route A:

Experience: Successful completion of 160 hours of work practicum in a CTR-staffed cancer registry.

Education: NCRA-Accredited Associate Degree Program or successful completion of an NCRA-Accredited Formal Education Program *and* successful completion of a minimum of an Associate degree or equivalent.

Route B:

Experience: Minimum one year full-time (12 months or 1,950 hours) or equivalent experience in the Cancer Registry field.

Education: Successful completion of an Associate degree or equivalent in an approved college level curriculum in a recognized allied health field as determined by NCRA's Council on Certification.

Route C:

Experience: Minimum one year full-time (12 months or 1,950 hours) or equivalent experience in the Cancer Registry field.

Education: Successful completion of a minimum of an Associate degree or equivalent and license or certification in a recognized allied health field as determined by NCRA's Council on Certification.

Route D:

Experience: Minimum one year full-time (12 months or 1,950 hours) or equivalent experience in the Cancer Registry field.

Education: Successful completion of a Master's level or higher college level curriculum in a recognized allied health field.

The registration deadline for the September 11-25, 2010 exam testing window is July 31. The application and applicant handbook are available on NCRA's Council of Certification website: <http://www.ctrexam.org/pdfs/exam/NCRA2010.pdf>.

- Kimberly Willis
Quality Assurance, Austin



NAACCR CTR Exam Preparation and Review Webinar Series

Hosted by TCR for the September 2010 CTR Exam

The North American Association of Central Cancer Registries (NAACCR) has approved the Texas Cancer Registry to re-broadcast the CTR Exam Preparation and Review Webinar Series for the September CTR exam. They are permitting us to provide this service to Texas residents at no charge. 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 description of the five eligibility routes go to www.ctrexam.org.

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. You will be provided Q&A sessions, study materials, take home tests and a timed practice test. The CTR exam test dates are September 11-25, 2010. For additional information on topics and dates please see the schedule below:

<i>Date</i>	<i>Time</i>	<i>Topic</i>
7/27/2010	1-3pm	Introduction/Registry Organization & Operations
8/03/2010	1-3pm	Registry Organization & Operations
8/10/2010	1-3pm	Data Analysis and Interpretation (statistics, epidemiology, etc)
8/17/2010	1-3pm	Concepts of Abstracting, Coding and Follow-up (anatomy)
8/24/2010	1-3pm	Concepts of Abstracting, Coding and Follow-up (casefinding, abstracting, coding)
8/31/2010	1-3pm	Application of Coding and Staging(staging)
9/07/2010	1-3pm	Application of Coding and Staging (ICD-O-3 and MP/H Rules)
9/10/2010	1-3pm	Timed Test and Review
10/05/2010	1-3pm	Post exam to provide feedback

- Judy Gonzales, CTR
Training Specialist, Austin



Bachelor Degree Program at UT Brownsville Receives NCRA Accreditation

In March 2010, the Cancer Information Management Program (CIM) at The University of Texas at Brownsville/Texas Southmost College (UTB/TSC) received accreditation from the National Cancer Registrars Association (NCRA) as a formal education program. Students earn a Bachelor of Applied Arts and Sciences degree and are then eligible to sit for the Certified Tumor Registrar (CTR) exam under Eligibility Route A.

While there are currently other certificate and associate degree programs with NCRA approval, the UTB/TSC program is the only accredited program to offer a bachelor degree that includes cancer information management/cancer registry instruction. CIM and other upper division courses can be taken online.

Students who have an Associate of Applied Science degree in a medical-related field may transfer credits from the associate degree to UT Brownsville to begin the bachelor degree. The student then takes core education courses and additional courses in three subject areas (one of which is Cancer Information Management) to complete the bachelor degree.

Besides the associate degree, prerequisites for the CIM Program are one semester of medical terminology, two semesters of anatomy and physiology (or one semester of anatomy and physiology and one semester of pathophysiology or pharmacology), and one semester of biology or medical science.

For additional information on this program, please contact:

Barbara Denton, MS, CTR
Barbara.denton@utb.edu
956-543-8261

Or visit the CIM website at - <http://www.utb.edu/vpaa/shs/ah/CIM/Pages/default.aspx>

- *Barbara Denton, MS, CTR*
UTB/TSC, Austin



Hematopoietic Resource Update

Effective immediately, please discontinue the use of “Abstracting and Coding Guide for the Hematopoietic Diseases” and the fold out chart “Definitions of Single and Subsequent Primaries” for all cases diagnosed 01/01/2010 and forward. These resources should only be used for cases diagnosed prior to 2010.

If a patient has a hematopoietic or lymphoid neoplasm diagnosed prior to 2010 and a new one diagnosed January 1, 2010 or later, you will need to use the “The Hematopoietic Database (Hematopoietic DB) and the embedded Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual” in order to determine case reportability, the number of primaries, and how to code primary site, histology, and grade. See the following link for training and additional information: <http://www.seer.cancer.gov/tools/heme/training/>

- *Leticia Vargas, CTR*
Quality Assurance, Austin



TCR to Host NAACCR and NCRA Webinars

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 at Judy.Gonzales@dshs.state.tx.us.

Remaining Schedule for 2010:

8/05/2010 Collecting Cancer Data: Lip and Oral Cavity
9/02/2010 Coding Pitfalls

New Schedule for 2010-2011:

10/07/10 Collecting Cancer Data: Endometrium
11/04/10 Collecting Cancer Data: Hematopoietic Disease
12/02/10 Collecting Cancer Data: Liver and Biliary Tract
01/06/11 Collecting Tumor Data: Brain and CNS
02/03/11 Collecting Cancer Data: Testis
03/03/11 Collecting Cancer Data: Bladder
04/07/11 Collecting Cancer Data: Breast
05/05/11 Collecting Cancer Data: Prostate
06/02/11 Best Practices for Developing and Working with Survival Data
07/07/11 Complete Case Identification and Ascertainment
08/04/11 NAACCR Interoperability Activities and the Electronic Health Record
09/01/11 Coding Pitfalls

The National Cancer Registrar's Association (NCRA) will present Advanced Webinar Series. This was developed by NCRA's Advanced Education Committee and will be taught by experts in the industry. Each webinar will include approximately 100 minutes of lecture and review of exercises and a Q&A session.

Next season's webinar schedule will be announced soon. You can visit the NCRA website at <http://www.ncra-usa.org> or TCR website <http://www.dshs.state.tx.us/tcr/webinars.shtm> for the webinar schedule. Be sure to visit our website for additional training opportunities.

- Judy Gonzales, CTR
Training Specialist, Austin



Texas Cancer Registry Accomplishments

Spotlight on...

Beatriz Gutierrez receives “Top 10 in HIM” Recognition

Beatriz Gutierrez, Certified Tumor Registrar in the Austin, Texas Cancer Registry (TCR) office, was selected by ADVANCE magazine, a publication for health information professionals, as one of the top 10 Health Information Management (HIM) Professionals in the US. According to the magazine, they searched throughout the health information industry to find the “Top 10 in HIM” for 2010, ten professionals who embody the dedication, commitment, work ethic and initiative so critical to the success of the industry.

Wanda Taylor awarded NCRA scholarship

Wanda Taylor, Certified Tumor Registrar in the TCR Houston office is the recipient of a 2010 National Cancer Registrars Association (NCRA) Danielle Chufar Memorial Annual Conference Scholarship, which she won by composing the winning essay titled “Adapting to Change in the Registry.” The NCRA award funds the expenses associated with travel, lodging and registration to attend the NCRA’s 36th Annual Educational Conference in Palm Springs, California.

Texas Cancer Registry meets Centers for Disease Control High Quality Data Standards

The Texas Cancer Registry (TCR) has once again achieved “High Quality Data Standards,” from the CDC National Program of Cancer Registries for both its 24 and 12 months of diagnosis data. Each year state cancer registries are evaluated by the CDC for inclusion in national publications and data sets. The TCR has maintained this achievement for the 24 month data since 2006, and for the 12 month standard, since 2008.

Melanie Williams elected to NAACCR Board of Directors as Representative-at-Large

Melanie Williams, Ph.D., Manager of the Texas Cancer Registry, was recently elected as a Representative-at-Large to the Board of Directors of the North American Association of Central Cancer Registries (NAACCR). Her two-year term will run from 2010 – 2012. According to NAACCR, Members-at-Large serve as primary liaison officers with cancer registries and facilitate the exchange of information and the organization of projects. NAACCR is a professional organization that develops and promotes uniform data standards for cancer registration; provides education and training; certifies population-based registries; aggregates and publishes data from central cancer registries; and promotes the use of cancer surveillance data and systems for cancer control and epidemiologic research, public health programs, and patient care to reduce the burden of cancer in North America.

- Leticia Vargas, CTR
Quality Assurance, Austin



Employee Update

The Texas Cancer Registry recently welcomed four new staff members, Henry J. Pinter, Kimberly Willis, Rachel Armstead and Shanna Hines.

Henry J. Pinter has filled the position of Graphic Designer II in the Austin Central Office. Henry has 35 year's experience in the graphic arts field. He holds a BA degree in Commercial Art Advertising and an AS degree in Multimedia. Before joining the Texas Cancer Registry, Henry worked for a startup software company providing graphic design, corporate branding, presentations, marketing and web development. The Texas Cancer Registry welcomes Henry!

Kimberly Willis has accepted the Quality Assurance Consolidation Specialist position in Austin. She has been with the Texas Cancer Registry since September 2009 in our Arlington office. Kimberly is currently pursuing a Bachelor of Science degree in Health Information Administration and already holds an Associate degree for Medical/Healthcare majors and an Associate degree in Health Information Technology. Kimberly officially started with the Quality Assurance team on April 1, 2010.

Rachel Armstead began working at the TCR's Arlington regional office on Monday, May 3, 2010. Rachel started with the Houston regional office in October 2009 as a Regional Trainer. Rachel will continue to serve as a Regional Trainer in Arlington. The Houston office wishes her well in her new home.

The Texas Cancer Registry welcomes Shanna Hines as a Case Finding Specialist in the Austin office. She started her new position on Monday, May 3, 2010. Shanna is credentialed as both a CTR and RHIA.

Shanna Hines comes with registry experience having worked at University Medical Center/UTSW Medical School in Dallas where she was employed for four years. She has also worked as a medical coder at the Parkland Health System and as an independent consultant.

Farewell

After over ten years of service, Corbin Choate has decided to leave the Texas Cancer Registry to relocate near his family. Corbin's contributions, both in publication design and Web Management, are immeasurable. Corbin helped create the public face of the TCR through our website <http://www.dshs.state.tx.us/tcr> and inspired us through his creativity and talent during his time here. He will be missed.

Corbin has also decided to seriously focus on his paintings and selling prints through his commercial gallery as well as begin exhibiting in galleries around Dallas/Fort Worth, and eventually exhibiting in Miami and returning to New York.

Our own Brenda Mokry, an Epidemiologist who specializes in cancer cluster investigations, has transferred to the Environmental and Injury Epidemiology and Toxicology Unit along with the responsibility for that function. Suspected cancer clusters have often been attributed to the environment, and this realignment is more consistent with the structure of the Centers for Disease Control and Prevention (CDC). Cancer cluster investigations will continue to be conducted in the same manner as in the past. Brenda will also be working on amyotrophic lateral sclerosis (ALS) surveillance, commonly known as Lou Gehrig's disease, as well as silicosis and asbestosis surveillance. This will include visiting physician offices to abstract case reports. Brenda has been the epidemiology expert on the Texas Cancer Registry's newsletter committee and we will miss her. She will still be located on the main campus of the Texas Department of State Health Services and is just a call away!

- Marie Longoria, CTR
Program Specialist, Houston



Using TCR Online

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 Cancer Survival Statistics](#)
- [September CTR Prep Flyer](#)
- [2007 Cancer Incidence Data Now Available](#)
- [Cancer In Texas Report](#)
- [Texas Childhood and Adolescent Cancer Incidence](#)

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.

- Henry Pinter

Web Developer/Graphic Designer, Austin



Remember for submissions:

Generate a patient submission list prior to transmitting records. It is also suggested you keep a copy of the confirmation letter containing the track number that is sent via email to your facility once the Texas Cancer Registry (TCR) has received it. TCR’s recommendation would be to have a hard copy and efile of both the patient submission list and confirmation email for each transmittal.

Case Completeness by Dx Year

As of: May 25, 2010

HSR 1: 2006 96%	HSR 7: 2006 100%
2007 96%	2007 100%
2008 90%	2008 92%
2009 57%	2009 63%
HSR 2: 2006 91%	HSR 8: 2006 100%
2007 89%	2007 100%
2008 88%	2008 96%
2009 63%	2009 58%
HSR 3: 2006 98%	HSR 9: 2006 93%
2007 98%	2007 94%
2008 90%	2008 89%
2009 65%	2009 62%
HSR 4: 2006 94%	HSR 10: 2006 100%
2007 96%	2007 100%
2008 86%	2008 100%
2009 55%	2009 61%
HSR 5: 2006 100%	HSR 11: 2006 96%
2007 100%	2007 98%
2008 91%	2008 97%
2009 64%	2009 59%
HSR 6: 2006 100%	State: 2006 99%
2007 100%	2007 100%
2008 97%	2008 93%
2009 64%	2009 62%



Texas Cancer Registry Regional Offices

- HSR 1, 9 - Lubbock
- HSR 2, 3 - Arlington
- HSR 4 - Tyler
- HSR 5, 6 - Houston
- HSR 7, 11 - Austin
- HSR 8, 10 - San Antonio

Texas Health Service Regions

New Certified Tumor Registrars in Texas

Congratulations to the New Certified Tumor Registrars in Texas!

The following successfully sat for their CTR exam in March 2010:

Eileen Bohan - El Paso
Wilma Capers - San Angelo
Araceli Guerra - Laredo Medical Center, Laredo
Virginia Pettry - Montgomery
Sherri Shivers - Ben Taub General Hospital, Houston

- *Leticia Vargas, CTR*
Quality Assurance, Austin



Remember for diagnostic confirmation:

Assign diagnostic confirmation **code 1**, when leukemias are being diagnosed from bone marrow specimens (aspiration and biopsy), as well as all hematopoietic diseases when findings are positive in peripheral blood smears, CBCs and WBCs.

Do not use code 2 or 5. For cases diagnosed 01/01/2010 and forward, when there is histology positive for cancer *and* positive immunophenotyping and/or genetic testing using tissue, bone marrow, or blood, assign **code 3**. Do not use **code 1**.

***Note:** Code 3 (used only for hematopoietic and lymphoid neoplasms 95903-99923) was adopted for use effective with 2010 diagnoses. Reference the Diagnostic Confirmation section of the 2008 *Texas Cancer Reporting Handbook*, pages 99 and 101. The 2010 Handbook is not available at the time of this newsletter issue.