

Texas Cancer Reporting News

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Texas Cancer Registry

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TCR Updates

By Katie Dahlquist, MEd

Calls for Data and National Recognition

This past fall, the Texas Cancer Registry completed the annual calls for data. We submitted 2,484,065 Texas resident cancer cases diagnosed from 1995-2018 to the Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries and the North American Association of Central Cancer Registries (NAACCR). We anticipate once again achieving NAACCR Gold Certification and being recognized as a Registry of Distinction by the CDC. Official evaluation results will be available this summer.

We thank you for your contributions to the Texas Cancer Registry, to the lives of cancer patients and their families, and to the health of Texans!

Timely Reporting Calendars for 2020 and 2021

Because COVID-19 has presented challenges for the cancer reporter community, we updated the [2020 Timely Reporting Calendar](#) so you have more time to report cases. All 2020 admission year cancer cases are now due within nine months of the diagnosis date instead of six.

Also, the [2021 Timely Reporting Calendar](#) is now available. All 2021 admission year cancer cases are due within six months of diagnosis.

Want to stay on top of TCR's most recent publications?

Our [homepage](#) always features a list of our latest statistical tables, publications, and reports.

Epidemiology Corner

By Rebecca Sardell, PhD, and Adrienne Moreno, MPH

Tackling the High Rate of Liver Cancer in Texas

Since the late 1990s, liver and intrahepatic bile duct (IHBD) cancer incidence and mortality rates have increased both nationally and in Texas.¹ During 2013–2017, Texas had the highest incidence rate of liver and IHBD cancer among all US states (11.8 new cases per 100,000).¹ Texas also had the third highest mortality rate for this type of cancer (8.2 deaths per 100,000).¹



In 2018, the Texas Cancer Registry (TCR) published [Liver and Intrahepatic Bile Duct Cancer](#), which discussed liver and IHBD cancer incidence and mortality rate trends in Texas. The report also looked at disparities by sex, age, and race/ethnicity. (TCR will release an update to this report later this year.)

In response, the Cancer Prevention Research Institute of Texas (CPRIT) [launched an initiative to address this growing public health concern](#). Through the Collaborative Action Program (CAP) to Reduce Liver Cancer Mortality in Texas, CPRIT awarded grant funds to several Texas researchers.

- Led by Hashem El-Serag, MD, MPH, at Baylor College of Medicine, *The Texas Collaborative Center for Hepatocellular Cancer (TeCH)* brings together doctors, scientists, public health workers, and healthcare providers to share discoveries, to educate, and to enable a faster response to developments in the field.
- Jessica Hwang, MD, MPH, at the University of Texas MD Anderson Cancer Center, provides patient-centered liver cancer prevention in the Houston community. This program hopes to improve screening processes in primary care settings and better manage risk factors to reduce the risk of fibrosis worsening.
- Fasiha Kanwal, MD, MSHS, at Baylor College of Medicine, is researching “Reducing Disparities in the Risk of Hepatocellular Cancer”. This study investigates the complex reasons why Hispanics and Non-Hispanic blacks are at higher risk of liver cancer, including their underlying risk factors, health behaviors, healthcare system use, and local environment.
- Aaron Thrift, PhD, at Baylor College of Medicine, is researching “Genetic Epidemiology of Hepatocellular Carcinoma in Hispanics”. This study will develop our understanding of why Texas Hispanics have a higher risk of cirrhosis progression and HCC beyond possible differences in the prevalence of known risk factors.
- Amit Singal, MD, MS, at The University of Texas Southwestern Medical Center, is working on “A Novel Risk Stratification and Early Detection Strategy to Reduce Liver Cancer Mortality”. This project aims to better evaluate HCC risk and to develop novel biomarkers to improve screening accuracy.

CPRIT’s CAP initiative and the research and programs it supports are examples of how data collected and shared by TCR impact cancer control efforts in Texas.

¹ U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2019 submission data (1999-2017): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, released in June 2020.

Change is in the Air: Resources for 2021 Coding Changes

By Elizabeth Harvey, BS, CTR

Cancer coding changes are being implemented for 2021 diagnosis year cases. These changes include new and updated data items and new coding manuals. Luckily, there are fewer changes than we had in 2018.

To help you understand the changes, the TCR training team is preparing the 2021 Texas Cancer Reporting Handbook. This document will cover the rules and guidelines for cancer reporting for cases diagnosed January 1, 2021, and forward in Texas. We anticipate that the handbook, along with the V21B TCR edits and Web Plus resources, will be available in June. We will send additional information as it's available through our Texas Cancer Reporters ListServ.

Also, TCR is offering training webinars and [FLccSC courses](#) about this year's changes. Visit our [Education and Training webpage](#) for information on upcoming events.

In the meantime, check out the following updated resources and review the changes for 2021. By continuing to collect standardized data in a timely, accurate, and consistent manner, we can continue the fight against cancer.



- [NAACCR Implementation Guidelines and Recommendations](#) provides an overview of changes that are expected to be incorporated in training materials, software, and databases.
- [2021 SEER Coding and Staging Manual Summary of Changes](#) has a list of changes in the SEER Coding and Staging Manual for 2021.
- [ICD-O-3 Implementation Guidelines](#) provides full list of ICD 3.2 histology codes.
- [Revision History for the Hematopoietic Project](#) lists histology changes, reportability changes, coding of Diagnostic Confirmation, and Appendix D- Introduction to Genetic Nomenclature
- [2021 STR Cutaneous Melanoma Rules](#) provides rules to determine the reportability, the number of primaries, and histology to code for cutaneous melanoma.
- [2018 Solid Tumor Rules Revision History](#) provides the list of changes to the 2018 Solid Tumor Rules.
- [SEER Summary Stage 2000 Implementation Guidelines](#) has guidelines for the implementation of SEER Summary Stage 2000.
- [Site-Specific Data Items \(SSDI\)/Grade Change Log](#) provides changes that were made to the SSDI manual and the Grade manual for the SEER*RSA version 2.0 release.

Have a question about TCR education and training opportunities?

Email us at TCR.training@dshs.texas.gov.

2021 Statewide Training

The Texas Cancer Registry is excited to announce the 2021 Statewide Training begins in May! The training will be available through live webinars led by Denise Harrison and Louanne Currence. It is intended for intermediate to advanced level reporters who are ready to increase their abstracting and coding skills and to share their new knowledge with colleagues. Module topics include:

- AJCC 9th Version — Cervix Chapter
- Changes to SSDI and Grade
- ICD-O-3.2 and STORE Updates
- Solid Tumor Rules
- 2021 Melanomas

Participants will be eligible to receive NCRA Continuing Education credits. Visit the [TCR Trainings webpage](#) for more information!

You Asked, We Answered

Question: At another facility, a patient had a biopsy of the vulva that was positive for VIN III. The patient then has a wide excision at our facility. It was a VIN II, no invasive carcinoma. Do we defer to the reportable diagnosis over the surgical diagnosis and report the case? What is the Surgical Procedure of Primary Site [1290]?

Answer: Yes. This case is reportable to TCR per [Appendix G Reportable List](#) (Class of Case 21 or 36 for CoC facilities) because the patient appeared at your facility for treatment of active disease. The Surgical Procedure of Primary Site [1290] for the wide excision would be coded to 30.

For more information, visit the [American College of Surgeons' CAnswer Forum](#).

Coding in Practice

Some cases that seem straight forward end up being more complicated. For example, TCR received the following case as two primaries (left breast and right breast cancers).

- Patient presents with lumps in both breasts.
- Right breast imaging shows a 7cm mass suspicious for malignancy and left breast imaging shows two masses, 2.8cm and 8.2cm.
- Biopsies of both breasts are positive for diffuse large B-cell lymphoma, non-germinal center type.
- Bone marrow biopsy is negative.

If this were a solid tumor case, it would be multiple primaries according to the 2018 Solid Tumor Rules Breast, [Rule M7](#): “Abstract multiple primaries when there is bilateral breast cancer (both right and left breast).”

However, this case is a lymphoma, not a breast solid tumor. According to the Heme Manual, [Rule M2](#) states, “Abstract a single primary when there is a single histology. Note: Bilateral involvement of lymph nodes and/or organs with a single histology is a single primary.”

Therefore, when there is bilateral diffuse large B-cell lymphoma (9680/3), it is a single primary. This case is a good example of the importance of consulting the manuals and reading the notes and examples.

