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### TEXAS CANCER

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Government Publications Texas State Documents

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within 6 months. Otherwise, health care practitioners should submit data within 4 months of the TCR's request to them for specific patient information.

The implementation of cancer reporting by physicians and other health care practitioners will begin in 2003, however, pilot studies are underway to minimize the data collection efforts needed. The primary intent is to work with clinical laboratories to identify unreported cancer cases or missing information and then follow-back to physician offices to obtain this information. Clinical laboratories are also being asked to work with the TCR to establish electronic methods for reporting their data. Specific information on reporting methods for physicians and what is required to be reported will be shared by mail once the pilot studies are completed. For the time being, physician offices are not expected to begin case reporting. We welcome input on our proposed plan as well as volunteers from physician offices and clinical laboratories that may want to participate in a pilot study.

As always, the TCR appreciates all you do to help reduce the burden of cancer on Texans.

- Nancy S. Weiss, Ph.D.

## FROM THE DIRECTOR

Change is upon all of us again. New cancer reporting rules (25 TAC Chapter 91) have been adopted by the Texas Board of Health and became effective November 7. 2002. These rules were adopted to help assure more complete, timely and quality statewide cancer incidence data and to assure the Texas Cancer Registry (TCR) meets national cancer registry standards. In addition, we are also making modifications to accommodate changes resulting from the planned implementation of the Facility Oncology Registry Data Standards (FORDS, formerly ROADS). Some of these changes will become effective with cancer cases newly diagnosed/admitted in 2003 and others become immediately effective notification, regardless of the year of diagnosis or admission for cancer. The following is a brief summary of the various changes. Separate correspondence detailing the specific changes will be sent soon to our cancer reporters.

For 2003 cases and forward, 19 data fields no longer will be required to be reported to the TCR. Only treatment dates and text for surgery and radiation will be required. A single date field will replace all individual systemic treatment dates. Reporting of

reasons for no therapy, marital status, usual occupation and industry, cause of death, name suffix and alias also will no longer be required.

Changes that should be implemented immediately health care facilities include: reporting of text documentation to support diagnosis, stage and treatment codes: submissions of records by health care facilities with caseloads > 400; and electronic reporting by all health care facilities with caseloads > 50. All records for 2002 cases and forward are required to be reported within 6 months of diagnosis or admission.

The new rules also outline reporting requirements for clinical laboratories and health care practitioners. Independent clinical laboratories are required to submit reports at least bi-annually. Health care practitioners are required to furnish data or provide access to records if the same data or records are not reported by a health care facility or clinical laboratory. Health practitioners initially care diagnosing a patient with cancer performing in-house pathological tests for that patient should report on a quarterly basis and include cases diagnosed

### Your Cancer Data at Work --- How Texas Measures Up

For the fifth consecutive year, TCR is in the process of providing data to the North American Association of Central Cancer Registries (NAACCR) in response to their annual "Call-for-Data." NAACCR certifies North American registries and evaluates the quality of the data submitted. To receive certification, we must achieve NAACCR's "gold standard" on eight certification measures. Our most recent submission, 1999 data, was "as good as gold" on six of the eight measures, however we need improvement in two measures to become certified:

NAACCR Measure	Gold Standard	TCR Measurement	
Missing/unknown "age at diagnosis"	2% or less	0.0%	
Missing/unknown "sex"	2% or less	0.0%	
Missing/unknown "race"	3% or less	0.7%	
Missing/unknown "county"	2% or less	0.0%	
Duplicate primary cases	Less than 1 per 1,000 cases	0.5 per 1,000 cases	
Percent of records passing edits	100%	100%	
Completeness of case ascertainment	95%	79.8%*	
Death Certificate Only Cases	3% or less	5.5%	

<sup>\*</sup>Note: TCR believes that, while still below certification standards, our completeness might actually be higher than the NAACCR estimates indicate due to the methodology NAACCR uses.

Our gold standard achievement on so many measures is the result of hard work and collaboration among all of us – reporters, regional field staff, and our central office. With timely reporting (within six months of diagnosis) TCR will be able to increase our case ascertainment and decrease our proportion of DCOs. Report your cases and help us all "go for the gold!"

PUBLIC HEALTH REGIONS

- Cheryl Bowcock

As of: 11/25/2002

				Cance	Case C	Complete	eness				
PHR 1:	1999	97%	PHR 4:	1999	100%	PHR 7:	1999	100%	PHR 10:	1999	100%
	2000	88%		2000	83%		2000	89%		2000	100%
	2001	74%		2001	40%		2001	65%		2001	87%
	2002	2%		2002	8%		2002	20%		2002	23%
PHR 2:	1999	94%	PHR 5:	1999	98%	PHR 8:	1999	100%	PHR 11:	1999	99%
	2000	80%		2000	85%		2000	95%		2000	86%
	2001	53%		2001	52%		2001	58%		2001	43%
	2002	4%		2002	4%		2002	4%		2002	3%
PHR 3:	1999	94%	PHR 6:	1999	100%	PHR 9:	1999	100%	Statewide:	1999	100%
	2000	81%		2000	96%		2000	79%		2000	88%
	2001	56%		2001	60%		2001	56%		2001	57%
	2002	7%		2002	5%		2002	12%		2002	8%

### **Cancer Registry Training**

Look on the "Regions" page of The Cancer Registry Division website http://www.tdh.state.tx.us/tcr for information regarding upcoming training opportunities.

Or, contact the regions directly:

- Regions 1,9 & 10
   Kimberly Kinney-Lara
   (806) 744-3577
- Regions 2, 3 & 4
   Elaine Allgood
   (817) 264-4590
- Regions 5 & 6
   Judy Spong
   (713) 767-3180
- Regions 7, 8 & 11
   Annette VandeWerken
   (512) 458-7523 -or (800) 252-8059

A list of the regions may also be found on the TCR website in the TCR Brochure under the heading of "Publications."

- Robin L. Milner

#### Remember:

The first course of treatment must be coded/dated in the appropriate treatment field and documented in the "Treatment Documentation" field.

## **Quality Data Corner**

Data collection standard requirements are set bv Commission on Cancer (COC); National Program of Central Registries (NPCR); and Surveillance, Epidemiology, and End Results (SEER). The COC has revised the cancer data collection standards beginning with cases diagnosed January 1, 2003. These revisions will impact how the TCR collects its data.

The TCR follows the required and suggested data standards set by the National Program of Central Registries and the North American Association of Central Cancer Registries. TCR staff are reviewing the new data standards and revising the Cancer Reporting Handbook, TCR Reporting Form, and SANDCRAB-Lite Reporting Software.

- Karen Leah Favers, RHIT, CTR

#### Remember:

The first course of treatment is defined as cancer-directed treatment that is administered within the first four months after the diagnosis or the first four months after the date treatment was started.

Do not use punctuation or spaces when entering a patient's name.

### **NAACCR Reporter Update**

	<b>Accepted Version</b>	<b>Rejected Version</b>
NAACCR		
Data with DX Year>=2001	9	6, 7, and 8
Data with DX Year<=2000	7,8, or 9	6
SCL		
Data with DX Year>=2001	SCL 4.0	SCL 3.1
Data with DX Year<=2000	SCL 4.0 or SCL 3.2	SCL 3.1

## Newly Released TCR Publications

- Cancer Incidence in Texas, 1998
- Texas Cancer Mortality Statistics, 1999
- Prostate Cancer in Texas, 2002

Please visit our website at www.tdh.state.tx.us/tcr to view or download electronic versions of these reports.

### Remember:

Punctuation (dashes, slashes, commas, periods, etc.) are not allowed in any coded or date field.

Never use the laterality code "4" for bilateral primaries for which separate abstracts are prepared, or when the site of origin is known and the tumor has spread to the other side.

Cancer patients don't live at the post office. Please report residential addresses so that cases can be used in geographic analysis.

## Congratulations to the New Texas CTRs!

Rachel DeMoss	Houston
Linda Furlong	Galveston
Roxanne Hughes	Fort Worth
Mary Martinez	San Antonio
Misty Norwood	San Juan
Jane Reynolds	Kaufman
Ginger Strange	Pasadena
Enriqueta Canedo	San Antonio
Martha Curtis	San Antonio
Della Halfmann	Arlington
Sandra Jaquez	El Paso
Robert Todd	El Paso

# Texas Cancer Reporting Newsletter

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Please let us know that you would like to be on our newsletter mailing list if you are not already.

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Visit us on the web: www.tdh.state.tx.us/tcr

### Resource List

You may find these resources useful when abstracting or coding cancer cases, conducting research, following up on a patient, or preparing for the certified tumor registrar (CTR) exam.

### **Web Sites**

American Cancer Society: www.cancer.org

Commission on Cancer: www.facs.org

Centers for Disease Control and Prevention: www.cdc.gov

NAACCR: www.naaccr.org

National Board for Certification of Registrars (NBCR): www.nbcr.org

NCRA: www.ncra-usa.org

National Cancer Institute: www.nci.nih.gov

SEER: www.seer.cancer.gov
Social Security Death Index:

www.ancestry.com/search rectype/vital/ssdi/main.html

U.S.Census Bureau: www.census.gov

U.S.P.S. ZIP + 4 Code Lookup: www.usps.gov/ncsc/lookups zip+4.html

#### **Publications**

American Cancer Society Textbook of Clinical Oncology or Cancer Manual, 9th Edition. Excellent clinical references for cancer registrars. (To order, call ACS Bookstore at: 888-227-5552.)

Cancer Registry Management Principals & Practice, published in 1997. (To order, call NCRA at: 800-228-0810. NCRA members receive a \$20 discount.)

The SEER Program Self-Instructional Manuals for Tumor Registrars. Set of eight books. (To order, call the Cancer Information Service-Publication Ordering Service at: 800-4-CANCER.)



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