Texas Cancer Registry

Texas Cancer Reporting News

Cancer Registry Division 1100 West 49th Street Austin, Texas 78756 512-467-2239 1-800-252-8059

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From the Director

In this newsletter, we formally announce details about our upcoming annual Texas Cancer Registry (TCR) Conference to be held this year from July 28th-30th here in Austin. (See article on back page for additional information.) As in the past, there will be no registration fee for this meeting. To further encourage attendance, we will offer a scholarship of $200 to each attending in-state cancer reporting facility to help defray the cost of sending staff to this important meeting.

These monies will only be provided for one representative from each required cancer reporting facility. The exact logistics of the payment method are being worked out, but most likely will entail reimbursement of $200 for each facility whose representative attends the complete 2-1/2 day conference. Whether this reimbursement will occur at or after the conference is still being determined.

It is our hope that these scholarships will provide the opportunity for staff responsible for reporting to the TCR to gain training as well as new information in the cancer registry field. This conference also provides a great opportunity for tumor registrars and other cancer reporters to share information with each other and to provide feedback to our staff on cancer registry operations and reporting issues.

I look forward to seeing a lot of new faces at this year's conference. See ya soon!

Nancy S. Weiss, Ph.D.

News from the Regions

PHRs 1, 9, & 10

Greetings from Lubbock! We have been quite busy this fall with casefinding activities. We were pleased to learn that all hospitals where casefinding was conducted were able to produce a disease index in the format that best suits our needs and, in the long run, the needs of the cancer registrar/reporter. *That format is as follows:* (1) Records chosen by reportable disease codes and reportable treatment codes (see page 7 of your TCR handbook); (2) Data items include admission date, date of birth, social security number, patient type and all primary and secondary diagnosis disease codes and procedures codes; (3) Records sorted first by patient name order and secondly by chronological listing of all inpatient and outpatient admissions (excluding lab only and/or x-ray only). This format is beneficial for identification of reportable cases and evaluation of completeness through monthly and yearly review. Other casefinding procedures include review of all pathology reports, bone marrows, cytologies and autopsies.

Unfortunately, we found that many registry hospitals still are not picking up all patients that have **active cancer**, as required by the Texas Cancer Registry. Rather than saving time, it actually costs the registries more time in the long run. When the TCR comes to perform a record review, all these missed records have to be pulled and/or copied from microfilm, reviewed and then reported.

On another note, we were able to tape the satellite conferences on the New ACoS Coding Rules and on the "Cancers of Brain, Upper GI Tract & Biliary Cancer." Any reporter in our regions may borrow these tapes and get AHIMA/NCRA approved CE hours.

— Pat Ploegsma, RRA, CTR
Regional Program Manager

More News from the Regions

PHRs 2, 3, & 4

Berta Hernandez and Paul Cavazos were married in Jamaica on October 10th. So remember she's now Berta Cavazos. Effective January first, Berta accepted the position of Quality Assurance Specialist with our office.

The Arlington regional staff appreciates the personnel from all the hospitals in the regions who worked so hard to return the Death Certificate Only (DCO) case information to us in a timely manner. THANK YOU!!

On November 10th, the West Virginia Cancer Registry hosted a satellite teleconference entitled "Cancers of the Brain, Upper Gastrointestinal Tract and Biliary System: Anatomy and Staging." Upon receipt of the tape of the teleconference, the Arlington office will host a presentation of the taped teleconference. We will send a flyer to every facility to announce the taped teleconference. Certified Tumor Registrars can earn one continuing education unit awarded by the National Cancer Registrars Association.

— Elaine Allgood, CTR, Regional Program Manager

PHRs 5, & 6

Our regional staff is growing to better serve your needs with the addition of a casefinding specialist position. The casefinding specialist will be responsible for performing technical and consultative work in public health cancer registration and control. The casefinding specialist will also be responsible for coordinating the casefinding surveys conducted at the reporting institutions.

Speaking of casefinding, when your facility completes its reporting for a given year, don't forget to send us your disease index and if you are an ACoS facility, your tumor registry accession register. This insures that we have not overlooked any reportable cancers from your institution. One method for finding overlooked cases is to compare your hospital disease index and/or tumor registry accession register to our alphabetical listing of cases.

Thanks for your participation in our live interactive teleconference on November 10th at the Educational Service Center in Houston entitled, "Cancers of the Brain, Upper Gastrointestinal Tract, and Biliary System: Anatomy & Staging." It was great to see 19 reporters in attendance! By attending the teleconferences, we can earn CEUs, and interact with one another to build partnerships which will help better serve our community.

Give yourselves a hand for learning the new 1998 site-specific cancer-directed surgery codes and coding the fields appropriately. Please remember to use these codes on cases diagnosed in 1998 and forward. Also, for 1998 cases and forward, record all non-cancer directed surgery in the "TREATMENT DOCUMENTATION" box on the confidential cancer reporting form. Text information to support cancer treatment codes should be provided by facilities without a documented data quality program such as one approved by the American College of Surgeons.

— Judy Spong, M.S.; Marie Longoria, CTR; Diann Purvis; and Wanda Taylor of the Region 5/6 Team

PHR 7

Our newest staff person at the Central Office is Cindy Hoots, who works as our Public Health Technician I. She will be working with Public Health Region (PHR) 7 reporting facilities. Cindy comes to us with several years of experience with the TxMHMR State Hospital system. She will be responsible for the tracking of submitted cases, coding cancer cases submitted by reporting hospitals, providing case information to other states, as well as casefinding, re-abstracting, and reporting compliance activities for PHR 7.

As part of our quality-assurance procedures to assure complete reporting from all hospitals, we will be asking for an accession register from your hospital and a disease index when your hospital has completed reporting for a given year. Your accession register and/or disease index will be compared with our Sandcrab database to check that all the cases that you have abstracted for the year and all patients admitted to your facility with a diagnosis of a reportable cancer have been submitted to us.

Staff members from our central office and from some PHR 7 hospitals attended a teleconference training called "Cancers of the Brain, Upper Gastrointestinal Tract, and Biliary System" in November. The teleconference sessions usually last approximately two hours and we have been able to provide them free of charge to cancer reporters. All PHR 7 cancer reporters are welcome and encouraged to attend. These are a great opportunity to obtain continuing education and to network with others for a limited investment of time. If you are interested in attending future training sessions or hosting one of the sessions, please let us know.

— Annette Van de Werken, MS, RD, LD
Regional Program Manager

PHRs 8, & 11

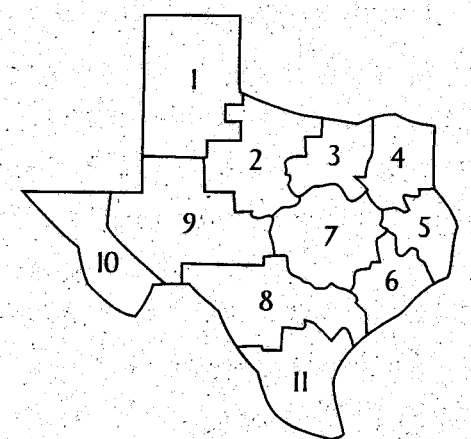
Quarterly training sessions continue with updates on new items, very interesting speakers and presentations, and practice with every-day work examples. Thanks to our many hostesses who continue to coordinate these sessions in their hospitals: Dana Blaha in the Golden Crescent Area; Henedina Danysh in the Winter Garden Area; Cindy Gonzalez in the Bay Area; Minnie Cardoza and Idalia Ledesma in the Rio Grande Valley; and Pola Hernandez, Rosemary McKee, and Sandra Lopez in the San Antonio Area. All of the evaluations are coming-back with rave reviews, with the exception that many people would like to spend more time practicing their abstracting on real charts. The December trainings did just that.

On more of a business note, Mrs. Lupe Garcia in our office has been contacting many of you for two reasons. First, she reported that the Death Clearance for the reporting year 1996 was a success thanks to your timely cooperation. Second, she is just finishing up with a survey of how much money was spent on cancer activities. As part of the Texas Cancer Registry's grant from the Centers for Disease Control and Prevention (CDC), we are obligated to show how the reporters of our state are contributing to cancer registry operations. Thank you for your understanding and patience with us as we asked you to go back and retrieve figures from past years.

— Kathryn Woehler, RN, MPH, CTR
Regional Program Manager

Cancer Case Completeness

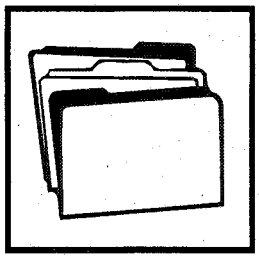
PHR 1:	1995—7%	PHR 4:	1995—93%	PHR 7:	1995—96%	PHR 10:	1995—98%
	1996—83%		1996—77%		1996—89%		1996—93%
	1997—73%		1997—46%		1997—79%		1997—73%
	1998—25%		1998—5%		1998—14%		1998—17%
PHR 2:	1995—88%	PHR 5:	1995—95%	PHR 8:	1995—98%	PHR 11:	1995—98%
	1996—86%		1996—87%		1996—91%		1996—90%
	1997—61%		1997—68%		1997—74%		1997—56%
	1998—15%		1998—6%		1998—7%		1998—4%
PHR 3:	1995—100%	PHR 6:	1995—98%	PHR 9:	1995—90%	Statewide:	
	1996—82%		1996—97%		1996—90%		1995—97%
	1997—54%		1997—78%		1997—81%		1996—88%
	1998—7%		1998—11%		1998—28%		1997—66%
							1998—10%



As of January 25, 1999

Compliance

We have now surpassed our goal of 95% statewide complete reporting for 1995 cases, but are still lacking for reporting years 1996 and 1997. We appreciate your efforts in reporting 1995 cases and ask that you continue these efforts with the 1996 and 1997 cases as well.



Results of the Casefinding Contract for the State

The Texas Cancer Registry (TCR) contracted with CTRs last fall to perform casefinding audits for 1995 and 1996 cases in selected facilities across the state. Casefinding is a systematic method of identifying all reportable cancer cases in order to assess completeness and timeliness of reporting, to identify missed cases, and to review facility casefinding procedures. A casefinding audit is a quality assurance activity to ensure that all reportable cases for a given year from all the diagnostic and treatment sources have been reported. The audit also serves to validate the "expected number" of cancer cases for a reporting facility. The "expected number" of cases is the number of reportable cancer cases that the health facility estimates they will see in a given year. This expected number is usually based on the number of beds, type of services provided, number of cases reported in previous years, as well as other factors. This estimated number needs to be verified each year and a casefinding audit is an important tool for that purpose.

The audits of thirty-seven facilities were completed in August and September of 1998. They were performed by three certified tumor registrar contractors who responded to an Invitation for Bid—Judy Jacobs from Beaumont, Tricia Vowels from Lubbock, and Cancer Program Consulting Service out of Lubbock. These contractors reviewed the disease index from each facility and compared all the cancer cases diagnosed or treated at the facility with the state data base to identify reportable cases that may not have been submitted to the state. They also reviewed department reports and logs from pathology, cytology, autopsy, and surgery, as well as radiation, oncology, and outpatient treatment records to identify cancer cases.

Contractors reviewed each facility's casefinding sources for reportable cases that were not submitted to the TCR. They also noted primary cancer sites that were frequently missed and casefinding sources within each facility where cases were commonly missed. They validated the annual expected number of cases for each facility and determined the percentage of missed cases compared to the facility's expected number. This information can be extremely useful to a facility in evaluating their quality control and casefinding procedures. Results of the audit were sent in writing by the TCR to each participating facility.

Significant findings from the audits are noted as follows:

—Some facilities did not have a procedure in place for casefinding. Such procedures are an integral component of a thorough quality assurance program.

—Class 3 cases were commonly missed. These are cancer cases that were diagnosed and all of the first course of treatment was received at another facility other than the reporting facility. These cases should be reported if there is evidence that the patient still has active disease or the patient is receiving cancer-directed treatment, whether or not diagnostic or therapeutic procedures were performed in the reporting facility.

—Some of the facilities' casefinding procedures did not include provisions for review of all departments where cancer cases may be diagnosed or treated.

—Outpatient and oncology treatment logs were not always reviewed and missed cancer cases were found from these sources.

—All pathology reports were not always reviewed. A file of all pathology reports in addition to the report filed in the individual patient's medical record, should be available for periodic review for case ascertainment by the cancer reporter.

—Sometimes the facility's contract with the pathologist did not allow for the cancer reporter to have access to the pathology reports for case ascertainment.

—Reporters who were not confident in abstracting certain cases and often did not report those cases. Lymphoma and leukemia cases were among the most frequent type of cases with which these abstractors were not comfortable.

—International Classification of Diseases, 9th Revision Clinical Modification (ICD-9-CM) coding errors on the disease index or on other logs or reports resulted in cancer cases being missed.

Establishing procedures for casefinding

Casefinding for completeness of reporting is an important element in the quality assurance of a cancer registry. Facilities should have a procedure in place for periodic casefinding.

To ensure complete case ascertainment, cancer reporters should review the medical records disease index as well as records from other departments. Other departments include Outpatient (if records are filed separately from inpatient records), Pathology (including all histology, cytology, hematology, and autopsy records), Radiation Therapy, Oncology Unit, and any other department involved in the diagnosis and treatment of cancer in your institution.

The disease index is a numerical listing of patient discharge diagnosis codes using the International Classification of Diseases, 9th Revision Clinical Modification (ICD-9-CM). Facilities that are not computerized should have other methods for identifying patients who have been discharged with a reportable diagnosis. A listing of the ICD-9-CM discharge codes that should be checked for reportability can be found on page 7 of the Cancer Reporting Handbook. If your facility has a registry or if you use Sandcrab Lite, the cases on your alphabetical or numerical listing of abstracted patients for the given year being reviewed should be compared to the patients on the disease index with a reportable cancer diagnosis. Remember to check for second primaries that may need to be reported. The Pathology review involves checking the patient names with a reportable diagnosis against the accession register. This can be done by using either hard copies of pathology, cytology, hematology, and autopsy reports or a computer printout of patients with a reportable diagnosis. A patient's medical record will need to be reviewed to determine if the missed case is actually reportable. Noting the number of missing cases that were identified from each source and the consistent types of cancer that are missed can be useful in determining how procedures may need to be modified in order to improve case ascertainment.

— Annette VandeWerken, MS, RD, LD
Regional Program Manager

Epidemiology

Testicular Cancer in Texas

Although not a leading cancer site, testicular cancer is a common cancer in young men, with incidence peaking at ages 30-34 (Fig. 1). In Texas, incidence rates for this cancer are highest in Anglo males, slightly lower in Hispanics, and lowest among African Americans (Fig. 2). Because testicular cancer can be easily diagnosed at an early stage of disease it is one of the most curable cancers. Mortality rates are quite low in relation to incidence. Survival from testicular cancer has greatly increased over the last 35 years, suggesting improvements in both early diagnosis and treatment of this disease.

The most well-recognized risk factors for testicular cancer are cryptorchidism (failure of the descent of the testes) and inguinal hernia. It is also believed that genetic factors play an important role in some testicular cancers, and there have been numerous studies of the familial occurrence of testicular cancer. Having had a previous testicular cancer is also an important risk factor. Starting at age 15, monthly testicular self-exam is an effective way of detecting testicular cancer at an early, curable stage. To learn more about how to do a testicular self-exam, go to the web site: www.acor.org/diseases/TC/tcexam.html.

Data from the Texas Cancer Registry for testicular and other cancers are available by request, and are published on our web page. In addition, detailed monographs on particular cancer sites are being prepared by the Texas Cancer Registry, to be published on our web page in the near future.

— David Risser, Ph.D., MPH
Epidemiologist, Texas Cancer Registry

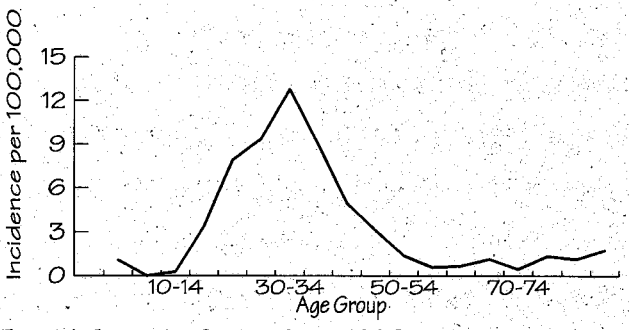


Figure 1. Testicular Cancer, Texas, 1995

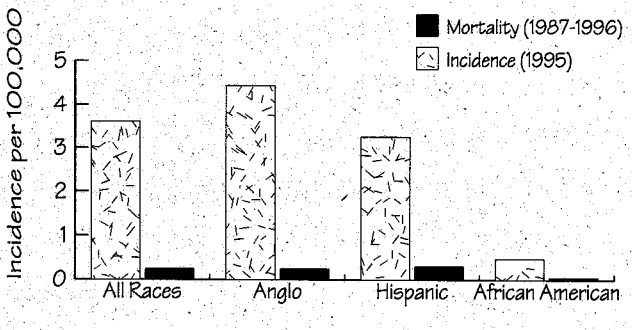


Figure 2. Incidence and Mortality Rates, Texas, 1995

SANDCRAB Lite Update

SANDCRAB Lite is a software provided free of charge to non-electronic reporters. Among its many features are data submission by diskette, on-line edit checking to ensure data integrity, and on-line selection boxes for several fields, eliminating the need to look up codes in the handbook.

Version 3.0 for Windows

SANDCRAB Lite Version 3.0 for Windows is still available. Over 175 copies of this version have been mailed to the hospitals, educational institutions and contractors who have requested it.

SANDCRAB Lite Version 3.0 for Windows hardware requirements are:

- A 486 or Pentium based personal computer
- 12 MB or more RAM
- Windows 3.x or Windows 95
- 1.44 MB 3 1/2" floppy drive
- Approximately 6 MB (6,000,000 bytes) or more free hard disk space for SANDCRAB Lite program. This amount is only the amount needed to install the SANDCRAB Lite program. Additional disk space will be needed as records are added to the database.

Note to Current 2.1 and 3.0 Users

There is a known flaw in versions 2.1 and 3.0. This flaw affects the "Date of Diagnosis" field, in which it will not accept all 9s (Unknown). Please input the date of admission for this field and indicate in the "Other Pertinent" box that the date of diagnosis is unknown. This flaw will be corrected and will be added in the future update version of SANDCRAB Lite. If you need further assistance with this issue, please contact Elena Faz in the Austin office.

All SANDCRAB Lite Users

Please remember to use the "Utilities Menu," then the "Report To Cancer Registry" function to transmit your cases. DO NOT send in your back-up file (Abstract.dbf) as your data submission. This results in duplicate case reporting. If you need clarification on this matter, please contact the Austin office.

Version 2 Update

If you are currently using SANDCRAB Lite version 2.0 software, you must request the version 2.1 update disks for your 1998 data. They will **not** automatically be sent to you. In future versions, all facilities who are current SANDCRAB Lite users will be sent the software automatically.

Hospitals using Commercial Software Packages

If SANDCRAB Lite is used in facilities to report non-analytical or state reportable only cases, and another commercial software package is also used, duplication of registry numbers can be avoided by starting with a high number, such as 961001, instead of 960001, for the facility's first 1996 SANDCRAB Lite case.

Useful Reference Material

The SANDCRAB Lite manual does not replace the Texas Department of Health, Texas Cancer Registry, Cancer Reporting Handbook. It was designed to be used in conjunction with the Cancer Reporting Handbook. Consult the January 1998 edition when entering cases for 1998 and beyond. Consult the July 1996 edition when entering cases for 1996 and 1997. The older edition of the handbook should be used for any cases prior to 1996.

— Elena Faz, CTR, writer for this page

Reminder:

Please enclose a completed transmittal form with all Sandcrab Lite submission disks!

Coding Corner

Question: How do I code an intramucosal carcinoma of the right colon?

Answer: The correct code is 80102. Intramuscosal lesions that do not penetrate the lamina propria are considered Tis lesions. Tis/in situ lesions of colon are lesions that have not penetrated the basement membrane or lamina propria of the bowel wall.

—Workbook For Staging of Cancer, Page 18

Question: Would I submit two abstracts for simultaneous multiple lesions of the same histologic type in the same primary site?

Answer: No. This would be considered one primary. If one lesion has an in situ behavior and another lesion has an invasive behavior, code to the invasive behavior.

—SEER Program Code Manual, Third Edition, Page 12 #4a

— Judy Gonzales, CTR

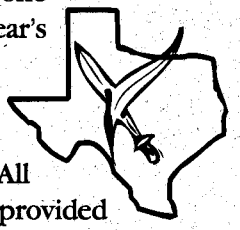
Registrar News

1999 NCRA Annual Conference

Adam's Mark Hotel in downtown Dallas, Texas, is the place to be May 25-28! This is where the National Cancer Registrar's Association's (NCRA) 25th Annual Conference is being held. The hotel is approximately 25 minutes from DFW International airport and within walking distance to the Dallas Museum of Arts, Morton Meyerson Symphony Hall and the America Atrium Mall. Room rates will be $130/single and $150/double occupancy for attendees. Detailed information on the conference has been mailed and included in "The Connection."

TxTRA—Texas Tumor Registrars Association

TxTRA held its twenty-sixth annual educational conference October 21-23, 1998, at the Radisson Plaza Hotel in Fort Worth, Texas. Over one hundred people attended this year's conference. The focus of the conference this year was the "Diagnosis, Staging and Treatment of Head and Neck Cancers." All of the speakers were excellent and provided us with very helpful and useful information that we can use when we are abstracting these types of cases.



On the first day of the conference we had a survivors' panel. Their stories were very real and heartfelt. We were reminded that the statistical numbers we see every day represent people.

TxTRA Board members also put in a lot of valuable time. Their business meeting broke the record that day for the longest meeting. It lasted until the mid-night hour, but they were able to make progress in their planning for the upcoming year and to address any concerns that came before them. Great Job! (How was the pizza?)

Putting together a conference takes a lot of hard work. Special thanks goes to the program committee and program chair Nita Raidy. They did a superb job in putting this all together. Ellen Grice adorned the conference with her stunning baskets that were raffled off and also used as door prizes. I know a lot of hard work and time went into putting these baskets together. Thanks Ellen!

If you were unable to attend this conference, I hope that you attend our next one in Houston in October 1999. See you next year!

— Leticia Vargas, CTR

NAACCR Audit

The North American Association of Central Cancer Registries (NAACCR) will be conducting a quality control audit on our 1996 data file this summer. Casefinding and reabstracting studies are the two areas which the auditors will concentrate on at this time. In order for the auditors to perform proper casefinding and reabstracting, the selected facility must provide a complete 1996 disease index (inpatient and outpatient), pathology reports, cytology reports, autopsy reports, bone marrows, oncology logs (radiation therapy and nuclear medicine, if applicable to your facility), and 1996 charts inpatient and outpatient in either hard copy or microfiche. Facilities which will have on-site visits will be contacted prior to the visit to schedule a definite date. Feedback will be provided to the facilities involved in the audit approximately two weeks after the on-site visit to your facility. The results will be assessed and reported to the Texas Cancer Registry and the Centers for Disease Control and Prevention to help improve the quality of cancer registry data in Texas.

— Susan Perez, ART, CTR

Staffing News

Please welcome Judy Kropp as the new member of the administrative staff. She comes to us from the Immunization Division where she worked for more than three years for ImmTrac, the immunization registry. Outside of work, Judy is busy doing activities with her daughter. She also enjoys dancing, baking, gardening, and listening to country-and-western music, especially George Strait.

We also say farewell to Madelyn Lock and Ruth Rosado. We wish them both success in their new endeavors.

— Ruth Powers

1999 TCR Conference

Yes! We are planning the Texas Cancer Registry conference for 1999 and we're hoping everyone will be able to attend. Austin is such a great city, especially in the summer. We have scheduled the conference for July 28-30th. It will begin around noon on Wednesday, July 28th and end at noon on Friday, July 30th. The theme is "Cancer Registration in the Next Millennium: Are You Ready?" With this in mind, some of the topics to be covered are:

- How to Arrive at Complete and Accurate Population-Based Cancer Incidence Data at the Central Registry
- Uses of Population-based Cancer Incidence Data
- Confidentiality, Privacy Issues and Pending Legislation
- Overview of Radiation Therapy and Radiation Summaries
- Cancer Information Sources on the Internet
- The Electronic Medical Record
- Electronic Matching of Records
- Casefinding and Basic Abstracting Procedures
- Hiring Contractors—Expectations of the Contractor

We are planning to have general and break-out sessions. There will be a basic and an advanced session in cancer reporting. The conference will be held at the Red Lion Inn on IH-35. Make plans to attend the TCR conference in Austin where you can also cool off in Barton Springs, party on Sixth Street, or eat at your choice of many terrific restaurants. More detailed information will be forthcoming in our next newsletter.

— Shawna Waterman, CTR

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Questions regarding information found in this newsletter, or suggestions for future editions can be directed to Susan Perez in Austin.

Just write us a note to let us know that you would like to be on our newsletter mailing list if you are not already receiving it.

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