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Texas Cancer Reporting News

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From the Director

We are tardy getting this newsletter printed and distributed, so some of the activities described may not be new to you. Our goal is to keep you informed of our current happenings, so we will strive to be more timely with our future editions. Please continue to let us know what additional information you would like to see in our newsletter.

Nancy S. Weiss, PhD



Administrative Section

New Law and Proposed Board of Health Rules

The Texas Cancer Incidence Reporting Act was amended in May 1997. This change allows sharing of cancer information between

hospital cancer registries. Copies of the amended law will be in the new handbook to be mailed in January 1998.

Recommended changes to the Board of Health Rules will go before the Texas Department Board of Health for approval in February. The new rules will address other source reporting (e.g., physicians); defining reporting compliance and timeliness; and providing

provisions for cost recovery from delinquent reporters and data release. The rules will go to the Texas Register for public comment after approval by the Board.

Completeness

Completeness is defined as the percent of cancer cases reported for a geographic area compared to the expected number of cases estimated by applying expected age-sex- and race/ethnic-specific cancer rates to respective yearly population estimates for the geographic area. The Texas Cancer Registry (TCR) of the Texas Department of Health must have at least 95% case completeness before data analyses are begun and results reported.

Compliance

The Cancer Incidence Reporting Act requires the reporting of cancer cases to the TCR. Reporting compliance is determined by monitoring the number of cancer reports received from your institution compared with your expected caseload. If your institution does not submit the required number of reportable cancers within six months of admission or diagnosis at your institution, your facility will be considered by the Cancer Registry Division as out of compliance with the law. Both compliance and timeliness issues will be monitored much closer in 1998. Please help us by reporting monthly, or at the very least, quarterly.



Staffing News

Good News

Our new contract programmer in the central office is Marilyn Stark. Marilyn comes to the TCR with 24 years of programming experience, 10 of those with state agencies.

Another new face in the central office is Mandy Holt. Mandy is the new Public Health Technician I in the Quality Control Section. She has 9 1/2 years with the Texas Department of Health, including 7 1/2 years of public health surveillance with the Epidemiology Division.

Please join us in welcoming the new TCR staff.

Sad News

The Registry has unfortunately had to say goodbye recently to five of our central office staff - Deidre McMillan, Wanda Rinehart, Georgia Allen, Lisa Routon and Rhonda Green. All have gone to big and better places and things. So much for being fully staffed for two complete days.



Regional Updates

PHR 1

Busy, Busy Summer — No vacation here!

Shelley, Karen & Pat got NO summer vacation. Seems we have been on a dead run all summer. We are just now "catching our breath."

Congratulations to Shelley & Karen. They both sat for and passed their Certified Tumor Registry exam in September.

September brings new students from the South Plains Health Information Technology class - seven this year. Pat & Karen have been collaborating with area hospitals to create a "Jeopardy" type game for the end of the semester. Participation in the game will help the students remember what Shelley and other

hospital trainers have strived so hard to communicate to them in their brief time with us.

Karen & Pat participated in the Susan B. Komen "Race for the Cure" on October 4th. Pat has been working with the Breast Cancer Awareness month coalition. She participated in the kick-off on October 8th and spoke on the radio on October 14th.

We all were able to attend the 25th annual Texas Tumor Registrars Association (TxTRA) Conference at the end of October in Dallas. Pat was elected First Vice President of TxTRA for the 1997-98 year.

PHR 2+3

Margaret McGovern, Accredited Record Technician, has joined the PHR 2/3/4 staff in the position of Field Supervisor at the Arlington regional office.

Margaret is an ART with experience in Data Management, Quality Assurance and Medical Records as well as ten years in hospital cancer registries. This experience will bring with it an understanding and appreciation of problems inherent in hospital cancer registries. We are pleased to have Margaret join our staff.

Congratulations to Berta Hernandez. Berta sat for and successfully wrote the CTR exam in September.

PHR 7

Staff from central office have been performing onsite casefinding and reabstracting studies. Two major things that we have identified during this process is that: 1) non-analyticals are not being reported; and 2) outpatients are not being reported.

Please remember that any time a patient is in your facility with an ACTIVE reportable disease (and it has not been previously reported), it must be reported. Also, if a patient was seen on an outpatient basis with a reportable diagnosis, it must also be reported.

Compliance for Region 7 hospitals are as follows: 97% for 1995, 67% for 1996, and 10% for 1997. If you still have 1995 or 1996 cases to report, those must be reported ASAP. Forty percent of your 97 cases should have been reported by December 1997. Please call Dwenda Smith in the central office if you need to arrange a plan of action for reporting cases.



September was "Customer Feedback" for regions 8 and 11. A short survey was mailed and returned by over half of the people who received it. We are grateful to you for taking the time to work in partnership and two way communication with us. Almost everybody was able to name their Texas Cancer Registry Representative in the San Antonio office, felt that the technical assistance they received was adequate and that services in general were above average. Please let us know when the technical assistance you receive over the telephone is not adequate and you would like further training. A troubling response was the number of you who thought you were not receiving correspondence on a monthly basis. *We would like to find those we're missing!* Please drop us a card if you feel you are not receiving mail or at least a telephone call each month.

Many people stated that they wanted more training and many of those were not able to attend the TCR Annual Conference where training is mixed with fun and fellowship. To address training more comprehensively, we are trying to form area registrars associations. In September, the Valley Area Registrars met and studied treatment and abstracting for lymphoma and breast cases. In October, the San Antonio Area Registrars met and reorganized the group discussing training needs and meeting format. We know this still might not make up for one-on-one training, so pick up that telephone and let us hear from you.

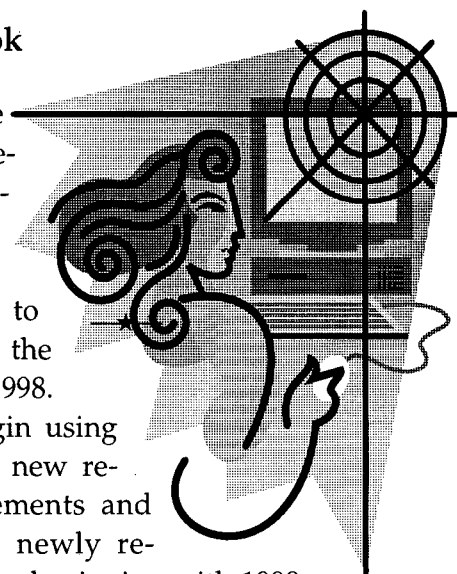


Quality Control Section

New Handbook

One copy of the revised cancer reporting handbook and reporting forms shall be mailed to all hospitals by the end of January 1998.

You should begin using the new forms, new reporting requirements and abstracting the newly required data items beginning with 1998 cases. Please contact your regional program manager if you need additional copies of the handbook or if you have questions regarding the new reporting requirements.



New reporting requirements

- All 1998 cases must be in the NAACCR 1996 format. Any submission not in the 1996 format will be returned to the reporting institution.
- After April 1998, only 1996 format will be accepted - regardless of date of admission or diagnosis year.
- Text will be required on ALL 1998 cases. This is not a new requirement, but one that will be enforced beginning with 1998 cases.
- Incomplete or incorrect data will be rejected and returned to the reporting institution.

Revised reportable items

- Date of Admit changed to Date First Contact/Admit
- Date of Death changed to Date of Last Contact or Date of Death

New Reportable Items

- Class of Case
- Census Tract
- Place of Birth

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- Tumor Size
- Regional Nodes Positive
- Regional Nodes Examined
- Reason no Surgery
- Reason no Radiation Therapy
- Reason no Chemotherapy
- Reason no Hormone Therapy
- Vital Status
- Cause of Death

Deleted reportable items:

- American Joint Committee on Cancer/TNM Staging



New Certified Tumor Registrar's (CTR)

We would like to recognize the following individuals for successfully completing the CTR exam in 1997:

Teresa G. Balmain, RRA, CTR
St Joseph's Hospital & Health Center
Paris, Texas

Dianne Cleveland, RRA, CTR
Presbyterian Hospital of Dallas
Garland, Texas

Gale Craft, CTR
Providence Memorial Hospital
El Paso, Texas

Cheryl Davis, RT, CTR
Medical Center Dallas
Denison, Texas

Karen Favers, ART, CTR
TCR, Lubbock office

Ami J. Gates, CTR
Columbia Bayshore Medical Center
Pasadena, Texas

Nelda Gonzalez, CTR
TCR, San Antonio office

Martha A. Gregorich, CTR
San Antonio, Texas

Robin Hanzelka, RRA, CTR
Memorial Hospital Southwest
Houston, Texas

Cecyle A. Haley, CTR
Northwest Cancer Center
Houston, Texas

Berta Hernandez, CTR
TCR, Arlington office
Shelley Jordan, CTR
TCR, Lubbock office
Kimberly D. Kinney, CTR
Joe Arrington Cancer Center
Lubbock, Texas

Marie Longoria, CTR
TCR, Houston office
Alejandra Madrigales, CTR
Dallas, Texas

Judith Maynard, CTR
Birth Defects
San Antonio, Texas

Daphne Peaker, CTR
Birth Defects
San Antonio, Texas

Michael Peterson, CTR
Osteopathic Medical Center of Texas
Alvarado, Texas

Angela Schoppet-Holt, CTR
Columbia Medical Center East
El Paso, Texas

Kathy L. Tinney, CTR
Shannon Medical Center
San Angelo, Texas

Congratulations to you all!



Non-Analytical Cases

When reporting non-analytical cases, be sure that all required data items are completed, including patient's address, city, zip, and county code. For a complete list of reportable items, refer to the TCR Cancer Reporting Handbook.



Question-n-Answer Section

- Q** Do we code histology to large cell (8021/3) for lung primaries when the pathology report states non-small cell carcinoma, Not Otherwise Specified (NOS) or do we code carcinoma, NOS (8010/3)?
- A** Non-small cell carcinomas can be large cell, adeno, squamous or other histologies. The pathologist may not be able to tell which. Code to the NOS term.
- Q** Should bilateral inguinal node involvement by lymphoma be considered 2 chains for the purpose of assigning a stage?
- A** Yes, bilateral inguinal nodes are considered two chains. If no other evidence of disease, this would be a regional stage.
- Q** If a patient is diagnosed with transitional cell carcinoma of the right kidney and the left renal pelvis, would this be considered 2 separate primaries?
- A** Kidney and renal pelvis are in the same site grouping. However, in this case, the patient has a lesion in the **right** kidney and a lesion in the **left** renal pelvis. The different lateralities would make this two primaries and two abstracts should be submitted.
- Q** Can the descriptions "high grade," "low grade," or "intermediate grade" be used for grading lymphomas?
- A** Do not code the descriptions "high grade," "low grade," "or" intermediate grade" for lymphomas. These terms refer to categories in the Working Formulation of lymphomas diagnoses and not to histologic grade.
- Q** If a patient has a retroperitoneal mass biopsy positive for lymphoma, is the primary site coded C77.2 (retroperitoneal lymph node)?
- A** A mass identified as "retroperitoneal," "inguinal," "mediastinal," or "mesentery" with no specific information available to indicate what tissue is involved, should be coded to lymph nodes, NOS (C77.9).

Database Management Section

Is this for you? The new improved SCL Version 2.0 is now available. Approximately 81 facilities are currently using the new version. Copies of the SCL 2.0 will not be mailed automatically to reporting institutions currently using SCL. To request your copy please contact **Madelyn Lock** or **Elena Faz** in the central office at **1-800-252-8059**. Once you have received your software, complete the registration form and mail or fax it to the central office. Upon our receipt of your registration form, diskettes and mailers will be sent to you free of charge.

Version 2.0 is available on 3 1/2" diskettes. Some improved features are:

- Ability to save a partial record
- Ease of movement among data fields
- Enter all 9's for an unknown date of diagnosis
- Ability to assign and record registry numbers for multiple years
- Generate a list of cases ready to send to TCR
- Generate reports on cases already reported to TCR
- Printer set up for 146 printer types

What is there not to love? There is **free** user friendly software, **free** diskettes and **free** mailers. Not to mention that technical support is only a phone call away! Beat the crowd and order yours today.

Modem Submissions

Data management staff have a computer setup and are in the final testing phase of modem submissions. This method of submitting should be ready to use February 1998. If you have questions regarding submitting your data by modem, contact Antonio Duran, Database Administrator in the central office.

New Upload Procedures

With the development of Sandcrab '98, there will be changes in how the TCR uploads data submitted electronically. Beginning with records submitted January 1998, the TCR will send records submitted

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through a pre-upload process, which involves the NAACCR edits. If error rates reach an unacceptable level, the submission will be rejected and returned to the reporting institution. Specific criteria for the acceptance or rejection levels of electronic submissions have not been finalized as of yet.

Data will be accepted for submissions which are within an acceptable level of error rates. Records which happen to have errors will be placed in a suspense file until resolution by TCR staff. If necessary, TCR staff may contact the reporting facility for additional documentation needed to correct the errors. Because this could affect your compliance status, we ask that corrected data be returned to the TCR within two weeks.

Diskette Submissions

Please remember to complete a transmittal form when you submit data on diskette. You would be surprised how many diskettes are received without any identifying information on them.



TCR Annual Conference

With the recent loss of a significant number of central office staff, there will be no annual conference this year. Thank you to everyone who responded to the survey we conducted for planning our next annual conference. This information is greatly appreciated. We will share a summary of the results in our next newsletter. Our next annual conference is planned for 1999, however, we are working on plans to conduct regional training workshops. Watch your mail for further details.

Texas Tumor Registrars Association Conference

This year marked TxTRA's 25th anniversary. The conference was held Oct. 29-31 at the Adam's Mark Hotel in downtown Dallas, the same place the first conference was held 25 years ago. Not only was there an abundance of camaraderie and reminiscing, but a great list of presentations from advice on running a registry program to some very informative speeches on colon cancer, prostate cancer and peripheral blood stem cell transplant. The conference was enjoyed by many. Be watching for information regarding next year's conference, which is planned for Fort Worth in October.

National Cancer Registrars Association Conference

The National Cancer Registrars Association (NCRA) Annual Conference will be held May 26-29, 1998 in Boston, Massachusetts at the Boston Park Plaza Hotel. The theme for this conference is "New Skills for a New Century". There are three preconference sessions being offered on May 26 including the Commission on Cancer Standards for Cancer Programs, Certified Tumor Registrar Exam Prep, and Marketing the CTR. Other topics included in the conference are "Quality Improvement/Process Management" and "Ethics in Cancer Registries". The breakout sessions will cover a wide array of topics. This will include a new track being offered this year in basics in cancer registry. For more information contact the NCRA executive office at 913/438-6272, e-mail: lgordon@applmeapro.com or Web-site address: <http://www.ncra-usa.org>.

Texas Tumor Registrars Association Newsletter Article Clarification

In the December 1997 newsletter, under the "President's Message", there was a paragraph regarding two new workshops to be held in Texas. These two workshops are being planned as a TxTRA function. The TCR will not be conducting these workshops, but one TCR staff, Pat Ploegsma and a former staff, Deidre McMillan (formerly Davis) serve on the TxTRA Education Committee. For further information on these workshops, please contact

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Deidre at 972/997-8034 or Pat at 806/744-3577. The TCR is discussing with TxTRA officers the possibility of co-sponsoring regional training workshops throughout the state. Meeting dates, times and sites will be announced as soon as arrangements have been finalized.



Epidemiology Section

1992 Data

For the first time ever, the TCR will participate in NAACCR's call for data. The 1992 Texas data will be included in the state specific section only since NAACCR requires five years of data for inclusion in it's combined incidence rate. In this publication in the past, this has been a big blank spot for Texas.

A huge thank you to all the cancer reporters who helped us get complete statewide data for 1992.

TCR Web Site

Visit the Registry on the Web at <http://www.tdh.state.tx.us/tcr>. Additional information will be provided in the next issue of the TCR Reporting News.

Regional Fact Sheets

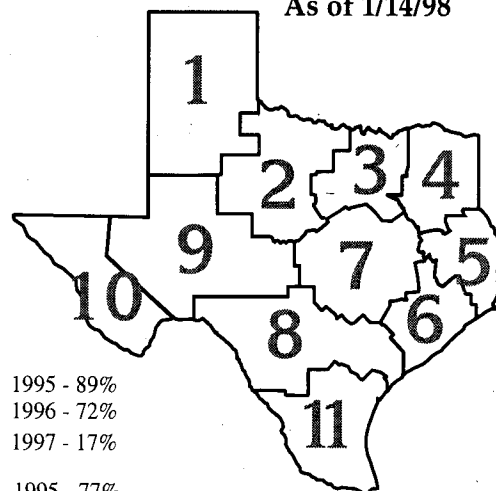
The Epidemiology Section of the TCR are currently working on regional fact sheets. These fact sheets will contain specific cancer information pertaining to your region as well as educational facts regarding cancer. Call your regional program manager to request copies once it has been printed.

Other TCR Publications available or soon to be available....

- ✓ Border Health Study, 1990-1992, expanding through 1995
- ✓ 1995 Annual Report
- ✓ 1996 Cancer Mortality Statistics
- ✓ Childhood Cancer Study, expanding through 1995
- ✓ Back years report, 1985-1992 for 6 Public Health Regions, expanding through 1995
- ✓ 1992 Statewide Cancer Incidence Report

Cancer Case Completeness

As of 1/14/98



PHR 1:	1995 - 89%		
	1996 - 72%		
	1997 - 17%		
PHR 2:	1995 - 77%		
	1996 - 59%		
	1997 - 16%		
PHR 3:	1995 - 83%	PHR 8:	1995 - 87%
	1996 - 54%		1996 - 58%
	1997 - 12%		1997 - 6%
PHR 4:	1995 - 72%	PHR 9:	1995 - 81%
	1996 - 55%		1996 - 78%
	1997 - 15%		1997 - 30%
PHR 5:	1995 - 79%	PHR 10:	1995 - 91%
	1996 - 56%		1996 - 76%
	1997 - 9%		1997 - 22%
PHR 6:	1995 - 86%	PHR 11:	1995 - 79%
	1996 - 72%		1996 - 50%
	1997 - 12%		1997 - 10%
PHR 7:	1995 - 84%	Statewide:	1995 - 83%
	1996 - 59%		1996 - 61%
	1997 - 16%		1997 - 13%

Although statewide cancer reporting is improving, we still have not reached our goal of at least 95% complete reporting for reporting years 1995 and 1996. Please help us reach this goal for 1995 and 1996 as well as 1997, by reporting your cancer cases in a complete and timely fashion.



Texas Cancer Reporting News Staff

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Judy Gonzales, CTR

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Austin (PHR 7)	512/467-2239
	or 1-800-252-8059
Houston (PHR's 5,6)	713/767-3180
Lubbock (PHR's 1,9,10)	806/767-0323
San Antonio (PHR's 8,11)	210/949-2169

★ Questions regarding information found in this newsletter or suggestions for future editions can be directed to the editor, Susan Perez, CTR at 1/800-252-8059.



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