# Texas cancer Reporting News



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VOL 8, NO 1





## From the Director...

Many of you attended our annual conference held May 15th and 16th at Lago Vista Resort. The theme of this year's conference was *Cancer Registries -- Their Role in Cancer Control*. John Young, DrPH, CTR, Director of the North American Association of Central Cancer Registries (NAACCR) started the conference off with a bang, giving attendees an overview of NAACCR and how their staff interrelate with central registries. As usual, his presentation was fraught with entertaining remarks.

The major focus of the conference was to show attendees how cancer registry data are used. To that end, topics ranging from Linking Registry Data with the Texas Department of Health's (TDH) Breast and Cervical Control Program to several presentations using actual TCR data for the investigation of cancer clusters, and the

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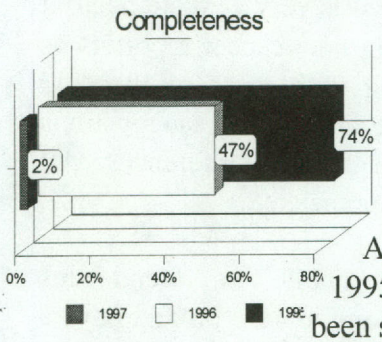
## Reporting Completeness




As you can see by the graph, we are missing 1995 and 1996 cases that should already have been submitted. 1995 cases were due July 1996. By July 1997, we expected 100 percent of your 1996 cases to be reported.

As of August 1st, completeness for 1997 cases was two percent. By September 1997, we should expect least 20 percent of your 1997 cases.

Your regional office will be contacting facilities, if they have not already, to assess the situation and help you come up with a game plan for reporting your 1995 and/or 1996 cases as well as keeping up with your 1997 cases. ★

## Providing Text Documentation

Text documentation is a **requirement** of the Centers for Disease Control and Prevention (CDC), National Program of Cancer Registries (NPCR), North American Association of Central Cancer Registries (NAACCR), and the TCR. Text documentation allows for code verification and quality assurance edits to be performed.

Many of you may have been contacted regarding missing text documentation. In some cases, it was a software error. In others, the text was not documented in the abstract.

For future submittals, this text **will be required**. Records in which all the required fields are not submitted are considered incomplete abstracts. Therefore, if it is not provided, it could change your hospitals' reporting status to non-compliant.★

## Additional Handbooks

Need a new or extra handbook?

Additional copies of the *TCR Cancer Reporting Handbook* are available free of charge. Just contact your regional office and one will be mailed to you immediately.★

# Hospital Feedback

One of the goals of the TCR is to provide feedback to all hospitals regarding abstracts submitted by their staff. All information, whether manual or electronic, go through extensive edit checks. This occasionally results in errors that need to be corrected. This feedback would allow you to update your abstract if you so desire. This feedback includes information on:

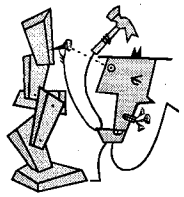
- areas where consistent errors occur;
- non-reportables;
- the need for additional documentation; and
- recognition for areas completed correctly.

We hope this will prove to be beneficial. Please feel free to provide us feedback on our format. Suggestions are always welcome.★

## *Thought for the Day.....*

"There is little difference in people, but that little difference makes a big difference. The little difference is attitude. The big difference is whether it is positive or negative." *Clement Stone*★

## Revised Reportable List



The TCR reportable list has been revised recently,. This also reflects changes made to American College of Surgeons (ACOS) and SEER's reportable list.

Beginning with cases diagnosed in 1996, carcinoma in-situ of the cervix (regardless of histology) are no longer reportable. This also includes intra-epithelial neoplasias of the cervix, vagina, vulva and prostate.

If you have questions regarding the reportable list, please do contact your regional program for assistance. ★

## Upcoming Conference

The Texas Tumor Registrars Association (TxTRA) will have it's 25th annual conference on October 29-31, 1997 at the Adams Mark Hotel in downtown Dallas, Texas.

For further information, please contact Debbie K. Macias at Columbia Hospital at Medical City, Dallas at 972/566-7047 or 972/566-7055. ★

# Employee of the Quarter

Beginning in 1997, the TCR would like to recognize in the newsletter our employees of the quarter.

*Wanda Rinehart* was selected Employee of the Quarter for January, February and March 1997. Anyone who knows Wanda can testify to her ability to get the job done. The TCR Annual Conference at Lago Vista was very successful due in part to Wanda's problem solving capabilities. She has been employed by TDH for nine years and came to the TCR from the Bureau of Chronic Disease Prevention and Control. As the Staff Services Officer, she is responsible for the activities of the administrative staff, budget activities for the central office as well as regional offices, and coordinates all training for central office personnel.

Wanda is a great asset to our registry. Please join TCR staff in congratulating her for a job well done.★

*(Continued from page 1)*

study of lung cancer among HIV patients were presented.

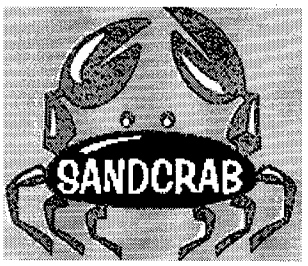
The conference was very well attended. I enjoyed meeting new cancer reporters as well as visiting with some of the "old timers". Several helpful suggestions were made for future conferences. All feedback was appreciated.

If you were unable to attend this conference, I hope to see you and have a chance to visit with you at the TxTRA conference in October or at our 1998 annual conference.

Thank you for supporting cancer reporting in Texas.

Nancy S. Weiss, PhD ★

# Sandcrab Lite (SCL) Update




As a result of suggestions made by users of SCL, multiple updates have been made to the software. Look for the release of the newest version of SCL in September. Outlined below are just a few of the changes or enhancements you will find encompassed in this upgrade. As always, keep those suggestions coming. We want to have a software that is not only user friendly, but meets your needs as well.

Changes or Enhancements:

- ☆ Version 2.0 will ONLY be available on 3½" disks. If demand is great, the software may be released on 5 1/4" disks at a later date.
- ☆ You will be able to save an incomplete or "partial" record.
- ☆ The software will allow you to skip from field to field — just remember all required fields must be coded and/or documented before SCL will save the record as a complete record and allow you to submit the record to the TCR.
- ☆ The printer setup option allows support for 146 printer types.
- ☆ SCL will now keep track of the next available registry number for multiple years.
- ☆ The software now allows entry for records from more than one institution. It will also keep track of the next available registry numbers, run reports and submit data for each separate institution.
- ☆ It will no longer be necessary to use the Ctrl+W or [Esc] keys to save information or exit a "memo field", such as Occupation and Industry. Simply use the [Tab] key to move to the next entry field after a "memo field" and [Enter] to continue entering lines within a "memo field".
- ☆ SCL now allows 9's to be entered when date of diagnosis is unknown.
- ☆ If a record that has previously been submitted to the TCR is edited, this record will be marked for re-submission, thus eliminating the need to submit paper updates highlighting corrections or revisions.
- ☆ A new utility allows a hospital to add additional zip codes that are not currently in the database.
- ☆ A new report has been added to show completed abstracts ready to be reported to the TCR.
- ☆ When reporting to the TCR, a listing of all the cases reported will be generated.
- ☆ A backup option has been added to the menu.

Training for the new version will begin in September. If you are interested in attending a training session, please contact Deidre McMillan or Susan Perez at 1/800-252-8059 or 512/467-2239.

If you are interested in the new version of SCL, please call Madelyn Lock or Elena Faz at the Central Registry Office at 1/800-252-8059. ★

**ATTENTION....ALL CANCER REPORTERS....**

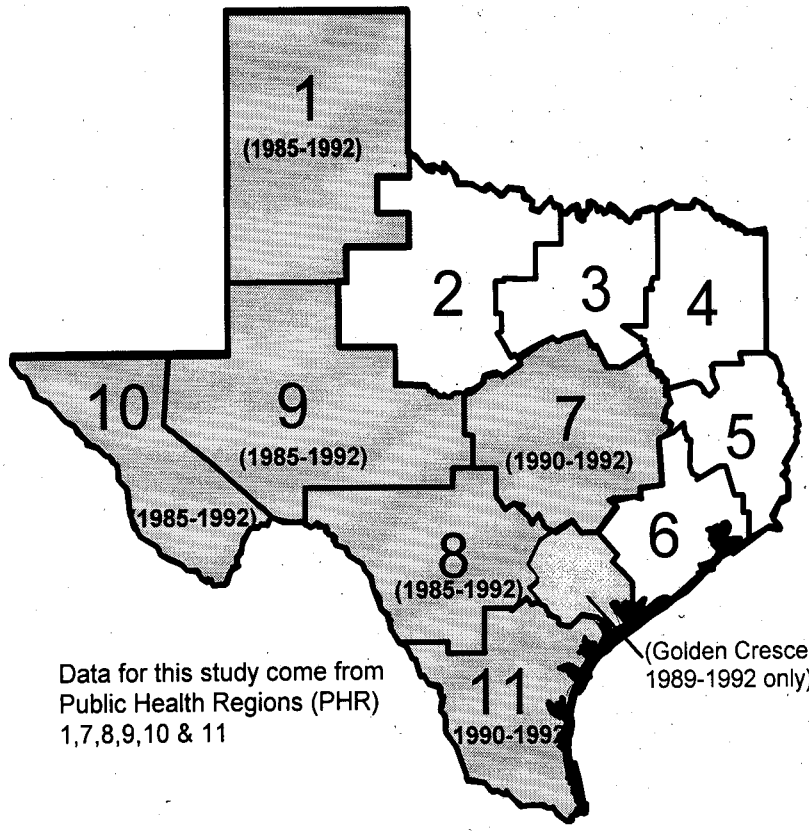
**PLEASE SEND IN YOUR REPORTS MONTHLY,**

**QUARTERLY AT LEAST.★**

# TCR Completes 1985-1992 Data

## For 6 Public Health Regions

The Texas Cancer Registry (TCR) is making final preparations to publish a report on cancer incidence and mortality in Texas for the period of 1985-1992. This report will include cancer incidence and mortality data for 6 of the 11 Public Health Regions (PHRs) in the state. Incidence data for 1990-1992 are available for each PHR, and for 1985-1992 for regions 1, 9 and 10 (see map). Mortality data are available for the entire study period for all PHR's included in this report.




This report will provide cancer incidence and mortality rates for the study area by sex and race/ethnicity. Incidence and mortality rates will be given for each of the following major cancer sites: total cancers, prostate, breast, lung, colorectal, cervical, pancreatic, as well as limited information on other cancers. Race/ethnic differences in incidence and mortality for each cancer is described, and risk factor information is included. This report will be useful for health planners, epidemiologists, and others in describing the cancer patterns that are characteristic of the state of Texas and for targeting cancer control efforts.

This combined incidence and mortality report will be mailed to all hospitals and others who are on our mailing list. To request additional copies, contact David Risser, Epidemiologist at 1/800-252-8059.★

# TRAINING

We realize that many of you are new to cancer reporting and may have questions. Please keep in mind that staff are always available to answer specific questions you may have regarding any reporting issue.

On-site or group trainings are also available. We are here to help you in any way we possibly can. For more information on training, contact your appropriate regional program.★

## Regional Contacts:

**PHR 1, 9, 10**
**Lubbock**
806/744-3577
Pat Ploegsma, RRA, CTR
Shelley Jordan
Karen Favers, ART

**PHR 2, 3, 4**
**Arlington**
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Elaine Allgood
Margaret McGovern, ART
Berta Hernandez
Jean Tooke
Avis Dennis, LVN
Della Millican

**PHR 5, 6**
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Judy Spong, MS
Denis McAuliffe, RN
Marie Longoria
Diann Purvis
Wanda Hamilton

**PHR 7**
**Austin**
1/800-252-8059 or
512/467-2239
Deidre McMillan, CTR
Susan Perez, ART, CTR
Dwenda Smith, CTR
Shawna Waterman, CTR

**PHR 8, 11**
**San Antonio**
210/949-2165
Kathryn Woehler, MPH, RN, CTR
Michelle Tessaro, CTR
Nelda Gonzalez
Lupe Castenada

# AIDS Related Bronchogenic Carcinoma Fact or Fiction?

As the completeness of cancer data reported to the TCR increases, the opportunities for use of the data for public health research also increase. Sue Carozza, MSPH, Senior Epidemiologist for the TCR, recently had the opportunity to collaborate with Dr. Mark Parker of Southwestern Medical Center at Dallas on a study of lung cancer incidence among HIV-AIDS patients.

Case reviews and retrospective analyses have raised the possibility that this population may be at increased risk of developing lung neoplasms. To investigate this hypothesis, records from the Texas Department of Health's Bureau of HIV and STD Prevention were used to identify a cohort of Texas residents diagnosed with HIV-AIDS between 1990 and 1995. The TCR then matched that file against its database to determine how many of these HIV-AIDS cases had a report of a malignant lung neoplasm. A total of 26,181 HIV-AIDS cases comprised the cohort and a total of 76 lung neoplasms were diagnosed among this population. Kaposi's sarcomas and lymphomas, already recognized as AIDS-related neoplasms, were excluded, leaving a total of 36 primary lung carcinomas. If the study population were experiencing lung cancer at the same rate as the general population, the number of cases that would be expected is 5.6. This translates into a 6.5-fold increased risk of primary lung carcinomas among the HIV-AIDS population.

The results of this study were presented by Dr. Parker at the annual meeting of the Radiologic Society of North America in Chicago last December and at the TCR annual conference in May. ★

## Date of Admission

In the ROADS manual, the data element "date of admission" has been changed to the "date of inpatient admission". The ROADS manual further states "if the patient was never an inpatient, code as "00000000".

TCR and NAACCR reporting requirements state the date of admission **must** contain a valid date, regardless of inpatient or outpatient status.

For those interested, the TCR has a table comparing required data elements of the ACOS, SEER, NAACCR, and TCR. Copies are available upon request. ★

## *Non-analyticals...To Report or Not Report*

There are some cases required by the TCR to be reported that are not required for hospitals participating in the approvals program of the ACOS. Non-analytical cases (class of case 3-9) are not required by the ACOS to accession, index, abstract, or follow. However, the TCR does require those cases be reported ***IF*** the patient has active disease ***AND*** you have not reported that primary previously. A full abstract is not necessary; please refer to the TCR cancer reporting handbook for required fields.

Be sure to include information regarding stage of disease and treatment the patient received at diagnosis, if documented. Also, record the patient's demographic information as found on the first admission to your facility for the primary you are currently reporting. For example, it is not necessary to try to find the actual address at diagnosis. If a patient was diagnosed elsewhere in 1993 and you are reporting the case in 1997, document the address as stated in the 1997 medical record. Please refer to the TCR handbook for instructions if the address is not documented.

Of interest, the Illinois State Cancer Registry recently did a study to see how many non-analytical cases had not been reported previously as an analytical case. Out of 456 cases sampled, 108 were potentially found missing (24 percent). They estimated this would add another two percent or 1,000 cancer cases to their database annually that otherwise would have been missed. The addition of non-analyticals significantly improved their completeness of cancer cases.

Sandcrab Lite is available, free of charge, to cancer program hospitals who do not want non-analytical cases in their database. Please contact your regional program for assistance or further clarification. ★

# Question & Answer

Q If a patient was admitted to our hospital for insertion of a catheter for purposes of administering chemotherapy, is this reportable?

A Yes. Evidence that the patient is receiving (or will receive) treatment is indication that there is active cancer. You should report the case if it has not been reported previously by your facility.

Q Why is it important to date staging and treatment information?

A It is very important that you date staging and treatment information. This allows TCR staff to determine if the staging information was taken during the first two months of diagnosis and if the treatment was planned and/or initiated within the first four months of diagnosis. Also, if a patient has treatment that begins after the first four months but is part of the first course of therapy, please document this in the treatment information box.

Q If I code the morphology, topography, stage, and treatment, why do I have to also provide text documentation?

A Text documentation is a requirement of the Centers for Disease Control and Prevention (CDC), the National Program of Cancer Registries (NPCR), the North American Association of Central Cancer Registries (NAACCR), and the TCR. Text documentation is used to support the coded fields. It also provides TCR staff the opportunity to perform quality checks on coded data items.

Q Is the date of admission a required data element?

A The ROADS manual states that date of admission is only required for an inpatient admission. However, the date of admission is a required data element for the TCR and NAACCR, regardless of admission status. If a patient was an outpatient only, please record the first date the patient was seen in your facility for the primary you are reporting.

Q What is the difference between the tumor record number and sequence number?

A Both the tumor record number and the sequence number count the number of tumors, only in different ways. The tumor record number counts the number of times the patient was at **YOUR** facility with a different *reportable* cancer. The sequence number counts the number of **CANCERS**, *both reportable and non-reportable*, the patient had in their **LIFETIME**, regardless of where diagnosed.

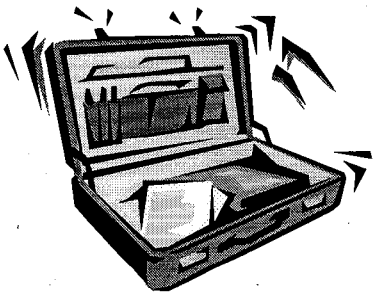
***EXAMPLE***: A patient is admitted to your facility May 23, 1997 and is diagnosed with small cell carcinoma of the lung. Documentation in the H&P states the patient had a renal cell carcinoma of the right kidney treated approximately four years ago in Washington. The tumor record number and sequence number would be coded:

| | |
|---|---|
| Tumor Record Number | 01 — (first admission with a diagnosis of cancer) |
| Sequence Number | 02 — (second diagnosis of cancer for the patient) |

Q What is the appropriate topography code when the final diagnosis is documented as "mediastinal malignant lymphoma"?

A The ROADS manual, page 104, states code C779 for a mass identified as "retroperitoneal", "inguinal", "mediastinal", or "mesentery" when no specific information is available to indicate what tissue is involved. ★

# New Staff Corner



*Lisa Routon* joins the administrative section of the TCR as an Administrative Technician. She came to us from the Kidney Health Program of the Texas Department of Health. Lisa enjoys taking her two nephews to the park, riding horses and spoiling her dog, Terra.

*Thomas Hutcherson* joins the database management section as a Systems Support Specialist. With a degree in computer science from the University of South Carolina, Thomas moved to Austin and was employed by a local environmental engineering firm where he supported data acquisition systems within various power plants throughout the United States. Recently, Thomas has been consulting with various local businesses specializing in computer networking, Internet communications and web development. For recreation, he enjoys spending time with his new wife and playing tennis.

*Rhonda Green* joins the administrative section of the TCR as a secretary. She returned to Texas from Arizona where she was employed as a case manager with the Department of Economic Security. She has two children, a son Eddie and a daughter Angel Beth. She also has a grandson, Byron. Rhonda enjoys arts and crafts and reading in her leisure time.

Another new face in our database management section is *Antonio Duran*, our new Database Administrator. Antonio comes to us from the Bureau of Automated Data Services (ADS) where he worked for 7 years. He has four daughters and one son. Antonio likes to travel, ride motorcycles and do wood work. Antonio has a tank with tropical African fish.

In 1991, *John Pierce* completed a 20-year career in the US Navy (WOW!). After the Navy, he went back to school and received a Computer Science degree from Texas A&I in Kingsville. John began working for the Texas Department of Health in July of 1995 in ADS. He has developed and maintained software for Professional Licensing, General Sanitation, Product Safety, Milk and Dairy and the Personnel office. John joins the database management section as a programmer.

*Richard Williford* recently joined the database management section as a contract programmer. Richard has a masters degree in public administration from Trinity University in San Antonio and a bachelors degree in sociology from Angelo State University in San Angelo. He has 21 years of programming and research in public administration experience. Working for a state agency is nothing new to Richard. He has also worked for TEA, Texas Commission on Alcohol & Drug Abuse, Texas Department of Human Services and Texas Natural Resource Conservation Commission. Aside from Richard's vast knowledge of computers, he also enjoys playing guitar, reading ancient history and listening to classical, jazz and new age music. Richard has also written, produced, directed and acted in theatre.★

## ELECTRONIC SUBMITTERS

Beginning with cases submitted January 1, 1998, the **1996** North American Association of Central Cancer Registry (NAACCR) reporting format should be used. **ALL** 1998 cases **MUST** be reported using this format -- submissions using previous NAACCR formats (for 1998 cases) will be returned to the submitter. 1996 and 1997 cases can also be submitted using the 1996 NAACCR format. If you have questions regarding this, please do not hesitate to contact your regional program manager. ★

# Regional Updates

## PHR 1-9-10

PHR 1 won the 1996 Board of Health Award. PHR 1 staff were privileged to have included in the nomination materials a copy of Shelley Jordan's newsletter and photographs taken by Pat Ploegsma.

The regional newsletter, sent to Administrators, Medical Record Directors as well as Cancer Registry staff, has been getting some excellent responses. One Administrator came in waving the newsletter and asked the Cancer Reporter if it really was a law that they had to report. One facility not only shifted responsibility of reporting from an over-burdened transcriptionist to another, but also added reporting to her job description.

Because of the distance between towns in PHR's 1, 9 and 10, it is difficult to organize group trainings. Therefore, we also do individual trainings. Training is offered to every new Cancer Registrar or reporter when we are notified of the personnel change. This gives everyone an opportunity to put a "face with a name".

One group training was held at Columbia West Facility in El Paso. Those in attendance included the staff of Joann Beatty, Director of Medical Records from Columbia East Facility; Amanda Arredondo, ART, Director of Medical Records from Southwestern General Hospital; and Douglas Dailey, Administrator from Horizon Specialty Hospital. This was the first time that a hospital administrator attended one of our trainings.

While in El Paso, Pat Ploegsma provided training and consultation for Gale Craft, RRA, Tumor Registrar at Providence. Sierra Medical Center was also consulted as they have staff changes. Pat Macias, ART,CTR is now the Registry Manager and Dianna Miller, ART, CTR is the Cancer Registrar. ★

## PHR 2/3/4

Elaine Allgood is glad to be back at the Cancer Registry and enjoys working with a good group of people. She hopes to be able to get out and meet with tumor registrars and cancer reporters soon.

We have a new fax machine located in our office, the number is 817/264-4040. Please make note of our new address, some are still using the old address: Texas Cancer Registry, Texas Dept. of Health, PO Box 181869, Arlington, Tx **76096**. Please make a note of the correct zip code in your handbook, page 5. Our telephone number is 817/264-4479.

Betty Orvig, Regional Trainer/Data Coordinator, has left our staff to accept a position in TB Control at the TDH regional office. She enjoyed working with everyone and will miss them. We wish her luck in her new job.

Just a reminder - all 1996 cases should have been mailed to us by July 1997. All 1995 cases should be in as soon as possible. Please contact Elaine Allgood if you need training in casefinding or reporting. ★

## PHR 8/11

In January, PHR 8 and the San Antonio area registrars honored Ruth Byers and Barbara Kirk on their retirements with an "Aloha Luau." We will surely miss their comradery as well as their skill and knowledge.

This was the first time this group had gotten back together since December 1995. We did not know how much we missed it until we were together again. A survey was taken and all agreed to pick up where we had left off. If your area doesn't have these informal and educational meetings, you should try them. Frequently, you come up with the answer to a puzzling case or two.

As a result of the summer training in the valley, we want to thank all of the new abstractors for putting their new skills to work. McAllen seems to be an up and coming cancer center as patients from far and wide are diagnosed and treated in this area. As the understanding of cancer reporting and monitoring becomes more understood, we expect to see more reporting and expertise in this part of the country. ★

## PHR 5/6 Regional Updates cont. PHR 7

Diann Purvis visited friends and family in the Big Apple this past April. She took an empty suitcase to carry back as much locally available cuisine as possible. Cannoli occupied a prominent portion of this portable deli.

Marie Longoria represented PHR 6 at the NCRA 23rd Annual Educational Conference in Las Vegas in May. "Somebody has to do it", Marie nonchalantly replied upon learning of her upcoming assignment.

Wanda Hamilton is the newest member of the PHR 6 staff. Wanda is rapidly establishing herself as an integral team member. Wanda has assumed duties as fire marshall, hall monitor, spreadsheet trouble shooter, and will soon be training to become a coder. Wanda enjoys working closely with Judy Spong, Program Manager along with the variety of challenges and "other duties as assigned" which her new position has afforded her.

Denis McAuliffe celebrated the arrival of a new family member; Christopher Dominic.

Judy Spong, Program Manager has recently been promoting goodwill, community awareness and the TCR by conducting a "Confidentiality in the Workplace" presentation at Houston Community College. ★

Dwenda Smith has been working very hard the last few months contacting hospitals regarding their 1996 cases. Remember, 100% of them were due July 1997. To those institutions who have submitted their 1996 cases....a **BIG** thank you. Our goal is to provide quality statewide cancer incidence data. With your help, we will be able to accomplish this goal.

PHR 7 staff also have been very busy performing quality control (QC) checks on the data that has been submitted. As part of those QC checks, we will be contacting your hospital (if we have not already) to get a copy of your disease index. A sample (5-10%, depending on institution size) will be reviewed. If we find five percent or more missing cases, 100 percent of your disease index will be reviewed.

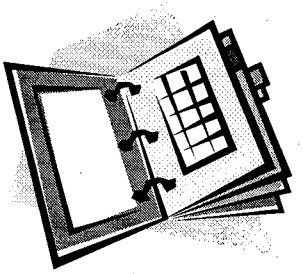
Another part of our quality control efforts are performing pathology review and reabstracting studies. These will be conducted at specified facilities through out the last quarter of 1997.

Findings from the quality control efforts will be sent to you as well as your administration as soon as they are completed. We feel it is essential to show your administrators what a great job you are doing and also how important reporting is.

Remember, we are here to help you. Please call us if you have any questions or concerns at 1/800-252-8059 or 512/467-2239. ★

## Coding Corner

**Subject:** *Coding adenocarcinoma and polyps*



When the diagnosis reads "adenocarcinoma in multiple polyps" in more than one segment of the colon, it would be coded as one primary, Colon NOS (C18.9). Simultaneous lesions and polyps in one segment of the colon are also coded as a single primary.

Lesions in one segment of the colon and polyps in a different segment of the colon would be considered two primaries. EXAMPLE: A patient diagnosed with both an adenocarcinoma in the ascending colon and an adenocarcinoma in-situ in a polyp in the sigmoid colon would be considered two primaries. The topography and morphology codes would be C18.2 8140/3 and C18.7 8210/2, respectively.

Reference: ROADS Manual, page 17 and 20; TCR Cancer Reporting Handbook, page 37. ★

# COALITION BUILDING:

## A HEALTHY COMMUNITY IS EVERYONE'S BUSINESS

Communities in Texas are faced with many complex health problems and issues that affect everyone. Disease, poverty, crime, scarce resources, drug and alcohol abuse, and lack of health care are only a few problems concerning citizens, groups, and organizations. The search for real solutions to these issues has led us to work together in coalitions. Coalition building is a strategic priority for the Texas Department of Health. ***Coalition Building: A Healthy Community is Everyone's Business*** articulates an understanding of coalitions and what makes them work. This manual is based on a conceptualization of stages of development of a generic coalition. These stages are described by specific actions that need to be taken for the coalition to proceed and in terms of the characteristics common to the interactions that take place among people and the organizations represented in the coalition. Lessons learned about each stage, suggested technical support needed, and steps taken to successfully work through each stage are provided. In addition, for each stage, specific tools and examples with instructions have been crafted to help the coalition builder. A glossary of terms and a list of additional resources are also included.

### TO INQUIRE ABOUT...

***Coalition Building: A Healthy Community is Everyone's Business***, (168 pages) contact:

Public Health Promotion Program
Bureau of State Health Data and Policy Analysis
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199
(512) 458-7405

### TO ORDER A COPY...

Complete the order form below and return it along with your check or purchase voucher to the Public Health Promotion Program at the above address. ***Coalition Building: A Healthy Community is Everyone's Business*** is priced at $20.00 per copy plus $5.00 for shipping/handling ($1.50 shipping/handling cost for each additional copy after the first), if mailed. Make checks payable to the **Texas Department of Health** (indicate Budget #: 1A140/015 on check) or ❑ Purchase Voucher Number: _____. Please allow up to six weeks for delivery of large orders.

---

Name/Title: _____

Organization: _____

Address/City/State/Zip: _____

Telephone: (_____)_____ FAX: (_____)_____ Internet: _____

**Number of Copies** (CB) Requested _____ @$20.00: $_____.00 Date of Request: _____, 19___

**Shipping/Handling** $5.00 (first copy): $_____.00

(Shipping/Handling $1.50 @ additional copy after the first): $_____.____

**TOTAL COST** (Credit TDH Budget #: 1A140/015): $_____.____

# ITS A BIRD....ITS A PLANE....NO...ITS A PIG!!

Everyone in attendance at the annual TCR conference took lots of information away. But maybe the most memorable, or fun if you wish, happening was the drawing of a pig. At the beginning of her topic, Dorothy Loughran, CTR, Past-President TxTRA, asked attendees to draw a pig. Later, she explained just exactly what the details (or lack thereof) meant. Everyone had so much fun with this, we decided to include it with our newsletter. So....draw a pig then read below.

☆ If the pig is drawn on the top portion of the page, you are an optimist and a very positive person.
☆ If the pig is drawn in the middle of the page, you are realistic and factual.
☆ If the pig is drawn toward the bottom of the page, you are a pessimist or tend to have a negative outlook.

☆ If the pig is very detailed, you are analytical, cautious and suspicious.
☆ If the pig has very little detail, you are emotional, bored by details, naive and a risk taker.
☆ If the pig has 4 feet, you are secure, stubborn and have firm beliefs.

☆ If the pig is facing left, you are traditional, friendly and remember birthdays and dates.
☆ If the pig is facing straight ahead, you are direct, like to play devil's advocate and don't avoid issues.
☆ If the pig is facing right, you are innovative, action-oriented, but not family or date-oriented.

☆ If the pig has fewer than 4 feet, you are insecure or going through major changes in life.
☆ The larger the pig's ears, the better listener you are.
☆ You had to be there for the last one! ★

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