

TEXAS CANCER REGISTRY

PREFACE

It is estimated that 97,281 Texans will be newly diagnosed with cancer in 2008 and another 38,037 will die of the disease. The data submitted by cancer reporters and maintained by the Texas Cancer Registry (TCR) are a vital part of efforts to reduce the burden of cancer in Texas.

With original authorization from the *1979 Texas Cancer Control Act* and the *Texas Cancer Incidence Reporting Act, (Chapter 82, Health and Safety Code, amended September, 2001) (Appendix B)*, the TCR collects information on each patient seeking diagnosis and/or treatment for cancer at health care facilities and clinical laboratories, as well as physician and other outpatient offices (in certain circumstances), within the State of Texas. *Chapter 91 of the Texas Administrative Code* (amended July 2006) outlines the rules necessary to implement this act (*Appendix B*). The laws and rules may be accessed at the following web site: www.dshs.state.tx.us/tcr/lawrules.shtm#law.

The TCR is a population-based statewide cancer incidence reporting system that collects, analyzes, and disseminates information on all new cases of cancer. A statewide cancer registry is the foundation for cancer prevention and control. This central repository of information is a valuable and essential tool for identifying populations at high risk for cancer, monitoring of cancer incidence trends and mortality, facilitating studies related to cancer prevention, evaluating cancer control initiatives, planning health care delivery systems, and developing educational awareness programs. It is dependent on complete, timely and accurate reporting.

The *Texas Cancer Registry Cancer Reporting Handbook, 2008 Edition* serves as the instruction manual to provide rules and guidelines which assure the consistent collection and coding of relevant cancer case information. The contents of this manual are based on the guidelines and standards for cancer reporting established by the National Program of Cancer Registries (NPCR), Centers for Disease Control and Prevention (CDC); North American Association of Central Cancer Registries (NAACCR); Surveillance, Epidemiology, and End Results Program (SEER) of the National Cancer Institute (NCI); and the American College of Surgeons (ACoS).

The Handbook has been revised to include reporting requirements for 2008 and 2009 cases in addition to those applicable for cases diagnosed in 2007. Feedback from hospital registrars and others has resulted in further modifications and clarifications to this document. The *TCR Cancer Reporting Handbook, Revised 2007* should be referenced for coding cases diagnosed prior to 2007.

The *TCR Cancer Reporting Handbook, 2008 Edition* will be distributed only on CD. This manual can also be downloaded from the TCR's web site: www.dshs.state.tx.us/tcr/. For any problems please contact the TCR. Basic Training and Exercise Modules are also available on the TCR website for online training.

HANDBOOK SOURCES

The following sources were used in the preparation of this handbook:

- *The SEER Program Coding and Staging Manual 2007*, National Cancer Institute, NIH Pub. No. 07-5581, Bethesda, MD, 2004.
- *SEER Summary Staging Manual – 2000: Codes and Coding Instructions*. National Cancer Institute, NIH Pub. No. 01-4969, Bethesda, MD, 2001.
- *Standards of the Commission on Cancer Volume II: Facility Oncology Registry Data Standards (FORDS)*. Chicago: American College of Surgeons Commission on Cancer, January 2003, revised for 2007.
- *NAACCR Standards for Cancer Registries, Volume II, Data Standards and Data Dictionary, Eleventh Edition, Record Layout Version 11.3*.
- Source: *Cancer Reporting in California: Abstracting and Coding Procedures for Hospitals (California Cancer Reporting System Standards, Vol. I)* updated May 2007. California Cancer Registry, Public Health Institute.
- *International Classification of Diseases for Oncology. 3rd Edition (ICD-O-3)*. Geneva: World Health Organization, 2000.
- Texas Cancer Incidence Reporting Law (Amended July 2006), Chapter 82, Health and Safety Code and Rules, Title 25, Health Services, Part I. Texas Department of Health, Chapter 91. Cancer, Subchapter A. Cancer Registry (Effective April 24, 2003).
- *SEER*Rx Version 1.3.0. The Cancer Registrar's Interactive Antineoplastic Drug Database*. U.S. Department of Health and Human Services, Public Health Services, National Institutes of Health, Bethesda, MD, 2005 (applicable for cases diagnosed January 1, 2005 forward).
- Collaborative Staging Task Force of the American Joint Committee on Cancer. *Collaborative Staging Manual and Coding Instructions, version 01.04.00*. Jointly published by American Joint Committee on Cancer (Chicago, IL) and U.S. Department of Health and Human Services (Bethesda, MD), 2004. NIH Pub. No. 04-5496. Incorporates updates through October 31, 2007.
- *Abstracting and Coding Guide for the Hematopoietic Diseases*, National Cancer Institute, NIH Pub. No. 02-5146, with errata Pub. No. 03-5146, Bethesda, MD.
- *Data Collection of Primary Central Nervous Tumors National Program of Cancer Registries Training Materials 2004*, U.S. Department of Health and Human Services, CDC.
- *SEER Inquiry System and Resolved Questions*, web site www.seer.cancer.gov/seerinqury.
- *Multiple Primary and Histology Coding Rules* January 1, 2007, revised February 8, 2008, National Cancer Institute. Bethesda, MD.

ACKNOWLEDGMENT

We wish to acknowledge that some information presented here was taken verbatim from *The SEER Program Coding and Staging Manual 2007*, Johnson CH, Adamo M (eds.), National Cancer Institute, NIH Publication number 07-5581, Bethesda, MD, 2007. Appendix O is the complete manual for the 2007 Multiple Primary and Histology Rules by the National Cancer Institute's SEER Program with 2008 revisions.

HELPFUL WEBSITES

www.dshs.state.tx.us/tcr
www.seer.cancer.gov
www.ncra-usa.org
www.naaccr.org
www.cancer.org
www.docboard.org/tx/df/txsearch.htm
www.oralcancerfoundation.org
www.anatomyatlases.org
www.melissa.com

<http://facs.org/cancer/coc/fordsmanual.html>
<http://web.facs.org/coc/default.htm>
www.bcm.edu (Baylor college of medicine)
<http://zip4.usps.com>
www.txhima.org
www.breastcancer.org
www.nlm.nih.gov
www.cancer.gov

ACRONYMS

- ACS American Cancer Society
- ACoS American College of Surgeons
- AJCC American Joint Committee on Cancer
- CDC Centers for Disease Control and Prevention
- CESB Cancer Epidemiology and Surveillance Branch
- CNS Central Nervous System
- CoC Commission on Cancer
- CRH *Cancer Reporting Handbook*
- CS Collaborative Stage
- FIPS Federal Information Processing Standards
- FORDS *Standards of the Commission on Cancer Volume II: Facility Oncology Registry Data*(Manual of the ACoS)
- ICD-O-3 *International Classification of Diseases for Oncology, 3rd Edition*
- ICD-O-2 *International Classification of Diseases for Oncology, 2nd Edition*
- I&R Inquiry and Response System, web site: <https://web.facs.org/coc/>
- MP/H Multiple Primary and Histology Coding Rules
- NAACCR North American Association of Central Cancer Registries
- NPCR National Program of Cancer Registries, CDC
- HSR Health Service Region
- SC SANDCRAB – Statewide Algorithm and Database for Cancer Registration and Abatement, the TCR’s database system
- SCL SANDCRAB LITE-cancer reporting software program provided by TCR for use by facilities
- SEER Surveillance, Epidemiology, and End Results Program, NCI
- SEER EODSEER Extent of Disease
- SING SEER Inquiry System, web site: www.seer.cancer.gov/seer inquiry
- SSSM2K *SEER Summary Staging Manual – 2000: Codes and Coding Instructions*
- TCR Texas Cancer Registry
- WHO World Health Organization
- VSU Vital Statistics Unit

OVERVIEW OF REPORTING CHANGES

NAACCR RECORD LAYOUT VERSION

All submissions must be submitted in NAACCR Version 11.3 regardless of diagnosis date.

DATA FIELD CHANGES

Due to new national cancer reporting standards, changes have been implemented for cases diagnosed on or after January 1, 2008. There were also some additional data items required for 2007. The following table lists new data items to be reported. Review the *TCR Cancer Reporting Handbook, Revised 2007* for a complete listing of new data items required for previous years.

NAACCR DATA ITEM DESCRIPTION	NAACCR DATA ITEM #	NEW DATA ITEM
Primary Payer at Diagnosis (effective 1/1/2007)	630	√
Name - Alias (effective 1/1/2007)	2280	√
CS Tumor Size/Ext Eval. (effective 1/1/2008)	2820	√

Beginning in 2009 item #545, NPI reporting facility, and item #1790, NPI follow-up source, will be required by the National Program of Central Cancer Registries at the Center for Disease Control and Prevention. The TCR will derive these fields from data that are already being submitted. The TCR reporting requirements for 2009 will remain the same as for 2008.

Effective with 2004 Cases and Forward:

As a reminder, effective with cases diagnosed on or after January 1, 2004 selected collaborative stage fields are required.

ITEM/FIELD	NAACCR ITEM NUMBER
CS Tumor Size	2800
CS Extension	2810
CS Tumor Size/Ext Eval (for cases diagnosed/admitted 2008 and forward)	2820
CS Lymph Nodes	2830
Regional Lymph Nodes Positive	820
Regional Lymph Nodes Examined	830
CS Mets at DX	2850
CS Site Specific Factor 1 for pleura (C384) primaries only	2880
CS Site Specific Factor 3 for prostate (C619) primaries only	2900

Note: Only 8 of the 15 Collaborative Stage Fields are required for 2004 - 2007 cases. These are the fields necessary to derive SEER Summary Stage. Nine of the 15 fields are required for cases diagnosed/admitted 2008 and forward.

CODING CANCER CASES

For cancer coding, the correct ICD-O version must be used for all cases according to the year in which the cancer case was diagnosed, or if the diagnosis year is unknown, the year in which the case was accessioned. Otherwise, the cancer case will fail required edits and will not be accepted by the TCR.

The *International Classification of Diseases for Oncology, 3rd Edition* (ICD-O-3) **must** be used to code the primary cancer site (topography) and the cell type (morphology, behavior, and grade, NAACCR items 522 and 523) of tumor for all cases diagnosed/admitted on January 1, 2001 and forward.

For all cases diagnosed on January 1, 1992–December 31, 2000, the *International Classification of Diseases for Oncology, 2nd Edition* (ICD-O-2) **must** be used to code the primary cancer site (topography) and the cell type (morphology, behavior and grade, NAACCR item 420 and 430).

STAGING CANCER CASES

For staging cancer cases, all cases must be staged and the corresponding stage data fields must be completed according to the correct staging guidelines for the year in which the cancer was diagnosed. If the diagnosis year is unknown, the correct guidelines for the year in which the case is accessioned must be used. Otherwise, the cancer case will fail required edits and will not be accepted by the TCR.

The *Collaborative Staging Manual and Coding Instructions, Version 01.04.00* must be used for cases diagnosed January 1, 2004 and forward. The SEER Summary Stage 2000 will be derived from the CS data elements.

The *SEER Summary Staging Manual 2000 (SSSM2K)* must be used for cases diagnosed from January 1, 2001 through December 31, 2003. Every site has a staging scheme. The SSSM2K has detailed information regarding adjacent sites, and includes site-specific notes, coding guidelines, and anatomic drawings. For cases diagnosed prior to 2001, refer to the *SEER April 1977 Summary Staging Guide*.

Note: Both Collaborative and Summary Stage schemas use all information (both clinical and pathological assessments) available through completion of surgery(ies) in the first course of treatment or within four months of diagnosis in the absence of disease progression, whichever is longer.

TCR CODING AND STAGING REQUIREMENT SUMMARY

CODING AND STAGING SCHEMA	DIAGNOSIS YEAR
<i>International Classification of Diseases for Oncology, 3rd Edition (ICD-O-3)</i>	2001 – forward
<i>International Classification of Diseases for Oncology, 2nd Edition (ICD-O-2)</i>	1995 – 2000*
<i>Collaborative Staging Manual and Coding Instructions, Version 01.04.00</i>	2004 – forward
<i>SEER Summary Staging Manual 2000 (SSSMK2)</i>	2001 – 2003
<i>SEER April 1977 Summary Staging Guide</i>	1995 – 2000*
<i>Multiple Primary and Histology Coding Rules (MP/H)</i>	2007 - forward

**The TCR no longer requires reporting of cases diagnosed prior to 1995.*

ACoS FACILITY INSTRUCTION MANUALS AND DATE IMPLEMENTED

MANUAL/GUIDELINES	IMPLEMENTED
DAM	1995
ROADS	1996 – 2002
FORDS	2003
Collaborative Staging (CS)	2004
Central Nervous System (CNS)	2004
Multiple Primary and Histology Coding Rules (MP/H)	2007

Note: Per SEER, the new coding and staging instructions/guidelines replace the old for respective time periods.

COMPLIANCE

To assure timely and complete cancer case reporting in Texas, the TCR monitors compliance with the Texas Cancer Incidence Reporting Act. The TCR health service regions routinely monitor facility submissions of case reports. If submissions are not received fully and in a timely manner according to our current law and rules, the facility registrar/reporter will be contacted regarding the delinquent reporting status. Further action, which may include cost recovery procedures, will be instituted if submissions continue to be delinquent. These actions are necessary to meet the state and national requirements for timely cancer data.

To be compliant with the law, **all records must be submitted within 6 months of initial diagnosis, or admission with active disease, or treatment for cancer at your facility.** Effective April 24, 2003, cancer reporting rules require quarterly submissions from health care facilities with an annual caseload of 400 or fewer and monthly submissions for health care facilities with an annual caseload greater than 400. Monthly reporting is recommended for all reporters.

Case Submission Requirements:

CASELOAD	SUBMISSION
Equal to or <400	Quarterly
>400	Monthly

Small Cancer Caseload Facilities (100 or fewer):

The TCR developed the “Small Facility Casefinding and Data Collection Program” with a goal to increase and improve the reporting and data quality of cancer cases, as required by the Texas Cancer Incidence Reporting Act (Chapter 82, Texas Health and Safety Code), from Texas facilities with 100 or fewer expected cancer cases. Contracted CTRs and/or TCR staff conduct the casefinding and data collection activities. Every year this program is contingent on the availability of funds and facilities should contact their respective TCR representative to inquire about their facility’s compliance and eligibility for participation in this program. Refer to page 12 for the appropriate regional contact information.