

## TEXAS CANCER REGISTRY

### Preface

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 Texas Cancer Registry (TCR) of the Texas Department of State Health Services (DSHS) 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](http://www.dshs.state.tx.us/tcr/lawrules.shtm#law).

The mission of the TCR is to collect, maintain, and disseminate high quality cancer data that contribute towards cancer prevention and control, research, improving diagnoses, treatment, survival, and quality of life for all cancer patients. It is estimated that in 2010 there will be 104,141 Texans newly diagnosed with cancer, and another 37,984 will die of the disease. A statewide cancer registry is the foundation for cancer prevention and control. The effectiveness of the Cancer Registry is dependent on complete, timely and accurate reporting.

The TCR is the 4th largest cancer registry in the United States. Approximately 240,000 reports of cancer are received annually from over 500 hospitals, cancer treatment centers, ambulatory surgery centers, and pathology laboratories located throughout the state. The *Texas Cancer Registry Cancer Reporting Handbook, 2010 Edition* serves as the instruction manual to provide rules and guidelines which assure the consistent collection and coding of relevant cancer case information. This edition should be used for reportable cases diagnosed January 1, 2010 and forward. 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 *TCR Cancer Reporting Handbook, 2010 Edition* will be distributed on compact disc. The handbook can also be downloaded from the TCR's web site: [www.dshs.state.tx.us/tcr/](http://www.dshs.state.tx.us/tcr/). For any problems please contact the TCR. Please remember to monitor the TCR website for training opportunities. The information can be found at <http://www.dshs.state.tx.us/tcr/training.shtm>.

## Handbook Sources

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

- *The SEER Program Coding and Staging Manual 2010*, National Cancer Institute, NIH Pub. No. 10-5581, Bethesda, MD.
- *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, Revised for 2010.
- *NAACCR Standards for Cancer Registries, Volume II, Data Standards and Data Dictionary, Fourteenth Edition, Record Layout Version 12*.
- Source: *California Cancer Registry Volume I, Data Standards and Data Dictionary; Cancer Reporting in California: Abstracting and Coding Procedures for Hospitals, Ninth Edition, June 2009, Rev 1, July 2009*. 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 1.4.1. 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
- Collaborative Stage Work Group of the American Joint Committee on Cancer. *Collaborative Stage Data Collection System Coding Instructions, version 02.00.00*. Incorporates updates through January 1, 2010.
- *2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual*, National Cancer Institute, Bethesda, MD 20892-8316
- *Hematopoietic Database Version 1.4*, Updated 3/11/2010
- *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/seer inquiry](http://www.seer.cancer.gov/seer inquiry).
- *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 in text format by the National Cancer Institute's SEER Program with 2008 revisions.

**Helpful Websites**

[www.dshs.state.tx.us/tcr](http://www.dshs.state.tx.us/tcr)  
[www.seer.cancer.gov](http://www.seer.cancer.gov)  
[www.ncra-usa.org](http://www.ncra-usa.org)  
[www.naaccr.org](http://www.naaccr.org)  
[www.cancer.org](http://www.cancer.org)  
[www.docboard.org/tx/df/txsearch.htm](http://www.docboard.org/tx/df/txsearch.htm)  
[www.oralcancerfoundation.org](http://www.oralcancerfoundation.org)  
[www.anatomyatlases.org](http://www.anatomyatlases.org)  
[www.melissa.com](http://www.melissa.com)  
[www.pathologyoutlines.com](http://www.pathologyoutlines.com)  
<http://cancercontrolplanet.cancer.gov>  
<http://facs.org/cancer/coc/fordsmanual.html>  
<http://www.bls.gov/soc/#materials> (Industry/Occupation)  
<http://web.facs.org/coc/default.htm>  
[www.bcm.edu](http://www.bcm.edu) (Baylor college of medicine)  
<http://zip4.usps.com>  
[www.txhima.org](http://www.txhima.org)  
[www.breastcancer.org](http://www.breastcancer.org)  
[www.nlm.nih.gov](http://www.nlm.nih.gov)  
[www.cancer.gov](http://www.cancer.gov)  
[www.nci.nih.gov/cancertopics/pdq/cancerdatabase](http://www.nci.nih.gov/cancertopics/pdq/cancerdatabase)  
[www.whonamedit.com](http://www.whonamedit.com)  
<http://www.epa.gov/enviro/html/codes/state.html>

**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
- DSHS Texas Department of State Health Services
- FIPS Federal Information Processing Standards
- FORDS *Standards of the Commission on Cancer Volume II: Facility Oncology Registry Data*
- ICD-O-3 *International Classification of Diseases for Oncology, 3<sup>rd</sup> Edition*
- ICD-O-2 *International Classification of Diseases for Oncology, 2<sup>nd</sup> 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
- SINQ SEER Inquiry System, web site: [www.seer.cancer.gov/seer inquiry](http://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 12 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, 2010. The following table lists data items which have been revised.

NAACCR Data Item Description	NAACCR Data Item #
Class of Case	610
CS Extension and CS Lymph Nodes	2810 and 2830
Date Fields	240, 390, 580, 1200, 1210, 1250, 1750, 2090, 3230
Diagnostic Confirmation	490
Laterality	410
Race Codes	160-164
Name, Address, and Other Pertinent Information Text Field (length increased)	2230, 2240, 2250, 2390, 2280, 2330, 2335, 70, 2680

**Note:** In 2010, the format used to transmit dates from hospitals to central registries or to the National Cancer Data Base (NCDB) has been modified for interoperability with nonregistry data systems. Depending on registry software, these changes may be transparent to registrars. SANDCRAB Lite Reporting Software will use the new date format, YYYYMMDD. New date flags have been introduced for use when a date is not entered.

### Newly Required Data Items for 2010

The following table lists new data items to be reported for 2010. With the exception of the noted Date Flags, each of these data items must be coded.

NAACCR Data Item Description	NAACCR Data Item#
*Date of Birth Flag (Derived)	241
Text Usual Occupation	310
Text Usual Industry	320
*Date of Diagnosis Flag (Derived)	391
*Date of 1st Contact Flag (Derived)	581
*RX Date Surgery Flag (Derived)	1201
RX Date Radiation Flag	1211
RX Date Chemo	1220
RX Date Chemo Flag	1221
RX Date Hormone	1230
RX Date Hormone Flag	1231
RX Date Immunotherapy	1240

NAACCR Data Item Description	NAACCR Data Item#
RX Date Immunotherapy Flag	1241
*RX Date Other Flag (Derived)	1251
*Date of Initial RX Flag (Derived)	1261
RX Summ Treatment Status	1285
*Date of Last Contact Flag (Derived)	1751

**\*Note:** These Date Flags will be populated based on the information coded in the corresponding date field.

### Required Collaborative Stage Fields:

Selected collaborative stage fields are required for cases diagnosed January 1, 2004 and after.

Item/Field	NAACCR Data Item#
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 lung (C34), pleura (C384), and breast (C50) primaries; and Retinoblastoma (9510-9514) (C690-C696; C698-C699)	2880
CS Site Specific Factor 2 for breast (C50) Corpus (C54) and Uterus, NOS (C55) (Adenosarcoma, Carcinoma, Sarcoma)	2890
CS Site Specific Factor 3 for prostate (C619) primaries only	2900
CS Site Specific Factor 8 for breast (C50) primaries only	2862
CS Site Specific Factor 9 for breast (C50) primaries only	2863
CS Site Specific Factor 10 for breast (C50) primaries only	2864
CS Site Specific Factor 11 for breast (C50) primaries only	2865
CS Site Specific Factor 12 for breast (C50) primaries only	2866
CS Site Specific Factor 13 for breast (C50) primaries only	2867
CS Site Specific Factor 14 for breast (C50) primaries only	2868
CS Site Specific Factor 25 for Nasopharynx/Pharyngeal Tonsil (C111); Esophagus, GE Junction (C161-C162); Stomach (C161-C162); Cystic Duct, Perihilar Bile Ducts, Distal Bile Ducts (C240); Peritoneum (C481-2, C488), Peritoneum Female Gen (C481-2, C488); Melanoma Ciliary Body (C694), Melanoma Iris (C694); Lacrimal Gland (C695), Lacrimal Sac (C695)	2879

### Data Items No Longer Required by TCR

The following table lists data items no longer required by TCR in 2010.

Item/Field	NAACCR Item Number
Physician Managing	2460
Facility Referred From	2410
Facility Referred To	2420

### 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. If the diagnosis year is unknown use the year in which the case was accessioned. If this process is not applied the cancer case will fail required edits and will not be accepted by the TCR.

The *International Classification of Diseases for Oncology, 3<sup>rd</sup> 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 the tumor for all cases diagnosed/admitted on January 1, 2001 and forward. In 2010 there are several newly reportable conditions and new ICD-O histology terms and codes for hematopoietic and lymphoid neoplasms. A list of these conditions and terms can be found on page 30 - 32 in the Casefinding Sections.

For all cases diagnosed on January 1, 1992–December 31, 2000, the *International Classification of Diseases for Oncology, 2<sup>nd</sup> 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.

Year of Diagnosis	Stage System/Manual
Prior to 2001	<i>SEER April 1977 Summary Staging Guide</i>
January 1, 2001 - December 31, 2003	<i>SEER Summary Staging Manual 2000 (SSSM2K)</i>
January 1, 2004 and forward	<i>Collaborative Stage Data Collection System Coding Instructions, version 02.00.00</i>

**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 date of diagnosis in the absence of disease progression, whichever is longer.

**TCR Coding and Staging Requirement Summary**

<b>Coding and Staging Schema</b>	<b>Diagnosis Year</b>
<i>International Classification of Diseases for Oncology, 3<sup>rd</sup> Edition (ICD-O-3)</i>	2001 – forward
<i>International Classification of Diseases for Oncology, 2<sup>nd</sup> Edition (ICD-O-2)</i>	1995 – 2000*
<i>Collaborative Stage Data Collection System Coding Instructions, vs. 02.00.00</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
<i>2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual</i>	2010 - forward

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

**ACoS FACILITY INSTRUCTION MANUALS AND DATE IMPLEMENTED**

<b>Manual/Guidelines</b>	<b>Implemented</b>
Data Acquisition Manual (DAM)	1995
Registry Operations and Data Standards (ROADS)	1996 – 2002
Facility Oncology Registry Data Standards (FORDS)	2003
Collaborative Staging (CS)	2004
Multiple Primary and Histology Coding Rules (MP/H)	2007
2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual	2010

**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 complete 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.** 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:**

<b>Caseload</b>	<b>Submission</b>
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 the 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 for these facilities. Each year this program is contingent on the availability of funds. Facilities should contact their respective TCR representative to inquire about their facility’s compliance and eligibility for participation in this program. Refer to page 13 for the appropriate regional contact information.