

## 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)* 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 August 2011) outlines the rules necessary to implement this act. The laws and rules may be accessed at the following website: [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 2012 there will be 110,135 Texans newly diagnosed with cancer, and another 39,072 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, 2012 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, 2012 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, 2012 Edition* will be distributed on compact disc. The handbook can be obtained from the TCR's website: <http://www.dshs.state.tx.us/tcr/reporting.shtm>. 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 2011*, National Cancer Institute, NIH Pub. No. 11-5581, Bethesda, MD.
- *Standards of the Commission on Cancer Volume II: Facility Oncology Registry Data Standards (FORDS)*. Chicago: American College of Surgeons Commission on Cancer, Revised for 2012.
- *NAACCR Standards for Cancer Registries, Volume II, Data Standards and Data Dictionary, Sixteenth Edition, Record Layout Version 12.2 Revised March 2012*
- *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 State Health Services, Chapter 91. Cancer, Subchapter A. Cancer Registry (Effective August 14, 2011).
- *SEER\*Rx Version 2.0.1 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 02.04.40*. Incorporates updates through January 1, 2012.
- *2012 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual*, National Cancer Institute, Bethesda, MD 20892-8316
- *2012 Hematopoietic and Lymphoid Database* <http://seer.cancer.gov/seertools/hemelymph/>
- *SEER Inquiry System and Resolved Questions*, website [www.seer.cancer.gov/seer inquiry](http://www.seer.cancer.gov/seer inquiry).
- *Multiple Primary and Histology Coding Rules* January 1, 2007, revised September 27, 2011, National Cancer Institute. Bethesda, MD.
- *California Cancer Reporting System Standards, Volume One, Twelfth Edition 2012, Revision 2.0, April 2012*

## Acknowledgment

We wish to acknowledge that some information presented here was taken verbatim from *The 2011 SEER Program Coding and Staging Manual*, Adamo MB, Johnson CH, Ruhl JL, Dickie, LA (eds.). National Cancer Institute, NIH Publication number 11-5581, Bethesda, MD. 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 2010 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://www.nccn.org/index.asp>  
<http://www.cdc.gov/niosh/docs/2011-173/>  
<https://www.medicare.gov/find-a-plan/questions/home.aspx>  
<http://facs.org/cancer/coc/fordsmanual.html>  
<http://www.bls.gov/soc/#material>  
[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>  
<http://cancerbulletin.facs.org/forums/>

## 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*
- 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
- SEER Surveillance, Epidemiology, and End Results Program, NCI
- SING SEER Inquiry System, website: [www.seer.cancer.gov/seer inquiry](http://www.seer.cancer.gov/seer inquiry)
- 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 12.1 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, 2012. The following table lists data items which have been revised.

NAACCR Data Item Description	NAACCR Data Item #	Change
RX Summary Radiation/Surgery Sequence	1380	New Code 7 added
Systemic/Surgery Sequence	1639	New Code 7 added

### Newly Required Data Items for 2012

The following table lists new data items to be reported for cases diagnosed on or after January 1, 2012.

NAACCR Data Item Description	NAACCR Data Item#
RX Summ – Radiation (Required for breast and colorectal cases. As available for all other sites.)	1360

### NAACCR Data Items TCR Y No Longer Required

The following table lists NAACCR Data Items no longer required by TCR for cases diagnosed on or after January 1, 2012.

NAACCR Data Item Description	NAACCR Data Item#
Comorbidities and Complications #1 - #10	3110, 3120, 3130, 3140, 3150, 3160, 3161, 3162, 3163, 3164

### Non NAACCR Data Items TCR Will Continue to Require

Non Standard Data Item Description	Non Standard Data Item #
Tobacco Use Cigarettes	9965
Tobacco Use Other Smoke	9966
Tobacco Use Smokeless	9967
Tobacco Use NOS	9968
Height	9960
Weight	9961

### Non NAACCR Data Items No Longer Required by TCR

The following Non NAACCR Data Items are no longer required by TCR for cases diagnosed

on or after January 1, 2012.

<b>Non Standard Data Item Description</b>	<b>Non Standard Data Item #</b>
Chemo 1 NSC Number	9751
Chemo 2 NSC Number	9752
Chemo 3 NSC Number	9753
Chemo 4 NSC Number	9754
Chemo 5 NSC Number	9755
Chemo 6 NSC Number	9756
Chemo 1 Num Doses Planned	9761
Chemo 2 Num Doses Planned	9762
Chemo 3 Num Doses Planned	9763
Chemo 4 Num Doses Planned	9764
Chemo 5 Num Doses Planned	9765
Chemo 6 Num Doses Planned	9766
Chemo 1 Planned Dose	9771
Chemo 2 Planned Dose	9772
Chemo 3 Planned Dose	9773
Chemo 4 Planned Dose	9774
Chemo 5 Planned Dose	9775
Chemo 6 Planned Dose	9776
Chemo 1 Planned Dose Unit	9781
Chemo 2 Planned Dose Unit	9782
Chemo 3 Planned Dose Unit	9783
Chemo 4 Planned Dose Unit	9784
Chemo 5 Planned Dose Unit	9785
Chemo 6 Planned Dose Unit	9786
Chemo 1 Num Doses Received	9791
Chemo 2 Num Doses Received	9792
Chemo 3 Num Doses Received	9793
Chemo 4 Num Doses Received	9794
Chemo 5 Num Doses Received	9795
Chemo 6 Num Doses Received	9796
Chemo 1 Received Dose	9801
Chemo 2 Received Dose	9802
Chemo 3 Received Dose	9803
Chemo 4 Received Dose	9804
Chemo 5 Received Dose	9805
Chemo 6 Received Dose	9806
Chemo 1 Received Dose Unit	9811
Chemo 2 Received Dose Unit	9812
Chemo 3 Received Dose Unit	9813
Chemo 4 Received Dose Unit	9814

<b>Non Standard Data Item Description</b>	<b>Non Standard Data Item #</b>
Chemo 5 Received Dose Unit	9815
Chemo 6 Received Dose Unit	9816
Chemo 1 Start Date	9821
Chemo 2 Start Date	9822
Chemo 3 Start Date	9823
Chemo 4 Start Date	9824
Chemo 5 Start Date	9825
Chemo 6 Start Date	9826
Chemo 1 Start Date Flag	9831
Chemo 2 Start Date Flag	9832
Chemo 3 Start Date Flag	9833
Chemo 4 Start Date Flag	9834
Chemo 5 Start Date Flag	9835
Chemo 6 Start Date Flag	9836
Chemo 1 End Date	9841
Chemo 2 End Date	9842
Chemo 3 End Date	9843
Chemo 4 End Date	9844
Chemo 5 End Date	9845
Chemo 6 End Date	9846
Chemo 1 End Date Flag	9851
Chemo 2 End Date Flag	9852
Chemo 3 End Date Flag	9853
Chemo 4 End Date Flag	9854
Chemo 5 End Date Flag	9855
Chemo 6 End Date Flag	9856
Chemo Completion Status	9859
Hormone 1 NSC	9861
Hormone 2 NSC	9862
BRM 1 NSC	9871
BRM 2 NSC	9872
Granulocyte CSF Status	9880
Erythro Growth Factor Status	9881
Thrombocyte Growth Factor Status	9882
Reason Subsq RX as Available	9920
Subsq RX 2 <sup>nd</sup> Course Date	1660
Subsq RX 2 <sup>nd</sup> Date Flag as Available	9955
Subsq RX 2 <sup>nd</sup> CRS Surg as Available	9921
Subsq RX 2 <sup>nd</sup> CRS Rad as Available	9922
Subsq RX 2 <sup>nd</sup> CRS Chemo as Available	9923
Subsq RX 2 <sup>nd</sup> CRS Horm, as Available	9924
Subsq RX 2 <sup>nd</sup> CRS Immunotherapy as	9925

Non Standard Data Item Description	Non Standard Data Item #
Available	
Subsq RX 2 <sup>nd</sup> CRS Oth as Available	9926
Subsq RX 2 <sup>nd</sup> CRS Trans/End as Available	9927
Subsq RX 2 <sup>nd</sup> Chemo 1 NSC as Available	9931
Subsq RX 2 <sup>nd</sup> Chemo 2 NSC as Available	9932
Subsq RX 2 <sup>nd</sup> Chemo 3 NSC as Available	9933
Subsq RX 2 <sup>nd</sup> Chemo 4 NSC as Available	9934
Subsq RX 2 <sup>nd</sup> Chemo 5 NSC as Available	9935
Subsq RX 2 <sup>nd</sup> Chemo 6 NSC as Available	9936
Subsq RX 2 <sup>nd</sup> Horm 1 NSC as Available	9941
Subsq RX 2 <sup>nd</sup> Horm 2 NSC as Available	9942
Subsq RX 2 <sup>nd</sup> Immunotherapy 1 NSC as Available	9951
Subsq RX 2 <sup>nd</sup> Immunotherapy 2 NSC as Available	9952
BCR-ABL Cytogenetic (CML)	9900
BCR-ABL Cytogenetic Date (CML)	9901
BCR-ABL Cytogen Date Flag (CML)	9902
BCR-ABL FISH (CML)	9903
BCR-ABL FISH Date (CML)	9904
BCR-ABL FISH Date Flag (CML)	9905
BCR-ABL RT-PCR Qual (CML)	9906
BCR-ABL RT-PCR Qual Date (CML)	9907
BCR-ABL RT-PCR Qual DtFlg (CML)	9908
BCR-ABL RT-PCR Quant (CML)	9909
BCR-ABL RT-PCR Quant Date (CML)	9910
BCR-ABL RT-PCR Quan DtFlg (CML)	9911

### Required CS Site Specific Factors

TCR requires the collection of CSv2 data items needed to derive SEER Summary Stage, SSFs for Breast, Brain/CNS/Intracranial, and SSF 25 for applicable sites (schema discriminators). TCR requires, as available, the collection of CSv2 data items needed to derive AJCC-7 TNM Stage. Please see Appendix A for a complete list of all required Site-Specific Factors by primary site.

### 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 several newly reportable conditions and new ICD-O histology terms and codes for hematopoietic and lymphoid neoplasms were added. A list of these conditions and terms can be found on page 31-33 in the Casefinding Sections. These newly reportable conditions are included in the Hematopoietic Database and Manual.

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 02.04.40</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

Coding and Staging Schema	Diagnosis Year
<i>International Classification of Diseases for Oncology, 3<sup>rd</sup> Edition</i> (ICD-O-3)	2001 – forward
<i>International Classification of Diseases for Oncology, 2<sup>nd</sup> Edition</i> (ICD-O-2)	1995 – 2000*
<i>Collaborative Stage Data Collection System Coding Instructions, vs. 02.03.02</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>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

Manual/Guidelines	Implemented
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Manual/Guidelines	Implemented
Data Acquisition Manuel (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
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 monthly submissions from health care facilities with an annual caseload of greater than 400 and quarterly submissions for health care facilities with an annual caseload of 400 or fewer. Monthly reporting is recommended for all reporters.

### Case Submission Requirements:

Caseload	Submission
>400	Monthly
Equal to or <400	Quarterly

### 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 10 for the appropriate regional contact information.

**Note:** The Reporting Tools section and Appendix B are no longer located in the TCR Handbook. The submission instructions and Reporting Laws & Rules are located on the TCR website at

<http://www.dshs.state.tx.us/tcr/reporting.shtm>.

### Timeliness of Data Submission

Timeliness of case reporting is important, however, data quality and completeness must be assured as well. Researchers, epidemiologists, health planners, clinicians, and laypersons benefit from access to the most current information. Due to reporting requirements of CDC and TCR, all reports of cases shall be submitted to the TCR within six months of initial diagnosis or admission at their facility with active disease and/or treatment of cancer. This information is in *Section 91.5(a) (When to Report)* of the *Texas Cancer Incidence Reporting Rules*. Refer to [www.dshs.state.tx.us/tcr/lawrules.shtm#law](http://www.dshs.state.tx.us/tcr/lawrules.shtm#law) for more information regarding reporting timeliness.

### Timely Reporting Calendar for 2012:

Cases Admitted in:	Should be Reported the Following:
January	July
February	August
March	September
April	October
May	November
June	December
July	January
August	February
September	March
October	April
November	May
December	June

<b>Regional Contacts</b>		
<p><b><u>HEALTH SERVICE REGIONS 1, 7, 9, 11</u></b>            Miriam Robles, RHIT, CTR            Regional Program Specialist            Department of State Health Services            Cancer Epidemiology &amp; Surveillance Branch-1928            1100 W. 49th Street            Austin, Texas 78756            (512) 776-3609 or            1-800-252-8059 ext. 3609            Fax (512) 458-7681            Miriam.robles@dshs.state.tx.us</p>	<p><b><u>HEALTH SERVICE REGIONS 2,3</u></b>            Debra Anderson, BS, CTR            Regional Program Specialist            Department of State Health Services            Cancer Epidemiology &amp; Surveillance Branch-1869            Health Service Regions 2/3            1301 South Bowen Rd,            Suite 200            Arlington, Texas 76013            (817) 264-4594            Fax (817) 264-4583            Debra.Anderson@dshs.state.tx.us</p>	<p><b><u>HEALTH SERVICE REGIONS 4,5,6</u></b>            Judy Spong, MS, CTR            Regional Program Specialist            Department of State Health Services            Cancer Epidemiology &amp; Surveillance Branch-1906            Health Service Region 6            5425 Polk St, Suite J            Houston, Texas 77023-1497            (713) 767-3180            Fax (713) 767-3284            Judy.spong@dshs.state.tx.us</p>
<p><b><u>HEALTH SERVICE REGIONS 8, 10</u></b>            Dwenda Smith, CTR            Regional Program Specialist            Department of State Health Services            Cancer Epidemiology &amp; Surveillance Branch-1928            1100 W. 49th St            Austin, Texas 78756            (512)-776-3618            1-800-252-8059 Extension 3618            Fax (512)-458-7681            Dwenda.smith@dshs.state.tx.us</p>	<p><b><u>REGISTRY OPERATIONS MANAGERS</u></b>            Dora Rodriguez-Flores, CTR            HSRs 2/3/4/5/6            Arlington, Texas            (817) 264-4592            Dora.rodriquez@dshs.state.tx.us</p> <p>Velma Garza, CTR            HSRs 1/7/8/9/10/11            Austin, Texas            (512) 776-3635 or            1-800-252-8059 ext. 3635            Velma.garza@dshs.state.tx.us</p>	

