

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/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 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
- SINQ 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

FORMAT STANDARDS

Note to SCL Users: Reporters submitting data using SCL should disregard this paragraph.

The layout and coding scheme for reporting with commercial vendor or facility software should follow the “NAACCR Data Exchange Record Layout.” Please refer to the *NAACCR Standard for Cancer Registries, Volume II*, for a description of the layout. All columns not requiring data must be blank.

Facilities with an ACoS approved program must utilize the *FORDS* manual as well as the TCR’s *Cancer Reporting Handbook* to ensure reporting compliance with both entities, as the data sets for the TCR and ACoS are different. Refer to *Appendix H* for a comparison of data sets for the ACoS, NAACCR, SEER, and TCR requirements.

Note: Submissions in an incorrect format, with missing or incomplete data, and/or errors will be rejected. Rejected reports must be resubmitted within 30 days. If cases are rejected, they will not count towards your compliance.

NAACCR Version Submission Format:

DIAGNOSIS/ADMISSION YEAR	NAACCR VERSION
All years	11.3 Required

Note: When using commercial registry software, follow the coding instructions specific to that software. Do not mix codes from one software with another. Any alteration or deviation from the codes specified in the software instructions will create errors in reporting.

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 speedy 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 referenced in *Section 91.5(a) (When to Report)* of the *Texas Cancer Incidence Reporting Rules*. Refer to *Appendix B* at www.dshs.state.tx.us/tcr/lawrules.shtm#law for more information regarding when to report.

Submission Schedule:

ADMISSION MONTH	SUBMIT TO TCR BY THE FOLLOWING MONTH
January	July
February	August
March	September
April	October
May	November
June	December
July	January
August	February
September	March
October	April
November	May
December	June

Representatives from your regional office are available to provide training on appropriate reporting procedures.

Note: If cases are abstracted at the time patients are discharged from your facility, all or part of the first course of treatment may be missed. A procedure should be implemented to check patient readmissions for additional first course of treatment information before submitting to the TCR.

DATA SUBMISSION PROCEDURES FOR OTHER NON-FACILITY REPORTERS

Independent Clinical Laboratories are required to submit reports at least quarterly. Electronic submission is required.

Health care practitioners are required to furnish data or provide record access to the TCR if the same data or records are not reported by a health care facility or clinical laboratory. Health care practitioners initially diagnosing a patient with cancer and performing in-house pathological tests for that patient should report on a quarterly basis and include cases diagnosed within six (6) months. Otherwise, health care practitioners should submit data within two (2) months of the TCR's request for specific patient information.

Note: The reporting by health care practitioners is being implemented in phases as resources allow.