

TEXAS CANCER REGISTRY

In 2003, 34,800 Texans died from cancer and approximately 83,400 developed a new cancer. 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 Texas Cancer Control Act of 1979 and Texas Cancer Incidence Reporting Act, (Chapter 82, Health and Safety Code- amended September 2001) (*Appendix B*), the TCR collects required 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 outlines the rules necessary to implement this act (*Appendix B*).

The TCR is a population-based cancer incidence reporting system that collects, analyzes, and disseminates information on all new cases of cancer. This central repository of information is a valuable and essential tool in the identification of populations at high risk for cancer, the monitoring of cancer incidence trends and mortality, the facilitation of studies related to cancer prevention, the evaluation of cancer control initiatives, the planning of health care delivery systems, and the development of educational awareness programs.

The contents of this manual are based on the guidelines and standards for cancer reporting established by the Centers for Disease Control and Prevention (CDC); North American Association of Central Cancer Registries (NAACCR); Surveillance, Epidemiology, and End Results Program of the National Cancer Institute (SEER); and the American College of Surgeons (ACoS).

COMPLIANCE

In 1998, the TCR began a more systematic approach to monitoring compliance with the Texas Cancer Incidence Reporting Act. Your regional program monitors submissions from your facility monthly. If submissions have not been received for any given month or quarter, a reminder letter will be mailed to you at your institution and a copy will be forwarded to the administrator of your facility.

All records for 2002 cases and forward must be submitted within 6 months of diagnosis, admission with active disease, or treatment for cancer. New cancer reporting rules effective April 24, 2003, require quarterly submissions from health care facilities with an annual caseload of 400 or less, and monthly submissions for health care facilities with an annual caseload greater than 400.

SUBMISSION REQUIREMENTS	
CASELOAD	SUBMISSION
<50	Quarterly
50-400	Quarterly
>400	Monthly

Questions regarding your facility's compliance should be directed to your Regional Leader or Regional Program Manager. Refer to the table on page 11 for the appropriate contact information.

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

- SEER Program Code Manual, Third Edition
- SEER Summary Staging Manual 2000
- FORDS Manual (Formerly ROADS)
- NAACCR's Standards for Cancer Registries, Volume II, Data Standards and Data Dictionary, Seventh Edition, Record Layout Version 10
- Cancer Reporting in California: Abstracting and Coding Procedures for Hospitals, Volume I, 5th Edition
- SEER Extent of Disease – 1998 Codes and Coding Instructions, 3rd Edition (SEER Program January 1998) (EOD)
- International Classification of Diseases for Oncology, 3rd Edition, (World Health Organization 2000) referred to as ICD-O-3
- Self-Instructional Manual for Tumor Registrars: Book 8 – Antineoplastic Drugs, 3rd Edition (U.S. Department of Health and Human Services, December 1993)
- Texas Cancer Incidence Reporting Law (Amended September 2001) and Rules (Effective April 24, 2003)
- Collaborative Staging Manual and Coding Instructions. Version 1.0
- The Brain Book Abstracting and Coding Guide for Primary Central Nervous System Tumors

Acronyms used in this handbook:

- ACS American Cancer Society
- ACoS American College of Surgeons
- AJCC American Joint Committee on Cancer
- BVS Bureau of Vital Statistics
- CDC Centers for Disease Control and Prevention
- CNS Central Nervous System
- CoC Commission on Cancer
- CS Collaborative Stage
- FIPS Federal Information Processing Standards
- FORDS Facility Oncology Registry Data Standards (Manual of the CoC)
- ICD International Classification of Diseases
- ICD-O, ICD-O-1,
- ICD-O-2,
- & ICD-O-3 International Classification of Diseases for Oncology, 1st, 2nd, and 3rd Editions, respectively
- NAACCR North American Association of Central Cancer Registries
- NPCR National Program of Cancer Registries of the CDC
- PHR Public Health 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 without an approved ACoS cancer program
- SEER Surveillance, Epidemiology, and End Results Program of the National Cancer Institute
- SEER EOD SEER Extent of Disease
- SSSM2K SEER Summary Staging Manual-2000, Codes and Coding Instructions
- TCR Texas Cancer Registry
- WHO World Health Organization

OVERVIEW OF CHANGES

NAACCR VERSION SUBMISSION FORMAT

The TCR requires all reporting to be submitted in version 10 or later versions.

DIAGNOSIS/ADMISSION YEAR	NAACCR VERSION
Prior to 2001	10.0 Required
2001 and 2002	10.0 Required
2003 and forward	10.0 Required

NOTE: Version 10 submissions must follow version 10 guidelines and codes regardless of date of diagnosis.

ITEMS/FIELDS DELETED - EFFECTIVE WITH 2003 CASES

ITEM/FIELD	NAACCR ITEM NUMBER
Name-Suffix	2270
Name-Alias	2280
Marital Status at Diagnosis	150
Usual Occupation	310
Usual Industry	320
Reason for no Chemotherapy	1440
Reason for no Hormone	1450
Reason for no XRT	1430
Reason for no Surgery	1340
RX Date Chemotherapy started	1220
RX Date Hormone started	1230
RX Date BRM started	1240
RX Text Chemotherapy	2640
RX Text Hormone	2650
RX Text BRM	2660
Other Text	2670

ITEMS/FIELDS MODIFIED - EFFECTIVE WITH 2003 CASES

ITEM/FIELD	NAACCR ITEM NUMBER	MODIFICATION
Class of Case	610	Added code "7"
Last Name	2230	Will now allow blanks, spaces, hyphens, apostrophes and punctuation.
Maiden Name	2390	Will now allow blanks, spaces, hyphens, apostrophes and punctuation.
Institution Referred From	2410	Cases referred from unknown facility is now 0099999999 instead of 9999999999 (from 15 digits to 10 digits).
Institution Referred To	2420	Cases referred to unknown facility is now 0099999999 instead of 9999999999 (from 15 digits to 10 digits).
Surgery of primary site	1290	Universal changes of surgery codes and definitions.
Immunotherapy-BRM	1410	Formerly a one-digit code, now a two-digit code.
Chemotherapy	1390	Formerly a one-digit code, now a two-digit code.
Hormone Therapy	1400	Formerly a one-digit code, now a two-digit code.
Type of RX-Radiation	1360	Will collect Radiation-Regional Treatment Modality, NAACCR Item #1570, a two-digit code. Formerly collected RX Summ-Radiation, a one-digit code.
Sequence Number	560	Benign reportable neoplasms are no longer sequenced with an alphabetic code. Codes 60-88 are the codes for benign reportable neoplasms.
Cause of Death	1910	This field will be populated from the Bureau of Vital Statistics.

ITEMS/FIELDS - ADDED: EFFECTIVE WITH 2003 CASES

ITEM/FIELD	NAACCR ITEM NUMBER	ADDITION
Date Systemic Therapy Started	3230	A single date field replaces individual systemic treatment dates. Includes Chemotherapy (NAACCR Item #1390), Hormone Therapy (NAACCR Item #1400), Immunotherapy (BRM) (NAACCR Item #1410), Hematologic Transplant & Endocrine Procedures (Bone marrow transplants, stem cell harvests and surgical and/or radiation endocrine therapy, NAACCR Item #3250).

ITEMS/FIELDS POPULATED BY OTHER SOURCES: EFFECTIVE WITH 2003 CASES

ITEM/FIELD	NAACCR ITEM NUMBER	RESOURCE USED TO POPULATE
Occupation	270	Bureau of Vital Statistics
Industry	280	Bureau of Vital Statistics
Occupation Source	290	Bureau of Vital Statistics
Industry Source	300	Bureau of Vital Statistics
Cause of Death	1910	Bureau of Vital Statistics

NOTE: Facilities will not be responsible for reporting these data items.

ITEMS/FIELDS - ADDED: EFFECTIVE WITH 2004 CASES

ITEM/FIELD	NAACCR ITEM NUMBER
CS Tumor Size	2800
CS Extension	2810
CS Lymph Nodes	2830
CS Mets at DX	2850
CS Site Specific Factor 1 For pleura primaries only	2880
CS Site Specific Factor 3 For prostate primaries only	2900

OTHER CHANGES:

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) of tumor information for all cases diagnosed/admitted on January 01, 2001 and forward.

<u>STAGING AND CODING</u>	<u>DIAGNOSIS YEAR</u>
International Classification of Diseases for Oncology	
*First Edition (1976-1991) converted to Second Edition	
Second Edition	1992-2000
Third Edition	2001>
<u>SUMMARY STAGING</u>	
Summary Staging Guide	1977-2000
SEER Summary Staging Manual 2000	2001>

The “SEER Summary Staging Manual 2000” (SSSM2K) will be used for cases diagnosed/admitted January 01, 2001 and forward. Every site has a staging scheme. The SSSM2K has detailed information regarding adjacent sites, and includes site-specific notes, coding guidelines, and anatomic drawings.

The Collaborative Staging (CS) Scheme will be used for cases diagnosed January 01, 2004 and forward. The SEER Summary Stage will be derived from CS data elements.

Both CS and Summary Stage require 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.

INSTRUCTION MANUAL AND DATE IMPLEMENTATION FOR ACOS FACILITIES

MANUAL/GUIDELINES	IMPLEMENTED
ROADS	1996 - 2002
FORDS	2003
Collaborative Staging (CS)	2004
Central Nervous System (CNS)	2004

NOTE: Reporting CNS neoplasms/tumors is not a new requirement for facilities in Texas. Clearly defined guidelines for reporting CNS neoplasm/tumors **were implemented in 2004 for defined consistency in reporting.**