TEXAS CANCER REGISTRY

PREFACE

It is estimated that 95,310 Texans will be newly diagnosed with cancer in 2007 and another 34,170 will die of the disease. The data submitted by cancer reporters and maintained by the Texas Cancer Registry (TCR) are a vital part of these efforts to reduce the burden of cancer in Texas.

With original authorization from the *1979 Texas Cancer Control Act* and, most recently, 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, 2006 Edition, revised April 2007,* serves as the instruction manual providing rules and guidelines to 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 2007 cases in additional to those applicable for 2006 cases. Also, feedback from hospital registrars and others has resulted in further modifications and clarifications to this document.

This manual can be downloaded from the TCR's web site: www.dshs.state.tx.us/tcr/.

HANDBOOK SOURCES

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

- *The SEER Program Coding and Staging Manual 2004, 4th Edition.* National Cancer Institute, NIH Pub. No. 04-55812004, 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 11.1.*
- *Cancer Reporting in California: Abstracting and Coding Procedures for Hospitals, Volume I, 5th Edition.* California Cancer Registry, Public Health Institute.
- *SEER Extent of Disease—1988 Codes and Coding Instructions, 3rd Edition.* National Cancer Institute, NIH Pub. No. 98-1999, Bethesda, MD, 1998.
- *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 1.1.1. 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 (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 01.03.00.* 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 September 8, 2006.
- *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/seerinquiry.
- *Multiple Primary and Histology Coding Rules.* (January 1, 2007), 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 2004, Fourth Edition, Johnson CH (ed.). National Cancer Institute, NIH Publication number 04-5581, Bethesda, MD 2004*. Appendix O is the complete manual for the 2007 Multiple Primary and Histology Rules by the National Cancer Institute's SEER Program.

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: www.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 EOD SEER Extent of Disease
- SINQ SEER Inquiry System, web site: www.seer.cancer.gov/seerinquiry
- 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(S)

The TCR requires all reporting to be submitted in version 11 or later versions.

DIAGNOSIS/ADMISSION YEAR	NAACCR VERSION
2004 – 2006	11.0 Accepted
2007 and forward	11.1 Required

Note: *Version 11 may be used to submit data for years prior to 2006. Version 11 submissions must follow version 11 guidelines and codes regardless of date of diagnosis.*

DATA FIELD CHANGES

Effective with 2006 and 2007 Cases:

Due to new national cancer reporting standards, changes will be implemented for cases diagnosed on or after January 1, 2006. There also are some additions for 2007 cases as shown below. The following table lists new data items to be reported and also some that the TCR will no longer require.

NAACCR DATA ITEM DESCRIPTION	NAACCR DATA ITEM #	NEW DATA ITEM	DATA ITEM NO LONGER REQUIRED
Tumor Record Number	60		√
Primary Payer at Diagnosis (effective 1/1/2007)	630	√	
Date of Initial RX—SEER	1260		√
RX Summ—Reg LN Examined	1296		√
Reason for No Surgery	1340	√	
RX Summ—Surg/Rad Seq	1380	√	
RX Summ—Systemic Sur Seq	1639	√	
Name- Alias (effective 1/1/2007)	2280	√	
Address at DX—Supplemental	2335	√	
Physician—Managing	2460	√	
Physician—Follow Up	2470	√	
Text for Chemo	2640	√	
Text for Hormone	2650	√	
Text for BRM	2660	√	
Text for Other	2670	√	

Note: *Facilities will no longer be responsible for reporting Tumor Record Number. Date of Initial RX-SEER and RX Summ-Reg LN Examined will be populated by coded treatment data items.*

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 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 and later cases. These are the fields necessary to derive SEER Summary Stage.*

CODING CANCER CASES

For cancer coding, all cases **must** use the correct ICD-O version 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 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) of tumor information 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.

STAGING CANCER CASES

For staging cancer cases, all cases must be staged and corresponding stage data fields 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 not be accepted by the TCR.

The *Collaborative Staging Manual and Coding Instructions, Version 01.03.00* 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
International Classification of Diseases for Oncology, 3rd Edition (ICD-O-3)	2001 – forward
International Classification of Diseases for Oncology, 2nd Edition (ICD-O-2)	1995 – 2000*
Collaborative Staging Manual and Coding Instructions, Version 01.03.00	2004 – forward
SEER Summary Staging Manual 2000 (SSSMK2)	2001 – 2003
SEER April 1977 Summary Staging Guide	1995 – 2000*

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

ACOS FACILITY INSTRUCTION MANUAL AND DATE IMPLEMENTATION

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 for 2006 cases and forward must be submitted within 6 months of initial diagnosis, or admission with active disease, or treatment for cancer at your facility.** 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. Monthly reporting is recommended for all reporters.

Case Submission Requirements:

CASELOAD	SUBMISSION
Equal to or <400	Quarterly
>400	Monthly

Facilities with a Cancer Caseload of 100 or Less:

To facilitate complete, accurate, and timely cancer reporting in healthcare facilities with a cancer caseload of 100 or less, the TCR offers funding for contracted services by Certified Tumor Registrars to perform casefinding and data collection.

Note: *Any questions regarding a facility's compliance should be directed to the facility's health service region.* *Refer to page 12 for the appropriate regional contact information.*