2018 Changes: Strategies for Success

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Attribution

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He who has a why to live can bear almost any how.

— *Friedrich Nietzsche*

Objectives

AJCC 8th Edition	Grade
ICD-O-3	SEER Summary Stage 2018
Solid Tumor Rules	STORE
Hematopoietic and Lymphoid DB/Manual	Edits
Site Specific Data Items	Downstream Activities

2018 Implementation Guidelines

NAACCR

2018 Change Overview Page

Where to find NAACCR 2018 page of resources

https://www.naaccr.org/2018-implementation/

2018 Implementation

Last Update:
10:30AM CT on 8/28/18

Recent Changes:

- ICD O 3 Histology documents have been updated (minor changes).
- The v18 Edits metafile and associated documents have been posted.
- An annotated histology spreadsheet added to vendor section.

2018 IMPLEMENTATION INFORMATION

This page is intended to be a source of information for central registries, hospital registries, and software vendors. On this site you will find information concerning new data items, edits, rules for determining multiple primaries and histologies, updates to histology codes, and educational activities. You can expand and close sections below by clicking on the section titles.

- NCI SEER V.18 IMPLEMENTATION +
- CDC-NPCR 2018 CHANGES +
- STAGE +
- SSDI/GRADE +
- ICD O 3 HISTOLOGY REVISIONS +

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2018 IMPLEMENTATION WEBINARS

Session 4: Held on 3/20/18 and included perspectives on delays in finalizing 2018 materials, updates on 2018 Implementation Guidelines, coding manuals/API's and planned educational offerings on 2018 changes.

- 2018 Implementation Update: Session 4 (recording no longer available)
- Slides
- Q&A

Session 3: This webinar on 12/18/17 provided

NAACCR Implementation Guidelines 2018

Hospital registrars should pay special attention to section 10

https://www.naaccr.org/implementation-guidelines/

North American Association of Central Cancer Registries, Inc. (NAACCR)

2018 Implementation Guidelines and Recommendations

(For NAACCR Standards Volume II, Data Standards and Data Dictionary, Version 18, effective with cases diagnosed on or after January 1, 2018)

Version 1.0

September 2018

AJCC Cancer Staging Manual 8th edition

Find AJCC 8 “TNM” Manual

- Manual purchase: https://cancerstaging.org/Pages/default.aspx
- Format choices: Book vs. Kindle app
- Errata/Updates: 3rd printing, https://cancerstaging.org/references-tools/deskreferences/Pages/8EUpdates.aspx#
- Education: https://cancerstaging.org/CSE/Registrar/Pages/Eight-Edition-Webinars.aspx; SEER Educate
- Questions to: CAnswer Forum: http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition

Key Changes

- 12 New Chapters – esp. H&N, Bone, Sarcomas, Leukemia
- 15 Divided Chapters – esp. H&N, GI, Thyroid, Adrenal
- Merged Chapters – Ovary, Fallopian Tube and Primary Peritoneal Carcinoma
- Deleted Chapters – Cutaneous Squamous Cell and Other Cutaneous Carcinomas

Clearer Code Labels

- Field lengths expanded from 4 characters - Suffixes for T and N
  - Example: pTis(Paget), pT1(m), cN1(sn)
- Post Therapy T, N, M, group stage
  - Describes tumor burden after neo-adjuvant systemic or RT
  - Defined in AJCC chapters

Do I need a Manual?

- CoC accredited facility? Yes!
- Non-CoC accredited? Very helpful
  - As part of a shared reference library?
- Helps in understanding relationship to other required fields
  - Grade, SS2018, SSDI
- Help to interpret MD documentation

How to Use Manual

- Correct Printing
  - "© ACoS 2017. Corrected at 3rd printing 2017" (1032 pages)
- Updated Errata – handy or annotated book
- Chapter 1 – re-written for clarity – read carefully
- Chapter Summary – contains cancers included excluded from staging; summary of changes, topography and histology lists
- Prognostic Factors & Grade may be required for stage (covered in SSDI Manual)

Apply the Rules

- General Rules – Chapter 1
  - 3 AJCC pdfs –Staging, In Situ Neoplasia, Node Status
- Chapter Rules – over-ride General Rules
  - Rules for Classification (Clin/Path) – very important – impacts Grade
- Drop down menus can't include all rules
- Edits – don't check all possible situations
  - You need to know rules

1st & 2nd printings fate???

Questions?

2018 ICD-O-3 Coding Guidelines

NAACCR Workgroup

Find ICD-O-3 Guidelines & Errata

https://www.naaccr.org/implementation-guidelines/#ICDO3

- Format choices
  - pdf
  - Excel sortable lists
- Education: https://www.naaccr.org/2018-implementation/#Education
- Questions - Ask A SEER Registrar
  - https://seer.cancer.gov/registrars/contact.html

Table Format – alpha order

Status	ICD-O-3 Morphology Code	Term	Reportable Y/N	Comments
New Term	8551/3	Acinar adenocarcinoma **(C34. _)**	**Y**	Lung primaries diagnosed prior to 1/1/2018 use code 8550/3 For prostate (all years) see 8140/3
New Term	8140/3	Acinar adenocarcinoma **(C61.9 ONLY)**	**Y**	For prostate only, do not use 8550/3
New Term	8572/3	Acinar adenocarcinoma, sarcomatoid **(C61.9)**	**Y**	
New Term	8550/3	Acinar cell carcinoma	**Y**	Excludes C61.9- see 8140/3
New Term	8316/3	Acquired cystic disease-associated renal cell carcinoma (RCC) **(C64.9)**	**Y**	
New code/term	8158/1	ACTH-producing tumor	**N**	
New Term	8574/3	Adenocarcinoma admixed with neuroendocrine carcinoma **(C53. _)**	**Y**	
Behavior Code/term	8253/2	**Adenocarcinoma in situ, mucinous (C34. _)**	**Y**	**Important note**: lung primaries ONLY: For cases diagnosed 1/1/2018 forward do not use code 8480 (mucinous adenocarcinoma) for in-situ adenocarcinoma, mucinous or invasive mucinous adenocarcinoma.

Acinar
M-8550/3 adenocarcinoma
M-8550/0 adenoma
M-8550/3 carcinoma

M-8154/3 Acinar-endocrine carcinoma, mixed

Acinar cell
M-8550/0 adenoma
M-8550/3 carcinoma
M-8551/3 cystadenocarcinoma
M-8550/1 tumor [obs]

Acinic cell
M-8550/3 adenocarcinoma
M-8550/0 adenoma
M-8550/1 tumor [obs]

How to Use Table/List

- Keep new lists handy to use first
  1. ICD-O-3 (2014 and) 2018 List or Table
  2. Solid Tumor Rules or Heme Database, Grade
  3. ICD-O-3 book
  4. No answer? Ask a SEER Registrar
- No plans currently for an ICD-O-4
- Online ICD-O-3.1 not approved by standard setters for use in North America

Key Changes

- Edits will enforce proper use by year
  - Medullary cancer
    - Thyroid C73.9 = 8345/3 for 2018+
    - Breast C50.x = 8510/3

Key Changes - Behavior

Be alert to behavior code changes (esp. GI sites) that change reportability

Questions?

SOLID TUMOR RULES (formerly MP/H)

SEER

Find 2018 Solid Tumor Rules

- https://seer.cancer.gov/tools/solidtumor/
- Format choices – online vs pdf
- Change Log at same URL
  - Online Modules also show date last updated
- Practice: SEER Educate
- Questions: Ask a SEER Registrar
  - https://seer.cancer.gov/registrars/contact.html

How to Use Solid Tumor Manual

- Used to determine site/#primaries/histology – BEFORE staging
- For cases diagnosed 2018 and later
- Continue to use MP/H rules for diagnoses 2007-2017
- Each site module has a section pointing out changes

Colon, Rectosigmoid, and Rectum Equivalent Terms and Definitions
C180-C189, C199, C209
(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

Changes from 2007 MPH Rules

Key Changes

- Text Format only
- Site-Specific Terms and definitions with the modules
- Reportable and non-reportable histology tables
- More examples, illustrations and notes
- Cutaneous Melanoma and Other Site sections unchanged (will be updated in 2019)
- Consolidated .pdf coming soon

Important to Note

- Do NOT code histologies or subtypes/variants when described by ambiguous terms unless case is accessioned based on ambiguous terminology and no other histology information is available/documented.
- Changes are listed for each site
- Any needed tables are hyperlinked

“Clinically Disease Free” - Colon

Rule M10 Abstract **multiple primaries**[ii] when the patient has a subsequent tumor after being **clinically disease-free** for **greater than one year** after the original diagnosis or last recurrence.

Note 1: **Clinically** disease-free means that there was **no evidence** of recurrence on follow-up.

- Colonoscopies are NED
- Scans are NED

Note 2: When there is a recurrence less than or equal to one year of diagnosis, the **“clock”** starts over. The time interval is calculated from the **date of last recurrence.** In other words, the patient must have been **disease-free** for **greater than one year** from the date of the last recurrence.

Note 3: When the first course of treatment was a **polypectomy** only, this rule means there were **no recurrences** for greater than one year.

Note 4: When the first course of treatment was a **colectomy or A&P resection**, there were **no anastomotic recurrences** for greater than one year.

Note 5: When it is **unknown/not documented** whether the patient had a recurrence, default to **date of diagnosis** to compute the time interval.

Note 6: The physician may state this is a **recurrence,** meaning the patient had a previous colon tumor and now has another colon tumor. **Follow the rules;** do not attempt to interpret the physician’s statement.

Important Notes, Priority

For each site, priorities include biomarkers, tissue/histology, cytology, radiography/scans, and physician diagnoses.

You must use the priority order that precedes the histology rules for each site.

Priority order will differ by site. Biomarkers and/or tissue pathology always takes precedence.

The specific types of radiography/scans also differ by site.

Lung - Single Primary Priority Order of Sources

Priority	Sub Hierarchy
1.Biomarkers	
2. Path Report	Addendum, Final Diagnosis, CAP Protocol
3. Cytology	
4. Path from metastatic site	
5. Scan	CT, PET, MRI, CXR
6. Physician documentation in medical record	Tumor board report; Physician reference to original path, cytology or scan; Reference to type of cancer (histology)

Key Changes - Lung

- Bronchioalveolar carcinoma is now = Mucinous adenocarcinoma
- New terms and codes for various mucinous carcinomas of lung only (see p. 2 of lung rules)
  - Invasive, in situ = 8253 but microinvasive = 8257
- Non-mucinous carcinoma, adenocarcinoma (new term)
  - Invasive, in situ = 8250 but microinvasive = 8256

Key Changes - Lung

Terminology	Laterality	Site Term and Code
Bronchus NOS **Bronchogenic** **Extending up to the hilum** **Extending down to the hilar region** **Lung NOS** **Pulmonary NOS** **Suprahilar NOS**	Bilateral	Lung NOS **C349** *Note*: Includes • Multiple tumors in different lobes of ipsilateral lung **OR** • Multiple tumors in ipsilateral lung; unknown if same lobe or different lobe **OR** • Tumor in bronchus, unknown if mainstem or lobar bronchus **OR** • Tumor present, unknown which lobe
Lobar bronchi NOS **Lobar bronchus NOS**	Bilateral	Code the lobe in which the lobar bronchus tumor is present **C34__** *Note*: When **lobe** of origin is **not documented/unknown, code** to lung NOS **C349**

Key Changes - Colon

- Polyps disregarded when coding histology
- Code CIS as /2 only if specifically stated, not for dysplasias
- Pseudomyxoma peritonei (appendix) is now classified as either malignant or benign, depending on the histologic grade. Low grade tumors are considered benign and are not reportable. High grade tumors are malignant and therefore reportable.

Key Changes - Breast

- 8500 now includes NST (No Special Type), mammary carcinoma NST and carcinoma NST
- DCIS subtypes/patterns/features not coded so most will be coded to 8500/2 unless subtype is >90% of tumor (because grade now thought more important than subtype)

Questions?

Hematopoietic and Lymphoid Database/Manual

SEER

Find 2018 Heme Database/Manual

- https://seer.cancer.gov/tools/heme/
- Format choices – online database only (past desktop is out of date!)
- Revision History
  - https://seer.cancer.gov/tools/heme/update.html
- Questions: Ask a SEER Registrar
  - https://seer.cancer.gov/registrars/contact.html

Hematopoietic and Lymphoid Database

- Updates based on
  - AJCC 8th Edition clarifications
  - Revised WHO hematopoietic book
  - Previous errors corrected
- **New drop-down box for diagnosis year 2018**
- Grade not applicable in 2018, except for follicular lymphomas with ocular primary sites

Key Changes – Diagnostic Confirmation

- Code 5 Positive lab test/marker study

  Note added:

  Includes cases with positive immunophenotyping or genetic studies and no histological confirmation

  (If there is positive histology use Code 3)

Key Changes

- Watch for New Notes/Exceptions
  - PH Rules 2,3,4 plasmacytomas
  - Module 7 secondary lymphomas
  - PH18 definition of “mass”
  - PH22 C77.9 clarified
  - PH 27 Langerhans cell histiocytosis to C419 Bone if no info available
- Corrections to Same Primaries in Calculator (obsolete codes)
  - **Reminder: Use the rules first!   Calculator only as instructed!**

Clarification – CLL/SLL

- Per AJCC 8 – CLL/SLL always staged as lymphoma
- But primary site still determined by rules PH 5 & 6

Example:

- Can have primary site = C421 and Stage IV Lymphoma when bone marrow involvement only

Key Changes – Rule M2

M2: Same histology always same primary

Exception added for MALT lymphomas (9699/3):

- Abstract multiple primaries when a nodal MALT (C770-C779) occurs BEFORE or AFTER an extranodal MALT (all other sites)

Because they are 2 distinct lymphomas that have same histology code

Key Changes - M Rules

M4

Clarification 2 types of NHL simultaneous, same location = single primary (don't go on to chronic/acute rule)

- Example: DLBCL & Follicular in same node

M10, 11, 13

Exceptions for plasmacytomas and plasma cell myeloma

Use the Manual!

- Review the section on how to use the manual
- Still important to link from the database to the manual

Questions?

Site-Specific Data Items (formerly CS SSFs)

NAACCR Workgroup

Find SSDI Info

- Manual (latest release v1.4) is on NAACCR website:

https://apps.naaccr.org/ssdi/list/

- Errata/Updates

  v1.4 includes updates to notes/instructions – none to codes

  v1.5 coming in January 2019

  No changes for 2019 cases, may add 15-20 new items in 2020

- Questions: CAnswer Forum

Comparison to CS SSFs

- Keep only 120 of the 260 data items that were SSFs in CSv2.05
- Requirements vary by standard setter!
- CS still applicable for older cases, no conversions
- New Items added, others combined
- All Schema driven – Schema ID

Key Changes

- Different lengths and coding conventions
  - Decimals included not implied!
  - Values, Percent, Ranges, etc.
  - More specific coding but harder to memorize – use drop-downs
- Single SSDI can apply to multiple schemas
  - Blank if not applicable to schema!
- Consistent with AJCC8 and CAP protocols – includes items required for stage and grade

NPCR/Kansas Required

SSDI	Schemas
Brain Molecular Markers	Brain
Breslow Tumor Thickness	Skin - Melanoma
Estrogen Receptor Summary	Breast
Estrogen Receptor Total Allred Score	Breast
Fibrosis Score	Liver
HER2 Overall Summary	Breast
Microsatellite Instability (MSI)	Colon & Rectum
Progesterone Receptor Summary	Breast
Progesterone Receptor Total Allred Score	Breast
PSA (Prostatic Specific Antigen) Lab Value	Prostate
LDH Pretreatment Lab Value	Skin – Melanoma, Plasma Cell Myeloma & Plasma Cell Disorders

Required Site-Specific Data Items

- Those required for AJCC 8 stage calculation:
  - Esophagus/EGJ Epicenter
  - Mitotic Rate GIST
  - ER, PR and Overall HER2 Summaries
  - Gestational Trophoblastic Prognostic Scoring Index
  - PSA Lab Value, Testis Serum Markers (pre/post orchiectomy)
  - CLL/SLL Anemia, Lymphocytosis, Organomegaly, Thrombocytopenia
  - Mycosis Fungoides Peripheral Blood Involvement,
  - Plasma Cell Myeloma Serum Albumin, Microglobulin, LDH

Other Site-Specific Data Items

- Prognostic - not required for stage but proposed for collection by some agencies

Schema IDs

- Computer derived, based on site, histology, etc.
  - Sometimes with one or more discriminators
    - Example: GEJ Esophagus vs Stomach
- Allows software to be programmed to display only applicable items by schema and standard-setter
- Grade codes are also linked to Schema ID

Data Last Updated: Sept. 5, 2018 (Version 1.4)

CANCER SCHEMA LIST

Displaying **118** Schemas

Standard Search Site/Hist Search

Search Term(s) SEARCH

RESOURCES

- SSDI Manual
- SSDI Manual Appendix A
- SSDI Manual Appendix B
- Grade Manual
- Change Log

Comments or suggestions concerning the SSDI's are welcome and can be posted at the American College of Surgeons **CAnswer Forum**.

Adnexa Uterine Other	Eye Other	Melanoma Choroid and Ciliary Body	Plasma Cell Disorders
Adrenal Gland	Fallopian Tube	Melanoma Conjunctiva	Plasma Cell Myeloma
Ampulla of Vater	Floor of Mouth	Melanoma Head and Neck	Pleural Mesothelioma
Anus	Gallbladder	Melanoma Iris	Primary Cutaneous Lymphoma (excluding MF and SS)
Appendix	Genital Female Other	Melanoma Skin	Primary Peritoneal Carcinoma
Bile Duct Distal	Genital Male Other	Merkel Cell Skin	Prostate
Bile Ducts Intrahepatic	GIST	Middle Ear	Respiratory Other
Bile Ducts Perihilar	Gum	Mouth Other	Retinoblastoma

Manual

- General Instructions – Timing
  - Lab values prior to all tx and w/in 3 months before dx
  - Otherwise code unknown
  - Some schema have specific timing rules
- Each SSDI lists
  - Description
  - Rationale
  - Definition
  - Coding Instructions and Codes

Code Changes

- New coding conventions
  - Decimals
  - Values w/o leading zeroes
  - Percentages
  - Ranges
  - Different conventions for Unknown!

Breslow tumor thickness

Code	Description
0.0	No mass/tumor found
0.1-99.9	0.1 - 99.9 millimeters Examples: 0.4 mm – 0.4 1.0 mm- 1.0 2.5 mm – 2.5 2.56 mm- 2.6 11 mm – 11.0
XX.1	100 millimeters or larger
XX.2	Cannot be determined
XX.8	Not applicable: Information not collected for this schema (If this item is required by your standard setter, use of code XX.8 will result in an edit error)
XX.9	Not documented in patient record Microinvasion; microscopic focus or foci only and no depth given Breslow Thickness not assessed or unknown if assessed In situ melanoma

Changes to Existing SSFs

- Revisions to instructions and codes – to clarify or to harmonize with AJCC and CAP checklists.
- Collapsing of items
  - HER2
    - IHC summary and ISH summary (not every kind of ISH!)
    - IHC codes utilizes both results & interpretation (previously 2 fields)

3	Positive (Score 3+) Stated as positive

Breast SSDIs

New
ER (Estrogen Receptor) Percent Positive or Range
ER (Estrogen Receptor) Total Allred Score
HER2 IHC Summary
HER2 ISH Dual Probe Copy Number
HER2 ISH Dual Probe Ratio
HER2 ISH Single Copy Number
HER2 ISH Summary
Oncotype Dx Recurrence Score-DCIS
Oncotype Dx Recurrence Score-Invasive
Oncotype Dx Risk Level-DCIS
Oncotype Dx Risk Level-Invasive
PR (Progesterone Receptor) Percent Positive or Range
PR (Progesterone Receptor) Total Allred Score
ER (Estrogen Receptor) Summary
HER2 Overall Summary
PR (Progesterone Receptor) Summary

Discontinued SSFs	
4	Immunohistochemistry (IHC) of Regional Lymph Nodes
5	Molecular (MOL) Studies of Regional Lymph Nodes
6	Size of Tumor-Invasive Component
8	HER2: Immunohistochemistry (IHC) Lab Value
9	HER2: Immunohistochemistry (IHC) Test Interpretation
10	HER2: Fluorescence In Situ Hybridization (FISH) Lab Value
11	HER2: Fluorescence In Situ Hybridization (FISH) Test Interpretation
12	HER2: Chromogenic In Situ Hybridization (CISH) Lab Value
13	HER2: Chromogenic In Situ Hybridization (CISH) Test Interpretation
14	HER2: Result of Other or Unknown Test
16	Combinations of ER, PR, and HER2 Results
17	Circulating Tumor Cells (CTC) and Method of Detection
18	Disseminated Tumor Cells (DTC) and Method of Detection
19	Assessment of Positive Ipsilateral Axillary Lymph Nodes
20	Assessment of Positive Distant Metastases
24	Paget Disease

Microsatellite Instability

- If either MMR (Mis-Match Repair) or MSI are positive code 2

- “Low probability of Microsatellite Instability – high (MSI-H)” is considered Stable, code 0

PSA

- Timing Change:
  - Code the most recent value (consistent with AJCC)
  - Decimal in code!

Code	Description
0.1	0.1 or less nanograms/milliliter (ng/ml) (Exact value to nearest tenth of ng/ml)
0.2-999.9	0.2 – 999.9 ng/ml (Exact value to nearest tenth of ng/ml)
XXX.1	1,000 ng/ml or greater
XXX.7	Test ordered, results not in chart
XXX.9	Not documented in medical record PSA lab value not assessed or unknown if assessed

Breslow

- Greatest thickness even if from bx
- Decimal included in code
- Now measured to one decimal place (tenth of mm)
  - Round per General Rules
  - 0-4 round down
  - 5-9 round up

Occult Head and Neck – Schema Discriminator 1

- We used to code Primary Site as C14.8, but:
- New Rules - Code C76.0 when positive cervical nodes AND no primary evident or only suspected to be H&N primary
- Because no T0 for most AJCC H&N chapters
- Exceptions:
    - If p16 positive assign C10.9 Oropharynx (AJCC T0)
    - If EBV positive assign C11.9 Nasopharynx (AJCC T0)
- Code C14.8 if **non**-occult: primary evident, but site can't be determined, overlapping H&N sites

Questions?

Stretch Break?

Grade Manual

NAACCR Workgroup

Find Grade Manual

- https://apps.naaccr.org/ssdi/list/
- Errata/Updates: https://apps.naaccr.org/ssdi/list/
- Questions: CAnswer Forum

NAACCR North American Association of Central Cancer Registries

Home

SITE SPECIFIC DATA ITEMS (SSDI)/ GRADE

Home / Schema List

Data Last Updated: Sept. 5, 2018 (Version 1.4)

CANCER SCHEMA LIST

Displaying **118** Schemas

Standard Search   Site/Hist Search

Search Term(s)   SEARCH

RESOURCES

- SSDI Manual
- SSDI Manual Appendix A
- SSDI Manual Appendix B
- Grade Manual
- Change Log

Comments or suggestions concerning the SSDI's are welcome and can be posted at the American College of Surgeons **CAnswer Forum.**

Grade

New Fields & Rules

- **Clinical** – before any tx
- **Pathological** – from AJCC resection w/o neoadjuvant
  - Record clinical grade here also when:
    - no grade or no residual on resection
    - clinically invasive on biopsy but resection path report just shows in situ
    - Path stage criteria is met from metastatic site microscopic path only, no resection of primary site
- **Post-Therapy** – resection after standard neo-adj (AJCC yp)
  - code 9 if no residual after neo-adj tx

- All 3 are schema-specific!

Grade Example - Breast

G	G Definition
1	G1: Low combined histologic grade (favorable), SBR score of 3–5 points
2	G2: Intermediate combined histologic grade (moderately favorable); SBR score of 6–7 points
3	G3: High combined histologic grade (unfavorable); SBR score of 8–9 points
L	Nuclear Grade I (Low) (in situ only)
M	Nuclear Grade II (interMediate) (in situ only)
H	Nuclear Grade III (High) (in situ only)
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown Not applicable

How to Use the Manual

- Schema driven, 8 AJCC chapters require it for TNM staging
- “There is no more guessing at whether you are dealing with a 2, 3, or 4 level grading system; there will be no more mental “calculation” of what value to enter for grade. The new site-specific look-ups for grade leave no room for error and will result in high quality grade data.” -COC

Schema Specific Tips

- Bladder no more translating Low/Hi grade

Code	Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated
L	LG: Low-grade
H	HG: High-grade
9	Grade cannot be assessed (GX); Unknown

- Bladder TURB and Prostate TURP – qualify for Clinical Grade only

Questions?

SEER Summary Stage 2018

SEER

Find SS2018

- https://seer.cancer.gov/tools/ssm/
- Format choices: online vs. pdf
- Errata/Updates – none yet released!
- Questions: Ask a SEER Registrar
  - https://seer.cancer.gov/registrars/contact.html

Key Changes

- Designed to reflect AJCC 8, including chapter order
  - Basics are same – single stage, changes are specific
  - No stage 5 (Regional, NOS)
  - Benign/borderline Brain, CNS, Intracranial Gland = 8
  - Includes lymphoma/leukemia
  - Ambiguous terms list is specific to SS2018
- Will continue to be direct coded in Missouri/Kansas

How to Use Manual

- Read General Instructions
- Consult Site Sections
- Appendix I - Lymph Node Chain Reference Table

Lymph Node/Lymph Node Chain	ICD-O-3 Code	ICD-O-3 Lymph Node Region(s)	TNM Staging
Gastrocolic	C772	Intra-abdominal	Mesenteric
Gastroduodenal	C772	Intra-abdominal	Mesenteric
Gastroepiploic (gastro-omental)	C772	Intra-abdominal	Mesenteric
Gastrohepatic	C772	Intra-abdominal	Mesenteric
Gastropancreatic	C772	Intra-abdominal	Mesenteric
Gerota's node (promontorial, middle	C775	Pelvic	Para-aortic

H&N Anatomic Sites Table

LARYNX

Anterior Limits is bounded by the anterior or lingual surface of the suprahyoid epiglottis, thyrohyoid membrane, the anterior commissure, and the anterior wall of the subglottic region, which is composed of the thyroid cartilage, the cricothyroid membrane, and the anterior arch of the cricoid cartilage.
Posterior Lateral Limits include the aryepiglottic folds, the arytenoid region, the interarytenoid space, and the posterior surface of the subglottic space represented by the mucous membrane covering the cricoid cartilage.
Superior Lateral Limits are bounded by the tip and the lateral border of the epiglottis.
Inferior Limits are bounded by a plane passing through the inferior edge of the cricoid cartilage.

The larynx is divided into the following anatomic regions and sites:

Site	ICD-O	Description
Glottic	C320	Glottis Anterior and posterior commissures True vocal cords
Supraglottic	C321	Arytenoids Epiglottis (both lingual and laryngeal aspects) Aryepiglottic folds Infrahyoid epiglottis Supraglottis Left Right Suprahyoid epiglottis Ventricular bands (false cord)
Subglottic	C322	Right and left walls of the subglottis Subglottis (rima glottidis) Exclusive of the undersurface of the cords

Key Change – in situ with mets

- Clarification:
- If the pathology report indicates an in situ tumor but there is evidence of positive lymph nodes or distant metastases, code to the regional nodes/distant metastases.
- AJCC8 stages such situations as UNKN

SS2018 vs AJCC

- Colon/Rectum - intramucosal/transmural
  - SS2018 – local   AJCC – in situ
- T4 in AJCC may be Distant by Direct Extension in SS2018
  - Lung – direct extension to chest wall, heart or adjacent rib
  - Colon T4b - direct extension into adjacent organ
- N3 in AJCC may be Distant LN in SS2018
  - Lung & Breast – supraclavicular, cervical

Key Changes – H&N

- H&N SS2018 all chapters
  - LNs Level I-VII = Regional

    (some used to be distant in SS2000)

SEER EOD - NOT Required in KS

- One manual you do not need this year is SEER Extent of Disease which has been revised for 2018.
- Only required in SEER funded states

Questions?

STORE Manual (formerly ROADS)

CoC

Find STORE Manual

- Standards for Oncology Registry Entry (STORE)
- https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/store_manual_2018.ashx
- Format choices: online vs. saved pdf
- Updates: Appendix A of online manual
- Questions: CAnswer Forum (or “Corner STORE”?)

How to Use Manual

- Read
  - Preface
  - STORE Overview
- Similar layout
  - Section One: Eligibility and Overview of Coding Principles
  - Section Two: Instructions for Coding
- Latest version – can be annotated!

Key Changes – New Fields

- Reflects various 2018 changes from other std. setters
- New data items:
  - SLN and Regional LN items
  - Radiation items - Phase-specific & Summary
  - Follow-up items – Date of Last Cancer/Tumor Status
- New, separate fields "AJCC TNM…" for 2018 TNM

Key Changes - Codes

- New Codes/Values
  - Mets at DX- Other: 2 – Carcinomatosis
  - Secondary Diagnoses in ICD-10 only
  - LVI – section moved from CS to STORE

New Table for neo-adjuvant tx

LVI on pathology report PRIOR to neoadjuvant therapy	LVI on pathology report AFTER neoadjuvant therapy	*Code LVI to:*
0 - Not present/Not identified	0 - Not present/Not identified	*0 - Not present/Not identified*
0 - Not present/Not identified	1 - Present/Identified	*1 - Present/Identified*
0 - Not present/Not identified	9 - Unknown/Indeterminate	*9 - Unknown/Indeterminate*
1 - Present/Identified	0 - Not present/Not identified	*1 - Present/Identified*
1 - Present/Identified	1 - Present/Identified	*1 - Present/Identified*
1 - Present/Identified	9 - Unknown/Indeterminate	*1 - Present/Identified*
9 - Unknown/Indeterminate	0 - Not present/Not identified	*9 - Unknown/Indeterminate*
9 - Unknown/Indeterminate	1 - Present/Identified	*1 - Present/Identified*
9 - Unknown/Indeterminate	9 - Unknown/Indeterminate	*9 - Unknown/Indeterminate*

Key Changes - Clarifications

- Clarifications
  - Surgery Code Skin Code 45 – margins 1 cm *or more*
  - Added Ambiguous Terms List: References of Last Resort

Radiation Phases

New Concept: groups of fields broken into "**Phases**"

A "phase" consists of one or more consecutive treatments delivered to the same anatomic volume with no change in the treatment technique. Although the majority of courses of radiation therapy are completed in one or two phases (historically, the "regional" or "initial plan"; and "boost" or "cone down" treatments) there are occasions in which three or more phases are used, most typically with head and neck malignancies.

End of Treatment Summaries

- CoC and Radiation Oncology groups collaborating
  - All EHRs to adopt standardized RT template summaries
  - End of Treatment Summaries (EOTS)
  - To be used by all Radiation Oncologists
  - Implementation date not yet published

Phase Length

- A new phase begins when there is a change in the
  - target volume of a body site,
  - treatment fraction size,
  - modality or
  - treatment technique.
- Up to three phases of radiation treatment can now be documented.

COC Items – Radiation

Radiation Treatment Fields within Phases

New STORE Radiation Data Item	Historical FORDS Radiation Data Item
Phase I Radiation Primary Treatment Volume [1504]	Converted from Rad--Treatment Volume [1540]
Phase I Radiation to Draining Lymph Nodes [1505]	Converted from Rad--Treatment Volume [1540]
Phase I Radiation Treatment Modality [1506]	Converted from Rad--Regional RX Modality [1570]
Phase I Radiation External Beam Planning Tech [1502]	Converted from Rad--Regional RX Modality [1570]
Phase I Dose Per Fraction (Session) [1501]	99999
Phase I Number of Fractions (Sessions) [1503]	1-1 Map from Rad--No of Treatment Vol [1520]
Phase I Total Dose [1507]	1-1 Map from Rad--Regional Dose: cGy [1510]

Phase Volume (CoC facilities)

- Anatomic site being targeted for treatment – 2 fields
  - Primary
  - Draining Lymph Nodes in that phase target

Phase Modality & Technique

- Modality = major divisions
  - External beam, brachytherapy, or radioisotopes
- Planning Technique = specific type of **external beam** (CoC facilities)
  - NOS, Conformal, IMRT, Stereotactic, etc.

Additional CoC Req'd RT Items

- Dose per fraction (99998 for isotopes)
- Number of fractions delivered
- Total Dose
- Number of Phases (4 or more)
- RT Discontinued Early

COC Items – Lymph Nodes

- New Data Items
  - RX Date of Regional LN Dissection
  - RX Date of Regional LN Dissection Flag
- Breast & Melanoma-Skin only
  - Date SLN Biopsy
  - Date SLN Biopsy Flag
  - SLN Examined
  - SLN Positive

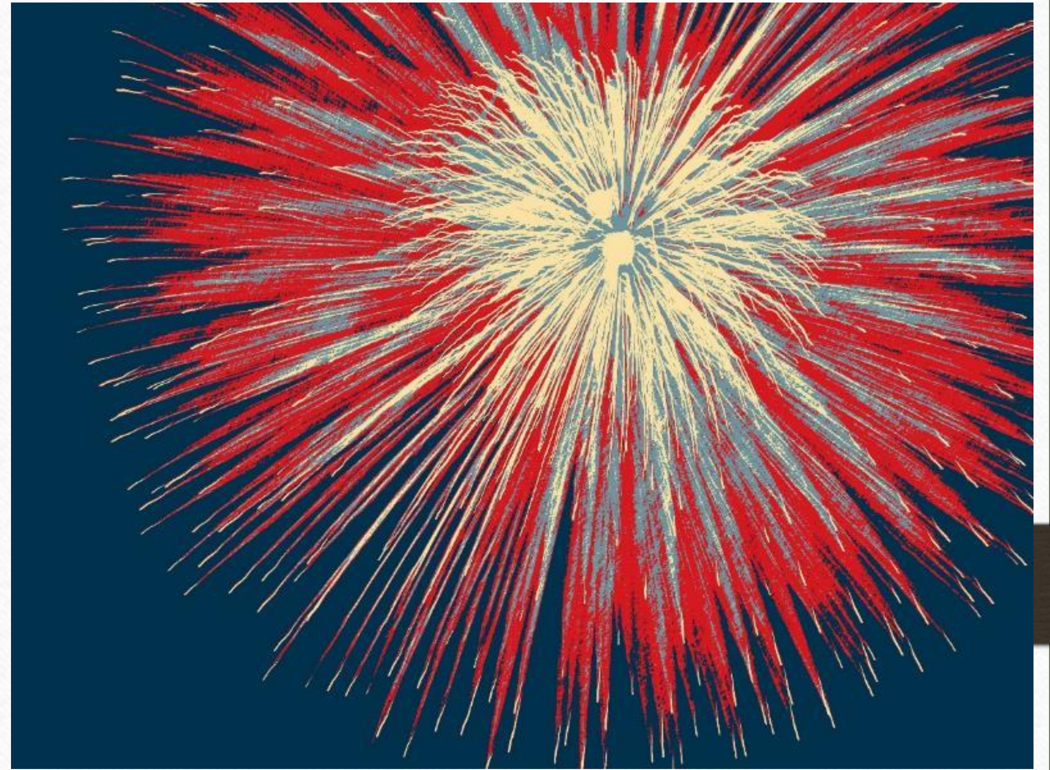
COC Items - New

Data Submission Type Flag

RQRS vs NCDB Annual Call for Data

Follow Up

- Date of Last Cancer (Tumor) Status
- Date of Last Cancer (Tumor) Status Flag



No STORE changes planned in 2019

NPCR – New Field

- Flag for CoC-accredited facilities
- They will be required to report TNM in 2018
- Software vendor can default code for your facility
- Useful to states for data analysis & consolidation

Questions?

Edits v18

NAACCR Workgroup

Key Changes

- Edits on new fields
- Update to logic to accommodate 2018 changes
  - AJCC8
  - SSDIs
  - discontinued CS
  - SEER Summary 2018
- Subsequent releases only to “fix” edits! Already have v18B
- No new edits until 2019

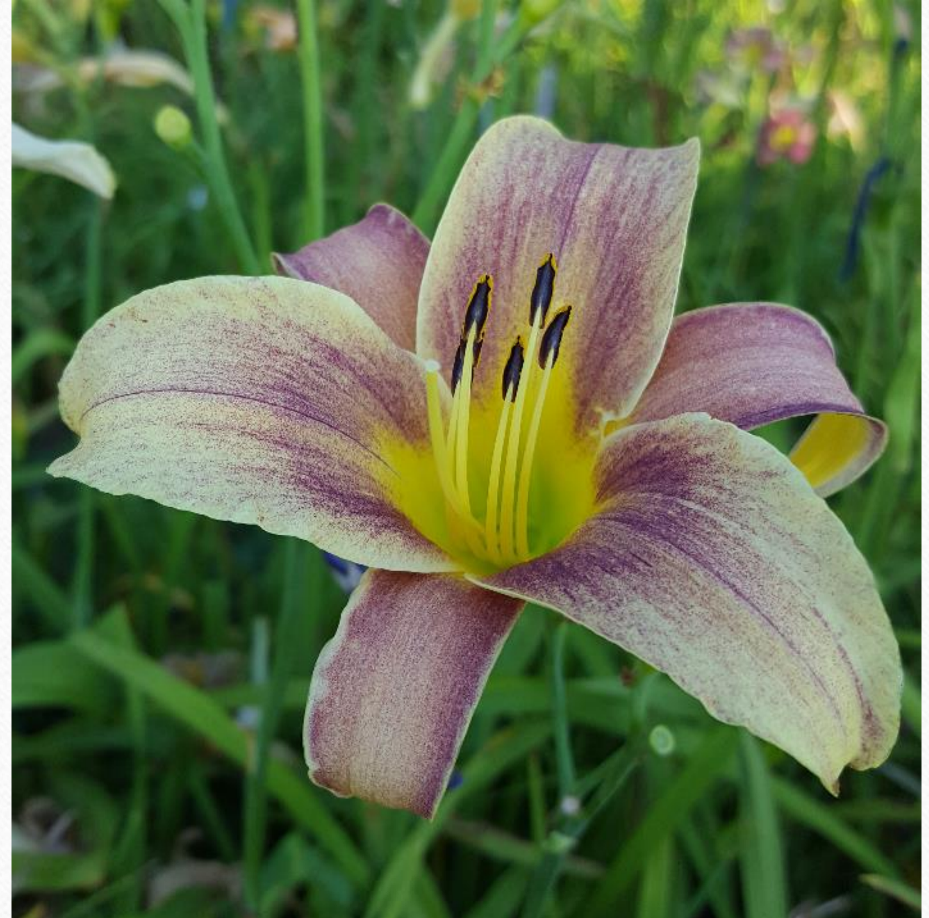
How to Use Metafile

- NAACCR & KCR will provide v18B edit metafile to your vendors
  - Built in or dropped into your software (.smf format)
  - Includes NPCR and NCBD edit sets

Edit Questions

- Where to Direct Problems
  - Central Registry
    - KCR: John Keighley and John Goehl
  - Central Registry will pass on any info on broken edits to NCDB or NAACCR committee

Questions?



Downstream Activities

Dependent Activities in 2018

- Software release by vendor programmers – last link – be patient
- Check Central Registry for any
  - Manuals
  - Required Lists
  - Reportability Guidelines

Education Resources

- Many available from
  - AJCC
  - NAACCR
  - KCR/MCR
  - SEER Educate
  - NCRA (fee based)

Your responsibility

- Be alert to the requirements of your standard setter
- Work with software vendors to customize displays
- Determine where info for new fields will be found in your medical records
- Code as precisely as possible, avoid 999
- Support your code choice with TEXT entries

Be Pro-active

- Software has been delayed
  - Start abstracts in v16 with excellent text to fill in new stage and tx fields later
- Productivity will be slowed as new codes and fields are learned
- Anticipate what you can do during lulls
  - Training, casefinding, follow-up, studies, QC
- Make your managers aware

Have a Game Plan

- Might you want to
  - Abstract in batches by site to become familiar with changes within one site at a time?
  - Ask questions if you detect problems with software or confusion regarding standard changes?
  - Take advantage of any trainings offered?
  - Suggest to standard setters trainings you feel you need?
  - Set aside time to get practice & feedback in SEER Educate?

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KEEP
CALM
AND
COLLECT
MORE DATA