

## 2007 New Data Items

### General

**1. Will an update to any of these fields generate a correction record?**

*A. Yes, all the new data items will generate a correction record.*

**2. Will there be an impact to the state reporting facilities where they are not required to perform follow-up?**

*A. Yes, this means that every case has the potential to be reviewed and the case updated during the casefinding process.*

**3. Will there be consolidation of these data items at the central registry?**

*A. Yes*

### Multiplicity Counter

**4. How will Multiplicity Counter effect the follow-up information? For example, now that 5 years is the time frame for counting recurrences, would another tumor and subsequent resection be considered as a recurrence? Would this be considered subsequent treatment or would you code this as the date of multiple tumors and the code the surgical resection as First Course of Treatment?**

*A. Code recurrences in the Multiplicity Counter using the site-specific MPH rules time frame parameters. Once a date is entered in the Date of Multiple Tumor field, it does not change see #7. Treatment for recurrence is coded as subsequent treatment.*

**5. How much documentation is needed to document a change in these fields?**

*A. A brief statement of why the data item was changed, such as "subsequent tumor diagnosed" for a change in Multiplicity Counter.*

**6. Multiplicity Counter is changed only if number of tumors changes within one year from diagnosis date per the SEER FAQ or per site specific rules for breast, lung, etc. ?**

*A. Change the number of tumors reported as a single primary per the MPH site specific timeframes.*

**7. Is the Date of Multiple Tumor field changed when the Multiplicity Counter is changed?**

*A. No. Once a case has a date entered in the Date of Multiple Tumor field, do not change it. This data item captures the date the single tumor became a multiple tumor abstracted as a single primary. This can occur at the time of diagnosis or at a subsequent date. If the Date of Multiple Tumor field has a date entered, do not change this date with each change in the Multiplicity Counter.*

**8. Will the Date of Multiple Tumors and the Date of Conclusive Terminology fields be coded the same?**

*A. No, they are independent of each other. The Date of Multiple Tumors is related to the Multiplicity Counter. The Date of Conclusive Terminology is related to the Ambiguous Terminology data item.*

**9. A pathology report states “there are at least a certain number of lesions (for example: at least 5 lesions), is the actual number coded or is it coded 99?”**

*A. Code 99*

**10. Does this data item include in situ polyps after an invasive diagnosis?**

*A. SINQ 20071043 states: If an in situ tumor following an invasive tumor is a single primary according to the multiple primary rules for that particular site, include the in situ and the invasive tumors in the multiplicity counter.*

**11. How do you code the Multiplicity Counter if you do not know if you have multiple tumors?**

*A. Per the multiple primary rules, if you do not know if you have single or multiple tumors, use the default and code the Multiplicity Counter to 99- It is unknown if there is a single tumor or multiple tumors. This is one of the corrections to the MPH Manual per the New Data Item Breeze session: the coding instructions on page 340 of the Coding Manual under coding instruction 4c (we [SEER] will send a notice that this correction will be forthcoming) that instruction should be moved down under number 6. It inadvertently continued under number 4 and this is an indication of when to use code 99. Use code 99 when it is unknown whether there is a single tumor or multiple tumors.*

## Date of Conclusive Terminology

**12. Is there a timeframe for this field? How far beyond the 60 days can this field be coded?**

A. *SINQ 20071044 states: There is no strict timeframe for Date of Conclusive Terminology. The diagnosis using conclusive terminology could be made any time following the diagnostic work-up.*

*The date of conclusive terminology is related to code 2 [ambiguous term followed by conclusive term] in the data item "Ambiguous terminology." Assign code 2 when a conclusive diagnosis is made 60 days or more after a diagnosis using ambiguous terminology. Record the date of the conclusive diagnosis in "Date of Conclusive Terminology."*

**13. If several physicians use ambiguous terms and then one physician makes a conclusive statement, how is this coded?**

A. *Code the conclusive terminology statement. Depending on the timing, if it is within 60 days, use code 0- Conclusive Terminology. If the conclusive statement was made after 60 days, use code 2- Ambiguous Terminology followed by Conclusive Terminology. Reminder: Use all sources of information to look for a conclusive statement, such as lab tests, scan findings, path/cytology reports, in addition to statements from a physician.*

**14. For abstractors who do concurrent abstracting, this data might apply but for those who wait for four to six months this item may not need to change.**

A. *Correct.*

## Ambiguous Terminology

**15. Is the Ambiguous Terminology field open-ended in terms of timeline?**

A. *Yes, Ambiguous Terminology is coded positive until such time, if ever, Conclusive Terminology is used for that primary.*

**16. It seems there is some confusion in the statement for the rules for Code 1 and Code 2. Should the definition for Code 2 be changed to match the Time Frame?**

A. *Per SINQ 20071045 Code 1 definition states: "within 60 days",*

*Code 2 definition states: "more than 60 days" but the Time Frame states "equal to or greater than 60 days". The definition for Code 2 should be "more than 60 days" after the date of diagnosis. Code 1 is 60 days or less, Code 2 is more than 60 days. This will be clarified in the first revision to the MP/H manual.*

**17. Do pathologists know we will be using these Ambiguous Terms?**

- A. Registrars need to educate pathologists of these new coding rules and terms.*

**18. Why was 60 days chosen for ambiguous terminology?**

- A. SINQ 20071046 states: The Histology Task Force approved a 60 day time frame for ambiguous terminology. The majority of cases are first identified by ambiguous terminology; for example, a patient has a mammogram that shows a lesion suspicious for cancer. That first indication of cancer prompts a work-up to either confirm or rule-out the cancer diagnosis. The data item "Ambiguous terminology" is not intended to capture information on this routine method of detecting and diagnosing cancer. The 60 day time frame should keep these cases out of the ambiguous terminology data item. The data item is intended to identify those cases where the cancer diagnosis is NOT confirmed during the work-up, but the case is still entered into the database. For example a patient who has a TRUS because of elevated PSA. The pathology from the TRUS says "Suspicious for adenocarcinoma of the prostate." The physician only documents that the patient is to return in 6 months for another PSA and TRUS. The registrar would enter this case into the data base because the word "suspicious" is on the ambiguous terminology list.*

**19. Why was the term "accessioned" used? Would the term "abstracted" be a better term for this data item?**

- A. SINQ 20071047 states: The purpose of the new data item "Ambiguous Terminology" is to identify cases that were put into the cancer registry database without a conclusive diagnosis. The decision to accession the case was influenced by ambiguous terminology. The emphasis is on accessioning the case rather than abstracting it.*

**20. Has ACOS taken this data item with regard to patient follow-up?**

*A. Yes, there are detailed instructions in the ACOS' FORDS Manual.*

**21. What do you do with a pathology report with ambiguous terminology, where the biopsy is "consistent with adenocarcinoma" and the physician states "showing adenocarcinoma". Is there a hierarchy?**

*A. There is no hierarchy but use the conclusive terminology. Remember that the registrar needs to provide text documentation to support codes.*