

**DATA STANDARDS AND QUALITY CONTROL
MEMORANDUM
DSQC #2007- 04**

**CATEGORY: RESCINDING PREVIOUS MEMOS
SUBJECT: DSQC Memos 2007-01 and 2007-02
EFFECTIVE: Immediately**

As a response to the recent message from the Collaborative Staging Steering Committee with regards to the use of the list of EOD clinically apparent and inapparent terms for prostate cancer (see message below), the CCR has rescinded DSQC Memos 2007-01 and DSQC Memo 2007-02 and removed them from the CCR web site. This is effective immediately. DSQC Memo 2007-01 instructed registrars to use the list of clinically apparent and inapparent terms for prostate cancer and DSQC Memo 2007-02 reviewed the appropriate use of prostate CS Extension codes 15 and 30.

Registrars are not required to go back and review or recode cases already submitted to the regional registry.

Also effective immediately, discrepancies for prostate CS Extension codes within the range of 13-30 will not be counted. However, prostate cases submitted with CS Extension code 30 that should actually be coded to a higher code, will still be visually edited and if miscoded, be counted as a discrepancy.

Registrars should continue to follow the instructions in the Collaborative Staging Manual and on the Collaborative Staging web site (FAQ section): <http://www.cancerstaging.org/cstage/faq.html>

Questions regarding this data item should be sent to the Commission on Cancer's Inquiry & Response System: <http://web.facs.org/coc/default.htm>

The Commission on Cancer's Inquiry and Response System and SEER SINQ (<http://seer.cancer.gov/seerinqury/>) should also be checked regularly for additional information on how to code cases without reference to the list of clinically apparent and inapparent terms for prostate cancer.

The statement issued on August 31, 2007, by the Collaborative Staging Steering Committee is as follows:

Clarification on the Use of Outside Resources for Coding Prostate Cancer

A great deal of confusion surrounds the interpretation of clinical reports with regard to whether the prostate cancer was apparent or inapparent. In 1998, SEER published an interpretation of "apparent" and "inapparent" terms for use in their Extent of Disease (EOD) Coding System for prostate cancer. This list was in effect for prostate EOD cases diagnosed in 1998-2003. There were several questions regarding whether this list could be used in Collaborative Staging (CS). After consultation with the AJCC curators for genitourinary disease, the CS Steering Committee has determined that the SEER list of terms for apparent and inapparent in the SEER Extent of Disease Manual is NOT to be used for interpreting reports for Collaborative Staging. While it was a convenient tool for registrars, the curators are of the opinion that the use of the list will lead to misinterpretation of reports. Rather, the curators recommend that registrars rely on a direct physician statement of apparent or inapparent disease for Collaborative Staging. It is not anticipated that prior cases will require review and recoding.