

CANCER REPORTING IN CALIFORNIA: ABSTRACTING AND CODING PROCEDURES FOR HOSPITALS
California Cancer Reporting System Standards, Volume I

SUMMARY OF YEAR 2015 DATA CHANGES

This document provides a summary of data changes for 2015 for hospitals, abstracting vendors, and regional registry data collectors. The updated Volume I for 2015 will be available March, 2015. This document is divided into sections – Additions (New Data Items), Changes (Revised Data Items), and Additional Updates (other Volume I related items for cases diagnosed January 1, 2015 and forward):

NAACCR ADDITIONS (New Data Items):

No NEW NAACCR Data Items related to Volume I

NAACCR CHANGES (Revised Data Items):

Address at Dx--Country	NAACCR Item #102
Address Current--Country	NAACCR Item #1832
Birthplace--Country	NAACCR Item #254
Follow up Contact--Country	NAACCR Item #1847
Place of Death--Country	NAACCR Item #1944
Each Field Length: 3 characters	Source of Standard: NAACCR

The allowable values for the country data items have been modified. Prior to NAACCR Standards Volume II, Version 15, Yugoslavia and Czechoslovakia were only supposed to be used as historic codes, and only for Birthplace--Country. This restriction has caused complications; therefore a decision was made to allow these codes to be used for any of the country data items, and to replace the historic-use-only ('X') codes with the ISO codes that refer to these former countries.

2015 - Revised Country Codes		
Country Name	OLD Code	NEW Code
Czechoslovakia	XCG	CSK
Yugoslavia	XYG	YUG

Primary Payer at DX
Field Length: 2 characters

NAACCR Item #630
Source of Standard: CoC

Documentation under topic, “Codes” was revised to be listed in code order.

RX Date Other Flag
Field Length: 2 characters

NAACCR Item #1251
Source of Standard: NAACCR

Documentation added under topic, “Codes” was revised to include a new code.

Code 15 - Information is not available at this time, but it is expected that it will be available later (e.g., other therapy is planned as part of the first course of therapy, but had not been started at the time of the most recent follow-up).

Sex
Field Length: 1 character

NAACCR Item #220
Source of Standard: SEER/CoC

Documentation under topic, “Codes” was revised to update Code 4 to be an NOS code and to add two new codes to document the natal sex (sex at birth) for Transsexual patients (when known over unknown). The updated/new codes are as follows:

- Code 4** - Transsexual, NOS has been updated from Transsexual
- Code 5** - Transsexual, natal male
- Code 6** - Transsexual, natal female

CoC (FORDS) ADDITIONS (New Data Items):

No NEW CoC (FORDS) Data Items related to Volume I

CoC (FORDS) CHANGES (Revised Data Items):

CCR Note: The CoC (FORDS) changes listed below are those that will effect modifications to the California Cancer Reporting System Standards, Volume I for 2015. There are additions to the CoC (FORDS) Manual that are also represented in the NAACCR changes listed above and are not listed in this section in order to reduce duplication.

American College of Surgeons accredited facilities are encouraged by the California Cancer Registry to review the new [FORDS: Revised for 2015](#), posted on 12/1/2014.

Behavior Code ICD-O-3
Field Length: 1 character

NAACCR Item #523
Source of Standard: SEER/CoC

Documentation in the Definition column of the Codes Table was revised for:

Code 2 - Noninvasive (carcinoma *only*)

Class of Case
Field Length: 2 characters

NAACCR Item #610
Source of Standard: CoC

Under topic, “Instructions for Coding” new Bullet added:

- Physicians who are not employed by the hospital but are under contract with it or have routine admitting privileges there, are described in codes 10-12 and 41 as physicians with admitting privileges. Treatment provided in the office of a physician with admitting privileges is provided “elsewhere”. That is because care given in at the physician’s office is not within the hospital’s realm of responsibility.

Bullet updated to clarify the purchase of a physician practice.

Bullet updated for clarification of “in-transit” care patients regarding the monitoring of oral medication being coded to *Class of Case 31*. Also, added the word “infusion” after chemotherapy.

Under topic, “Codes” the wording has been updated for:

Code 10 - Initial diagnosis is at the reporting facility or *in an office of a physician with*

admitting privileges AND part or all of first course treatment or a decision not to treat was done at the reporting facility, NOS.

Code 11 - Initial diagnosis is *in an office of a physician with admitting privileges* AND part or all of first course treatment was done at the reporting facility.

Code 12 - Initial diagnosis is *in an office of a physician with admitting privileges* AND all first course treatment or a decision not to treat was done at the reporting facility.

Code 41 - Diagnosis and all first course treatment is given in two or more different *offices of physicians with admitting privileges*.

Under topic “Examples” the following updates have been made:

Code 00 - Leukemia was diagnosed at the facility, and all care was given *in an office of a physician with privileges*. The treatment may be abstracted if the cancer committee desires, but the case is *Class of Case 00*.

Code 11- Patient was diagnosed *by a physician with practice privileges*, received neoadjuvant radiation at another facility, and then underwent surgical resection at the reporting facility.

Code 13 - Breast cancer was diagnosed and treated with surgery at the reporting hospital. Radiation was given at the hospital across the street with which the reporting hospital has an agreement.

CCR Note: This example was previously incorrectly coded to a *Class of Case 00*.

Code 42 - Patients from an unaffiliated, free-standing clinic across the street that hospital *voluntarily* abstracts with its cases because many physicians work both at the clinic and the hospital.

County at DX

Field Length: 3 character

NAACCR Item #90

Source of Standard: FIPS/SEER

Changed instruction: If the patient is a non-U.S resident, use code 999. The example for code 999 was also changed.

RAD--Regional RX Modality

Field Length: 2 characters

NAACCR Item #1570

Source of Standard: CoC

Advisory bullet added: Do not confuse radioiodine *scan* with treatment. Only treatment is recorded in this data item.

Skin Specific Surgery Code modification regarding margins:

Codes 45-47 - If the excision does not have *clinically negative margins during surgery greater than 1cm, use the appropriate code, 20-36.*

ADDITIONAL UPDATES (other Volume I related items for cases diagnosed January 1, 2015 and forward):

CCR Updates

Staging:

The stage collection requirements for 2015 are as follows:

1. Collaborative Stage, Version 02.05 - Remains in use as primary staging system for all cancers.
2. Directly assigned SEER Summary Stage 2000 – required from all facilities
3. Directly assigned AJCC TNM (clinical and pathological)
 - a. Required from CoC-accredited hospitals.
 - b. Non-CoC facilities and small provider are not required to code for 2015, but may elect to code and submit as available.

Visual Editing:

The 2015 Visual Edited Data Items List will be modified to include the items outlined below. A Data Alert regarding these revisions will be distributed the first week of January:

- Surgery Procedure Fields 1-3 (date, date flag, and codes) are counted as a set/single discrepancy after the 6 month period (7/1/2015-12/31/2015).
- Treatment data fields (Radiation, Chemo, Hormone, Immunotherapy, Transplant/Endo, and Other Therapy): Date, date flags, and codes are ALL grouped together and counted as a set/single discrepancy after the 6 month period (7/1/2015 – 12/31/2015).
- Directly coded SEER Summary Stage 2000 feedback (7/1/2015-6/30/2016)
- Directly coded TNM staging feedback (7/1/2015-6/30/2016).

ICD-O-3 Updates

Reportability:

Behavior code changes:

- Carcinoid tumors of the appendix (C18.1) must be coded to 8240/3, effective with cases diagnosed January 1, 2015. This is reportable and must be coded with behavior 3. Code 8240/1 Carcinoid Tumor, NOS, of appendix (C18.1) becomes obsolete in 2015.
- Two Pancreatic tumors, uncertain behavior and malignant enteroglucagonomas (8157/1 and 8157/3) must be recorded as uncertain behavior and malignant glucagonomas (8152/1 and 8152/3, respectively), effective for cases diagnosed January 1, 2015 and forward. Code 8157 is obsolete effective in 2015.

NOTE: Reportability rules based on behavior code still apply. With the exception of primary intracranial and central nervous system benign and borderline tumors, the addition of /0 and /1 coded term to ICD-O-3 does not imply that it is now reportable.

Histology code changes:

- 16 new codes and terms have been added to ICD-O-3, effective with 2015. Of these, 7 are reportable malignant (/3) tumors and 4 are reportable borderline (/1) tumors of the central nervous system. Please see the [NAACCR 2015 Implementation Guidelines](#), for more information.

NOTE: Many of the new codes cannot be used for 2015 diagnoses because they are not included among the acceptable histologies for the Collaborative Stage algorithms. If these new codes are used, schema could not be determined and stage could not be derived. A coding crosswalk table was developed as part of the NAACCR Implementation Guidelines for 2015 data changes. A copy of that table will be incorporated in the final posted version of Volume I.

SEER Updates

Hematopoietic and Lymphoid (Heme) Database:

An updated version of the Hematopoietic and Lymphoid (Heme) Database will be released by NCI SEER in January, 2015.