

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

Changes and Clarifications –13th Edition
March 8, 2013

Quick Look- Updates to Volume I

New Data Items

<u>VOL I Section #</u>	<u>Data Item</u>	<u>Requirement</u>
III.2.5.8	Address at Dx-Country	Required
III.2.12.1	Birthplace-Country	Required
III.2.12.2	Birthplace State	Required
III.3.16	Secondary Dx 1-10	Required if Available
VII.2.13.1	Place of Death-Country	Required
VII.2.13.2	Place of Death-State	Required
VII.3.2	Address Current-Country	Required
VII.3	Follow up Contact Country	Required

Other New Sections Added

<u>VOL I Section #</u>	<u>Data Item</u>	<u>Requirement</u>
III.2.15	Height	Required if Available
III.2.16	Weight	Required if Available
III.2.17	Tobacco (x4)	Required if Available
III.2.18	Source Comorbidity	Required if Available

Items No Longer Required

<u>VOL I Section #</u>	<u>Data Item</u>	<u>Requirement</u>
V.1.7.1	Ambiguous Terminology Dx	<i>Not required for cases diagnosed January 1, 2013 forward.</i>
V.1.7.2	Date Conclusive Dx	<i>Not required for cases diagnosed January 1, 2013 forward.</i>
V.1.7.2.1	Date Conclusive Dx Flag	<i>Not required for cases diagnosed January 1, 2013 forward.</i>
V.1.7.3	Multiplicity Counter	<i>Not required for cases diagnosed January 1, 2013 forward.</i>
V.1.7.4	Date of Multiple Tumors	<i>Not required for cases diagnosed January 1, 2013 forward.</i>
V.1.7.4.1	Date Multiple Tumor Flag	<i>Not required for cases diagnosed January 1, 2013 forward.</i>
V.1.7.5	Type of Multiple Tumors Reported as one Primary	<i>Not required for cases diagnosed January 1, 2013 forward.</i>
III.2.12	Birthplace	<i>Not required for cases diagnosed January 1, 2013 forward.</i> The data items Birthplace Country and Birthplace State replace this data item.
VII.2.13	Place of Death	<i>Not required for cases diagnosed January 1, 2013 forward.</i> The data items Place of Death Country and Place of Death State replace this data item.

SECTION CHANGES

I.1.6.6 Coding Resources

Updated Hematopoietic Database version number and release date.

Updated Hematopoietic Coding Manual release date.

Updated 2007 Multiple Primary and Histology Coding Rules Manual release date.

SEER*Rx Version number and release date.

Added SEER Coding and Staging Manual 2013 and release date.

I.1.6.7 CCR Reportability Guide

Removed document from being a link and added it to page. Removed the phrase “Grade II-III or III” from AIN III, VAIN III, and VIN III. Updated Clarification on Reportability section to include schwannoma reportability. Added PACQ Memo reference for VIN, VAIN, and AIN.

II.1.9.1 Reportability-Benign/Borderline Brain and CNS Tumors

Revised section to clarify reportability of benign schwannomas of the spinal cord (C72.0) in addition to the cranial nerves (C72.2 – C 72.5) per SEER instruction.

III.2.5.6 County at Diagnosis

Added the instruction “For foreign residents, enter the country of residence in this field. This information will also be captured in the “Address at Diagnosis – Country” field (III.2.5.8).”

Updated code for Canada, NOS and the names for the Country lists for appendix D.1 & D.2.

III.2.5.8 Address at Diagnosis Country-*NEW for 2013*

Section added for this new data item. This field captures a three digit country code of the country where the patient lived at the time of diagnosis.

III.2.9 Race and Ethnicity

Added clarification “Code 98 (Other) is not to be used if the face sheet states “other” or “other race.” If the only information available are these statements, carefully review the medical record in search of a specific race. If no other information is available to code a specific race, use code 99. Use code 99 before considering the use of code 98. Code 98 is to be used only in the event a specified race is identified with no corresponding race code.”

III.2.12 Birthplace

Added the statement “*For cases diagnosed January 1, 2013 forward*, this data item is replaced with data items Birthplace-State and Birthplace-Country.”

III.2.12.1 Birthplace Country-*NEW for 2013*

Section added for this new data item. This field captures a three digit country code of the country where the patient was born. Added statement “Beginning with cases diagnosed January 1, 2013 forward, Birthplace – Country and Birthplace - State replaces Birthplace (III.2.12).”

III.2.12.2 Birthplace State-*NEW for 2013*

Section added for this new data item. This field captures the two digit state code for the state where the patient was born. Added statement “Beginning with cases diagnosed January 1, 2013 forward, Birthplace - State and Birthplace-Country replaces Birthplace (III.2.12).”

III.2.15 Height

Section added for this data item. This data item is required by the CCR if the information is available. This section includes instruction for the collection of the patient’s height at the time of diagnosis.

III.2.16 Weight

Section added for this data item. This data item is required by the CCR if the information is available. This section includes instruction for the collection of the patient’s weight at the time of diagnosis.

III.2.17 Tobacco Use

Section added for this data item. This data item is required by the CCR if the information is available. This section includes instruction for the collection of the patient’s present or past tobacco use at the time of diagnosis. There are four individual data items in this section. Those individual data items are Tobacco Use Cigarette, Tobacco Use Other Smoke, Tobacco Use Smokeless, and Tobacco Use NOS.

III.2.18 Source Comorbidity

Section added for this data item. This data item is required by the CCR if the information is available.

This data item is intended to record the data source from which comorbidities/complications was collected.

This data item is required to be collected, if available.

The codes are:

Code	Description
0	No comorbid condition or complication identified / not applicable
1	Collected from facility face sheet

III.3.13 ICD Comorbidities and Complications

This section was updated to provide clarification to the instructions for this data item. Clarified last year’s instructions are for cases diagnosed in 2012 only and added the statement “For cases diagnosed January 1, 2013 forward: only ICD-9-CM codes are allowed in this field. ICD-10-CM codes are to be coded in the data item Secondary Diagnosis; see section (III.3.16).”

III.3.16 Secondary Diagnosis 1-10-*NEW for 2013*

Section added for this new data item. This data item consists of 10 separate fields that are intended to capture the secondary diagnosis, coded in ICD-10-CM, of the patient at the time of diagnosis. Instructions, guidelines, and examples were added for registrars to use when coding these fields.

V.3.4.2 In Situ Coding

Updated list to clarify the Non-invasive term to Non-Invasive (carcinoma). Removed the phrase “Grade II-III or III” from AIN III, VAIN III, and VIN III. Added note: Beginning with cases diagnosed January 1, 2012 forward, AIN II-III, VIN II-III, and VAIN II-III are no longer reportable.

V.5.8.1 Terms indicating In Situ

Updated list to clarify the Non-invasive term to Non-Invasive (carcinoma). Removed the phrase “Grade II-III or III” from AIN III, VAIN III, and VIN III. Added note: Beginning with cases diagnosed January 1, 2012 forward, AIN II-III, VIN II-III, and VAIN II-III are no longer reportable.

V.5.14 Lymph-Vascular Invasion

This section was updated to add clarity for coding this data item. Clearly stating that this data item is only required for the primary sites penis (C.60.0-60.2, C60.8-60.9) and testis (C62.0-62.1, C62.9). Reformatted the table of codes and code definitions were updated to match the standard setting agencies definition of codes.

0	Lymph-Vascular invasion not present (absent)/Not identified.
1	Lymph-Vascular invasion present/identified.
8	Not Applicable.
9	Unknown if lymph-vascular invasion present. Indeterminate.

VI.3.6 Reason for No Radiation

Updated code 1 – to include Diagnosed at autopsy (formally Code 9)

Updated code 9 – Removed Diagnosed at autopsy and added “only” after Death Certificate.

0	RADIATION TREATMENT PERFORMED
1	RADIATION TREATMENT NOT PERFORMED BECAUSE IT WAS NOT A PART OF THE PLANNED FIRST COURSE TREATMENT. DIAGNOSED AT AUTOPSY.
2	RADIATION CONTRAINDICATED BECAUSE OF OTHER CONDITIONS OR OTHER PATIENT RISK FACTORS (CO-MORBID CONDITIONS, ADVANCED AGE, ETC)
5	RADIATION TREATMENT NOT PERFORMED BECAUSE THE PATIENT DIED PRIOR TO PLANNED OR RECOMMENDED TREATMENT
6	RADIATION TREATMENT WAS RECOMMENDED BUT NOT PERFORMED. NO REASON WAS NOTED IN THE PATIENT'S RECORD.
7	RADIATION TREATMENT WAS RECOMMENDED BUT REFUSED BY THE PATIENT, FAMILY MEMBER OR GUARDIAN. THE REFUSAL IS NOTED IN THE PATIENT'S RECORD.
8	RADIATION RECOMMENDED, UNKNOWN IF DONE
9	UNKNOWN IF RADIATION RECOMMENDED OR PERFORMED; DEATH CERTIFICATE ONLY.

VII.2.13 Death Information

This section was updated to clarify the instructions on entering patient death information. Added “*For cases diagnosed January 1, 2013 forward, Place of Death data item is replaced with data items Place of Death-State and Place of Death-Country.*”

VII.2.13.1 Place of Death Country-*NEW for 2013*

Section added for this new data item. This field captures a three digit country code of the country where the patient died. Also added statement “Beginning with cases diagnosed January 1, 2013 forward, Place of Death – Country and Place of Death - State replaces the data item Place of Death field”

VII.2.13.2 Place of Death State-*NEW for 2013*

Section added for this new data item. This field captures the two digit state code for the state where the patient died. Added statement “Beginning with cases diagnosed January 1, 2013 forward, Place of Death - State and Place of Death -Country replaces the data item Place of Death.”

VII.3 Contact Name/Address File

The text in this section was updated to capture the collection of the address, including state and country for the patient and contacts.

VII.3.2 Contact #1

Renamed this field from “Contact #1” to “Follow Up Contact #1” and added verbiage to help registrars understand that this field is usually designated for the current address of the patient or parent of the patient and that these fields are used to collect follow-up information.

The section was also updated by adding a sixth bullet instructing registrars to include the country for patients who maintain residence outside of the United States.

VII.3.3 Contacts #2 through #6

Renamed this field from “Contacts #2 through #6” to “Follow Up Contact #2 through Follow Up Contact #6” for clarity.

Added verbiage to help registrars understand that these follow up fields are usually designated to relatives, friends, neighbors, etc.

The section was also updated by adding a sixth bullet instructing registrars to include the country for patients who maintain residence outside of the United States.

CHANGES to APPENDICES

Appendix C

This appendix is now historical. These three digit codes for States and Canadian providences are no longer valid and have been replaced with postal abbreviations (Appendix B).

Appendix D

Updated country codes from numerical coding to alpha coding lists.

Appendix F

Updated with current California Reporting Facility Code Numbers.

Appendix K

Updated link for 2013 Casefinding lists.

Appendix Q-2 BREAST

Revised to include FORDS changes: Removed irrelevant “41 or” from second instruction following code 63.

Appendix S

Updated to include 2012 PACQ Memo 2012-03

Appendix U

Updated to include the new, revised, and not required item updates for cases diagnosed January 1, 2013 and forward.

Appendix Y Index to CS Site Specific Factors: (CSv02.04: Breast Schema)

Breast - SSF16 (Combinations of ER, PR, and HER2 Results) is now required.