

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

SUMMARY OF YEAR 2007 DATA CHANGES

This document will provide a summary of data changes for 2007 for hospitals, abstracting vendors, and regional registry data collectors. The changes to Volume I will be available in March 2007. This document is divided into sections – Additions (New Data Items) and Changes (Revised Data Items).

ADDITIONS (New Data Items):

Ambiguous Terminology DX (NAACCR Item # 442)

Identifies cases for which an ambiguous term is the most definitive word or phrase used to establish a cancer diagnosis (i.e. to determine whether or not the case is reportable).

Rationale

Cases with a reportable cancer diagnosis that has been established based only on reports that contain ambiguous terminology to describe final diagnostic findings cannot currently be identified. This data item will identify specific primary sites where the ambiguous terminology is commonly used to describe or establish a cancer diagnosis. This data item will also allow these cases to be identified and excluded from patient contact studies.

Codes:

- 0 Dx based on unambiguous terminology (definite statement of malignancy) within 2 months of initial diagnosis
- 1 Diagnosis based on ambiguous terminology within 2 months of initial diagnosis (dx may be from a pathology report, cytology report, or radiology report or on the medical record)
- 2 Diagnosis previously based on ambiguous terminology, with unambiguous confirmation 2 months or more after initial diagnosis (conclusive cancer diagnosis, by any method, more than 2 months following an initial diagnosis based on ambiguous terminology)
- 9 Unknown if diagnosis based on ambiguous terminology

Date of Conclusive DX (NAACCR #443)

Documents the date when a conclusive cancer diagnosis (definite statement of malignancy) is made following an initial diagnosis that was based only on ambiguous terminology. The date of the conclusive diagnosis must be greater than 2 months following the initial (ambiguous terminology only) diagnosis. If the date is within 2 months following the initial (ambiguous terminology only) diagnosis, the case does not meet the criteria for ambiguous terminology only.

Rationale

This date will allow analysis of the primary site locations and frequency of cases that were originally diagnosed by ambiguous terminology and later confirmed by other conclusive method. This date will also allow for the analysis of the time interval between cancer diagnosis based on ambiguous terminology and confirmation of the cancer diagnosis by conclusive means.

Codes:

- 00000000 No conclusive diagnosis made
- 88888888 Not applicable, initial diagnosis made by unambiguous terminology
- 99999999 Unknown date, unknown if diagnosis based on ambiguous terminology

Multiple Tumors Reported as One Primary (NAACCR #444)

Identifies cases with multiple tumors that are abstracted and reported as a single primary using the SEER multiple primary rules. Data will be collected at the time of initial case abstract or within one year of the initial diagnosis.

Rationale

Patients with multiple tumors that are currently reported as a single primary for surveillance purposes may have a worse prognosis or more extensive treatment than patients with a single tumor. This data item will make it possible to identify important information about these cases for data analysis.

Codes:

- 00 Single tumor
- 10 At least 2 benign tumors in same organ/primary site (Intracranial and CNS sites only)
- 11 At least 2 borderline tumors in the same organ/primary site (Intracranial and CNS sites only)
- 12 Benign and borderline tumors in the same organ/primary site (Intracranial and CNS sites only)
- 20 At least 2 in situ tumors in the same organ/primary site
- 30 One or more in situ and one or more invasive tumors in the same organ/primary site
- 31 One or more in situ/invasive adenocarcinoma in a polyp and one or more frank adenocarcinoma in one segment of colon
- 32 Familial polyposis with one or more in situ/invasive carcinoma
- 40 At least 2 invasive tumors in the same organ (includes one or more invasive tumor with histology "NOS" and one or more separate invasive tumor with a more specific histology)
- 80 Multiple tumors present in the same organ/primary site, unknown if in situ or invasive
- 88 Information on multiple tumors not collected /not applicable for this site
- 99 Unknown

Date of Multiple Tumors (NAACCR #445)

This data item is used to identify the month, day and year the patient is diagnosed with multiple or subsequent reportable tumor(s) reported as a single primary using SEER multiple primary rules.

Rationale

Patients with multiple tumors that are currently reported as a single primary for surveillance purposes may have a worse prognosis or more extensive treatment than patients with a single tumor. This data item will allow separation of cases with multiple reportable tumors present at the time of initial diagnosis from cases with subsequent reportable tumors.

Codes:

- 00000000 Single tumor
- 88888888 Information on multiple tumor not collected/not applicable for this site
- 99999999 Unknown date

Multiplicity Counter (NAACCR #446)

This data item is used to count the number of individual reportable tumors (multiplicity) that are present at the time of diagnosis or the number of reportable tumors that occur within one year of the original diagnosis reported as a single primary using the SEER multiple primary rules.

Rationale

Patients with multiple tumors that are currently reported as a single primary for surveillance purposes may have a worse prognosis or more extensive treatment than patients with a single tumor. This data item will make it possible to identify important information about these cases for data analysis.

Codes:

- 01 One tumor only
- 02 Two tumors present
- 03 Three tumors present
- ..
- ..
- 88 Information on multiple tumors not collected/not applicable for this site
- 99 Multiple tumors present, unknown how many

NPI-Data Items - Rationale

National Provider Identifier (NPI), a unique identification number for health care providers is scheduled for 2007-2008 implementation by the Centers for Medicare and Medicaid Services (CMS) as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For billing purposes large practices and large group providers will be required to use NPI codes by May 2007; small health plans will be required to use NPI

codes by May 2008. When a facility starts to use the NPI codes, that information should be transmitted in the appropriate NPI data items.

The following data items are all components of the NPI implementation effort.

NPI--Registry ID (NAACCR #45)

The National Provider Identifier (NPI) code that represents the data transmission source. This item stores the NPI of the facility registry that transmits the record.

NPI--Reporting Facility (NAACCR #545)

The NPI code for the facility submitting the data in the record.

NPI--Inst Referred From (NAACCR #2415)

The NPI code that identifies the facility that referred the patient to the reporting facility.

NPI--Inst Referred To (NAACCR #2425)

The NPI code that identifies the facility to which the patient was referred for further care after discharge from the reporting facility.

NPI--Following Registry (NAACCR # 2445)

The NPI code that records the registry responsible for following the patient.

NPI--Physician—Managing (NAACCR # 2465)

The NPI code that identifies the physician who is responsible for the overall management of the patient during diagnosis and/or treatment for this cancer.

NPI--Physician--Follow-Up (NAACCR # 2475)

The NPI code for the physician currently responsible for the patient's medical care.

NPI--Physician--Primary Surg (NAACCR # 2485)

The NPI code for physician who performed the most definitive surgical procedure.

NPI--Physician 3 (NAACCR # 2495)

The NPI code for another physician involved in the care of the patient.

NPI--Physician 4 (NAACCR # 2505)

The NPI code for another physician involved in the care of the patient.

CHANGES (Revised Data Items):

Address Current-State (NAACCR # 1820)

USPS abbreviation for the state, territory, commonwealth, U.S. possession, or CanadaPost abbreviation for the Canadian province/territory of the patient's current usual residence

Code Revisions:

CD Resident of Canada, NOS (province/territory unknown)

US Resident of United States, NOS (state/commonwealth/territory/possession unknown)

ZZ Residence Unknown

Follow-up Contact-State (NAACCR # 1844)

USPS abbreviation for the state (including U.S. territories, commonwealths, or possessions), or Canada Post abbreviation for the Canadian province/territory of the follow-up contact's current usual residence.

Code Revisions:

CD Resident of Canada, NOS (province/territory unknown)

US Resident of United States, NOS (state/commonwealth/territory/possession unknown)

ZZ Residence Unknown