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

Changes And Clarifications – 8th Edition
March 2007
Amended May 8, 2007

SECTION
I.1.6

CHANGE
Reporting (Amended May 8, 2007)

For cases seen in 2007, the CCR requires that reporting facilities must notify the regional registry of the following cases:

- Patients receiving transient care to avoid interrupting therapy initiated elsewhere (equipment failure at the reporting facility or while vacationing)
- Patients with active cancer who are admitted for other medical conditions
- Patients seen at a facility for catheter placement for therapy
- Patients with no evidence of cancer or with a history of cancer, who are still receiving long term therapy (such as hormone therapy).

The CCR minimum requirement is that these cases be reported via Confidential Morbidity Report(CMR) or similar mechanism as designated by the regional registry. If your regional registry requires a full abstract on one or more of these scenarios, please continue with this practice. Consult your regional registry for reporting requirements.

If the case is not found in the CCR database, the reporting facility may be asked to submit a full abstract for the case for incidence reporting, if they haven't already done so. These cases are all considered to be Class 3 cases for the reporting facility.

Although a reporting facility must notify the regional registry of cases fitting the scenarios listed and comply with regional

reporting requirements, a reporting facility may choose to submit a full abstract for any of these type of cases seen at their facility.

I.1.6.3 Reporting Methods - Coding

Added clarification:

Codes must be supported by documentation on the abstract.

I.1.6.5 Coding Sources

Added:

SEER (Surveillance, Epidemiology, and End Results Program) Multiple Primary and Histology Coding Rules Manual, [Bethesda]: National Institutes of Health, National Cancer Institute, January 01, 2007.

II.1.2 Identifying the Primary Neoplasm

Added clarification:

For cases diagnosed January 1, 2005 through December 31, 2006, apply the SEER Multiple Primary and Histology Rules as written in the SEER Program Coding and Staging Manual, 2004, pages 7-19 and 84-87.

Beginning with cases diagnosed January 1, 2007 forward; the 2007 Multiple Primary and Histology Rules must be used to determine histologic type. Do not apply these rules to cases diagnosed prior to January 1, 2007. Refer to the Multiple Primary and Histology Coding Rules Manual for details and instructions.

II.1.3 Single and Multiple Primaries

Added clarification:

For cases diagnosed January 1, 2005 through December 31, 2006, apply the SEER Multiple Primary and Histology Rules as written in the SEER Program Coding and Staging Manual, 2004, pages 7-19 and 84-87.

Beginning with cases diagnosed 1/1/2007 forward, the CCR requires the use of the 2007 Multiple Primary and Histology Coding Rules. The 2007 Multiple Primary and Histology rules replace all previous multiple primary rules except those for benign brain/CNS and hematopoietic neoplasms. The rules are effective for cases diagnosed on or after January 1, 2007. Do not use these rules to abstract cases diagnosed prior to January 1, 2007. If there is a previously diagnosed cancer primary before January 1, 2007, do not change the previous primary based on the new rules. Use the new rules for any new tumor diagnosed after January 1, 2007, to determine if it is an additional primary. Refer

to the SEER Multiple Primary and Histology Coding Rules Manual for specific instructions.

Note: Use the 2007 Multiple Primary and Histology rules to determine the number of primaries to be abstracted. Do not use the Multiple Primary and Histology Rules to determine reportability, to stage or to assign grade.

- II.1.3.1 Single Primaries.**
Added clarification:
For cases diagnosed prior to January 1, 2005, the following are to be considered single primaries:..
- II.1.3.2 Multiple Primaries.**
Added clarification:
For cases diagnosed prior to January 1, 2005, the following are to be considered separate primaries:..
- II.1.3.3 Paired Sites**
Added clarification:
For cases diagnosed January 1, 2007 forward, apply the Multiple Primary and Histology Coding Rules for determining how many primaries are involved in paired sites.
- II.1.3.8 Familial Polyposis**
Clarifies when to use the new Multiple Primary and Histology Rules, specific to Familial Polyposis.
- II.1.8 Newly Reportable Hematopoietic Diseases (NRHD)**
Corrected the treatment section reference:
For treatment information specific to NRHD, see *Section VI.8*
- II.1.9 Intracranial/CNS Tumors**
Added clarification:
Only benign brain tumor cases with a diagnosis year of 2001 forward are required to be reported to the CCR. Do not report benign brain tumor cases with an unknown year of diagnosis, unless you know that the year of diagnosis is 2001 forward.
Apply the rules under Section III.3.3.2 - Vague Dates to determine a date of diagnosis if it is known that the benign brain case was diagnosed after 2001.
- II.2.4 Sequence Number**
Added clarification:
If two or more reportable neoplasms are diagnosed at the same time, the lowest sequence number is assigned to the diagnosis with

the worst prognosis. If no difference in prognosis is evident, the decision is arbitrary.

Amended on May 8, 2007:

Updated the maximum code of 35 to 59 for in situ/invasive tumors.

III.1.1

Abstractor

Added clarification:

Abstractor initials should clearly reflect the identity of the person abstracting the case.

Beginning in January 2007, each reporting facility must submit a list of names and initials of all abstractors in their facility, including temporary staff. Changes to this list must be submitted to the region as abstractors leave the facility and new abstractors are added.

III.2.1.1

Last Name

Added clarification:

If a patient's last name has changed, enter the current last name in the Last Name field and move the original name to the Alias field.

III.2.3

Social Security Number

Corrected the coding answer in Example #3:

Social security number from face sheet: not recorded
Clinic record number at Air Force hospital: 30-333-44-5555
Enter 999-99-9999

III.3.3.1

Date of Diagnosis – Coding

Added clarification:

The year must be 4 digits:
Enter the month, then the day, then the year. Enter "99" for any unknown part of the date (*with the exception of the year, which requires 4 digits*).

III.3.9

Payment Source (Primary and Secondary) and Payment Source Text

Added clarification:

NOTE: Codes 28-HMO, 29-PPO and 89-County Funded, NOS are California specific codes. Effective with 2004 cases, codes 28-HMO and 29-PPO are converted to code 20-Managed Care, for submission to standard setting agencies. Effective with 2006 cases, code 89-County Funded, NOS, is converted to code 31-Medicaid for submission to standard setting agencies.

III.3.10
III.3.11

Hospital Referred From
Hospital Referred To

Added clarification:

Beginning with cases diagnosed January 1, 2007, if available; enter the NPI (National Provider Identifier) code that identifies the facility that referred the patient to the reporting facility. See Appendix X for details.

III.3.14

ICD Revision Comorbidities and Complications

Added the following code option:

Blank - Comorbidities and Complications not collected

IV.1.1

Diagnostic Procedures, General Instructions

Added clarification:

Only use the unique non-alpha numeric symbol *, **, ***, etc as the last entry in the originating text field. The same symbol should be the first entry in the new text field to indicate that the text is a continuation from another field. Do not use other symbols to indicate a continuation.

IV.1.5

Laboratory Tests

Added clarification:

Document the date, value and interpretation (elevated, borderline or normal) of any pertinent tumor markers or lab tests in the lab text field.

V.1.1

Primary Site – ICD-O Coding

Added clarification:

ICD-O-2 codes will not be allowed for cases diagnosed January 1, 2001 forward.

V.1.2

Identification of Separate Sites

Added clarification:

For cases diagnosed January 1, 2005 through December 31, 2006, apply the SEER Multiple Primary and Histology Rules as written in the SEER Program Coding and Staging Manual, 2004, pages 7-19 and 84-87.

Beginning with cases diagnosed January 1, 2007 forward; the 2007 Multiple Primary and Histology Rules must be used to determine histologic type. Do not apply these rules to cases diagnosed prior to January 1, 2007. Refer to the Multiple Primary and Histology Coding Rules Manual for details and instructions.

With cases diagnosed prior to January 1, 2007, if tumors of the same histology occur in more than one subsite within two months of each other, record them as a single primary and code the .9 topographic subcategory.

V.1.7

Multiple Primaries Related Data Items

New section. Provides an overview of the 2007 multiple primaries related data items.

V.1.7.1

Ambiguous Terminology Diagnosis

New data item. Identifies cases for which an ambiguous term is the most definitive word or phrase used to establish a cancer diagnosis, to determine whether or not the case is reportable.

Codes:

- 0 Conclusive term
- 1 Ambiguous term only
- 2 Ambiguous term followed by conclusive term
- 9 Unknown term

V.1.7.2

Date of Conclusive Diagnosis

New data item. Documents the date when a conclusive cancer diagnosis (definite statement of malignancy) is made following an initial diagnosis that was based on only an ambiguous terminology.

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

V.1.7.3

Multiplicity Counter

New data item. The number of tumors being abstracted as a single primary 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 2007 SEER Multiple Primary and Histology Coding Rules.

Codes:

- 01 One Tumor Only
- 02 Two Tumors Present
- 03 Three Tumors Present
- ..
- 88 Information On Multiple Tumor Not Collected/Not Applicable For This Site
- 99 Multiple Tumors Present, Unknown How Many

V.1.7.4

Date of Multiple Tumors

New data item. Enter the date used to identify the month, day and year the patient is diagnosed with multiple tumors reported as a single primary using the 2007 SEER Multiple Primary and Histology Coding Rules.

Codes:

- 00000000 Single Tumor
- 88888888 Information On Multiple Tumor Not Collected/Not Applicable For This Site
- 99999999 Unknown Date

V.1.7.5

Type of Multiple Tumors Reported as a Single Primary

New data item. Code the type of multiple tumors that are abstracted as a single primary using the 2007 SEER Multiple Primary and Histology Coding Rules.

Codes:

- 00 All single
- 10 Multiple benign
- 11 Multiple borderline (includes reportable borderline ovarian tumors)
- 12 Benign and borderline
- 20 Multiple in situ
- 30 In situ and invasive
- 31 Polyp and adenocarcinoma
- 32 FAP with carcinoma
- 40 Multiple invasive
- 80 Unk in situ or invasive
- 88 Not Applicable
- 99 Unknown

V.3.3

Histologic Type

Added clarification:

For cases diagnosed January 1, 2005 through December 31, 2006, apply the SEER Multiple Primary and Histology Rules as written in the SEER Program Coding and Staging Manual, 2004, pages 7-

19 and 84-87. http://www.seer.cancer.gov/manuals/2004Revision1/SPM_2004_maindoc.r1.pdf

Beginning with cases diagnosed January 1, 2007 forward; the 2007 Multiple Primary and Histology Rules must be used to determine histologic type. Do not apply these rules to cases diagnosed prior to January 1, 2007. Refer to the Multiple Primary and Histology Coding Rules Manual for details and instructions.

V.4

Extent of Disease

Added clarification:

For cases diagnosed prior to January 1, 1995, the prostate EOD Path Extension field must be left blank.

V.6

Tumor Markers

V.6.1

Tumor Marker 1

V.6.2

Tumor Marker 2

V.6.3

Tumor Marker 3

Added clarification:

Document the date, value and interpretation (elevated, borderline or normal) of any pertinent tumor markers or lab tests in the lab text field.

V.6.4

Tumor Marker California-1

Added information about the two FDA-approved tests to determine HER2 status: IHC and FISH. Clarification is provided regarding test result interpretation for coding this field.

VIII.1

Remarks

Added:

If there is no final diagnosis in the medical record, please state FDX: NR.

IX.1.2

Corrections

Updated the listing of data items required to be transmitted to the regional registry if a change has occurred.

Appendix B

Postal Abbreviations for States and Territories of the United States

Added the following codes:

US - Resident of United States, NOS

CD - Canada, NOS

Changed code ZZ to:

Residence is Unknown (deleted U.S., NOS, U.S. Territory, NOS, Canada, NOS, from this code)

- Appendix H** **Summary of Codes**
Deleted this appendix. Please see the respective section in Volume I for codes and instructions for each section.
- Appendix K** **Codes for Casefinding**
Excluded skin codes 232.0-232.9, and cervix code 233.1
- Appendix S** **DSQC Memos**
Incorporated the 4 memos distributed in 2006.
- Appendix U** **Table of Data Items and Their Required Status**
Updated the table with the 2007 data items. Deleted the columns indicating which data items are required for SEER and the ACoS.
- Appendix X** **National Provider Identifier (NPI) Codes**
New section. Explains the purpose and rationale for NPI codes for all health care providers along with the implementation timeline. The NPI is a 10-digit numeric code. If available, record the NPI for the hospital or individual physician with cases diagnosed January 1, 2007, forward.