



2018 Data Changes

Data Item Review & CCR Collection Requirements

PART 2



Presented by
Donna M. Hansen, CTR
California Cancer Registry



Outline - 2018 Data Changes Part 2

Existing Data Items/Revised-Clarified

- Lymphovascular Invasion
- Tumor Size (clinical, pathologic, summary)
- LCIS reportability & staging

Updates

- ICD-O-3
- EOD & Summary Stage 2018
- SEER 2018 Solid Tumor Rules
- SEER "Heme" & Lymphoid Neoplasm DB
- CoC STORE Manual

CCR Updates

- California Cancer Reporting System Standards, Volume 1-2018: Abstracting and Coding Procedures

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Existing Data Item Revisions

LVI

TUMOR SIZE

LCIS Reportability clarification

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Lymphovascular invasion – Revised

- Required by CCR for all sites when information available
 - Information can be taken from any primary tumor specimen (biopsy or resection)
 - **New** codes indicating lymphatic, small vessel, and/or large vessel invasion were added:

0	Lymphovascular invasion not present (absent)/Not identified
1	Lymphovascular invasion present/identified
2	Lymphatic and small vessel invasion only (L)
3	Venous (Large vessel) invasion only (V)
4	BOTH lymphatic small vessel AND venous (large vessel) invasion
8	Not applicable
9	Unknown/indeterminant/not mentioned in path report

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Tumor Size

- Revisions made to code 999 rationales and/or descriptions
- Tumor Size Clinical:
 - Unknown; size not stated; Not documented in patient record; Size of tumor cannot be assessed; “The only measurement(s) described pieces or chips”; Not applicable
- Tumor Size Pathologic:
 - Unknown; size not stated; Not documented in patient record; Size of tumor cannot be assessed; “The only measurement(s) described pieces or chips”; Not applicable
- Tumor Size Summary:
 - Unknown; size not stated; Not documented in patient record; Size of tumor cannot be assessed; “no excisional bx or tumor resection was done”; The only measurement(s) described pieces or chips; Not applicable

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Lobular Carcinoma in situ – Reportability clarification

- **LCIS STILL REPORTABLE to the CCR**
- Stage LCIS with:
 - Summary Stage 2018
 - EOD 2018
- Not “stageable” in TNM 8th edition
 - AJCC now considers LCIS a benign entity
 - For cases with date dx 2018
- If Date Dx 2017 or earlier, stage LCIS with 7th edition

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ICD-O-3 Updates

New Terms

New Codes

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ICD-O-3 Updates

- 37 New ICD-O-3 codes added
- 119 new associated histology terms added to existing codes
 - Some sites have more than one new term
 - Some new terms are site specific
- 19 existing ICD-O-3 codes have had a change in behavior codes
- Primary Sites with ICD-O-3 updates →
- Edits will enforce new codes/behaviors which are allowed only for cases 2018+

- Brain/CNS
- Breast
- Digestive organs
- GYN
- Head & Neck
- Hematopoietic
- Lung
- Soft Tissue Sarcoma
- Urinary

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ICD-O-3 Updates

- All changes consolidated into a single table
- 2018 ICD-O-3 update “Table 1”
 - Also includes all previously approved but not implemented new terms from 2014-2017
 - Formerly referenced in CCR Volume 1 V.3 “Attachment A” histology crosswalk
 - Includes all errata
- 2 formats:
 - *Alphabetic* histology term order
 - *Numeric* histology code order
- Excel Spreadsheet “Table 2” also available
- **CCR Volume 1, V.3 ICD-O Morphology - includes active link to tables**

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ICD-O-3 Updates - Table 1- Layout

- Table has five columns
 - Status: New term & code or new behavior code & term, or new related term
 - ICD-O-3: Lists code and behavior
 - Term: Histology name per WHO; Preferred terms are indicated in **BOLD** font
 - If code or term site specific, the topographical site code will be listed in **BOLD** after term
 - Reportability: Yes or No
 - Comments: Provides specific coding instructions if applicable

Status	ICD-O-3	Term	Reportable Y/N	Comments
New Term	8551/3	Acinar adenocarcinoma (34.)	Y	Lung primaries diagnosed prior to 1/1/2018 use code 8550/3. For prostate (all years) see 8140/3
New Term	8140/3	Acinar adenocarcinoma (C61.9 ONLY)	Y	For prostate only, do no use 8550/3

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ICD-O-3 Update Example 1

➤ A few Breast examples

Status	ICD-O-3	Term	Reportable Y/N	Comments
New Term	8504/2	Encapsulated papillary carcinoma (C50.)	Y	
New Term	8504/3	Encapsulated papillary carcinoma with invasion (C50.)	Y	
New Behavior code/term	8507/3	Invasive micropapillary carcinoma (C50.)	Y	For sites other than C50., see 8265/3
New Code	8509/2	Solid papillary carcinoma in-situ (C50.)	Y	
New Code	8509/3	Solid papillary carcinoma with invasion (C50.)	Y	

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ICD-O-3 Update Example 2

➤ A few Lung examples

Status	ICD-O-3 Morphology Code	Term	Reportable Y/N	Comments
New Term	8250/3	Lepidic adenocarcinoma (C34.)	Y	
New Term	8250/3	Lepidic predominant adenocarcinoma (C34.)	Y	
New Behavior/ Term	8253/2	Adenocarcinoma in situ, mucinous (C34.)	Y	Important Note: LUNG primaries ONLY: For cases diagnosed 1/1/2018 forward, DO NOT use code 8480 (mucinous adenocarcinoma) for in situ adenocarcinoma, mucinous or invasive mucinous adenocarcinoma

Bronchioloalveolar carcinoma (BAC) is no longer the preferred term for 8250.

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ICD-O-3 Update Example 3

➤ A few New Terms for Existing Code 8120/3 -Urinary Tract

Status	ICD-O-3 Morphology Code	Term	Reportable Y/N	Comments
New Term	8120/3	Clear cell (glycogen-rich)urothelial carcinoma (C65.9, C66.9, C67., C68.)	Y	
New Term	8120/3	Lipid-rich urothelial carcinoma (C65.9, C66.9, C67., C68.)	Y	
New Term	8120/3	Urothelial carcinoma with squamous differentiation (C65.9, C66.9, C67., C68.)	Y	
New Term	8120/3	Urothelial carcinoma with trophoblastic differentiation (C65.9, C66.9, C67., C68.)	Y	

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ICD-O-3 Updates - Table 2

Excel Table 2

1	Status	Histology	Behavior	Preferred Term	Label	Reportable	Comments
65	New term	8453	1	FALSE	intraductal papillary mucinous neoplasm with high-grade dysplasia (C25.)	Y	
66	New term	8453	2	FALSE	intraductal papillary mucinous neoplasm (IPMN) with an associated invasive carcinoma (C25.)	Y	
67	Behavior code/term	8450	2	FALSE	borderline low-grade serous carcinoma (C56.9)	Y	
68	Behavior code/term	8450	2	FALSE	Serous borderline tumor-micropapillary variant (C56.9)	N	Not reportable for 2018 cases
69	New term	8480	3	FALSE	Low-grade serous carcinoma (C56.9, C48., C57.0, C57.1-C57.3)	Y	
70	New term	8481	3	FALSE	High-grade serous carcinoma (C48., C56.9, C57.0, C57.1-C57.3)	Y	
71	New term	8470	3	FALSE	Mucinous cystic tumor with associated invasive carcinoma (C25.)	Y	
72	New term & code	8474	3	TRUE	Seromucinous carcinoma (C36.9)	Y	
73	New term & code	8480	3	TRUE	Low-grade appendiceal mucinous neoplasm (C18.1)	N	
74	New term	8480	3	FALSE	Mucinous tubular and spindle cell carcinoma (C44.9)	Y	
75	New term	8482	3	FALSE	Mucinous carcinoma, gastric type (C35.)	Y	
76	New term	8500	2	FALSE	Low-grade cribriform cytadenocarcinoma (C60CC) (C06.9, C08.9)	Y	
77	New term	8500	2	FALSE	Mammary carcinoma, in situ (C50.)	Y	
78	New term	8500	2	FALSE	Non-invasive mammary carcinoma (C50.)	Y	
79	New term	8500	3	FALSE	Salivary duct carcinoma (C06.9, C08.9)	Y	
80	New term	8500	3	TRUE	Invasive carcinoma of no special type (C50.)	Y	
81	New term	8500	3	FALSE	Invasive carcinoma, NOT (C50.)	Y	
82	New term	8500	3	FALSE	Invasive mammary carcinoma (C50.)	Y	
83	New term	8503	2	FALSE	Intraductal papilloma with ductal carcinoma in situ (C50.)	Y	
84	New term	8505	2	FALSE	Intraductal tubulopapillary neoplasm (C50.)	Y	
85	New term	8505	3	FALSE	Intracystic papillary neoplasm with associated invasive carcinoma	Y	
86	New term	8504	2	FALSE	Encapsulated papillary carcinoma (C50.)	Y	
87	New term	8504	3	FALSE	Encapsulated papillary carcinoma with invasion (C50.)	Y	
88	Behavior code/term	8507	3	TRUE	Invasive micropapillary carcinoma (C50.)	Y	For all sites other than C50., see code 8265/3
89	New term & code	8509	2	TRUE	Solid papillary carcinoma in situ (C50.)	Y	
90	New term & code	8509	3	TRUE	Solid papillary carcinoma with invasion (C50.)	Y	
91	New term	8510	3	FALSE	Renal medullary carcinoma (C64.9)	Y	
92	New term & code	8519	2	TRUE	Pleomorphic lobular carcinoma in situ (C50.)	Y	ICD-O-3 rule F DOES NOT APPLY to code 8519. Invasive pleomorphic lobular carcinoma is coded 8510/3

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ICD-O-3 Coding Example 1

- 2/5/18 Final diagnosis: Biopsy body of pancreas, mixed acinar ductal carcinoma
 - New Term & New Code on update list – Code is 8552/3
 - Histology code for 2018 = **8552/3**

Status	ICD-O-3	Term	Reportable Y/N	Comments
New code/term	8552/3	Mixed acinar ductal carcinoma	Y	Cases diagnosed prior to 1/1/2018 use code 8523/3

- Note special comment; cases for prior years coded to 8523
 - Histology code for a case DX in prior to (e.g., 2017) = **8523/3**

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ICD-O-3 Coding Example 2

- 4/1/18 Final diagnosis: PD invasive micropapillary adenocarcinoma, left breast at 1 o'clock

Status	ICD-O-3	Term	Reportable Y/N	Comments
New code/term	8265/3	Micropapillary adenocarcinoma (34..)	Y	Cases diagnosed prior to 1/1/2018 use code 8507/3.
New code/term	8265/3	Micropapillary carcinoma, NOS (C18..,C19.9, C20.9, C34,..)	Y	Code 8265 is not valid for C50... Use 8507 for micropapillary adenocarcinoma in breast primaries

- What is the histology for a 2017 case? }
 - What is the histology for a 2018 case? }
- 8507/3 for both

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ICD-O-3 Updates

➤ Using the Tables:

- **FIRST** – READ THE GUIDELINES!
- **SECOND** – Check 2018 ICD-O-3 Update Table to determine if histology is listed
- **THIRD**
 - If stated histology not included in update then review:
 - ICD-O-3 Manual, or
 - Solid Tumor Rules, or
 - Hematopoietic & Lymphoid Database
 - Use whichever appropriate for case and code accordingly.

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ICD-O-3 Updates

Reportability:

- **Cancer Registry Reportability rules based on behavior still apply**
- With the exception of benign and borderline primary intracranial and CNS tumors, the addition of a /0 or /1 coded term to ICD-O-3 *does not imply that case is now reportable*

Reminder:

- Registrars are to use ICD-O-3 and *not* ICD-O-3.1
 - Differences are minimal....
 - However, ICD-O-3.1 not approved by standard setters for use in USA or Canada

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ICD-O-3 Update Tables - Where to Find:

➤ NAACCR website at: <https://www.naaccr.org/2018-implementation>

The ICD-O-3 Implementation Task Force has approved new codes, changes in behavior codes, and new terms associated with current codes. These changes reflect updates to the WHO Classifications for Tumors (Blue Books). The new codes, new terms, and change to behavior codes for all cases diagnosed 1/1/18 and later. The new codes, new terms, and codes with changes to behavior are listed in the .pdf table and in the excel table. The two tables are identical.

- 2018 ICD O 3 Coding Guidelines - 1/10/18
- 2018 ICD O 3 Coding Table .pdf - 1/10/18 (sorted by numeric order)
- 2018 ICD O 3 Coding Table .pdf - 2/2/18 (sorted by alpha order)
- 2018 ICD O 3 Coding Table Excel - 1/10/18
- 1-10-18 Errors

*The tables were originally posted on 12/20/17. An updated table was posted 1/10/18. All updates are listed in the 1-10-18 Errors.

← Read Guidelines Before Using Tables

➤ Questions regarding ICD-O-3 updates should be directed to Ask a SEER Registrar at: <https://seer.cancer.gov/registrars/contact.html>

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Extent of Disease 2018 & Summary Stage 2018

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EOD 2018

CCR Collection Requirement:
Required by CoC & Non - CoC

- New Updated Version of EOD – Effective 1/1/2018+
 - Number of schemas reduced or collapsed (118 total)
 - Codes and Descriptions simplified where possible
 - New schemas added based on AJCC 8th edition Chapters
 - Some AJCC chapters divided in EOD for alignment with historical Summary Stage
 - Regional and distant LNs now align with AJCC TNM 8th edition
- EOD schemas apply to ALL primary sites and histologies

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EOD 2018

➤ 3 New Core Data Items:

- EOD Primary Tumor
- EOD Regional Nodes
- EOD Mets

- EOD based on combined clinical and operative/pathologic assessment
- Priority order based on greatest definitive disease extension

- Assign highest code representing greatest Extension, LN involvement or Mets
 - Whether determination was clinical or pathologic
- Includes all information available within four months of diagnosis

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EOD Primary Tumor

- Classifies continuous growth within organ of origin (*localized*), OR
- Growth/invasion into neighboring tissues, structures or organs (*direct extension*)
- **General things to look for (depending on schema):**
 - Tumor Size
 - Single/multiple lesions
 - Location (adjacent organs/structures)
 - Level of invasion
 - Some schema use a combination of size and extension- code whichever is greater

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EOD Regional Nodes

- Classifies involved Regional LNs at diagnosis
- **General things to look for (depending on schema):**
 - Number of regional nodes,
 - Size of lymph nodes or size of mets
 - Location of LNs
- Some Schema EOD codes based on clinical vs pathological assessment
 - Review code choices carefully

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EOD Mets

- Classifies the distant site(s) of metastatic involvement at diagnosis
- **General things to look for (depending on schema):**
 - Mets to single or multiple distant lymph nodes
 - Mets to Distant LNs & distant organs
- Determination of EOD Mets requires only a History & Physical Exam
 - Imaging of distant organs is not required
 - May infer no distant metastases present based solely on PE documentation (i.e., no mention of/no concern for distant disease)
- Code 00 (negative) unless documented evidence of clinical or pathologic mets

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EOD 2018 - Coding Example

Case Scenario

- CC: Rectal bleeding abdominal pain
- CT scan: Mass ascending colon w/associated stricture and bowel obstruction; adjacent LAD suspicious for nodal mets. Four Hypodense Rt lobe liver lesions c/w liver mets.

Hemicolectomy:

- 4cm PD Adenocarcinoma with extension through M.P. into pericolic fat.
- 2/15 lymph nodes positive for mets.

EOD Primary Tumor = 400

- Based on path extension into pericolic fat

EOD Regional Lymph Nodes = 300

- Based on pathologic evidence 2/15 LNs pos(+)

Note 2: For Colon and Rectum ONLY, any unnamed nodes removed with a colon or rectal resection are presumed to be regional pericolic or perirectal lymph nodes and are included in EOD Regional Nodes **code 300**

EOD Mets = 20

- Based on clinical evidence of liver mets
- Number of liver lesions not a factor; counts as mets to single organ/site

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EOD Coding Instructions

- **Online Only**
- **EOD General Instructions**
 - 32 pages
 - PDF format available for download

REVIEW:

- Definitions of Terms
- Ambiguous terms guidelines
- Terms indicating involvement
- How to code special circumstances- neoadjuvant Rx, Gross surgical findings, etc.
- **Specific coding rules for each data item**
- **NO SCHEMA INCLUDED**

<https://seer.cancer.gov/tools/staging/index.htm>

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EOD Schemas

1 Site Specific Schemas only available in SEER*RSA

https://staging.seer.cancer.gov/eod_public/home/1.2/

2

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Cancer Schema List

Standard Search | Exact Search | Showing 188 Schemas

Adrenal Uteric Other	Eye Other	Melanoma Choroid and Ciliary Body	Plasma Cell Disorders
Adrenal Ovary	Fallopian Tube	Melanoma Conjunctiva	Plasma Cell Myeloma
Amputa of Limb	Floor of Mouth	Melanoma Head and Neck	Primary Mesothelioma
Arise	Gabapentin	Melanoma Intra	Primary Cutaneous Lymphoma (Including MF and SS)
Appendix	Genital Female Other	Melanoma Skin	Primary Peritoneal Carcinoma
Bile Duct Distal	Genital Male Other	Melanoma Soft Tissue	Prostate
Bile Duct Intrahepatic	GIST	Melanoma Unknown	Respiratory Other
Bile Duct Pancreas	Gum	Melanoma Unknown	Retrovirology
Biliary Other	Heart, Mediastinum and Pleura	Melanoma Unknown	Reticular Connective
Bladder	Hemifacial	Melanoma Unknown	Skin Other
Bone Appendicular Sarcoid	Hypopharynx	Melanoma Unknown	Skin Other
Bone Pelvic	Ill-Defined Ovary	Neurofibroma	Skin Other
Bone Spine	Intracranial Gland	NET Adrenal Gland	Small Intestine
Brain	Kaposis Sarcoma	NET Ampulla of Vater	Soft Tissue Abdomen and Thorax
Breast	Kidney Parenchyma	NET Appendix	Soft Tissue Head and Neck
Buccal Mucosa	Kidney Renal Pelvis	NET Colon and Rectum	Soft Tissue Other
Cervical Lymph Nodes and Unknown Primary	Lacrimal Gland	NET Duodenum	Soft Tissue Trunk and Extremities
Chole	Larynx Glottis	NET Esophagus and Stomach	Stomach
Chole Other	Larynx Other	NET Esophagus	Thyroid
Colon and Rectum	Larynx Subglottic	Oropharynx g104	Thyroid Metastasis
Cervix	Larynx Unknown	Oropharynx (W/ Metastasis g104)	Tongue Alveolar
Cervix Cervix and Cervix	Liver	Ovary	Tongue Other
Cervix Cervix and Cervix	Liver	Pancreas	Trachea

Summary Stage 2018

CCR Collection Requirement: Required by CoC & Non-CoC

- Summary Stage 2018 assigned for ALL tumors

Code	Definition
0	In situ
1	Localized only
2	Regional by direct extension only
3	Regional lymph nodes only
4	Regional by Both direct extension AND lymph node involvement
7	Distant site(s)/nodes(s) involved
8	Benign/borderline*
9	Unknown if extension or metastasis (unstaged, or unspecified) Death certificate only case

* Applicable for SS2018 chapters: Brain, CNS Other, Intracranial Gland

- Code 5 "Regional, NOS" no longer used for SS2018

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Summary Stage 2018

Manual Sections

- Summary Stage 2018 General Coding Instructions (PDF, 759 KB)
- Head and Neck (PDF, 1.8 MB)
- Digestive and Hepatobiliary Systems (PDF, 623 KB)
- Respiratory Tract and Thorax (PDF, 744 KB)
- Bone (PDF, 471 KB)
- Soft Tissue (PDF, 621 KB)
- Skin (PDF, 707 KB)
- Breast (PDF, 518 KB)
- Female Genital System (PDF, 922 KB)
- Male Genital System (PDF, 613 KB)
- Urinary System (PDF, 621 KB)
- Ophthalmic Sites (PDF, 714 KB)
- Brain (PDF, 559 KB)
- Endocrine System (PDF, 616 KB)
- Hematologic Malignancies (PDF, 707 KB)
- Ill-defined Other (PDF, 482 KB)
- Appendices (PDF, 1.1 MB)

Complete Summary Stage 2018 Manual (PDF, 2.8 MB)

Submit questions on Summary Stage OR EOD to "Ask a SEER Registrar at: <https://seer.cancer.gov/registrars/contact.html>

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EOD & Summary Stage 2018 Education

SEER*Educate Practical application tests

- EOD and Summary Stage 2018 (Open for CEs as of 1/1/2018)
- + Adrenal Cortical Carcinoma
- + Ampulla of Vater
- + Anus
- + Appendix Carcinoma
- + Bone
- + Breast 01-05
- + Breast 06-10
- + Cervix Uteri
- + Colon and Rectum 01-05
- + Colon and Rectum 06-10
- + Conjunctival Carcinoma
- + Conjunctival Melanoma
- + Corpus Uteri - Carcinoma and Carcinosarcoma
- + Cutaneous Squamous Cell Carcinoma of the Head and Neck
- + Distal Bile Duct
- + Esophagus and EG Junction
- + Exocrine Pancreas
- + Eyelid Carcinoma

- Currently 59 sites available
- Minimum 5 cases each site
- NCRA CEs available
 - Category A eligible

<https://educate.fredhutch.org/LandingPage.aspx>

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SEER and CoC updates

SEER - Solid Tumor Rules

SEER - Hematopoietic and lymphoid neoplasm Manual/Database

CoC - STORE manual

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2018 Solid Tumor Rules

- Comprehensive revision of 2007 site-specific MP/H Rules
- Text Only – No flow chart or matrix
- Greatly expanded histology tables
- “M-rules” & “H-rules” together in site-specific chapters including terms and definitions
- Incorporates WHO grade tables for benign and malignant brain tumors
- General Notes for All Modules
- New table for determining primary site in Head & Neck primaries
- Navigation links to Tables within document

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2018 Solid Tumor Rules

- Eight site groups have been revised for 2018
- General Instructions apply ONLY to the revised sites listed below
 - **Head & Neck**
 - **Colon** (includes rectosigmoid and rectum for cases diagnosed 1/1/2018 forward)
 - **Lung**
 - **Breast**
 - **Kidney**
 - **Urinary Sites**
 - **Non-malignant CNS**
 - **Malignant CNS and Peripheral Nerves**

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2018 Solid Tumor Rules

- Download the Solid Tumor Modules
 - General Instructions – *updated 8/2/2018*
 - Head & Neck *released 8/30/2018*
 - Colon – *updated 8/8/2018*
 - Lung - *updated 10/12/2018*
 - Breast - *updated 8/20/2018*
 - Kidney *released 7/19/2018*
 - Urinary Sites (renal pelvis, ureter, bladder)- *updated 8/8/2018*
 - Malignant CNS and Peripheral Nerves - *updated 10/12/2018*
 - Non-Malignant CNS Tumors – *updated 10/12/2018*
 - **Other Sites – use for cases diagnosed 1/1/2007-12/31/2018 – *updated 9/11/2018***

Consolidated PDF
Available Soon

Hot off the Press:

A further update to
Breast is coming
shortly

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2018 Solid Tumor Rules or MP/H

- **2007 MP/H rules will still be used for cases DX 1/1/2007 to 12/31/2018 for the following site groups:**
 - **Cutaneous melanoma**
 - More time needed to incorporate 2018 WHO 4th Edition Tumor of Skin
 - **Other sites**
 - Primary site exceptions:
 - **Rectosigmoid & rectum - included in 2018 Colon rules.**
 - **Peripheral nerves - included in 2018 Malignant Brain rules.**
 - **2019 revised rules will include GYN, Soft tissue, Thyroid and other site-specific solid tumors.**

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2018 Solid Tumor Rules Webinars

➤ NAACCR <https://education.naaccr.org/2018-implementation>

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SEER Hematopoietic & Lymphoid Neoplasms

- Manual/Database updated with latest edition of WHO classification of tumors for Hematopoietic and Lymphoid Neoplasms.
- Includes updates to primary sites based on clarification from AJCC 8th edition.
- Will continue to be applicable for cases diagnosed 2010 and forward.

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Hematopoietic and Lymphoid Neoplasm-Education

NEW SEER*Educate Exercises Available

➤ Hematopoietic and Lymphoid Neoplasms

- 30 practice cases available in sets of 5
- 2.25 **Category A** CE credits awarded by NCRA for each set of 5 completed

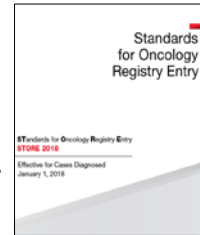
-	Heme 2018 Cases (New Material)
+	Heme 2018 Series 1
+	Heme 2018 Series 2
+	Heme 2018 Series 3
+	Heme 2018 Series 4
+	Heme 2018 Series 5
+	Heme 2018 Series 6

- <https://educate.fredhutch.org/LandingPage.aspx>

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STORE Manual

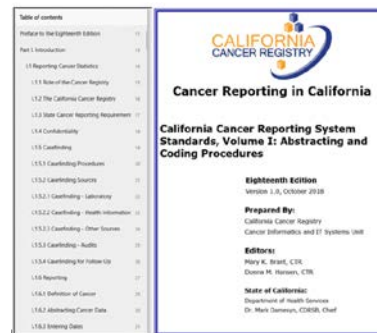
- **Standards for Oncology Data Entry (STORE)**
 - Replaces Facility Oncology Registry Data (FORDS)
 - **Required use by ACoS/CoC accredited programs for data collection 2018+**
 - Non-CoC facilities which voluntarily collect data items outlined in STORE should also use as reference
 - *In particular if data item or coding clarification not in CCR Volume 1*
- **Online PDF available at:**
 - https://www.facs.org/~media/files/quality%20programs/cancer/ncdb/store_manual_2018.ashx



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CCR Updates

Volume 1 2018

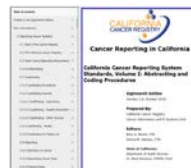


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CCR Volume 1 - 2018

- Cancer Reporting in California: Abstracting and Coding Procedures for Hospitals: California Cancer Reporting System Standards, **Volume 1 – 2018**

Searchable PDF



Published October 2018

- **NOTICE:**
 - SEER Coding and Program Staging Manual 2018 is still a DRAFT
 - Once Final SEER manual received and reviewed, *appropriate* updates/clarifications per CCR requirements will be incorporated into Volume 1
 - Revised/updated Volume 1 will be published

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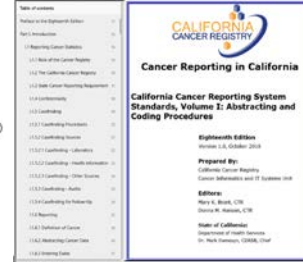


California Cancer Reporting Standards, Vol 1

- Volume 1: New searchable PDF format:

VOLUME I - 2018

- California Cancer Reporting System Standards, Volume I, Abstracting and Coding Procedures (updated 10/31/18) **NEW**
 - Appendix: **NEW**
 - Appendix A. Terms and Definitions (updated 10/31/18)
 - Appendix B. Postal Abbreviations for States and Territories of the United States (updated 10/31/18)
 - Appendix C. Codes for Countries C.1 - Alphabetical and C.2 - Code Order (updated 10/31/18)
 - Appendix D. Residency of Military Personnel (updated 10/31/18)
 - Appendix E. Codes for Religions E.1 - Alphabetical and E.2 - Code Order (updated 10/31/18)
 - Appendix F. Patient Information Sheet (updated 10/31/18)
 - Appendix G. Codes for Case Finding (updated 10/31/18)
 - Appendix H. Codes for California Counties H.1 - Alphabetical and H.2 - Code Order (updated 10/31/18)
 - Appendix I. Common Acceptable Symbols and Abbreviations I.1 - Term and I.2 - Abbreviation Order (updated 10/31/18)
 - Appendix J. Spanish Surnames (updated 10/31/18)
 - Appendix K. STORF Surgery Codes (updated 10/31/18)
 - Appendix L. Data Alerts and Data Memos (updated 10/31/18)
 - Appendix M. Q-Tips (updated 10/31/18)
 - Appendix N. Data Items and their Required Status (updated 10/31/18)
 - Appendix O. Race and Nationality O.1 - Alphabetical and O.2 - Code Order (updated 10/31/18)
 - Appendix P. National Provider Identifier (NPI) Codes (updated 10/31/18)
 - Appendix Q. Site-Specific Data Items (SSDI) (updated 10/31/18)
 - Appendix R. Coding Resources (updated 10/31/18)
 - Appendix S. Historical Coding and Staging Manual Requirements for CCR (updated 10/31/18)
 - 2018 Volume I Changes and Clarifications (updated 10/31/18) **NEW**
 - Summary of the Year 2018 Data Changes (4/3/2019)



Thank you

- Donna M. Hansen, CTR
Auditor/Education Training Coordinator
California Cancer Registry
916-731-2543
Email: dxhansen@ucdavis.edu

