

2018 Data Changes

Data Item Review & CCR Collection Requirements

PART 1



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Outline - 2018 Data Changes

Part 1: New Data Items

- CoC Accreditation Flag
- Medicare Beneficiary Identifier (MBI)
- Lymph Node/Sentinel LN Data Fields
- SEER SSF 1- HPV Status
- Grade 2018
- SSDI 2018
- New Radiation Data Items
- AJCC TNM Categories

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CoC Accreditation Flag

Volume 1, III.1.3

➤ CCR Requires from all facilities

- Identifies an analytic cancer case at a facility accredited by the Commission on Cancer (COC)
- Status directly assigned at time of abstraction by someone who has knowledge of the CoC accreditation status
- Codes
 - 0 - Abstract prepared at a facility WITHOUT CoC accreditation of its cancer program
 - 1 - Analytic abstract prepared at facility WITH CoC accreditation (Includes Class of Case 10-22)
 - 2 - Non Analytic abstract prepared at facility WITH CoC accreditation (includes class of case codes 30-43 and 99, **plus code 00 which CoC considers analytic but does not require to be staged**)
 - Blank – Not applicable; DCO

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Medicare Beneficiary Identifier (MBI)

➤ CCR Requires if information is available

- Dx Date 2018+
- MBI is a randomly generated 11 character identifier
- Consists of numbers and upper-case letters
- Assigned to patient by Medicare
- Does not include SSN or any personal identifiable information

May leave blank when:

- Information is not available
- Non-Medicare Patient
- Not applicable
- Unknown

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Sentinel Lymph Node Biopsy & Regional Lymph Node Dissection

New Data Items

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Sentinel Lymph Nodes & Regional lymph Node Data Items

New Data Items	Required Sites
Date Sentinel Lymph Node Biopsy	Breast & Cutaneous Melanoma (skin) Only
Sentinel Lymph Nodes Positive	
Sentinel Lymph Nodes Examined	
Date of Sentinel Lymph Node Biopsy FLAG	
Date Regional Lymph Node Dissection	All Sites
Date Regional Lymph Node Dissection FLAG	All Sites

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Date of Sentinel Lymph Nodes Biopsy (SLNBx)

➤ Record the Date of the *Sentinel* lymph node(s) biopsy procedure

- Do not record the date of:
 - Lymph node aspiration [NOS]
 - Fine needle aspiration [NOS]
 - Fine needle aspiration biopsy [NOS]
 - Core needle biopsy or core biopsy [NOS]

– **Must be definitively stated as a Sentinel LN procedure**

- Complete Date Sentinel Lymph Node Flag if software does not auto populate

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Sentinel Lymph Nodes Positive

- Record exact number of Sentinel nodes found **positive** for metastases

Code	Definition
00	All sentinel nodes examined are negative
01-90	Sentinel nodes are positive (code exact number of nodes positive)
95	Positive core biopsy aspiration of sentinel lymph nodes was performed
97	Positive sentinel nodes are documented, but number is unspecified. For breast only: SLN and RLND occurred during the same procedure
98	No sentinel nodes were biopsied
99	It is unknown whether sentinel nodes are positive; not applicable; not stated in patient record.

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Sentinel Lymph Nodes Examined

- Record total number of LNs sampled during SLNBx (positive & negative)
 - Includes aspiration of SLNs
 - **Includes all LNs sampled during sentinel procedure** - even those described as not “hot”, “failed to map” or “non sentinel” nodes.

Code	Definition
00	No sentinel nodes examined
01-90	Sentinel nodes were removed (code exact number of sentinel lymph nodes examined)
95	No sentinel nodes were removed, but aspiration of sentinel node(s) was performed
98	Sentinel lymph nodes were biopsied, but the number unknown
99	It is unknown whether sentinel nodes were examined; not applicable; not stated in patient record.

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Date Regional Lymph Node Dissection (RLND)

- Record the Date non-sentinel *Regional Lymph Node Dissection* was performed
 - Applicable for all sites
 - Record the date of the Regional lymph node dissection documented in regional lymph nodes examined.
 - Used to assess date of regional node dissection performed *separate* from a sentinel lymph node biopsy *if* performed
 - If both a SLNBx (breast or melanoma skin only) and a non-sentinel RLND are performed, record the date of each procedure date in their respective data fields
 - May be same date
 - May be a different date
 - Complete Date RLND Flag if software does not auto populate

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Coding Example 1: Sentinel Lymph Nodes

- Left breast 3cm mass on Mammo. 2/1/18 Core biopsy revealed MD invasive ductal ca. SLNBx 2/5/18 revealed 1 blue sentinel LN, with 2 additional non sentinel LNs without dye uptake. Pathologic exam revealed 0/3 SLNs positive. 2/10/18 lumpectomy performed. No RLND.
- Total sentinel lymph nodes pos/examined =0 pos/3 examined

Status	Data Field Name	Code
New	Date of Sentinel lymph Node Biopsy	02/05/2018
New	Sentinel Lymph Nodes Positive	00
New	Sentinel Lymph Nodes Examined	03
New	Date Regional Lymph Node Dissection	blank
<i>Current data item</i>	<i>Regional Lymph Nodes Positive</i>	0
<i>Current data item</i>	<i>Regional Lymph Nodes Examined</i>	3

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Coding Example 2: Sentinel Lymph Nodes

- Left breast 3cm mass on Mammo. Core biopsy revealed MD invasive ductal ca. On 2/1/18 lumpectomy with SLNBx performed. 1/1 sentinel lymph node was positive; therefore, surgeon proceeded with an axillary lymph node dissection. Malignancy noted in an additional 2 of 14 axillary lymph nodes.
- A total of 3/15 lymph nodes were positive for metastases.

Status	Data Field Name	Code
New	Date of Sentinel lymph Node Biopsy	02/01/2018
New	Sentinel Lymph Nodes Positive	01
New	Sentinel Lymph Nodes Examined	01
New	Date Regional Lymph Node Dissection	02/01/2018
<i>Current data item</i>	<i>Regional Lymph Nodes Positive</i>	03
<i>Current data item</i>	<i>Regional Lymph Nodes Examined</i>	15

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Coding Example 3: Date Regional Lymph Node Dissection

- 2/3/2018 Rectal biopsy positive for Adenocarcinoma. 2/29/2018 patient underwent a low anterior resection of the rectum. Final diagnosis: Adenocarcinoma with 04/24 lymph nodes positive for metastatic adenocarcinoma.

Status	Data Field Name	Code
New	Date of Sentinel lymph Node Biopsy	blank
New	Sentinel Lymph Nodes Positive	blank
New	Sentinel Lymph Nodes Examined	blank
New	Date Regional Lymph Node Dissection	02/29/2018
<i>Current data item</i>	<i>Regional Lymph Nodes Positive</i>	04
<i>Current data item</i>	<i>Regional Lymph Nodes Examined</i>	24

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Sentinel Lymph Nodes & Regional lymph Node Data Items

➤ Collection Requirements

Data Items	Required Sites	Required by	
		CCR	CoC
Sentinel Lymph Nodes Positive	Breast & Cutaneous Melanoma (skin) Only	X	X
Sentinel Lymph Nodes Examined			
Date of Sentinel Lymph Node Biopsy			
Date of Sentinel Lymph Node Biopsy FLAG			
Date Regional Lymph Node Dissection	All Sites		X
Date Regional Lymph Node Dissection FLAG	All Sites		X

- See CCR Volume 1 and/or CoC STORE manual for further coding guidelines

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Volume 1, V.13



SEER SSF1 – HPV Status

Human Papilloma *Virus*

- CCR Requires from all facilities

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SEER Site Specific Factor 1 – HPV Status

➤ Effective with Date Dx 2018+

• Applicable schemas:

- Lip and Oral Cavity: C000-C009, C020-C023, C028-C029, C031, C039, C040-C041, C048-C049, C050, C058-C059, C060-C062, C068-C069
- Oropharynx (p16+): C019, C024, C051-C052, C090-C091, C098-C099, C100, C102-C103, C108-C109, C111
- Oropharynx (p16-) and Hypopharynx: C019, C024, C051-C052, C090-C091, C098-C099, C100, C102-C103, C108-C109, C111, C129, C130-C132, C138-C139

• Codes 0-7 are hierarchical;

- 0 is highest, 7 is lowest
- Use the highest code which applies

Code	Description
0	HPV negative for viral DNA by ISH test
1	HPV positive for viral DNA by ISH test
2	HPV negative for viral DNA by PCR test
3	HPV positive for viral DNA by PCR test
4	HPV negative by ISH E6/E7 RNA test
5	HPV positive by ISH E6/E7 RNA test
6	HPV negative by RT-PCR E6/E7 RNA test
7	HPV positive by RT-PCR E6/E7 RNA test
8	HPV status reported in medical records as positive or negative but test type is unknown
9	Unknown if HPV test detecting viral DNA and or RNA was performed

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SEER Site Specific Factor 1 – HPV Status

➤ **Record only HPV status determined by tests designed to detect viral DNA or RNA.**

- Tests such as ISH, PCR, RT-PCR technologies detect the *viral DNA or RNA*
- Or, **HPV type 16** refers to a virus type and is different from p16 overexpression (p16+)
 - Record results of any HPV testing performed on pathologic specimens including surgical and cytological (cell blocks) tissue from the primary tumor or a metastatic site, including lymph nodes

- Several methods are used for determination of HPV status.
 - Most frequently used test is IHC for **p16 expression** which is a **surrogate marker for HPV infection**
- **Do Not record the results of IHC p16 over expression [p16+] in this field**
- Do Not record results of blood tests or serology
- Leave blank when no applicable test performed

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Grade

Clinical
Pathological
Post-therapy

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Grade 2018

The following have been discontinued for cases 2018+

- Single grade data item
- SSFs which collected site-specific grades (e.g., Breast, Prostate, Soft Tissue, etc.)
 - Retained for cases 2004-2017
- Cell lineage indicator/grade for hematopoietic and lymphoid neoplasms
 - **Exception:** Ocular Adnexa Lymphoma AJCC 8th Ed Chapter 71
 - AJCC has a defined grading system for the follicular histologies
 - Applicable primary sites: C441, C690, C695, C696
 - Applicable histologies 9690/3, 9691/3, 9695/3, 9698/3
 - Grade for all other histologies collected in AJCC Chapter 71 coded as 9

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Grade 2018 – 3 New Data Items

- **Grade Clinical**
 - Highest grade from clinical workup – usually from a biopsy or FNA
 - Prior to any treatment (surgical resection or neoadjuvant therapy, etc.)
- **Grade Pathological**
 - Grade from the surgical resection of the primary tumor or organ
 - OR uses microscopic clinical grade if it was higher than the grade determined from surgical resection (including unknown grade)
 - AND neoadjuvant therapy was NOT administered)
- **Grade Post-therapy**
 - Grade from resection of the tumor or organ AFTER completion of neoadjuvant therapy - *only*
 - Clinical grade excluded and may never be use to code post-therapy grade

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Grade 2018

- AJCC Site-Specific grading systems incorporated into 2018 Grade
- Site specific grading systems are the preferred grade system for that cancer site.
- AJCC preferred grade required to assign AJCC TNM Stage groups for 8 sites
- Many sites - coding options include a combination of
 - Preferred AJCC grade system,
 - CAP protocol special grade,
 - and/or Generic cancer registry grade categories.
- Sites w/o an AJCC recommended grade (14) use historical grade definitions.
- Sites w/o an AJCC Chapter or recommended grade (16) use historical definitions

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Grade 2018

➤ Grade Codes Restructured

- Combination of numeric & alphabetic codes within the same table
- Codes 1-5, L, H, M, S and 9 represent AJCC recommended grading systems
 - Priority over generic grades (A-E)
- Code 8 for Hematopoietic neoplasms only
- Codes A-E represent generic grade categories
- Each site or groups of sites have a specific grade table
- Grade assigned for every reportable case

Template for a Cancer-Specific Grade Table	
Code	Grade Description
1	Site-specific grade system category
2	Site-specific grade system category
3	Site-specific grade system category
4	Site-specific grade system category
5	Site-specific grade system category
8	Not applicable (Hematopoietic neoplasms only)
9	Grade cannot be assessed; Unknown
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated and anaplastic
E	Site-Specific grade system category
H	High grade
L	Low Grade
M	Site-specific grade system category
S	Site-specific grade system category
Blank	(Post therapy only)

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Grade Table - Breast

Code	Grade Definition
1	G1: Low combined histologic grade (favorable), SBR score of 3-5 points
2	G2: Intermediate combined histologic grade (moderately favorable); SBR score of 6-7 points
3	G3: High combined histologic grade (unfavorable); SBR score of 8-9 points
L	Nuclear Grade I (Low) (in situ only)
M	Nuclear Grade II (interMediate) (in situ only)
H	Nuclear Grade III (High) (in situ only)
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

Priority
AJCC
Grade
for
invasive

Used when tumor is only in situ

Used when a more specific grade above was not determined for an invasive ca and path report used these terms for grade

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2018 Grade Tables

- Appropriate grade table for site derived/selected by registry software
 - Based on Registrar coding
 - Primary Site
 - Histology
 - Schema Discriminator (if applicable)
 - Each Grade table “set” includes a clinical, pathological and post-therapy table along with their respective coding “notes”
 - Grade codes and coding notes will differ based on primary site/histology
 - Coding notes will differ for each grade data item
 - Clinical, Pathological, Post-therapy

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Grade 2018

3 Grade Data Items

- TWO (2) *GRADES* usually defined per case, sometimes 1, never 3
 - Clinical Grade
 - Most of the time - unless no Dx until surgery
 - Pathological Grade
 - or
 - Post-therapy Grade
- If Pathological grade recorded, Post-therapy grade will always be BLANK
 - If Post-therapy grade is recorded, Pathological grade will always be code 9
- Clinical & Pathological Grade may never be blank
 - Post-therapy grade can be blank

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2018 Grade Manual

- Primary resource for documentation and coding instructions
 - Important to review the Manual:
 - Organization & Suggestions on how to use
 - General Instructions & General Rules
 - Background and **additional information**
 - **Updates/Revisions to coding Guidelines**
- Review general instructions, rules and background info
 - Reflects info NOT in software notes
- Post questions on Grade in the CAnswer Forum
 - Periodically review CAnswer Forum
 - **Clarifications provided on specific coding situations**

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2018 Grade Manual

CANCER SCHEMA LIST

Data Last Updated: Sept. 5, 2018 (Version 1.4)

Standard Search Site/Hit Search

Displaying 118 Schemas

Search Term(s)

RESOURCES

- SSDI Manual
- SSDI Manual Appendix A
- SSDI Manual Appendix B
- Grade Manual
- Change Log

➤ <https://www.naaccr.org/SSDI/list/>

Adrenex Uterine Other	Eye Other	Melanoma Choroid and Ciliary Body	Plasma Cell Disorders
Adrenal Gland	Fallopian Tube	Melanoma Conjunctiva	Plasma Cell Myeloma
Ampulla of Vater	Floor of Mouth	Melanoma Head and Neck	Pleural Mesothelioma
Anus	Gallbladder	Melanoma Irs	Primary Cutaneous Lymphoma (excluding MF and SS)
Appendix	Genital Female Other	Melanoma Skin	Primary Peritoneal Carcinoma
Bile Duct Distal	Genital Male Other	Merkel Cell Skin	Prostate
Bile Duct Intrahepatic	GIST	Middle Ear	Respiratory Other
Bile Duct Perihilar	Gum	Mouth Other	Retinoblastoma
Biliary Other	Heart, Mediastinum and Pleura	Mycosis Fungoides	Retroperitoneum
Bladder	Hemeliatic	Nasal Cavity and Ethmoid Sinus	Trus Other
Bone Appendicular Skeleton	Hypopharynx	Nasopharynx	

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Grade 2018 - Webinar

➤ See the NAACCR website for a detailed review of the 2018 Grade Coding Rules.

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

NEW GRADE CODING RULES



This is a collection of information about the 2018 New Grade Coding rules

Webinar

Webinar of the New Grade Coding Rules for 2018

[▶ WATCH VIDEO](#)

Slides

Slides from Grade Coding webinar in .pdf format

[▶ DOWNLOAD](#)

Supplemental Handout

Supplemental hand out for the Grade Coding Webinar

[▶ DOWNLOAD](#)

Quizzes and Table Resources

Grade Coding Quiz and Table Resources

[▶ DOWNLOAD](#)

Q&A

Q&A from New Grade Coding Webinar

[▶ DOWNLOAD](#)

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&
Appendix Q



Site Specific Data Items

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Site Specific Data Item (SSDI)

- Majority of SSDIs were former SSFs
 - 137 SSDIs for 2018
 - SSDIs have a specific name (not a number)
 - Example: Prostate CS SSF#2
 - Now SSDI named -Prostatic Specific Antigen (PSA)
 - Most New SSDIs needed for AJCC 8th edition stage
 - New Code structure
 - Code lengths varies from 1-7 characters
 - Mix of numbers and letters
 - Decimal points included where applicable
 - SSDIs may be used for a single schema
Example: CRM for colon
 - Or SSDIs can be used for multiple sites/chapters/schema when applicable
Examples: Perineural Invasion
 - H&N Cutaneous Squamous cell ca
 - Colon and Rectum
 - Eyelid Carcinoma
 - Lacrimal Gland
 - Software will select applicable SSDIs for case based on derived schema ID
- Important:**
- If former SSF, updated SSDI may have **Revised coding instructions which differ from CS**

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Site Specific Data Items (SSDI)

Revised coding instructions from CS for many SSDIs – Examples:

- Kidney and status of adrenal gland involvement
 - Use of Code 0 (neg/not present) requires a statement involvement *is not present* (otherwise coded to 9/unknown)
- Colon and status of Tumor Deposits or Perineural invasion
 - Coded to 9/unknown when pathology does not mention
- **These are changes from CS which allowed registrar to assume negative status for some SSFs when they were not mentioned.**
- Some previous definitions moved into the unknown category
 - Example: “Test not done” and “Unknown if test done”
 - Both definitions are included in unknown code 9

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SSDI Manual

- **REVIEW the SSDI Manual:**
 - Each SSDI has useful background information
 - Additional coding guidelines
 - Updates & Clarifications will be added to SSDI MANUAL - not software
- **DO NOT RELY SOLELY ON SOFTWARE CODING NOTES!**
- NAACCR custodian of the SSDI Manual

<https://apps.naaccr.org/ssdi/list/>

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SSDI Manual & SSDI Schema – Where are they?

Option 1: NAACCR

- Manual & Schema available on NAACCR website

Data Last Updated: Sept. 5, 2018 (Version 1.4)

CANCER SCHEMA LIST

Standard Search | Site/Unit Search | Displaying 118 Schemas

Search Schema

RESOURCES

- SSDI Manual
- SSDI Manual Appendix A
- SSDI Manual Appendix B
- Grade Manual
- Change Log

Comments or suggestions concerning the SSDI's are welcome and can be posted at the American College of Surgeons [Cancer Forum](#).

Schema →

Adrena Uterine Other	Eye Other	Melanoma Ocular and Ocular Body	Plasma Cell Disorders
Adrenal Gland	Fallopian Tube	Melanoma Conjunctiva	Plasma Cell Myeloma
Ampulla of Vater	Floor of Mouth	Melanoma Head and Neck	Recurrent Malignancy
Anus	Gallbladder	Melanoma Ili	Primary Cutaneous Lymphoma (excluding MF and SS)
Appendix	Genital Female Other	Melanoma Skin	Primary Peritoneal Carcinoma
Bile Duct Distal	Genital Male Other	Merkel Cell Skin	

- NAACCR is Custodian of SSDI Manual: <https://apps.naacccr.org/ssdi/list/>

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SSDIs included in SEER*RSA Schema

Option 2:

- SEER*RSA <https://staging.seer.cancer.gov/>

SEER*RSA

Welcome to the SEER*RSA (SEER Registrar Query Assistant) website. This site is to be used by cancer registrars who abstract and code extent of disease information, and important site-specific predictive and prognostic factors. Instructional manuals are provided on-screen.

Usage View EOD Data Current Version: 1.3

- Includes Schemas only
- SSDI Manual not included
- Schemas include codes for EOD/GRADE/Summary Stage & other data items for site

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Schema Example in SEER*RSA - Kidney parenchyma

<p>SEER*RSA schema Also includes links to other data items Plus the SSDIs (which includes grade)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Tumor Size Clinical</td><td>Grade Clinical</td></tr> <tr><td>Tumor Size Pathological</td><td></td></tr> <tr><td>Tumor Size Summary</td><td>Grade Pathological</td></tr> <tr><td>Regional Nodes Positive</td><td></td></tr> <tr><td>Regional Nodes Examined</td><td>Grade Post Therapy</td></tr> <tr><td>LVI</td><td></td></tr> <tr><td>RX Summ Surgery/Radiation Sequence</td><td></td></tr> <tr><td>RX Summ Systemic/Surgery Sequence</td><td>Invasion Beyond Capsule</td></tr> <tr><td>EOD Primary Tumor</td><td>Ipsilateral Adrenal Gland Involvement</td></tr> <tr><td>EOD Regional Nodes</td><td>Major Vein Involvement</td></tr> <tr><td>EOD Mets</td><td></td></tr> <tr><td>SS2018</td><td>Sarcomatoid Features</td></tr> </table>	Tumor Size Clinical	Grade Clinical	Tumor Size Pathological		Tumor Size Summary	Grade Pathological	Regional Nodes Positive		Regional Nodes Examined	Grade Post Therapy	LVI		RX Summ Surgery/Radiation Sequence		RX Summ Systemic/Surgery Sequence	Invasion Beyond Capsule	EOD Primary Tumor	Ipsilateral Adrenal Gland Involvement	EOD Regional Nodes	Major Vein Involvement	EOD Mets		SS2018	Sarcomatoid Features	<p>NAACCR schema only includes SSDIs (which includes grade)</p>
Tumor Size Clinical	Grade Clinical																									
Tumor Size Pathological																										
Tumor Size Summary	Grade Pathological																									
Regional Nodes Positive																										
Regional Nodes Examined	Grade Post Therapy																									
LVI																										
RX Summ Surgery/Radiation Sequence																										
RX Summ Systemic/Surgery Sequence	Invasion Beyond Capsule																									
EOD Primary Tumor	Ipsilateral Adrenal Gland Involvement																									
EOD Regional Nodes	Major Vein Involvement																									
EOD Mets																										
SS2018	Sarcomatoid Features																									

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Site Specific Data Items (SSDI)

➤ **CCR Required SSDIs must be collected by all facilities**

- DX Year 2018 forward
 - Refer to Volume Appendix Q for list of *CCR required* SSDI(s)
- **CCR and CoC facilities may have different collection requirements**
- CoC facilities should Refer to the STORE manual for requirements

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Site Specific Data Items (SSDI)

➤ Example # 1 Appendix Q:

Q: Floor of Mouth

AJCC ID	Schema ID	Schema ID Description	Site Codes	Histology Codes
7	00074	Floor of Mouth	C040-C041, C048-C049	8000-8700, 8982, 9700-9701

Standard Setter Requirement

SSDI Name	CCR	CoC
Extranodal Extension Head and Neck Clinical	X CoC Facilities ONLY	X
Extranodal Extension Head and Neck Pathological	X	X
LN Size	X	X
SEER Site-Specific Fact 1	X	

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Site Specific Data Items (SSDI)

➤ Example # 2 Appendix Q:

Q: Breast

AJCC ID	Schema ID	Schema ID Description	Site Codes	Histology Codes
48.1, 48.2	00480	Breast	C500-C506, C508-C509	8000-8700, 8982-8983, 9700-9701
XX	00480	Breast	C501-C508, C508-C509	8720-8790

Standard Setter Requirement

SSDI Name	CCR	CoC
Estrogen Receptor Percent Positive or Range	X CoC Facilities ONLY	X
Estrogen Receptor Summary	X	X
Estrogen Receptor Total Allred Score	X CoC Facilities ONLY	X
HER2 IHC Summary	X CoC Facilities Non-CoC - As Available	X
HER2 ISH Dual Probe Copy Number	X CoC Facilities Non-CoC - As Available	X

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SSDI Education –Practical Application Tests

SEER*EDUCATE

- SSDI 2018 (New Material)
- + Breast 01-05
 - + Breast 06-10
 - + Cervix Uteri
 - + Colon and Rectum 01-05
 - + Colon and Rectum 06-10
 - + Corpus Uteri - Carcinoma and Carcinosarcoma
 - + Kidney
 - + Liver
 - + Lung 01-05
 - + Lung 06-10
 - + Melanoma of the Skin 01-05
 - + Melanoma of the Skin 06-10
 - + Ovary, Fallopian Tube, and Primary Peritoneal Carcinoma 01-05
 - + Ovary, Fallopian Tube, and Primary Peritoneal Carcinoma 06-10
 - + Prostate 01-05
 - + Prostate 06-10
 - + Testis

Practical Application Tests Available

- 85 cases in groups of 5
- NCRA CEs approved

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

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Volume 1, VI.3 – VI.3.11



Radiation Therapy

- New Data Items
- New Codes
- Database conversion

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Radiation Therapy

- CoC developed 24 new Radiation data items
- New “Phase” terminology
 - Replaces terms “regional” & “boost”
- 3 Phases can be collected
 - Phase 1- typically initial treatment to primary tumor or tumor bed
 - Phase II-III -Subsequent boost(s) which can occur to tumor bed, LNs, etc., with same or alternate radiation modalities

Phase I-III Radiation Primary Treatment Volume
Phase I-III Radiation to Draining Lymph Nodes
Phase I-III Radiation Treatment Modality
Phase I-III External Beam Radiation Planning Technique
Phase I-III Dose per Fraction
Phase I-III Number of Fractions
Phase I-III Total Dose
Number of Phases Radiation Treatment to this Volume
Radiation Treatment Discontinued Early
Total Dose [all phases combined]

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Radiation Primary Treatment Volume

Volume = primary anatomic target

- STORE Codes completely different from FORDS codes
 - Expanded codes capture radiation
 - **Primary Tumor or tumor bed**
 - Breast- whole, code 40
 - Bladder-whole, code 60
 - Oral pharynx, code 22
 - **Or, *only* to draining lymph nodes for anatomic region**
 - Breast/chest wall lymph node regions, code 04
 - Abdominal lymph nodes, code 07
 - Neck lymph node regions, code 01
 - **Use codes 01-09 when the LNs are the primary target**

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Radiation Therapy to Draining Lymph Nodes

Radiation Therapy to Draining Lymph Nodes -

- Captures radiation to regional “draining lymph nodes” treated in the same phase as radiation to the primary anatomic site or tumor bed
 - Codes 00-08 are actually the same as found in the Volume codes table – because they are describing the same LN regions
 - **Code 88** - Use when radiation to LNs was the primary anatomic target (which you already captured in Primary Radiation Treatment Volume)

Code	Label
00	No radiation treatment to draining lymph nodes. Diagnosed at autopsy.
01	Neck lymph node regions
02	Thoracic lymph node regions
03	Neck and thoracic lymph node regions
04	Breast/Chest wall lymph node regions
05	Abdominal lymph nodes
06	Pelvic lymph nodes
07	Abdominal and pelvic lymph nodes
08	Lymph node region, NOS
88	Not applicable, Phase 1 Radiation Primary Treatment Volume is lymph nodes

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Radiation Primary Treatment Volume & Draining lymph nodes

- **Example Scenario # 1:** Radiation to right breast and lumpectomy site and level II axillary lymph nodes
 - Radiation Primary Treatment Volume Data Item:
 - Code 40 = Whole Breast
 - Whole breast includes treatment direct at all intact breast, which includes tissue either not surgically treated or received lumpectomy or partial mastectomy
 - Radiation to Draining lymph nodes Data Item:
 - Code 04 = Breast/Chest wall lymph node regions

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Radiation Primary Treatment Volume & Draining lymph nodes

- **Example Scenario # 2:** Pt s/p right partial mastectomy. Radiation to axillary lymph nodes only (no radiation to breast).
 - Radiation Primary Treatment Volume Data Item:
 - Code =04 Radiation to Breast/Chest wall lymph node regions
 - Code 04 includes axillary, supraclav or intramammary regions
 - Targeted anatomic area **“Volume”** was only the lymph nodes
 - Radiation to Draining lymph nodes Data Item:
 - Code = 88 Not applicable; Phase 1 Radiation Primary Treatment Volumes is lymph nodes [only]
 - Radiation to draining LNs already coded in **“Primary Treatment Volume”**

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Radiation Modality vs Planning Technique

- Previous (FORDS) “Regional Treatment Modality”:
 - Codes were Mix of treatment modalities, planning techniques and delivery techniques commonly utilized
 - Codes were not mutually exclusive
- New (STORE) Phase I-III “Radiation Treatment Modality” codes
 - Only reflect whether treatment was
 - External beam
 - Brachytherapy
 - Radioisotopes
 - Major subtypes or combinations
- Modality coded Separately from “Planning Technique”

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Radiation Therapy “Modality”

• **Former FORDS Radiation Modality codes**

Codes	Description
00	No boost treatment
20	External beam, NOS
21	Orthovoltage
22	Cobalt-60, Cesium-137
23	Photons (2-3 MeV)
24	Photons (5-10 MeV)
25	Photons (11-19 MeV)
26	Photons (> 19 MeV)
27	Photons (mixed energies)
28	Electrons
29	Neutrons and electrons mixed
30	Neutrons, with or without photons/electrons
31	DART
32	Conformal or 3-D therapy
40	Protons
41	Stereotactic radiosurgery, NOS
42	Linear radiosurgery
43	Gamma Knife
50	Brachytherapy, NOS
51	Brachytherapy, Intracavitary, LDR
52	Brachytherapy, Intracavitary, HDR
53	Brachytherapy, Interstitial, LDR
54	Brachytherapy, Interstitial, HDR
55	Radium
60	Radio-isotopes, NOS
61	Strontium - 89
62	Strontium - 90
98	Other, NOS
99	Unknown

Annotations for Former FORDS codes:

- Modality & delivery: 20-29
- Planning Techniques: 32
- Modalities: 60-62

• **New 2018 STORE Radiation Modality Codes**

Codes	Description
00	No radiation treatment
01	External beam, NOS
02	External beam, photons
03	External beam, protons
04	External beam, electrons
05	External beam, neutrons
06	External beam, carbon ions
07	Brachytherapy, NOS
08	Brachytherapy, intracavitary, LDR
09	Brachytherapy, intracavitary, HDR
10	Brachytherapy, Interstitial, LDR
11	Brachytherapy, Interstitial, HDR
12	Brachytherapy, electronic
13	Radioisotopes, NOS
14	Radioisotopes, Radium-222
15	Radioisotopes, Strontium-89
16	Radioisotopes, Strontium-90
99	Treatment radiation modality unknown; Unknown if radiation treatment administered

Annotations for New 2018 STORE codes:

- External Beam: 01-06
- Brachytherapy: 07-12
- Radioisotopes: 13-16

2018 Goal: Separate radiation modality from radiation planning techniques to clarify information with mutually exclusive categories

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Radiation External Beam Planning Technique

- New External Beam Radiation Planning Technique

Codes	Description
00	No radiation treatment
01	External beam, NOS
02	Low Energy x-ray/photon therapy
03	2-D therapy
04	Conformal or 3-D conformal therapy
05	Intensity modulated therapy
06	Stereotactic radiotherapy or radiosurgery, NOS
07	Stereotactic radiotherapy or radiosurgery, robotic
08	Stereotactic radiotherapy or radiosurgery, Gamma Knife®
09	CT-guided online adaptive therapy
10	MR-guided online adaptive therapy
88	No Applicable
98	Other, NOS
99	Unknown

- Codes reflect External Beam Planning **Technique used to define target treatment area and/or administer the radiation**

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2018 Radiation Data Items

CCR Collection Requirements

Data Item	CoC facility	Non CoC facility
Date of Diagnosis 1/1/2018 +		
Phase I-III Radiation Primary Treatment Volume	Required	<i>As Available</i>
Phase I-III Radiation to Draining Lymph Nodes	Required	<i>As Available</i>
Phase I-III Radiation Treatment Modality	Required	Required Phase I-III
Phase I-III External Beam Radiation Planning Technique	Required	Required Phase I-III
Phase I-III Dose per Fraction	Required	<i>As Available</i>
Phase I-III Number of Fractions	Required	<i>As Available</i>
Phase I-III Total Dose	Required	<i>As Available</i>
Number of Phases of Radiation Treatment to this Volume	Required	<i>As Available</i>
Radiation Treatment Discontinued Early	Required	<i>As Available</i>
Total Dose (All Phases)	Required	<i>As Available</i>

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Radiation Therapy data items Dx Date - Prior to 2018

CCR Collection Requirements

CoC facility Case DX Date 2017 or earlier (& collected in v18 software)

- Code radiation in all the new 2018 radiation fields as appropriate
 - CoC requires radiation coded in the new fields for cases diagnosed in **any** year
 - CoC database conversion repopulates old radiation data fields with applicable NEW radiation codes
- If date dx prior to 2018, CoC facilities must ALSO code:
 - Radiation Regional RX Modality
 - Radiation RX Summ (directly assigned, software will no longer calculate)
 - **Required by NPCR & SEER**

Non-CoC 2017 or earlier Cases:

- Code *only* Radiation Regional RX Modality and Radiation RX Summ

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Radiation - Webinar

- See the NAACCR website for a detailed review of the new Radiation Coding Rules
- <https://education.naacr.org/2018-implementation>

NEW RADIATION CODING RULES

Information you need to know in regards to the new 2018 Radiation Coding Rules

Webinar
Radiation Coding Rules
[▶ WATCH VIDEO](#)

Slides
Slide from webinar in .pdf format
[↓ DOWNLOAD](#)

Radiation Coding Case Scenarios
Case Scenarios
[↓ DOWNLOAD](#)

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Volume 1, V.10 – V.10.1.3

AJCC TNM 8th edition

- Clinical
- Pathological
- Post-therapy
- Suffixes

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AJCC TNM 8th edition

**CCR Collection Requirements:
CoC facilities only**

- All new AJCC 8th edition stage data items
 - THREE separate classifications of stage for 2018 - each collected separately

Clinical Stage	Pathological Stage	Post therapy Stage
Clinical T	Pathological T	Post therapy T
Clinical T suffix	Pathological T suffix	Post therapy T suffix
Clinical N	Pathological N	Post therapy N
Clinical N suffix	Pathological N suffix	Post therapy N suffix
Clinical M	Pathological M	Post therapy M
Clinical Stage	Pathological Stage	Post therapy Stage

- **Field length now 15 characters**
 - ypTIS(DCIS)
 - pN0(mol+)(sn)
 - cM1b(0)
- 2018 AJCC TNM 8th edition data fields separate from AJCC 7th edition data fields
 - No conversions between 7th and 8th will take place
- Staging fields may be blank when not applicable for case

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AJCC TNM 8th edition

- New Data Items for **T suffix**
- T suffix – indicates multiple tumors or solitary tumor
 - cT suffix
 - pT suffix
 - ypT suffix

Note: (m) does not apply to multiple foci of in situ tumors, or mixed invasive and in situ cancer

Code	Label	Description
m	(m)	Multiple synchronous tumors Or For thyroid differentiated and anaplastic only, Multifocal tumor
s	(s)	For thyroid differentiated and anaplastic only, Solitary tumor
Blank	Blank	No information available; not recorded

- Leave field blank if (m) or (s) do not apply to case

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AJCC TNM 8th edition

- New Data Items for **N suffix**
- N suffix – Indicates limited nodal information
 - cN suffix
 - pN suffix
 - ypN suffix

Clinical Stage use – part of diagnostic workup
cN(sn) or cN(f)
Pathological Stage use - part of initial surgical Rx
pN(sn) or pN(f)
NOTE: Suffix NOT used in pN if subsequent completion LND performed at surgery

Code	Label	Description
sn	(sn)	Sentinel node procedure without resection of nodal basin
f	(f)	FNA or core needle biopsy without resection of nodal basin
Blank	Blank	No suffix needed or appropriate; not recorded

- Leave field blank if sentinel node biopsy or FNA was not completed

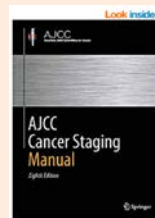
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AJCC TNM 8th edition Webinars

- Eight Edition Overview
- Introduction & Descriptors
- Major Rule Changes
- Minor Rule Changes
- CAnswer Forum & Staging Questions
- Head & Neck Staging
- Breast Staging

Kindle version available

AJCC Staging Manual



<https://cancerstaging.org/CSE/Registrar/Pages/Eight-Edition-Webinars.aspx>

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END OF 2018 DATA CHANGES PART 1

Please see Part 2
for review of the
following:

Existing Data Items/Revised-Clarified

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

Updates

- ICD-O-3
- EOD 2018 & 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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Thank you

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