

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

Changes and Clarifications –18th Edition
June 7, 2019

Updates to Volume I-Release #2

GENERAL CHANGES

Select Pages

- ✓ Formatting and general typo updates.
- ✓ Confirmed page breaks.
- ✓ Updated Table of Contents.

SECTION CHANGES

Preface

- ✓ Changed region name from “Cancer Prevention Institute of California” to “Greater Bay Area Cancer Registry”.

I.I.5.2 Casefinding Sources

- ✓ Added Guideline:
 - First bullet - Include all casefinding sources when searching for reportable cases.

I.I.6 Reporting

- ✓ Updated note above the Required Method table to reflect the Class 31 change from “Abstract” to “Notify”.
- ✓ Added “Elsewhere” to heading of Class 30 section. This was a typo in the first 2018 Volume I release.
- ✓ Updated Class 31 from “Abstract” to “Notify”.
- ✓ Added “Notify - Notify Regional Registry” as a definition in the Key beneath the Required Method of Reporting to the CCR table.

II.1 Reportability Guide

Note: Updates to this section include CCR Reportability Requirement changes for cases diagnosed 1/1/2018+

- ✓ General Reportable Terms Indicating In-situ Behavior table:
 - Added, “sites coded to C44_” to the exclusion of skin for squamous intraepithelial neoplasia grade III (SIN III).
- ✓ Site-Specific Terms Indicating In-situ Behavior table:
 - Added “dx 01/01/2018 +” to High-grade squamous intraepithelial invasion (HGSIL or HSIL) for sites: Anus, Vagina, and Vulva.
- ✓ Site Terms Indicating In-situ Behavior table:
 - Removed Early Melanoma and Early Evolving from the Skin section.
- ✓ Removed note regarding documentation for including in reportability.
- ✓ Benign and borderline Intracranial and/or Central Nervous System (CNS) tumors, dx 01/01/2001+:
 - Added note: For cavernous sinus hemangioma, code site to C70.0 cerebral meninges.
- ✓ Added the following sections:

Ovary:

- Site C56.9
 - Noninvasive low grade (Micropapillary) serous carcinoma (MPSC) of ovary, dx 01/01/2018 +
- Notes:**
1. Assign code 8460/2, applying the ICD-O-3 matrix concept to this non-invasive carcinoma.
 2. Noninvasive can be used as a synonym for in-situ, ICD-O-3 behavior code /2. See page 66 in ICD-O-3.

Thymoma:

- Reportable when:
 - Documented as NOS with multiple foci, lymph node involvement, or metastasis.

II.1.1 CCR Reportability Guide - Non-Reportable or Historically Reportable

Note: Updates to this section include CCR Reportability Requirement changes for cases diagnosed 1/1/2018+

- ✓ Non-Reportable or Historical Reportable Diagnoses, SKIN:
 - Added:
 - Squamous intraepithelial neoplasia III (8077) arising in the perianal skin (C445), dx 01/01/2018 +
 - **Early or evolving melanoma of any type is NOT reportable, dx 01/01/2018 +**
Note: This includes both invasive and in situ melanomas; early or evolving are **not** reportable.
- ✓ Added link to Historic Newly Reportable Hematopoietic Diseases (NRHD) for cases diagnosed between 1/1/2001 and 01/01/2010.

II.2.2 Ambiguous Diagnostic Reportable Terms

- ✓ Updated table name from “Ambiguous terms that are reportable (used to determine reportability)” to “Ambiguous Terms for Reportability”.
- ✓ Added Coding Instructions:
 - First bullet - Use this list as a reference of last resort.
 - Seventh bullet - There may be other ambiguous modifying words such as “mildly” suspicious. In general, ignore these modifiers and/or adjectives and accept the reportable ambiguous term.

II.2.5 Benign/Borderline Brain and CNS Tumors

- ✓ Updated the references at the bottom of the page.
- ✓ Added a historical link to CDC's Data Collection of Primary Central Nervous System Tumors.

I.2.5.1 Date of Diagnosis for Benign/Borderline Brain and CNS Tumors

- ✓ Updated Coding Instruction:
 - Second bullet - For **non-analytic** cases (Class of Case 30-99): All attempts should be made to determine or estimate the date/year of diagnosis.
 - If no information about the date or at least year of diagnosis is available:
 - Use the date of admission /1st contact and apply the applicable coding instructions.

II.2.5.3 WHO Grade - Benign/Borderline Brain and CNS Tumors

- ✓ Reworded introduction.
- ✓ Added "Guidelines" for coding section.
- ✓ Revised instructions to direct registrars to the 2018 Solid Tumor Rules for coding WHO grade.
- ✓ Revised "CDC's Data Collection of Primary Central Nervous System Tumors" link to be a historical link.

III.2.6 Address at Diagnosis

- ✓ Updated Coding Instruction:
 - Second sub-bullet under instruction for homeless or transient to direct registrars to enter supporting text in the Address at Diagnosis Supplemental field rather than the Remarks field.

III.2.6.1 Number and Street at DX

- ✓ Updated Coding Instruction:
 - Added first sub-bullet under last instruction for homeless or transient to direct registrars to enter supporting text in the Address at Diagnosis Supplemental field rather than the Remarks field.

III.2.8 Sex

- ✓ Updated Coding Instructions:
 - Code 3 - Added note - Hermaphrodite is an outdated term.
 - Codes 5 & 6 - Added bullet - Codes 5 & 6 have priority over codes 1 & 2.

III.2.10 Race and Ethnicity

- ✓ Added last bullet - Code race in order stated when no other priority applies.

III.2.10.2 Spanish/Hispanic Origin

- ✓ Revised the entire page to mirror the SEER Program Manual Coding and Staging Manual 2018.

III.3.3 Date of Diagnosis

- ✓ Updated Coding Instruction:
 - Fourth bullet - For **non-analytic** cases (Class of Case 30-99): All attempts should be made to determine or estimate the date/year of diagnosis.
 - If no information about the date or at least year of diagnosis is available:
 - Use the date of admission /1st contact and apply the applicable coding instructions.
 - Deleted bullet indicating that staging for these non-analytic cases will not be required.

III.3.5 Class of Case

- ✓ Added example to Class 31 - Catheter placement for cancer therapy.

III.3.9 Payment Source (Primary and Secondary) and Payment Source Text

- ✓ Added Coding Instructions:
 - Sixth bullet - Assign code 2 when the only information is “self-pay”.
 - Seventh bullet - Assign code 10 for prisoners when no further information is available.

IV.2 Diagnostic Confirmation

- ✓ Revamped entire page to improve the CCR’s coding instructions for coding this data item.

V.1 Primary Site

- ✓ Revamped entire page to improve the CCR’s coding instructions for coding this data item.
- ✓ Added the following Site/Codes to the Primary Site Table:
 - Anal verge C211
 - Angular incisura of stomach C163
 - Incisura, incisura angularis C163
 - Testis, descended post orchiopexy C621
- ✓ Updated the following Site/Codes to the Primary Site Table:
 - Gastric angular notch (incisura) C163

V.1.3 Primary Site - Site-Specific Special Conditions

- ✓ Added Coding Instructions:
 - First bullet - Assign the site code for where the bulk of the tumor is or where the epicenter is. Do **not** use code C448.
 - Added section at the end for:
 - Angiosarcoma**
 - Code C422 (spleen) for angiosarcoma of the spleen
 - Code C50_ (breast) for angiosarcoma of the breast. Although angiosarcoma originates in the lining of the blood vessels, when it arises in the breast, there is a poorer prognosis than many other breast tumors.

IV.1.4 Uncertain Primary Site

- ✓ Updated Coding Instruction:
 - First bullet under instruction for benign and borderline primary intracranial and CNS tumors - Removed the name of the Ambiguous Terms list referencing the list above.

V.2.1 Laterality - Paired Sites

- ✓ Removed the following site/codes from the table:
 - C090 Tonsillar fossa
 - C091 Tonsillar pillar

V.3.3.1 In-Situ Coding

- ✓ General Reportable Terms Indicating In-situ Behavior table:
 - Added “sites coded to C44_” to the exclusion of skin for squamous intraepithelial neoplasia grade III (SIN III).
- ✓ Site-Specific Terms Indicating In-situ Behavior table:
 - Added “dx 01/01/2018 +” to High-grade squamous intraepithelial invasion (HGSIL or HSIL) for sites: Anus, Vagina, and Vulva.
- ✓ Specific Terms Indicating In-situ Behavior table:
 - Removed Early Melanoma and Early Evolving from the Skin section.

V.6.1 Mets at Diagnosis - Bone

- ✓ Updated Coding Instructions:

- Fifth bullet - Listed schemas instead of site/histologies.
- Code 0 - Updated instructions for clarity.
- Code 8 - Removed site/histology table and replaced it with schema information.
- Added link to the SSDI Manual, Appendix A for additional schema/schema ID information.

V.6.2 Mets at Diagnosis - Brain

- ✓ Updated Coding Instructions:
 - Fifth bullet - Listed schemas instead of site/histologies.
 - Code 0 - Updated instructions for clarity.
 - Code 8 - Removed site/histology table and replaced it with schema information.
 - Added link to the SSDI Manual, Appendix A for additional schema/schema ID information.

V.6.3 Mets at Diagnosis - Liver

- ✓ Updated Coding Instructions:
 - Fifth bullet - Listed schemas instead of site/histologies.
 - Code 0 - Updated instructions for clarity.
 - Code 8 - Removed site/histology table and replaced it with schema information.
 - Added link to the SSDI Manual, Appendix A for additional schema/schema ID information.

V.6.4 Mets at Diagnosis - Lung

- ✓ Updated Coding Instructions:
 - Fifth bullet - Listed schemas instead of site/histologies.
 - Code 0 - Updated instructions for clarity.
 - Code 1 - Updated to include instruction regarding metastasis in contralateral lung.
 - Code 8 - Removed site/histology table and replaced it with schema information.
 - Added link to the SSDI Manual, Appendix A for additional schema/schema ID information.

V.6.5 Mets at Diagnosis – Distant Lymph Node(s)

- ✓ Updated Coding Instructions:
 - Sixth bullet - Listed schemas instead of site/histologies.
 - Code 0 - Updated instructions for clarity.
 - Code 8 - Removed site/histology table and replaced it with schema information.
 - Added link to the SSDI Manual, Appendix A for additional schema/schema ID information.

V.6.6 Mets at Diagnosis - Other

- ✓ Updated Coding Instructions:
 - Fifth bullet - Listed schemas instead of site/histologies.
 - Code 0 - Updated instructions for clarity.
 - Code 1 - Updated to include instruction regarding lymphomas with bone marrow involvement (stage IV disease).
 - Code 2 - Added additional instruction to direct registrars how to code carcinomatosis in addition to a metastatic site **other than** bone, brain, liver, lung, or distant nodes.
 - Code 8 - Removed site/histology table and replaced it with schema information.
 - Added link to the SSDI Manual, Appendix A for additional schema/schema ID information.

V.7 Lymphovascular Invasion

- ✓ Added Coding Instruction:
 - Second bullet - Code from pathology report(s). If not available, code the absence or presence of lymphovascular invasion as described in the medical record.
 - Code 8
 - Added not applicable for benign/borderline and CNS tumors.
 - Listed all schemas/schema ID's to be coded to 8 (not applicable).

V.8 Terms Indicating In-situ for Staging

- ✓ General Reportable Terms Indicating In-situ Behavior table:
 - Added “sites coded to C44_” to the exclusion of skin for squamous intraepithelial neoplasia grade III (SIN III).
- ✓ Site-Specific Terms Indicating In-situ Behavior table:
 - Added “dx 01/01/2018 +” to High-grade squamous intraepithelial invasion (HGSIL or HSIL) for sites: Anus, Vagina, and Vulva.
- ✓ Site Specific Terms Indicating In-situ Behavior table:
 - Removed Early Melanoma and Early Evolving from the Skin section.

VI.1.2 First Course of Treatment - Data Entry

- ✓ Added Coding Instruction:
 - Fourth bullet under “Text” heading - Enter the reason into the appropriate field, when treatment has been discontinued.

VI.2.4.2 Surgical Margins of the Primary Site

- ✓ Moved the CCR requirement for this data item to the introduction paragraph under the page title.
- ✓ Reworded codes 2 & 3 for clarity.

VI.2.5 Sentinel Lymph Node Biopsy

- ✓ Reordered “Guidelines” for continuity.
- ✓ Reworded Coding Guidelines to clarify sentinel lymph node procedures.

VI.2.5.1 Date of Sentinel Lymph Node biopsy

- ✓ First bullet - Added text to instruction to illustrate this data item corresponds to the Sentinel Lymph Nodes Examined data item.
- ✓ Third bullet and sub-bullets - Instructions added to define how to code sentinel lymph node procedures when a regional lymph node procedure is also performed, either at the same time or subsequently.

VI.2.5.2 Sentinel Lymph Nodes Positive

- ✓ Reordered “Guidelines” for continuity.
- ✓ Reworded Coding Guidelines to clarify regional lymph node procedures.
- ✓ Expanded coding instructions for Breast and Melanoma sites.

VI.2.5.3 Sentinel Lymph Nodes Examined

- ✓ Reordered “Guidelines” for continuity.
- ✓ Reworded Coding Guidelines to clarify the difference between including sentinel lymph nodes versus regional lymph nodes.
- ✓ Added instruction for counting sentinel lymph nodes.

VI.2.6.1 Date of Regional Lymph Node Dissection

- ✓ First bullet - Added text to instruction to illustrate this data item corresponds to the Regional Lymph Nodes Examined data item.
- ✓ Second bullet and sub-bullets - Instructions added to define how to code sentinel lymph node procedures when a regional lymph node procedure is also performed, either at the same time or subsequently.
- ✓ Added instruction for all other sites.

VI.2.6.2 Regional Lymph Nodes Positive

- ✓ Fifth bullet - Added instruction clarifying that a truly in-situ tumor cannot have positive node(s), and the allowable values for such situations.
- ✓ Two additional bullets added to clarify when to count **or** not count positive aspiration or core biopsies in the regional nodes positive data item.

VI.2.6.3 Regional Lymph Nodes Examined

- ✓ Added instruction to use code 98 when neither the type of procedure nor the number of lymph nodes examined is known.

VI.2.11 Reason No Surgery of the Primary Site

- ✓ Added Coding Instruction:
 - Fourth bullet - Patient's decision not to pursue surgery is not a refusal of surgery when:
 - The patient has discussed surgery with their physician, and then decides to pursue no treatment.
Note: Discussion does not equal a recommendation.

VI.3 Radiation Therapy - First Course of Treatment

- ✓ Added link to the Commission on Cancer's: [CTR Guide to Coding Radiation Therapy Treatment in the STORE](#).

VI.3.3 Radiation Phases I-III General Information

- ✓ Added link to the Commission on Cancer's: [CTR Guide to Coding Radiation Therapy Treatment in the STORE](#).

VI.3.11 Reason for No Radiation

- ✓ Added Coding Instruction:
 - Seventh Bullet - Patient's decision not to pursue radiation therapy is not a refusal of radiation therapy when:
 - The patient has discussed radiation therapy with their physician, and then decides to pursue no treatment.
Note: Discussion does not equal a recommendation.

VI.4 Chemotherapy - First Course of Treatment

- ✓ Revamped entire page to improve the CCR's coding instructions for coding Chemotherapy.

VI.4.3 Chemotherapy Codes

- ✓ Added Coding Instruction:
 - Code 00 - Patient's decision not to pursue chemotherapy is not a refusal of chemotherapy when:
 - The patient has discussed chemotherapy with their physician, and then decides to pursue no treatment.
Note: Discussion does not equal a recommendation.

VI.5.3 Hormone Therapy Codes

- ✓ Added Coding Instruction:

- Fifth bullet - Patient’s decision not to pursue hormone therapy is not a refusal of hormone therapy when:
 - The patient has discussed hormone therapy with their physician, and then decides to pursue no treatment.

Note: Discussion does not equal a recommendation.

VI.6.3 Immunotherapy Codes

- ✓ Added Coding Instruction:
 - Fifth bullet - Patient’s decision not to pursue immunotherapy is not a refusal of immunotherapy when:
 - The patient has discussed immunotherapy with their physician, and then decides to pursue no treatment.

Note: Discussion does not equal a recommendation.

VI.7.2 Transplant/Endocrine Procedures Codes

- ✓ Added Coding Instructions:
 - First bullet - Assign code 10 when the patient has a bone marrow transplant and it is unknown if it is autologous or allogenic (BMT, NOS).
 - Fourth bullet - Patient’s decision not to pursue transplant procedure or endocrine therapy is not a refusal of other therapy when:
 - The patient has discussed transplant procedure or endocrine therapy with their physician, and then decides to pursue no treatment.

Note: Discussion does not equal a recommendation.
 - Added “stem cell transplant” to codes table, for code 20.
- ✓ Reorganized coding instructions for Code 88.

VI.8 Other Therapy - First Course of Treatment

- ✓ Added Coding Instruction:
 - Fifth bullet - UVB Phototherapy for mycosis fungoides is coded to photodynamic therapy under Surgery of Primary Site for skin. See, [Appendix K: Skin](#), for surgery codes.

V.8.2 Other Therapy Codes

- ✓ Added Coding Instruction:
 - Fifth bullet - Patient’s decision not to pursue other therapy is not a refusal of other therapy when:
 - The patient has discussed other therapy with their physician, and then decides to pursue no treatment.

Note: Discussion does not equal a recommendation.

IX.1.2 Modified Record

- ✓ Updated field names, now Date of Last Cancer (tumor) Status and Date of Last Cancer (tumor) Status Flag.

IX.1.2.1 Modified Record - Changing Items in an Abstract - *New page*

- ✓ Page created to explain reasons an abstract should be updated or modified.

Appendix A: Terms and Definitions

- ✓ Incorporated additional terms and definitions.

Appendix K: STORE Surgery Codes

- ✓ Added section “How to Read Appendix Q” to help registrars understand the CCR requirements.

Appendix Q: Site-Specific Data Items (SSDI’s)

- ✓ Updated note above the Required Method table to reflect the Class 31 change from “Abstract” to

“Notify”.

- ✓ Updated Required Status for:
 - Ki-67
 - Oncotype Dx Recurrence Score-DCIS
 - Number of Positive Para-Aortic Nodes
 - Number of Examined Para-Aortic Nodes
 - Number of Positive Pelvic Nodes
 - Number of Examined Nodes

Appendix R: Coding Resources

- ✓ Updated list of Coding Resources.