

2015

# DATA CHANGES

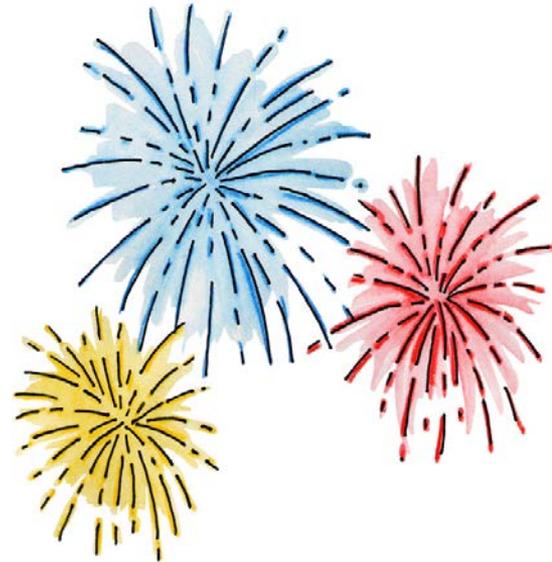
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April 2015

# OVERVIEW

- ◉ 2015 Data Changes
  - New Data Items
  - Revised Data Items
  - ICD-0-3
    - Reportability Change
    - New ICDO Terms and Codes
  - SEER Reportability Clarifications
  - CCR Updates
  - General Info-Reminders

# NEW DATA ITEMS FOR 2015

- No *New Data Fields* for hospitals



2015

REVISED DATA ITEMS

# PATIENT SEX

- Code range expanded - 2 Codes Added:

- Code 5: Transsexual, natal male
- Code 6: Transsexual, natal female

## 1 Revised Code:

- Code 4-Transsexual, NOS (formally Transsexual)
- Codes document natal sex (sex at birth) for Transsexual patients (when known over unknown).
- IMPORTANT: TEXT documentation *required* to support codes!

# COUNTRY CODES

- 5 Codes Revised

Country Name	OLD Code	NEW Code
Czechoslovakia	XCG	CSK
Yugoslavia	XYG	YUG
Above replace historic-use-only ("X") codes with ISO country codes		

Country Name	OLD Code	Corrected Code
Brunei	BND	BRN
Slovakia	SWK	SVK
Vanuatu	VLT	VUT

- 1 New Code for 2015:

New Country Code 2015	Code
Saint Martin (French Part)	MAF

- See Appendix's D.1 & D.2 in Volume 1

# CLASS OF CASE

## New Coding Instruction #1:

- RE: Physicians with admitting privileges:
  - “Physicians who are not employed by the hospital but are under contract with it or *have routine admitting privileges there, are described in codes 10-12 and 41 as physicians with admitting privileges.* Treatment provided in the office of a physician with admitting privileges is provided “elsewhere”. That is because care given at the physician’s office is not within the hospital’s realm of responsibility”

□ FORDS Manual, page 113

□ CCR Volume I Updated

# CLASS OF CASE

- Revised Definition: Modified wording for codes 10,11,12, and 41

## Code 10:

Initial diagnosis is at the reporting facility or *in an office of a physician with admitting privileges* AND part or all of first course treatment or a decision not to treat was done at the reporting facility.

## Code 11:

Initial diagnosis is *in an office of a physician with admitting privileges* AND part of first course treatment was done at the reporting hospital.

□ FORDS pg 113

□ CCR Volume I Updated

# CLASS OF CASE

- ◉ Revised Definition: Modified wording for codes 10,11,12, and 41

## Code 12:

Initial diagnosis is *in an office of a physician with admitting privileges* AND all first course treatment or a decision not to treat was done at the reporting facility.

## Code 41:

Diagnosis and all first course treatment is given in two or more different *offices of a physician with admitting privileges*.

- FORDS pg 113
- CCR Volume I Updated

# CLASS OF CASE

## New Coding Instruction #2:

- RE: Purchase of Physician Practice by a Hospital
  - If the hospital purchases a physician practice, it will be necessary to determine whether the practice is now legally considered part of the hospital, (their activity is coded as the hospital's) or not.
  - If the practice is not legally part of the hospital, it will be necessary to determine whether the physicians involved have routine admitting privileges or not [to your hospital], as with any other physician.
  - **Must determine to assign correct class of case code.**

# CLASS OF CASE

## Coding Instruction Update

### “IN-TRANSIT” CARE

#### CODE 31:

- **“In-transit”care:** Care of a patient who is temporarily away from the patient’s usual practitioner for continuity of care. If these cases are abstracted, they are ***Class of Case 31***
- Monitoring of oral medication started elsewhere *Class of Case 31*.

### Reporting Requirement Change

- ❑ **NOTE: CCR requires *Class of Case 31* to be reported via an abstract - CMR reporting is no longer acceptable**

2015

REPORTABILITY CHANGE  
&  
ICD-O-3 UPDATES

# REPORTABILITY CHANGE

## CARCINOID OF APPENDIX

- ◉ Carcinoid tumor of the appendix (C18.1)
  - Case is reportable- Must code as behavior 3
  - Code histology to *8240/3*
  - Effective for cases dx 1/1/2015
- ◉ Code *8240/1* Carcinoid tumor, NOS of appendix (C181.1) *obsolete in 2015*

## ICD-O-3 / CODE CHANGE

### Two PANCREATIC tumors

#### Same Term - Code Change

Pancreas	Old Code Pre-2015	Code Change 2015 forward
Enteroglucagonoma, NOS (uncertain behavior)	8157/1	8152/1 Can use in 2015
Enteroglucagonoma, Malignant	8157/3	8152/3 Can use in 2015

Code 8157 is obsolete effective in 2015

NOTE: Reportability rules based on behavior still apply; the addition of /0 or /1 to ICD-O term does NOT imply it is now reportable (exception is primary intracranial and CNS benign/borderline reportable tumors)

# ICD-O-3 UPDATES

## HISTOLOGY TERMS & CODES

- New Codes and/or Terms added to ICD-O-3
  - 7 new terms (6 new codes) are reportable malignant(/3) tumors
  - 4 new terms (3 new codes) for reportable borderline (/1) tumors of the central nervous system.
  - 4 new terms not reportable

**Important Note: Many of the new codes cannot be used for 2015 diagnoses**

- Not included in Collaborative Stage Algorithm's
- If used, CS schema cannot be determined nor stage derived

# ICD-O-3 NEW HISTOLOGY TERMS & CODES

## New Term and Codes - Reportable\* "Malignant tumors"

New Term	New Code*	Use this Code for 2015**
Pancreatobiliary type carcinoma (C24.1) • New synonym: Adenocarcinoma pancreatobiliary type (C24.1)	8163/3	8255/3
Micropapillary carcinoma NOS (C18._, C19.9, C20.9)	8265/3	8507/3
Mixed acinar ductal carcinoma	8552/3	8523/3

\*Do not use the new ICD-O-3 codes for diagnosis year 2015

\*\* ICD-O-3 rule F applies (code behavior stated by pathologist). If necessary, over-ride any advisory messages.

# ICD-O-3

## NEW HISTOLOGY TERMS & CODES

### New Term and Codes - Reportable\* "Malignant tumors"

New Term	New Code*	Use this Code for 2015**
Serrated adenocarcinoma	8213/3	8213/3
Papillary tumor of the pineal region	9395/3	9361/3
Pilomyxoid astrocytoma	9425/3	9421/3

\*Do not use the new ICD-O-3 codes for diagnosis year 2015

\*\*ICD-O-3 rule F applies (code behavior stated by pathologist). If necessary, override any advisory messages.

# ICD-O-3

## NEW HISTOLOGY TERMS & CODES

### New Term and Codes - Reportable\* "Borderline CNS Tumors"

New Term	New Code*	Use this Code for 2015**
Angiocentric glioma	9431/1	9380/1
Pituicytoma	9432/1	
Papillary glioneuronal tumor <ul style="list-style-type: none"> <li>• New related term:               <ul style="list-style-type: none"> <li>○ Rosette-forming glioneuronal tumor</li> </ul> </li> </ul>	9509/1	9505/1

\*Do not use the new ICD-O-3 codes for diagnosis year 2015

\*\*ICD-O-3 rule F applies(code behavior stated by pathologist). If necessary, override any advisory messages.

# ICD-0-3

## NEW HISTOLOGY TERMS & CODES

### New Term and Codes “Not Reportable”

New Term(s)	New Code or behavior variant
Endocrine tumor, functioning, NOS <ul style="list-style-type: none"><li>• New related term<ul style="list-style-type: none"><li>○ ACTH-producing tumor</li></ul></li></ul>	8158/1 new
Calcifying nested epithelial stromal tumor	8975/1 new
Low grade appendiceal mucinous neoplasm (C18.1)	8480/1 (new behavior variant)
Indolent systemic mastocytosis	9741/1 (new behavior variant)

# ICD-0-3

## NEW HISTOLOGY TERMS & CODES

For a list of New ICD-0-3 codes & terms see:

- **2015 ICD-0-3 Coding Crosswalk**
  - Volume I, V.3 , Attachment A

2015

SEER

REPORTABILITY  
CLARIFICATIONS

# SEER REPORTABILITY CLARIFICATIONS

Site	New Reportable Term	Histology	Effective
Pancreas (C25.0-C25.9)	Neuroendocrine Tumor when clinical dx is insulinoma	8240/3 or 8151/3	1/1/2015+
Pancreas (C25.0-C25.9)	Cystic pancreatic endocrine neoplasm (CPEN)	8150/3	1/1/2015+
Pancreas (C25.0-C25.9)	Cystic pancreatic endocrine neoplasm specified as neuroendocrine tumor, Grade 1	8240/3	1/1/2015+
Pancreas (C25.0-C25.9)	Cystic pancreatic endocrine neoplasm specified as neuroendocrine tumor, Grade 2	8249/3	1/1/2015+
Pancreas (C25.0-C25.9)	Solid pseudopapillary neoplasm of pancreas	8452/3	1/1/2015+
Pancreas (C25.0-C25.9)	Non-invasive mucinous cystic neoplasm (MCN) of pancreas with <b>high grade dysplasia</b>  <i>NOTE: Term "high-grade dysplasia" replaces term mucinous cystadenocarcinoma, non-invasive</i>	8470/3  These are the new "preferred" pathologic terms and the term " <b>neoplasm</b> " for these histologies/tumors <b>ARE REPORTABLE</b>	1/1/2015+

# SEER REPORTABILITY CLARIFICATIONS

Site	Reportable Term	Histology
TESTES (C62.0-C62.9)	<p>“Mature teratoma” of testes in an <u>adult</u> <i>is malignant</i></p> <ul style="list-style-type: none"> <li>• Adult defined as post puberty</li> <li>• Pubescence can take place over a number of years</li> <li>• Do not report if unknown whether patient is pre or post pubescence.</li> <li>• Do not rely solely on age to indicate pre or post puberty status - review physical history, etc.</li> </ul>	9080/3

**As a reminder, the following histologies are NOT reportable:**

- Mature teratoma of the ovary - BENIGN condition, therefore, NOT reportable
- Mature teratoma of the testes diagnosed prior to puberty is NOT reportable
- Venous angiomas are NOT reportable wherever they arise
  - **The combination of 9122/0 (venous hemangioma) and C490\* is NOT reportable.**
  - NOTE: This is a venous abnormality, previously referred to as venous angiomas and currently referred to as developmental venous anomalies (DVA)

\*C490 (Connective, subcutaneous and other soft tissues of head, face, and neck. Includes adipose tissue, aponeuroses, artery, blood vessel, bursa, connective tissue, fascia, fatty tissue, fibrous tissue, ligament, lymphatic, muscle, skeletal muscle, subcutaneous tissue, synovia, tendon, tendon sheath, vein, vessel)

2015

CCR UPDATES

# ADDRESS AT DX-“HOMELESS”

## New Coding Instructions:

- ◉ If patient is homeless or transient with no usual residence:
  - Enter Street, City and Zip as Unknown
  - Code county at residence to county where hospital is located
  - Code state to California
  - Document patient is “Homeless” or “Transient” in TEXT remarks field
  
- ◉ Coding otherwise would be incorrect in CA
  - Important from a research perspective
  - To code otherwise would skew cluster investigations.

# DATE OF BIRTH AGE 100 YEARS+

- ◉ DOB - patient age is 100 years or older
- ◉ Registrars *must* document the patient's age in the Text Remarks field

# TREATMENT DATA COLLECTION REQUIREMENTS 2015

## California Cancer Registry

Requires:

- Treatment dates
- Treatment Date flags

AND

- All other treatment data fields for all modalities (Surgery, Chemo, Radiation, Hormone, etc.)

# NEW VISUALLY EDITED ITEMS 2015

Treatment field	Feedback Only	Discrepancy Counted
<b>Surgical Procedures 1-3</b> <ul style="list-style-type: none"> <li>• RX Date Surgery</li> <li>• RX Date Surgery Flag</li> <li>• Surgery Prim 1-3</li> <li>• Scope LN Proc 1-3</li> <li>• Surg Other Proc 1-3</li> </ul>	<p style="text-align: center;">7/1/2015  to  12/31/2015</p> <p style="text-align: center;">Not counted in accuracy rate</p>	<p style="text-align: center;">Surgery &amp; Radiation</p> <p style="text-align: center;">Will be counted as a set/single discrepancy after six months 1/01/2016 forward</p>
<b>Radiation</b> <ul style="list-style-type: none"> <li>• RX Date Radiation</li> <li>• RX Date Radiation Flag</li> <li>• Rad Reg RX Modality</li> <li>• Rad Boost RX Modality</li> <li>• Radiation Summary</li> <li>• Radiation Sequence</li> <li>• Location of Radiation</li> <li>• Reason No Radiation</li> </ul>		

# NEW VISUALLY EDITED ITEMS

Treatment field	Feedback Only	Discrepancy Counted
<b>Chemotherapy</b> <ul style="list-style-type: none"> <li>• RX Date Chemo</li> <li>• RX Date Chemo Flag</li> <li>• Chemotherapy Summary</li> <li>• Chemotherapy At This Hosp</li> </ul>	7/1/2015  to  12/31/2015	Chemotherapy Hormone Therapy Immunotherapy/BRM  Each counted as a set/single discrepancy after six months 1/01/2016 forward
<b>Hormone Therapy</b> <ul style="list-style-type: none"> <li>• RX Date Hormone</li> <li>• RX Date Hormone Flag</li> <li>• Hormone Summary</li> <li>• Hormone At This Hosp</li> </ul>		
<b>Immunotherapy</b> <ul style="list-style-type: none"> <li>• RX Date Immunotherapy</li> <li>• RX Date Flag Immuno</li> <li>• Immunotherapy Summary</li> <li>• Immunotherapy At This Hosp</li> </ul>		

# NEW VISUALLY EDITED ITEMS

Treatment field	Feedback Only	Discrepancy Counted
<p><b>Transplant &amp; Endocrine Therapy</b></p> <ul style="list-style-type: none"> <li>• RX Date Transplant/endo</li> <li>• RX Date Flat</li> <li>• Transplant/Endo Summary</li> <li>• Transplant/Endo At This Hosp</li> </ul>	<p><b>7/1/2015</b></p> <p><b>to</b></p> <p><b>12/31/2015</b></p>	<p><b>Transplant &amp; Endocrine Therapy</b></p> <p><b>Other Therapy</b></p>
<p><b>Other Treatment</b></p> <ul style="list-style-type: none"> <li>• RX Date Other</li> <li>• RX Date Flag</li> <li>• Other Therapy Summary</li> <li>• Other Therapy At This Hosp</li> </ul>		<p><b>Counted as a set/single discrepancy after six months 1/01/2016 forward</b></p>

Not Counted in Accuracy Rate

# NEW VISUALLY EDITED ITEMS

<b>Cancer Staging</b>	<b>Feed Back Only 7/1/2015 - 6/30/2016</b>
<b>SUMMARY STAGE</b>	<p>Not counted in accuracy rate for cases diagnosed <b>7/1/2015 - 6/30/2016</b></p> <p><b>NOTE: ONE YEAR PERIOD OF FEEDBACK!</b></p> <p>For a complete list of all VE items in 2015 see the CCR website</p>
<ul style="list-style-type: none"><li>• Directly coded <b>SEER Summary Stage 2000</b></li></ul>	
<b>AJCC TNM STAGE</b>	
<ul style="list-style-type: none"><li>• Directly assigned <b>TNM fields a-c below</b></li></ul>	
<ul style="list-style-type: none"><li>a. T,N,M Clinical &amp; Stage Group</li><li>b. T,N,M Pathologic &amp; Stage Group</li><li>c. TNM Edition Number</li></ul>	

2015

# GENERAL INFO

REMINDERS:

- ◆ STAGING TRANSITION TIMELINE
- ◆ "HEME" DATABASE UPDATE

# STAGING TRANSITION TIMELINE

Stage System	2014 Diagnosis	2015 Diagnosis	2016 Diagnosis
<b>CS Stage</b>	<ul style="list-style-type: none"> <li>CS Staging required (V02.05)</li> </ul>	<ul style="list-style-type: none"> <li>CS Staging required</li> </ul>	<ul style="list-style-type: none"> <li>CS no longer required</li> <li><b>Stay tuned-Some yet TBD prognostic factors may still be collected.</b></li> </ul>
<b>Summary Stage</b>	<ul style="list-style-type: none"> <li>Derived</li> </ul>	<ul style="list-style-type: none"> <li><b>Directly Coded Summary Stage required from all facilities</b></li> </ul>	
<b>TNM</b>	<ul style="list-style-type: none"> <li>Directly coded cTNM &amp; pTNM required “as available”</li> </ul>	<ul style="list-style-type: none"> <li>Directly Coded cTNM &amp; pTNM <b>required from CoC facilities</b></li> <li>“As available” from other facilities</li> </ul>	<ul style="list-style-type: none"> <li>Directly coded cTNM &amp; pTNM <b>required from all facilities</b></li> </ul>

# HEMATOPOIETIC AND LYMPHOID NEOPLASM CODING MANUAL & DATABASE CHANGES

## ◎ Update Released 1/14/15

- Consolidates 2010 & 2012 “HEME” Databases/Manuals into one
- Earlier versions (2010 and 2012) no longer available

## ◎ Use for cases diagnosed 1/1/2010 forward

- “Heme” database rules take precedence over ICD-0-3 rules for coding hematopoietic and lymphoid neoplasms

# HEMATOPOIETIC AND LYMPHOID NEOPLASM CODING MANUAL & DATABASE CHANGES

- 24 Obsolete Hematopoietic Histologies
  - Obsolete histologies results in necessary data conversions
  - Conversions done at central registry level
  - Applied to 3 data items:
    - **Histology, Primary site, and Grade**
    - Results in CS schema change for some cases and other CS data fields changes
- Conversions apply to malignant (/3) histologies 9590-9992 for cases dx 1/1/2010 forward

# HEMATOPOIETIC AND LYMPHOID NEOPLASM CODING MANUAL & DATABASE CHANGES

After Data Conversion:

- Manual review required for some Histologies/Sites
  - Review required for *all registries*
  - Number of cases needing review will be minimal
  
- Many registries will not have any cases to review
  - Check with your software vendor
  - May have new filter/report to identify your cases

# HEMATOPOIETIC AND LYMPHOID NEOPLASM CODING MANUAL & DATABASE CHANGES

## “Heme” Database and Manual

*2 versions available:*

- Web-based version – always current
  - **Can access from any computer**
  - **Option for users without permission to install software on their work computers.**
- Downloadable Hematopoietic Database Software Version -“Stand-Alone”
  - **Auto updates with newly published data when you connect to the internet.**

# HEMATOPOIETIC AND LYMPHOID NEOPLASM CODING MANUAL & DATABASE CHANGES

## ◉ Some Highlights:

- **New** First Course of Treatment Section
  - Provides information on coding treatment
- **New** GLOSSARY Feature
  - Terms underlined in hematopoietic descriptions can be clicked to see definition
- Rule clarifications and revisions
  - A complete list of changes are available on the SEER website

<http://seer.cancer.gov/tools/heme/update.html>

# ACKNOWLEDGEMENTS

- ◉ Cheryl Moody, CTR
- ◉ Mary Brant, CTR
- ◉ Kyle Ziegler, CTR

# HANDOUTS AVAILABLE

- Presentation handouts with speaker notes is available for your reference on the CCR website
- See Registrar Resources > Registrar Education

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