2018 Data Changes
Data Item Review &
CCR Collection Requirements

PART 2

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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

Existing Data Item Revisions

LVI
TUMOR SIZE
LCIS Reportability clarification
**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:
    
    | Code | Description |
    |------|-------------|
    | 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 |

**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

**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
ICD-O-3 Updates

New Terms

New Codes

• 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

• 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
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

<table>
<thead>
<tr>
<th>Status</th>
<th>ICD-O-3</th>
<th>Term</th>
<th>Reportable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Term</td>
<td>8551/3</td>
<td>Acinar adenocarcinoma (34._)</td>
<td>Y</td>
<td>Lung primaries diagnosed prior to 1/1/2018 use code 8550/3. For prostate (all years) see 8140/3</td>
</tr>
<tr>
<td>New Term</td>
<td>8140/3</td>
<td>Acinar adenocarcinoma (C61.9 ONLY)</td>
<td>Y</td>
<td>For prostate only, do not use 8550/3</td>
</tr>
</tbody>
</table>

ICD-O-3 Update Example 1

- A few Breast examples

<table>
<thead>
<tr>
<th>Status</th>
<th>ICD-O-3</th>
<th>Term</th>
<th>Reportable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Term</td>
<td>8504/2</td>
<td>Encapsulated papillary carcinoma (C50._)</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>New Term</td>
<td>8504/3</td>
<td>Encapsulated papillary carcinoma with invasion (C50._)</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>New Behavior code/term</td>
<td>8507/3</td>
<td>Invasive micropapillary carcinoma (C50._)</td>
<td>Y</td>
<td>For sites other than C50._, see 8265/3</td>
</tr>
<tr>
<td>New Code</td>
<td>8509/2</td>
<td>Solid papillary carcinoma in-situ (C56._)</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>New Code</td>
<td>8509/3</td>
<td>Solid papillary carcinoma with invasion (C56._)</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

ICD-O-3 Update Example 2

- A few Lung examples

<table>
<thead>
<tr>
<th>Status</th>
<th>ICD-O-3</th>
<th>Term</th>
<th>Reportable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Term</td>
<td>8250/3</td>
<td>Lepidic adenocarcinoma (C34._)</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>New Term</td>
<td>8250/3</td>
<td>Lepidic predominant adenocarcinoma (C34._)</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>New Behavior/Term</td>
<td>8253/2</td>
<td>Adenocarcinoma in situ, mucinous (C34._)</td>
<td>Y</td>
<td>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</td>
</tr>
</tbody>
</table>
ICD-O-3 Update Example 3

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

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

ICD-O-3 Updates - Table 2

Don't be mislead by the word "intraductal" – read entire term

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

<table>
<thead>
<tr>
<th>Status</th>
<th>ICD-O-3 Code/term</th>
<th>Term</th>
<th>Reportable Y/N</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>New code/term</td>
<td>8552/3</td>
<td>Mixed acinar ductal carcinoma</td>
<td>Y</td>
<td>Cases diagnosed prior to 1/1/2018 use code 8523/3</td>
</tr>
</tbody>
</table>

➢ Note special comment; cases for prior years coded to 8523
  ➢ Histology code for a case DX in prior to (e.g., 2017) = 8523/3
ICD-O-3 Coding Example 2

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

<table>
<thead>
<tr>
<th>Status</th>
<th>ICD-O-3</th>
<th>Term</th>
<th>Reportable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>New code/term</td>
<td>8265/3</td>
<td>Micropapillary adenocarcinoma (B4,_)</td>
<td>Y</td>
<td>Cases diagnosed prior to 1/1/2018 use code 8507/3. Code 8265 is not valid for C50._. Use 8507 for micropapillary adenocarcinoma in breast primaries</td>
</tr>
<tr>
<td>New code/term</td>
<td>8265/3</td>
<td>Micropapillary carcinoma, NOS (C18, C19.9, C20.9, C34,_)</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

- What is the histology for a 2017 case?
- What is the histology for a 2018 case?

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.

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

- NAACCR website at: [https://www.naaccr.org/2018-implementation](https://www.naaccr.org/2018-implementation)

Questions regarding ICD-O-3 updates should be directed to Ask a SEER Registrar at: [https://seer.cancer.gov/registrars/contact.html](https://seer.cancer.gov/registrars/contact.html)

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Extent of Disease 2018 & Summary Stage 2018

EOD 2018

- 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

CCR Collection Requirement: Required by CoC & Non - CoC
EOD 2018

- New Core Data Items:
  - EOD Primary Tumor
  - EOD Regional Nodes
  - EOD Mets

- 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

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

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
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

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.
  
Hemicolecctomy:
- 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

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

EOD Schemas

Site Specific Schemas only available in SEER*RSA

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

Summary Stage 2018

• Summary Stage 2018 assigned for ALL tumors

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

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

• Code 5 “Regional, NOS” no longer used for SS2018

Summary Stage 2018

• Summary Stage sections now referred to as Chapters and not schema

• Can download individual chapters

• Complete PDF manual download available
  – Includes General Instructions

• Summary Stage chapters also in SEER*RSA

• Submit questions on Summary Stage OR EOD to “Ask a SEER Registrar at:
  https://seer.cancer.gov/registars/contact.html

Manual Sections

• Summary Stage 2018 General Coding Instructions (P01, 7,943)
• Head and Neck (PDF, 3.8 MB)
• Digestive and Hepatobiliary Systems (PDF, 8,22 KB)
• Respiratory Tract and Thorax (PDF, 3,64 KB)
• Brain (PDF, 472 KB)
• Soft Tissue (PDF, 471 KB)
• Skin (PDF, 707 KB)
• Breast (PDF, 6,21 KB)
• Female Genital System (PDF, 823 KB)
• Male Genital System (PDF, 635 KB)
• Urinary System (PDF, 6,03 KB)
• Ophthalmic Structures (PDF, 7,44 KB)
• Brain (PDF, 2,02 KB)
• Endocrine System (PDF, 0,84 KB)
• Hematologic/Malignancies (PDF, 771,21 KB)
• 59-592: Other (PDF, 2 KB)
• 02-02: Other (PDF, 2,1 KB)

Summary Stage 2018 Manual (PDF, 1.8 MB)
EOD & Summary Stage 2018 Education

SEER*Educate Practical application tests

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


SEER and CoC updates

SEER - Solid Tumor Rules
SEER - Hematopoietic and lymphoid neoplasm Manual/Database
CoC - STORE manual

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
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

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

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.
2018 Solid Tumor Rules Webinars


SEER Hematopoietic & 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.

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

**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**:

**CCR Updates**

**Volume 1 2018**

- **Searchable PDF**
- **Published October 2018**

**CCR Volume 1 - 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
• Volume 1: New searchable PDF format:

Thank you

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