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

Changes And Clarifications – 7th Edition
Revised July 2004

<u>SECTION</u>	<u>CHANGE</u>
Table of Contents	V.4 Coding Systems (Section is renamed) V.4.1 Extent of Disease Coding (New subsection number) V.4.2 Collaborative Staging (New subsection) VI.2.13 Sources of Information 2003 Correction: Section number should be VI.2.12. Page number 134 is correct. VI.2.14 Special Rules for Coding Ambiguous Cases 2003 Correction: Section number should be VI.2.13. Page number 134 is correct. Appendix V - ICD-O Primary Brain and CNS Site/Histology Listing (new appendix) Appendix W - Race and Nationality Descriptions From the 2000 Census and Bureau of Vital Statistics (new appendix)
II.1.9	Intracranial/CNS Tumors With the implementation of the National Benign Brain Tumor Cancer Registries Amendment Act, several elements of reporting these entities have changed. Requirements for reportability, establishing date of diagnosis, determining multiple primaries, timing, laterality, tumor sequencing, tumor grade and malignant transformation are defined in this section.
II.2.1	Year First Seen 2003 Correction: the second sentence states, "Enter the last two digits of the year..." It should state, "Enter the four digit year".

III.2.9

Race and Ethnicity

Added the statement "For cases diagnosed prior to January 1, 2004, no primary race is designated...."

The SEER Race Coding Guideline was added to this section.

Also new: Appendix W - Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics.

III.2.9.1

Codes for Race Fields

Change: Code 09 now only includes Asian Indian and Pakistani.

Added: Code 90* - Other South Asian, including Bangladeshi, Bhutanese, Nepalese, Sikkimese, Sri Lankan (Ceylonese).

*Note: these races were previously coded 09 - Asian Indian. Per the new SEER Race Code Guideline, these cases are coded as 96 Other Asian. For consistency in these codes over time, the CCR created a new code, code 90 for Other South Asian. These cases will be converted from code 90 to code 96 for calls for data.

III.3.9

Payment Source

Added: Code 28 - HMO
Code 29 - PPO

III.3.13

Comorbidity/Complications 1-6

Enter the patient's preexisting medical conditions, factors influencing health status, and/or complications during the patient's hospital stay for the treatment of the cancer. These factors may affect treatment decisions and influence outcomes.

Although data collection for these fields is not required by the CCR, Comorbidity/Complication 1-6 will be collected from CoC facilities. Refer to the FORDS Manual for instructions.

IV.2

Diagnostic Confirmation

Added the statement: Although there is a priority order based on the most conclusive method of diagnosis, the clinical source utilized by the clinician to establish the cancer diagnosis should be used to select the best diagnostic confirmation code.

V.2.1

Coding Laterality

Added: For malignant and benign/borderline brain and CNS tumors, effective with cases diagnosed January 1, 2004 forward, the following sites require a laterality code using codes 1- 4 or 9:

C70.0 Cerebral meninges, NOS

C71.0 Cerebrum

- C71.1 Frontal lobe
- C71.2 Temporal lobe
- C71.3 Parietal lobe
- C71.4 Occipital lobe
- C72.2 Olfactory nerve
- C72.3 Optic nerve
- C72.4 Acoustic nerve
- C72.5 Cranial nerve, NOS

Midline tumors are coded Laterality = 9.

All other CNS/brain subsites of C70._, C71._ and C72._ are coded Laterality = 0 (not a paired organ) regardless of the date of diagnosis. All pituitary and pineal gland and craniopharyngeal duct tumors (C75.1-3) are coded Laterality = 0 (not a paired site).

All primary brain and CNS tumors diagnosed prior to January 1, 2004, are coded Laterality = 0 (not a paired site).

V.2.3

Site Coding Restrictions

Beginning with cases diagnosed 1/1/2004 forward, the Laterality field must only be coded for sites listed in Volume I, Section V.2.2 and for benign and malignant CNS tumors. Code all other non-paired sites to 0. Prior to 1/1/2004, completion of this field was optional for sites not listed in Section V.2.2.

V.3.5.3

Grade - Variations in Terms for Degrees of Differentiation

Added: To code in a three-grade system, refer to the following codes:

Histologic Grade	Nuclear Grade	Description	Code
1/3, or I/III	1/2, 1/3	Low Grade	2
2/3, or II/III	2/3	Medium Grade	3
3/3, or III/III	2/2, 3/3	High Grade	4

Also added: To code in a two-grade system, refer to the following codes:

Histologic Grade	Description	Code
1/2, or I/II	Low Grade	2
2/2, or II/II	High Grade	4

V.3.5.6

Gleason's Score

Added: For cases diagnosed prior to January 1, 2004, code Gleason's 7 to grade code 2. The exception, for cases diagnosed prior to January 1, 2004, is if the pathology report states that the tumor is moderately to poorly differentiated and Gleason's score is reported as 7, assign code 3. (SEER SINC 20010117). For cases diagnosed January 1, 2004 forward, code Gleason's 7 to grade 3.

Effective with prostate cases diagnosed January 1, 2004 forward, the priority order for coding grade of tumor is:

1. Gleason's grade
2. Terminology (well diff, mod diff...)
3. Histologic (grade I, grade II...)
4. Nuclear grade

V.3.5.8

Bloom-Richardson Grade for Breast Cancer

There are coding rules and conventions to be used to code breast cancer cases. Effective January 1, 2004 forward, use grade or differentiation information from the breast histology in the following order:

1. Bloom-Richardson scores 3-9
2. Bloom-Richardson grade (low, intermediate, high)
3. Nuclear grade
4. Terminology (well diff, mod diff...)
5. Histologic grade (grade I, grade ii...)

Breast Grade Conversion Table:

Bloom-Richardson Scores	Bloom Richardson Grade	Nuclear Grade	Terminology	Histologic Grade	Code
3-5 points	Low Grade	1/3, 1/2	Well Differentiated	I/III or 1/3	1
6, 7 points	Intermediate Grade	2/3	Moderately Differentiated	II/III or 2/3	2
8, 9 points	High Grade	2/2, 3/3	Poorly Differentiated	III/III or 3/3	3

V.3.5.10

Fuhrman's Grade for Renal Cell Carcinoma

Effective with cases diagnosed January 1, 2004, the priority order for coding grade for renal cell carcinoma, (site code C64.9) is as follows:

1. Fuhrman's grade
2. Nuclear grade
3. Terminology (well diff, moderately diff...)
4. Histologic grade (grade I, grade II...)

Fuhrman's grade is based on 3 parameters:

- ❑ Nuclear diameter: in microns
- ❑ Nuclear outline: regular or irregular
- ❑ Nucleoli (visibility): present or not and at what power (low or high power)

Fuhrman's grade (I-IV) is the sum of the points for all 3 parameters.

These prioritization rules do not apply to Wilm's tumor (morphology code 8960).

V.4

Coding Systems (new section title)

V.4.1

Extent of Disease Coding

Extent of Disease Coding is required on all cases diagnosed prior to January 1, 2004. With the implementation of Collaborative Staging, the Regional Nodes Positive and Examined fields are the same fields for CS and for EOD. However, effective with cases diagnosed January 1, 2004 forward, the codes for Regional Nodes Positive have changed. Cases diagnosed prior to January 1, 2004 will be converted.

NOTE: Any cases entered after the conversion process should apply the new codes regardless of date of diagnosis. The new codes are as follows:

Regional Nodes Positive Codes

Code	Description
00	All nodes examined are negative.
01-89	1-89 nodes are positive. (Code exact number of nodes positive)
90	90 or more nodes are positive.
95	Positive aspiration of lymph node(s) was performed.
97	Positive nodes are documented, but the number is unspecified.
98	No nodes were examined.
99	It is unknown whether nodes are positive; not applicable; not stated in patient record.

V.4.2

Collaborative Staging

Beginning with cases diagnosed January 1, 2004 forward and for cases with an unknown date of diagnosis first seen at your facility after January 1, 2004, the CCR requires the collection of Collaborative Staging (CS) data items necessary to derive AJCC T, N, M, Stage Group, Summary Stage 1977, and Summary Stage 2000 (Derived AJCC T, Derived AJCC N, Derived AJCC M, Derived AJCC Stage Group, Derived SS1977, and Derived SS2000) for all cases. These required data items include:

- CS Tumor Size
- CS Extension
- CS Lymph Nodes
- Regional Nodes Positive*
- Regional Nodes Examined
- CS Mets at Diagnosis
- CS Site Specific Factor 1
- CS Site Specific Factor 2
- CS Site Specific Factor 3
- CS Site Specific Factor 4
- CS Site Specific Factor 5
- CS Site Specific Factor 6

*Definition changes were made to codes 90-97. See Section V.4.1 for the table of new codes for Regional Nodes Positive.

The following Collaborative Staging data items are not required by the CCR, but are to be sent from CoC approved facilities:

CS Tumor Size/Extension Evaluation
CS Lymph Node Evaluation
CS Metastasis Evaluation
Derived AJCC T Descriptor
Derived AJCC N Descriptor
Derived AJCC M Descriptor

Please refer to the Collaborative Staging Manual for coding instructions.

Cases diagnosed prior to January 1, 2004 should continue to use the EOD fields with the exception of the Regional Nodes Positive field.

V.5.1

Stage at Diagnosis Codes

Added: Code 8 Not Applicable (for coding benign brain tumors, effective with cases diagnosed 1/1/2004 forward). Registries that collect Summary Stage information enter this code manually. This is *not* the Collaborative Staging derived Summary Stage field.

V.5.8.1

Terms Indicating In Situ

Added: PanIN-III (pancreatic intraepithelial neoplasia III) as a reportable term, effective with cases diagnosed January 1, 2004 forward.

V.6

Tumor Marker

For cases diagnosed January 1, 2004 forward, Tumor Markers 1-3 will be collected in the Collaborative Staging Site Specific Factor fields. The California tumor marker – Tumor Marker –California 1(Her2/neu) is still a required data item for the CCR and will continue to be collected in its designated field.

VI.2

First Course of Treatment: Surgery Introduction

Effective with cases diagnosed January 1, 2004, the CCR requires completion of the surgical procedure at this hospital fields:

Surgery of the Primary Site At This Hospital

Scope of Regional Lymph Nodes At This Hospital

Surgery of Other/Distant Sites At This Hospital

These fields are computed by CNExT using the procedure and treatment hospital number fields. Facilities not using CNExT are to enter the code for each of these fields.

VI.2.3 **Scope of Regional Lymph Node Surgery**
2003 Correction: Code 6 Definition: Should State "Sentinel Node Biopsy and Code 3, 4 or 5 at Same Time or Timing Not Stated"

VI.2.9 **Reason No Surgery**
2003 Clarification from the ACoS:
For sites where "Surgery of the Primary Site" is coded to 00 or 98 (hematopoietic included) use code 1, surgery to the primary site was not performed because it was not part of the planned first course of treatment.

VI.3.3 **Radiation - Regional Rx Modality**
2003 Clarification: Intracavitary use of Cobalt-60 or Cesium-137 should be coded as 50 or 51. (See the FORDS Manual for code definitions).

There is no hierarchy for this data item. If multiple radiation therapy modalities are used to treat the patient, code the dominant modality. In the rare occasion where 2 modalities are combined in a single volume (IMRT photons with an electron "patch" for example), code the appropriate radiation modality item to the highest level of complexity, i.e. the IMRT.

VI.3.4 **Radiation - Boost Rx Modality**
2003 Clarification: Intracavitary use of Cobalt-60 or Cesium-137 should be coded as 50 or 51. (See the FORDS Manual for code definitions).

There is no hierarchy for this data item. If multiple radiation therapy boost modalities are used to treat the patient, code the dominant modality.

- VI.3.5 Date of Radiation Therapy**
- VI.4.5 Date of Chemotherapy**
- VI.5.5 Date of Hormone Therapy**
- VI.6.3 Date of Immunotherapy**
- VI.7.2 Date of Transplant/Endocrine Procedure**
 2003 Correction: Under code 99999999, for all dates of therapy listed above, delete the statement "When it is unknown whether any therapy was administered". This is a NAACCR definition that has not been adopted by the CCR. Code 99999999 should only be used if "The date is unknown, or the case was identified by death certificate only."
- VI.4.2 Chemotherapy Codes**
 2003 Correction: Text reference to "codes 0-3," it should state "codes 00-87."
- VI.5.4 Hormone Codes**
 2003 Correction: Text reference to "codes 01-87," should state "codes 00-87."
- VI.6.1 Immunotherapy Agents**
 2003 Correction: Removed "bone marrow transplant" from the list, since it now has it's own field.
- VI.6.2 Immunotherapy Codes**
 2003 Correction: Text reference to "codes 0-9," should state "codes 00-87."
- VI.7 Transplant/Endocrine Procedures**
 2003 Correction: Word omission in first paragraph: "A conversion will be required for cases *diagnosed* prior to January 1, 2003 using both the Rx Summ - BRM (Immunotherapy) and Rx Summ - Hormone field."
- VI.7.1 Transplant/Endocrine Codes**
 2003 Correction: Text reference to "codes 10-87," should state "codes 00-87."
- VII.2.6.1 Last Type of Follow-Up**
Added the following codes:
 21 - Computer match with the Department of Motor Vehicles
 37 - Computer matching using Address Service
 38 - TRW Credit
 39 - Regional Registry Follow-Up Listing
 50 - CMS (Center for Medicare and Medicaid Services)
 51 - Department of Motor Vehicles

- 56 - State Death Tape
- 57 - MediCal Eligibility
- 58 - Social Security - Deaths
- 61 - Social Security - SSN
- 62 - Special Studies
- 65 - Hospital Discharge Data - OSHPD
- 66 - National Change of Address (NCOA)
- 67 - Social Security Administration - Epidemiological Vital Status
- 68 - Property Tax Linkage
- 69 - State Death Tape - Death Clearance (Incremental)
- 80 - Social Security Administration
- 81 - Property Tax Linkage
- 82 - Probe360
- 83 - SSDI - Internet
- 85 - Path Labs
- 86 - Patient
- 87 - Relative

VII.2.6.2

Last Type of Patient Follow-Up

Added the following codes:

- 50 - CMS (Center For Medicare and Medicaid Services)
- 61 - Social Security - SSN
- 67 - Social Security Administration - Epidemiological Vital Status
- 68 - Property Tax Linkage
- 69 - State Death Tape - Death Clearance (Incremental)
- 80 - Social Security Administration
- 81 - Property Tax Linkage
- 82 - Probe360
- 83 - SSDI - Internet
- 84 - E-Path
- 85 - Path Labs
- 86 - Patient
- 87 - Relative

VII.2.13

Death Information

2003 Correction: CNEExT now enters 997 for place of death if the patient is alive, per NAACCR.

IX.1.2

Corrections

Added the following fields:

Comorbidity/Complications 1-6
CS Tumor Size
CS Tumor Size/Extension Evaluation
CS Extension
CS Lymph Nodes
CS Lymph Node Evaluation
CS Metastasis at Diagnosis
CS Mets at Diagnosis Evaluation
CS Site Specific Factors 1-6
Derived AJCC T
Derived AJCC N
Derived AJCC M
Derived AJCC Stage Group
Derived SS2000
Derived SS1977
Scope of Regional Lymph Node Surgery at This Hospital
Surgical Procedure/Other Site at This Hospital
Surgery of Primary Site at This Hospital

Appendix H

Summary of Codes

Updates codes and title changes.

Appendix O

1980 Census List of Spanish Surnames

Correction to the order of names listed on page O-51.

Appendix U

Table of Required Data Items and Their Required Status

Updates revisions to the table.

Appendix V

ICD-O Primary Brain and CNS Site/Histology Listing

Common primary brain and CNS ICD-O site/histology listing.

Appendix W

Race and Nationality Descriptions From the 2000 Census and Bureau of Vital Statistics

Use list when race is not stated but other information is provided in the medical record.