

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

***SUMMARY OF YEAR 2004 DATA CHANGES***

This document will provide a summary of data changes for 2004 for hospitals, abstracting vendors, and regional registry data collectors. The change pages to Volume I will be available in May 2004. This document is divided into sections – Additions (New Data Items) and Changes.

**ADDITIONS (New Data Items):**

**Collaborative Staging:**

The following Collaborative Staging data items will be required by the CCR for cases diagnosed January 1, 2004 forward. Refer to the *Collaborative Staging Manual and Coding Instructions* (version 1.0) for detailed codes and definitions.

**CS Tumor Size (NAACCR Item #2800)**

This data item is based on Tumor Size. For most sites, this data item is used to record the largest dimension, or diameter of the primary tumor in millimeters. For many sites, the CS algorithm uses this data item to derive the Derived AJCC T.

**CS Extension (NAACCR Item #2810)**

This data item is based on Extension and Extension Path. This data item identifies the primary tumor growth within the organ of origin or its extension into neighboring organs. CS Extension is collapsible into AJCC T code.

**CS Lymph Nodes (NAACCR Item #2830)**

This data item is based on Nodes Involved. This data item is site specific and identifies the regional lymph nodes involved with cancer at the time of diagnosis. CS Lymph Nodes is collapsible into AJCC N code.

**Regional Nodes Positive (NAACCR Item #820) (Not a new data item.)**

Number of regional lymph nodes with evidence of involvement. CS makes use of the existing Regional Nodes Positive field. Although this is not a new data item, there are changes in the codes. CNEXT will convert cases forward to the new 2004 coding rules. This will also be done in the central registry software.

**Regional Nodes Examined (NAACCR Item #830) (Not a new data item.)**

Number of regional lymph nodes examined by the pathologist. CS makes use of the existing Regional Nodes Examined field.

**CS Metastasis at Diagnosis (NAACCR Item #2850)**

This data item identifies the site(s) of metastatic involvement at time of diagnosis. CS Metastasis is collapsible into AJCC M code.

**CS Site Specific Factor 1 (NAACCR Item #2880)**

**CS Site Specific Factor 2 (NAACCR Item #2890)**

**CS Site Specific Factor 3 (NAACCR Item #2900)**

**CS Site Specific Factor 4 (NAACCR Item #2910)**

**CS Site Specific Factor 5 (NAACCR Item #2920)**

**CS Site Specific Factor 6 (NAACCR Item #2930)**

The “CS Site-Specific Factor” items (1-6) are used to code additional site-specific information needed to derive TNM or AJCC stage, or to code prognostic factors that have an effect on stage or survival. Tumor Markers 1-3 will be coded in these fields for cases diagnosed 2004 forward. Tumor Marker information will no longer be coded in the Tumor Marker 1-3 fields except for cases prior to 2004.

**\*Derived AJCC T (NAACCR Item #2940)**

This is the AJCC “T” component that is derived from CS coded fields, using the CS algorithm. This table shows the allowable values for the generated CS data items. The storage code is the value to be stored in the field of a NAACCR record. The Storage Codes are designed for analysis. The Display String is the corresponding label that will be displayed on the screen or in a report.

Allowable Values for Derived AJCC T		
Storage Code	Display String	Comments
99	TX	TX
00	T0	T0
01	Ta	Ta
05	Tis	Tis
06	Tispu	Tispu (Urethra only)
07	Tispd	Tispd (Urethra only)
10	T1	T1
11	T1mic	T1mic
19	T1NOS	T1 NOS
12	T1a	T1a
13	T1a1	T1a1
14	T1a2	T1a2
15	T1b	T1b
16	T1b1	T1b1
17	T1b2	T1b2
18	T1c	T1c
20	T2	T2
29	T2NOS	T2 NOS
21	T2a	T2a
22	T2b	T2b
23	T2c	T2c
30	T3	T3
39	T3NOS	T3 NOS
31	T3a	T3a
32	T3b	T3b
33	T3c	T3c
40	T4	T4

49	T4NOS	T4 NOS
41	T4a	T4a
42	T4b	T4b
43	T4c	T4c
44	T4d	T4d
88	NA	Not applicable

**\*Derived AJCC N (NAACCR Item #2960)**

This is the AJCC “N” component that is derived from coded fields, using the CS algorithm. This table shows the allowable values for the generated CS data items. The storage code is the value to be stored in the field of a NAACCR record. The Storage Codes are designed for analysis. The Display String is the corresponding label that will be displayed on the screen or in a report.

Allowable Values for Derived AJCC N		
Storage Code	Display String	Comments
99	NX	NX
00	N0	N0
09	N0NOS	N0 NOS
01	N0(i-)	N0(i-)
02	N0(i+)	N0(i+)
03	N0(mol-)	N0(mol-)
04	N0(mol+)	N0(mol+)
10	N1	N1
19	N1NOS	N1 NOS
11	N1a	N1a
12	N1b	N1b
13	N1c	N1c
18	N1mi	N1mi
20	N2	N2
29	N2NOS	N2 NOS
21	N2a	N2a
22	N2b	N2b
23	N2c	N2c
30	N3	N3
39	N3NOS	N3 NOS
31	N3a	N3a
32	N3b	N3b
33	N3c	N3c
88	NA	Not applicable

**\*Derived AJCC M (NAACCR Item #2980)**

This is the AJCC “M” component that is derived from CS coded fields, using the CS algorithm. This table shows the allowable values for the generated CS data items. The storage code is the value to be stored in the field of a NAACCR record. The Storage Codes are designed for analysis. The Display String is the corresponding label that will be displayed on the screen or in a report.

Allowable Values for Derived AJCC M		
Storage Code	Display String	Comments
99	MX	MX
00	M0	M0
10	M1	M1
11	M1a	M1a
12	M1b	M1b
13	M1c	M1c
19	M1NOS	M1 NOS
88	NA	Not applicable

**\*Derived AJCC Stage Group (NAACCR Item #3000)**

This is the AJCC “Stage Group” component that is derived from the CS detailed site-specific codes, using the CS algorithm. This table shows the allowable values for the generated CS data items. The storage code is the value to be stored in the field of a NAACCR record. The Storage Codes are designed for analysis. The Display String is the corresponding label that will be displayed on the screen or in a report.

Allowable Values for Derived AJCC Stage Group		
Storage Code	Display String	Comments
00	0	Stage 0
01	0a	Stage 0a
02	0is	Stage 0is
10	I	Stage I
11	INOS	Stage I NOS
12	IA	Stage IA
13	IA1	Stage IA1
14	IA2	Stage IA2
15	IB	Stage IB
16	IB1	Stage IB1
17	IB2	Stage IB2
18	IC	Stage IC
19	IS	Stage IS
23	ISA	Stage ISA (lymphoma only)
24	ISB	Stage ISB (lymphoma only)
20	IEA	Stage IEA (lymphoma only)
21	IEB	Stage IEB (lymphoma only)
22	IE	Stage IE (lymphoma only)
30	II	Stage II
31	IINOS	Stage II NOS
32	IIA	Stage IIA
33	IIB	Stage IIB
34	IIC	Stage IIC
35	IIEA	Stage IIEA (lymphoma only)
36	IIEB	Stage IIEB (lymphoma only)

Allowable Values for Derived AJCC Stage Group		
Storage Code	Display String	Comments
37	IIE	Stage IIE (lymphoma only)
38	IISA	Stage IISA (lymphoma only)
39	IISB	Stage IISB (lymphoma only)
40	IIS	Stage IIS (lymphoma only)
41	IIESA	Stage IIESA (lymphoma only)
42	IIESB	Stage IIESB (lymphoma only)
43	IIES	Stage IIES (lymphoma only)
50	III	Stage III
51	IIINOS	Stage III NOS
52	IIIA	Stage IIIA
53	IIIB	Stage IIIB
54	IIIC	Stage IIIC
55	IIIEA	Stage IIIEA (lymphoma only)
56	IIIEB	Stage IIIEB (lymphoma only)
57	IIIE	Stage IIIE (lymphoma only)
58	IIISA	Stage IIISA (lymphoma only)
59	IIISB	Stage IIISB (lymphoma only)
60	IIIS	Stage IIIS (lymphoma only)
61	IIIESA	Stage IIIESA (lymphoma only)
62	IIIESB	Stage IIIESB (lymphoma only)
63	IIIES	Stage IIIES (lymphoma only)
70	IV	Stage IV
71	IVNOS	Stage IV NOS
72	IVA	Stage IVA
73	IVB	Stage IVB
74	IVC	Stage IVC
88	NA	Not applicable
90	OCCULT	Stage Occult
99	UNK	Stage Unknown

**\*Derived SS2000 (NAACCR Item #3020)**

This data item is derived “SEER Summary Stage 2000” from CS algorithm.

**\*Derived SS1977 (NAACCR Item #3010)**

This data item is derived “SEER Summary Stage 1977” from CS algorithm.

**\*Derived AJCC--Flag (NAACCR Item #3030)**

Flag to indicate whether AJCC stage was coded directly or was derived from CS.

**\*Derived SS2000--Flag (NAACCR Item #3050)**

Flag to indicate whether SEER Summary Stage 2000 was coded directly or was derived from CS.

**\*Derived SS1977 -- Flag (NAACCR Item #3040)**

Flag to indicate whether SEER Summary Stage 1977 was coded directly or was derived from CS.

*Note: The above flags would be set to “1” by software vendors whenever a stage field is computed by the CS algorithm. The field would be left blank for pre-2004 cases.*

\* CNEXT will display these fields, but they may not be modified by the abstractor or by regional registry staff. They will not to be visually edited.

**CS Version 1<sup>st</sup> (NAACCR Item #2935; position 705-710)**

Indicates the version number used to initially code CS fields. It is returned as part of the output of the CS algorithm. This item will be blank if this field has not been implemented. This data item will be entered by CNEXT at the time the CS fields are first coded and the algorithm first applied. It is a 6-digit code. The first two digits represent the major version number; the second two digits represent minor version changes; and, the last two digits represent even less significant changes, such as corrections of typographical errors that do not affect coding or derivation of results.

**CS Version Latest (NAACCR Item #2936; position 711-716)**

Indicates the version number of CS used most recently to derive the output fields. This data item is recorded the first time the output fields are derived and should not be updated each time the CS Derived items are recomputed. It is returned as part of the output of the CS algorithm. This item is not updated manually. This is a 6-digit code. The first two digits represent the major version number; the second two digits represent minor version changes; and, the last two digits represent even less significant changes, such as corrections of typographical errors that do not affect coding or derivation of results used to initially code CS fields.

The following Collaborative Staging data items are not required by SEER and will not be required by the CCR, but are to be sent from CoC facilities. They will only be edited to ensure that allowable values are correct. There will be no interfield or interrecord edits. They will not be visually edited:

**CS Tumor Size/Extension Evaluation (NAACCR Item #2820)**

This data item records how the codes for CS Tumor Size and CS Extension were determined based on the diagnostic methods employed. This data item is used in CS to identify whether the T (of AJCC TNM) was clinically or pathologically diagnosed.

**CS Lymph Node Evaluation (NAACCR Item #2840)**

This data item records how the codes for CS Lymph Nodes were determined based on the diagnostic methods employed. This data item is used in CS to identify whether the N (of AJCC TNM) was clinically or pathologically diagnosed.

**CS Metastasis Evaluation (NAACCR Item #2860)**

This data item records how the codes for CS Metastasis were determined based on the diagnostic methods employed. This data item is used in CS to identify whether the M (of AJCC TNM) was clinically or pathologically diagnosed.

**\*Derived AJCC T Descriptor (NAACCR Item #2950)**

This is the AJCC “T Descriptor” component that is derived from CS coded fields, using the CS algorithm.

**\*Derived AJCC N Descriptor (NAACCR Item #2970)**

This data item is the AJCC “N Descriptor” component that is derived from coded fields, using the CS algorithm.

**\*Derived AJCC M Descriptor (NAACCR Item #2990)**

This is the AJCC “M Descriptor” component that is derived from coded fields, using the CS algorithm.

\* CNExT will display these fields, but they may not be modified by the abstractor or by regional registry staff. They will not be visually edited.

**CHANGES:**

**Benign/Borderline CNS Tumors:**

Although the CCR has required reporting of all intracranial and CNS benign and borderline tumors since 1/1/2001, the National Benign Brain Tumor Cancer Registries Amendment Act was signed by the President in October 2002, creating Public law 107-260, requiring the collection of benign and borderline intracranial and CNS tumors beginning with cases diagnosed 1/1/2004 forward. Due to this national implementation, several elements of reporting these entities have changed. Some of the changes include the following:

- ❑ Expansion of the histology reportability list
- ❑ Criteria for establishing the primary site:
  - Non-malignant: same 3-digit site  
*Exception: A 3-digit NOS site code with a specific 3-digit site code in the same rubric is considered the same site*
  - Malignant: same 3-digit site
- ❑ Same/Different Histology:
  - Non-malignant: Specific criteria, addressed in table format:

**Histologic groupings to determine same histology for non-malignant brain tumors**

Choroid plexus neoplasms	9390/0, 9390/1
Ependymomas	9383, 9394, 9444,
Neuronal and neuronal-glial neoplasms	9384, 9412, 9413, 9442, 9505/1, 9506
Neurofibromas	9540/0, 9540/1, 9541, 9550, 9560/0
Neurinomatosis	9560/1
Neurothekeoma	9562
Neuroma	9570
Perineuroma, NOS	9571/0
Oligodendrogliomas	9450, 9451, 9460
Gliomas* * includes gliomas, astrocytomas, astroblastomas, and glioblastomas	9380, 9381, 9382, 9400, 9401, 9410, 9411, 9420, 9421, 9423, 9424, 9430, 9440, 9441, 9442

- Malignant: Standard 3-digit ICD-O histology rule  
**Rationale:** Brain tumor histologies grouped in Table 2 do not follow the standard 3-digit histology difference rule because they

represent a progression, differentiation or subtype of a single histologic category.

In a review of the ICD-O histology codes, applying the current 3-digit histology rule to non-malignant tumors would combine tumors that are no longer considered to be biologically related.

- New Rules for Determining Multiple Primaries
- Laterality: Beginning with malignant and benign/borderline tumors diagnosed 1/1/2004, the following sites require a laterality code of 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

**Rationale:** Laterality is needed to determine multiple primaries for benign brain tumors. The location of certain tumors might help in determining causation.

- WHO Grade Code
  - This item is to be coded in Site Specific Factor 1 of the Collaborative Staging System for Brain and other Central Nervous System sites.

- WHO Grade I - Code 010
- WHO Grade II - Code 020
- WHO Grade III - Code 030
- WHO Grade IV - Code 040
- WHO Grade Unknown - Code 999

- WHO grade I generally describes non-malignant or benign tumors; however, non-malignant tumors should not be coded as Grade I unless WHO grade is specifically stated in the source document.
- WHO grade II generally describes a malignant tumor but it can describe a non-malignant tumor depending on histologic type.
- WHO grade III and IV describe malignant tumors.
- For certain types of CNS tumors, no WHO grade is assigned.

**Tumor Grade:**

Change of priorities for coding grade of tumor for breast, prostate, and kidney primaries;. The intent is to give preference to Bloom-Richardson (breast), Gleason’s (prostate), and Fuhrman’s (kidney) grading systems and to provide additional clarity for the existing 4 to 2 grade crosswalk for coding colorectal tumor grade.

**Rationale:** When the priority rules for coding grade of tumor were created, most pathologists used Broder’s grading system (Grade I, II, III, IV) for all primary sites. Currently the pathologists most commonly use site-specific grading systems for breast, prostate, and kidney. Bloom-Richardson, Gleason’s, and Fuhrman’s grading systems are slightly more accurate and they are reproducible. SEER introduced this change for cases diagnosed 1/1/2004 forward.

**Breast**

<b>Current Priority Order</b>	<b>Revised Priority Order</b>
Terminology (well diff, mod diff...)	Bloom-Richardson scores 3-9
Histologic grade (grade I, grade II...)	Bloom-Richardson grade (low intermediate, high)
Bloom-Richardson scores 3-9	Nuclear grade
Bloom-Richardson grade (low, intermediate, high)	Terminology (well diff, mod diff...)
Nuclear grade	Histologic grade (grade I, grade II...)

**Prostate**

<b>Priority Order</b>
Gleason’s grade
Terminology (well diff, mod diff...)
Histologic grade (grade I, grade II...)
Nuclear grade

**Kidney**

<b>Priority Order</b>
Fuhrman's grade
Nuclear grade
Terminology (well diff, mod diff...)
Histologic grade (grade I, grade II...)

**Extent of Disease Coding:**

EOD fields (Tumor Size, EOD-Extension, EOD-Extension Path, EOD-Extension LN Involvement, Regional Nodes Positive, and Regional Nodes Examined) will continue to be collected for cases prior to 2004 as required by SEER.

The Regional Nodes Positive and Examined fields are the same fields for CS and for EOD. However, the codes for Regional Nodes Positive have changed. Cases diagnosed prior to January 1, 2004 will be converted. The new codes are as follows:

## Regional Nodes Positive

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.

### **Race:**

New Race Coding Guidelines based on the 2000 Census have been written by NAACCR and SEER and will be effective with cases diagnosed January 1, 2004 forward. Most of the changes involve abstracting instructions and guidelines that delineate how specific races are to be coded. They will be included in Volume I.

These guidelines change the order in which Race fields are to be entered. Current guidelines say to enter Race for patients who are more than one race in any order. The new guideline is as follows:

If a person's race is a combination of white and any other race(s), code to the appropriate other race(s) first and code white in the next race field.

In addition, there has been a change in codes for certain Asian groups. Some groups who were previously coded 09 -- Asian Indian -- are now to be coded to 96 according to these new guidelines. In order to maintain consistency in these codes over time, the CCR has added a new code, code 90 for Other South Asian. Historical cases, which are currently coded 09, will be converted to Code 90 based on birthplace for cases diagnosed prior to 2004. These cases will be converted from 90 to 96 on submission to the CoC, SEER, NPCR and NAACCR.

The races affected are:

Bangladeshi  
Bhutanese  
Nepalese  
Sikkimese  
Sri Lankan

**Payment Source Primary and Secondary (ACoS Primary Payer at Dx):**

Two codes will be added to these fields to differentiate between HMO and PPO since there are not specific codes available. They are as follows:

28 HMO  
29 PPO

CNExT will convert these codes to Code 20 for hospitals for the ACoS Call for Data.

**Tumor Marker 1 (NAACCR Item #1150)**

**Tumor Marker 2 (NAACCR Item #1160)**

**Tumor Marker 3 (NAACCR Item #1170)**

Tumor Markers 1 - 3 are required by SEER for cases prior to 2004 and therefore will be required by the CCR. They will continue to be collected in the Tumor Markers 1-3 fields. 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.

**Summary Stage 1977 and Summary Stage 2000:**

Although these data items are not required by the CCR, some regional registries and hospital registrars still collect them. For those that do, a new code has been added – Code 8--Not applicable – for hospitals to use for coding benign brain tumors.

**Comorbidity/Complication 1 (NAACCR Item #3110)**

**Comorbidity/Complication 2 (NAACCR Item #3120)**

**Comorbidity/Complication 3 (NAACCR Item #3130)**

**Comorbidity/Complication 4 (NAACCR Item #3140)**

**Comorbidity/Complication 5 (NAACCR Item #3150)**

**Comorbidity/Complication 6 (NAACCR Item #3160)**

Comorbidity/Complication fields will be collected from CoC facilities. The CoC has required these fields since 2003. They will not be edited.

**Surgery of the Primary Site – Procedure 1 through 3**

**Scope of Regional Lymph Node Surgery – Procedure 1 through 3**

**Surgery of Other/Distant Sites – Procedure 1 through 3**

**Date – Procedure 1 through 3**

**Treatment Hospital Number – Procedure 1 through 3**

The above procedure fields will continue to be transmitted to the CCR; however, they will no longer be edited, either via computer edits or visually edited, by the regional registries.

**Surgery of the Primary Site At This Hospital**

**Scope of Regional Lymph Node Surgery At This Hospital**

**Surgery of Other/Distant Sites At This Hospital**

The above surgery fields, which were discontinued in 1998, will be added to the CCR data set as a required item. They are computed by CNExT from the three procedure

fields using Treatment Hospital Number, therefore they are not to be coded by the abstractor.