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

*Changes And Clarifications – 7<sup>th</sup> Edition*  
*July 2003*

***ADDENDUM***

<b><u>SECTION</u></b>	<b><u>CHANGE</u></b>
<b>Table of Contents</b>	<b>VI.2.13 Sources of Information</b> Correction: Section number should be VI.2.12. Page number 134 is correct. <b>VI.2.14 Special Rules for Coding Ambiguous Cases</b> Correction: Section number should be VI.2.13. Page number 134 is correct.
<b>II.2.1</b>	<b>Year First Seen</b> Correction: the second sentence states "Enter the last two digits of the year.....". It should state "Enter the four digit year".
<b>VI.2.2</b>	<b>Scope of Regional Lymph Node Surgery</b> Correction: Code 6 Definition: Should State "Sentinel Node Biopsy and Code 3, 4 or 5 at Same Time or Timing Not Stated"
<b>VI.2.9</b>	<b>Reason No Surgery</b> 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.
<b>VI.3.3</b>	<b>Radiation - Regional Rx Modality</b> 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**

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.4.3**

**Date of Chemotherapy**

**VI.5.5**

**Date of Hormone Therapy**

**VI.6.3**

**Date of Immunotherapy**

**VI.7.2**

**Date of Transplant/Endocrine Procedure**

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**

Correction: Text reference to "codes 0-3," it should state "codes 01-87".

**VI.6.2**

**Immunotherapy Codes**

Correction: Text reference to "codes 0-9," should state "codes 01-87".

**VI.7**

**Transplant/Endocrine Procedures**

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."

**VII.2.13**

**Death Information**

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

**IX.1.2**                      **Corrections**  
Omission: Surgical Procedure/Other Site - Procedure 1 was left off the list

**Index**                      **Tumor, size**  
Correction: states page 73, but should state page 65

**Appendix Q.1 & Q.2**                      **Surgery Codes**  
**Clarification and Emphasis: There are 2 sets of surgery codes in Appendix Q.**  
**Appendix Q.1** (ROADS Manual codes) applies to cases diagnosed prior to January 1, 2003.  
**Appendix Q.2** (FORDS Manual codes) applies to cases diagnosed on or after January 1, 2003.

The Appendix Q footer clearly indicates Q.1 or Q.2 along with the page number to assist in identifying the correct coding scheme. The beginning of Appendix Q.1 and Q.2 also states which cases apply to each section, as does the text in the Section VI.2.1, Surgery of the Primary Site, the top of page 125.

There are differences in many of the site-specific surgery code schemes between Q.1 and Q.2, thus it is important to use the correct coding scheme.

Also, not all sites have reconstructive surgery included in the FORDS surgery code scheme (Q.2). The ACoS selectively converted/carried over into FORDS some of the reconstruction codes and elected to 'abandon' others. This was intentional on their part.

**Appendix Q.2**                      **Surgery Codes for Colon**  
Correction from SEER:  
SEER Guideline under code 32: should state "**codes 30-32** (not 30-31) include but are not limited to....."

**Surgery Codes for Liver**  
Clarification from the ACoS:  
Chemoembolization should be coded as 10 - Local Tumor Destruction and in addition, should also be appropriately coded in the Chemotherapy field.

**Surgery Codes for Skin (for cases diagnosed on or after 1/1/2003)**

Clarification from the ACoS:

- ◆ Tumors with surgical margins greater than 1 cm and less than **or equal to 2 cm** are coded to 46.
- ◆ Moh's surgery cases with a 1 cm surgical margin are coded to 35.

**Note:** We will be reviewing the CCR Melanoma Guidelines (developed in 1999) and revising them for the 2003 Surgery Codes after complete review by the ACoS and SEER to insure consistency in interpretation. Do not apply the 1999 CCR Melanoma Guidelines to cases diagnosed 1/1/2003 forward.

**Surgery Codes for Bladder**

Clarification from the ACoS:

Use code 16 if local tumor destruction occurs via the use of BCG and more extensive surgery is not performed. When BCG is administered via Intravesical Therapy, also use code 16. In addition, also code the item under "Immunotherapy" as code 01.

**Appendix U**

**Surgical Margins Procedures 1-3**

Correction: Treatment facilities are NOT required to report surgical margins, thus the third column for "RX Ctr" should indicate "NO".