

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"> • New related term: <ul style="list-style-type: none"> ○ Rosette-forming glioneuronal tumor 	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">• New related term<ul style="list-style-type: none">○ ACTH-producing tumor	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 high grade dysplasia <i>NOTE: Term "high-grade dysplasia" replaces term mucinous cystadenocarcinoma, non-invasive</i>	8470/3 "neoplasm" term for these histologies/tumors ARE REPORTABLE	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"> • Adult defined as post puberty • Pubescence can take place over a number of years • Do not report if unknown whether patient is pre or post pubescence. • Do not rely solely on age to indicate pre or post puberty status - review physical history, etc. 	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
Surgical Procedures 1-3 <ul style="list-style-type: none"> • RX Date Surgery • RX Date Surgery Flag • Surgery Prim 1-3 • Scope LN Proc 1-3 • Surg Other Proc 1-3 	<p style="text-align: center;">7/1/2015</p> <p style="text-align: center;">to</p> <p style="text-align: center;">12/31/2015</p> <p style="text-align: center;">Not counted in accuracy rate</p>	<p style="text-align: center;">Surgery & Radiation</p> <p style="text-align: center;">Will be counted as a set/single discrepancy after six months 1/01/2016 forward</p>
Radiation <ul style="list-style-type: none"> • RX Date Radiation • RX Date Radiation Flag • Rad Reg RX Modality • Rad Boost RX Modality • Radiation Summary • Radiation Sequence • Location of Radiation • Reason No Radiation 		

NEW VISUALLY EDITED ITEMS

Treatment field	Feedback Only	Discrepancy Counted
Chemotherapy <ul style="list-style-type: none"> • RX Date Chemo • RX Date Chemo Flag • Chemotherapy Summary • Chemotherapy At This Hosp 	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
Hormone Therapy <ul style="list-style-type: none"> • RX Date Hormone • RX Date Hormone Flag • Hormone Summary • Hormone At This Hosp 		
Immunotherapy <ul style="list-style-type: none"> • RX Date Immunotherapy • RX Date Flag Immuno • Immunotherapy Summary • Immunotherapy At This Hosp 		

NEW VISUALLY EDITED ITEMS

Treatment field	Feedback Only	Discrepancy Counted
Transplant & Endocrine Therapy <ul style="list-style-type: none"> • RX Date Transplant/endo • RX Date Flat • Transplant/Endo Summary • Transplant/Endo At This Hosp 	<p>7/1/2015</p> <p>to</p>	<p>Transplant & Endocrine Therapy</p> <p>Other Therapy</p>
Other Treatment <ul style="list-style-type: none"> • RX Date Other • RX Date Flag • Other Therapy Summary • Other Therapy At This Hosp 	<p>12/31/2015</p> <p>Not Counted in Accuracy Rate</p>	<p>Counted as a set/single discrepancy after six months 1/01/2016 forward</p>

NEW VISUALLY EDITED ITEMS

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

2015

GENERAL INFO

REMINDERS:

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

STAGING TRANSITION TIMELINE

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

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

Contact Information:
Donna M. Hansen, CTR
916-731-2543
dhansen@ccr.ca.gov