2016 DATA CHANGES

Outline

- New Data Items
  - 3 New Tumor Size Fields
  - Mets at Diagnosis Fields
- Collaborative Stage
  - What’s discontinued
  - Data items remaining
- Revised Data Items
  - New AJCC categories
  - Examples TNM data entry 2015 vs 2016
- TNM Edits
- CCR Updates/Reminders
  - ICD-O-3
  - Reportability update for CCR
  - Visually Edited Data Items for 2016
  - 2016 Staging Requirements

New Data Item – Tumor Size Clinical

- Tumor Size Clinical (SEER)
  - Record largest clinical tumor size prior to any treatment, i.e., neoadjuvant therapy, or surgery, etc.
  - Code the largest TS from PE, imaging, Bx, or other diagnostic procedure
    - Example:
      - Patient has a palpable 2.2 cm mass in the right breast. Bx confirms invasive ductal ca. Pathologic tumor size from surgical resection is 2.8 cm.
      - Record Tumor Size Clinical as 022 (2.2cm=22mm)
    - If pretreatment clinical tumor size is not known, use code 999
New Data Item – Tumor Size Pathologic

- Tumor Size *Pathologic* (SEER)
  - Record largest *pathologic* TS from surgical resection
    - Even if patient received neoadjuvant therapy
      - Example:
        - Patient with 2.2 cm mass in right breast. Bx confirms invasive ductal ca. Patient receives preoperative combination chemo followed by surgical resection. Pathologic resection tumor size is 1.8 cm.
        - Record Tumor Size Pathologic as 018 (18mm)
  - Information from a PE or imaging/radiographic techniques *cannot* be used to code Tumor size pathologic

New Data Item – Tumor Size Summary

- Tumor Size *Summary* (NPCR/CoC)
  - When surgery is first definitive treatment
    - And NO neoadjuvant treatment received
    - Record TS from surgical resection
  - If neoadjuvant therapy preceded surgery
    - Record largest pretreatment tumor size (i.e., clinical tumor size)
    - Do not code size from pathologic specimen
    - If pretreatment tumor size is unknown, code 999
  - If no surgical resection performed
    - Code TS from PE, imaging or other diagnostic workup (i.e., clinical tumor size)

Example 1:
- Patient with 2.2 cm mass right breast. Bx confirms invasive ductal ca. Patient undergoes lobectomy and pathologic tumor is 2.8 cm.
  - Record Tumor Size Summary as 028 (28mm)
  - Pathologic tumor size

Example 2:
- Patient with 2.2 cm mass right breast. FNA/bx confirms invasive ductal ca. Patient receives neoadjuvant chemo followed by lobectomy. Surgical resection pathologic tumor size is 2.8 cm.
  - Record Tumor Size Summary as 022 (22mm)
  - Clinical TS
New Data Items – Tumor Size

- Reminder: Document information in text to support Tumor Size codes
- For Complete Coding Guidelines refer to CCR Volume 1:
  - Tumor Size Clinical
    - Section V.4.1.1 – placeholder for finalized SEER coding guidelines
  - Tumor Size Pathologic
    - Section V.4.1.2 – placeholder for finalized SEER coding guidelines
  - Tumor Size Summary
    - Section V.4.1.3 – Complete coding guidelines available

New Data Items – Mets at Diagnosis

- Replace similarly named CS Mets at Dx data items.
  - Mets at Diagnosis - Bone
  - Mets at Diagnosis - Brain
  - Mets at Diagnosis - Liver
  - Mets at Diagnosis - Lung
  - Mets at Diagnosis - Other
  - Mets at Diagnosis - Distant Lymph Node(s)
  - Mets may be clinical or pathologic
  - Mets may be solitary or multiple
  - Code all fields whether or not patient had preoperative systemic therapy.

New Data Items – Mets at Diagnosis

- Mets at Diagnosis - Other
  - Some Examples:
    - Carcinomatosis
    - Bone marrow
    - Malignant pleural effusion
    - Peritoneum
    - Skin
    - Adrenal gland
  - The "Mets at DX" fields are coded for all solid tumors, Kaposi sarcoma, Unknown Primary and Other and Ill-Defined primary sites.
  - Refer to CCR Volume 1, Section V.4.2 for coding guidelines
### Collaborative Stage

#### Discontinued CS Items

- Regional Nodes Examined
- Regional Nodes Positive

- If definition difference for “regional” lymph nodes between AJCC and SEER
  - AJCC definition takes precedence

#### Continuing Data Items

- Discontinued CS Data Items for 2016
  - CS Tumor Size
  - CS Extension
  - CS Tumor Size/Ext Eval
  - CS Lymph Nodes
  - CS Lymph Nodes Eval
  - CS Mets at DX
  - CS Mets Eval
  - CS Mets at DX Data Items
    - Bone, Brain, Liver, Lung
  - Still required for cases Dx 2004-2015

- Continuing Data Items for 2016
Continuing Data Items for 2016

13. Lymph-Vascular Invasion (presence or absence)
   - Required for ALL sites 2016 forward when available
   - Previously required for all Testis and Penis 2010 forward

14. Surgical Margins
   - Required from all reporting sources when available
     - Previously only required for CoC
     - VE item for 2016

CS Site Specific Factors 2016

14. SSFs used to determine directly assigned AJCC TNM Stage
   - Example: Gleason score and PSA value

15. SSFs with Prognostic significance
   - Example: ER/PR, HER2 for breast

   CoC requires same SSF's as collected in 2015

   Refer to Appendix “Y” in Volume 1 for CCR required SSF’s by primary site for 2016

Appendix Y-Site Specific Factors 2016

Navigate to CCR Volume 1:

1.) Open Volume 1
2.) Note Appendices in Table of contents
3.) Open Appendix “Y”
Appendix Y- Site Specific Factors 2016

- Note Alpha List A-Z
- Choose "P"
- Select Prostate
- Note columns for CCR, SEER or CDC and their required SSFs

Clinical & Pathologic prefixes 'c' & 'p' added to TNM categories
A few examples 2015 vs 2016
Staged By-codes revised

New AJCC T, N, & M categories/allowable values

- New ‘c’ & ‘p’ prefixes added to existing T, N & M values
- Registry TNM data fields/record layout problematic
  - cT cN cM – string of clinical categories only. Any value entered presumed to be clinical or cT cN cM in timeframe or criteria
  - pT pN pM – string of pathologic categories only. Any value entered presumed to be pathologic or pT pN pM in timeframe or criteria
- 2 common scenarios current record layout does not allow
  - cT + cN + pM = Clinical Stage
  - pT + pN + cM = Pathologic stage
New AJCC T, N, & M categories/allowable values

- Not every clinical category will have a “p” option
- Not every pathologic category will have a “c” option
- Only categories appropriate per AJCC TNM Rules
- Must assign stage per AJCC TNM rules
- v2016 registry software
  - Provides a “pick-list” of allowable categories for T, N, M & Stage Group
    - Site & histology specific
    - “List” limited to categories applicable to assigned site & histology

Clinical “T” Categories

- Each value now has a ‘c’ prefix
- New ‘pT’ categories available to assign in Clinical Stage Composition

<table>
<thead>
<tr>
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<th>Definition</th>
<th>Code</th>
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Clinical “N” Categories

- No ‘pN’ categories applicable for use in Clinical Stage composition

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Clinical “M” Categories

- New ‘pM’ categories available to assign in Clinical Stage Composition

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Pathologic “T” Categories

- No ‘cT’ categories applicable to assign in Pathologic Stage composition

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Pathologic “N” Categories

- Only one ‘cN0’ category applicable to assign in Pathologic Stage composition
- Can only be used for in situ tumors in 2016!

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<tr>
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<tbody>
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</table>
Pathologic “M” Categories

- New 'cM' categories available to assign in Pathologic Stage composition

<table>
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<th>Code</th>
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<th>Code</th>
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<th>Definition</th>
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Summary

2016 TNM ‘c’ & ‘p’ prefixes

**Clinical Stage:** Allowable “p” values to assign CLINICAL Stage

- Clinical T categories now include: pT1, pT1S, pT1SU, pT1SD
- Clinical N categories with a “p” None
- Clinical M categories now include: pM1, pM1A, pM1B, pM1C, pM1D, pM1E

**Pathologic Stage:** Allowable “c” values to assign PATHOLOGIC Stage

- Pathologic T categories with a “c” None
- Pathologic N categories now include: cN0 - Only for in situ tumors in 2016
- Pathologic M categories now include: cM0, cM0(i+), cM1, cM1A, cM1B, cM1C, cM1D, cM1E

TNM-2015 versus 2016 data entry

- Now have cM0 to assign in Pathologic Stage composition
  - Bladder/AJCC Stage
    - Clin: cT2, cN0, cM0, Stage 2
    - Path: pT2a, pN0, cM0, Stage 2

Registry Data Entry

<table>
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<tr>
<th>2015</th>
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<tr>
<td>T</td>
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<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Blank indicates “Implied Value”

**Actions:** Allows entry of “cM0” in path stage per correct AJCC stage composition
TNM-2015 versus 2016 data entry

For an in situ tumor: Bx DCIS & Surgery DCIS-No LNs removed
Correct stage composition now possible

Breast / AJCC Stage
Clin: pTis, cN0, cM0, Stage 0
Path: pTis, cN0, cM0, Stage 0

Registry Data Entry

<table>
<thead>
<tr>
<th>2015</th>
<th>2016</th>
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</thead>
<tbody>
<tr>
<td>Clin</td>
<td>Path</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Must use blanks (implied values) to correctly represent stage in record layout</td>
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</tbody>
</table>

Special In situ rule per AJCC pg 12, table 1.8

TNM-2015 versus 2016 data entry

Now have cM1 to assign in Pathologic Stage composition

Breast
Clinical: cT2, cN0, cM1, Stage IV (clinical bone mets on CT)
Pathologic: pT3, pN1b, cM1, Stage IV

Registry Data Entry

<table>
<thead>
<tr>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clin</td>
<td>Path</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Path</td>
<td></td>
</tr>
</tbody>
</table>

- Must leave pM data field blank to correctly represent stage in record layout
- Blank pM data field = implied value of cM1

• Can now complete path stage using “cM1”

TNM-2015 versus 2016 data entry

Now have pM1 to assign in Clinical Stage composition

Kidney / AJCC Stage
Clin: cT4, cN1, pM1, Stage IV
Path: cT4, cN1, pM1, Stage IV

Registry Data Entry

<table>
<thead>
<tr>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clin</td>
<td>Path</td>
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<tr>
<td></td>
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</tr>
<tr>
<td>Path</td>
<td></td>
</tr>
</tbody>
</table>

- Must have all blank implied value is pM1. Code pM1 in path M data field
- May apply “pM1 rule” to assign pathologic stage 4 w/o tumor resection regardless of “c” or “p” status of T and N.
- Allowed due to path proven mets.

- Can now complete clinical stage using “pM1”
- But Path stage pT & pN data fields still blank
- No cT or cN allowable values to code in the pT or pN data fields at this time-but stage composition valid per AJCC rules.

See page 11, Table 1.7 for pM1/Stage IV rule
Can assign path stage w/o tumor resection if path proven mets on DX workup
TNM- “Staged By”

- New Codes Added
  - Code length now 2 digits
  - Record the code that best reflects the person(s) who staged case
  - Separate code assigned for Clinical Stage & Pathologic Stage

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<tr>
<td>10</td>
<td>Physician, NOS or physician type not specified in codes 11-15</td>
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<tr>
<td>11</td>
<td>Surgeon</td>
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<td>12</td>
<td>Radiation Oncologist</td>
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<td>13</td>
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</tr>
<tr>
<td>14</td>
<td>Pathologist</td>
</tr>
<tr>
<td>15</td>
<td>Multiple Physicians, Tumor Board, etc.</td>
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<td>Cancer Registrar</td>
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<td>30</td>
<td>Cancer Registrar and Physician</td>
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<td>40</td>
<td>Nurse, Physician Assistant, or other non-physician medical staff</td>
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<td>Staging assigned at another facility</td>
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<td>Staging by Central Registry</td>
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<td>Case is not eligible for staging</td>
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<td>99</td>
<td>Staged but unknown who assigned stage</td>
</tr>
</tbody>
</table>

2016 TNM Edits

- TNM edits for 2016
  - Volume of TNM edits has increased
  - Complexity of TNM edits has increased
  - Edits compare related data items to TNM stage assigned
    - SSFs
    - Tumor Size
    - Surgery codes
    - Stage Group against combo of TNM assigned
    - Prognostic factors needed for staging
    - Etc.

- Data conflicts will generate a TNM Edit
  - Examples:
    - Regional LNs positive=0
    - Path TNM coded as pN2
      - Conflict! Either LNs positive or pN is miscoded
    - Breast (no neoadjuvant tx)
      - Tumor Size Summary coded 20mm(2.0cm), but pT3 assigned = TS of 50mm(5.0cm)
      - Conflict! These should match
    - Prostate
      - TURP/Surgery Code 23
      - Pathologic TNM stage coded: pT2a pN0 cM0 Stage I
      - Conflict! Surgery Code 23 does not meet criteria to assign a pathologic stage
Updates / Reminders

Reportability
Visually Edited Fields
ICD-O-3
Staging

Reportability

CCR Reportability Change
- Borderline ovarian tumors
  - CCR will no longer collect
  - Effective 1/1/2016 forward

Visually Edited Items for 2016

New Visually Edited items
- RX Summ-Surgical Margins
- Tumor Size Clinical
- Tumor Size Pathologic
- Tumor Size Summary
- Mets at Dx
  - Bone
  - Brain
  - Distant LN
  - Liver
  - Lung,
  - Other

• Feedback only 7/1/16 to 12/31/16
• Not counted in accuracy rate

Counted as a single discrepancy at end of “feedback” only period
Visually Edited Items for 2016

TNM data fields
- T
- N
- M
- Stage Group
- Descriptor

- Original feedback timeline 7/1/2015-6/30/2016
- Due to introduction of “c” & “p” prefixes
- Feedback only Extended to 12/31/16

- Please see CCR website under Visual Editing Standards for complete list of VE items and special notes

2015 ICD-0-3 “New codes & Terms” Continued Implementation Delay

- Update
  - Continued postponement for use of 2015 ICD-0-3 “new codes/terms” in effect.....
    - Do not use for 2015 cases
    - Do not use for 2016 cases

- Please refer to and continue to use the Histology Code Crosswalk:
  - Volume 1, Section V.3 - Attachment A

2015 ICD-0-3 “New codes & Terms” Implementation Delayed

Volume 1, Section V.3 - Attachment A

California Cancer Reporting System Standards Volume I: Anatomical and Coding Procedures

V.3 ICD-O Morphology - Histology, Behavior, and Differentiation
The morphology code indicates the type of cell that has become neoplastic (histologically, biologically, and clonally) and the tumor grade or differentiation.

COD NOTES:
The implementation of the new ICD-O-3 morphology codes will not be initiated until 2017. Please continue to use the Histology Code Crosswalk for 2015.

2015 ICD-0-3 Histology coding changes There were histology coding changes being implemented for 2015. Many of the new codes could not be used for 2015 diagnosis because they were not presented in the Histology Code Crosswalk for 2015. For 2015 diagnoses, please see included reference(s).
California Cancer Registry
Staging Requirements 2016

Required from all reporting sources:

- Directly assigned TNM stage, both clinical & pathologic
  - Utilizing AJCC TNM 7th Edition
- Directly assigned SEER Summary Stage 2000
- CCR required Collaborative Stage SSFs
  - May differ from CoC
  - Refer to CCR Volume 1, Appendix Y
- For cases Dx 2004-2015 all previously required CS codes remain in effect utilizing CS v02.05

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