

# **CANCER REPORTING IN CALIFORNIA: ABSTRACTING AND CODING PROCEDURES FOR HOSPITALS**

## **California Cancer Reporting System Standards, Volume I**

### **SUMMARY OF YEAR 2022 DATA CHANGES**

This document provides a summary of data changes for 2022 for hospitals, abstracting vendors, and regional registry data collectors. The updated Volume I for 2022 will be available as soon as possible, after receiving standard setter requirements and documentation. This document is divided into sections – Additions (New Data Items), Changes (Revised Data Items), Retired (Retired Data Items), and Additional Updates (other Volume I related items for cases diagnosed January 1, 2022 and forward).

#### **NAACCR ADDITIONS (New Data Items):**

There are 12 data items that are new for Standards Volume II, Version 22 as follows:

- 5 Site-Specific Data Items (SSDIs)
  - Derived Rai Stage
  - p16
  - LN Status: Pelvic
  - LN Status: Para-Aortic
  - LN Status: Femoral-Inguinal
- 6 NPCR Data Items
  - EDP MDE Link Date
  - EDP MDE Link
  - IHS PRCA
  - Urban Indian Health Organization (UIHO)
  - UIHO City
  - Tobacco Use Smoking Status
- 1 CoC Data Item
  - Macroscopic Evaluation of Mesorectum

Details of the above new data fields are outlined below:

#### **Site Specific Data Items (SSDIs)**

Five new Site-Specific Data Items Beginning with cases diagnosed 1/1/2022 have been added to the SSDI Manual. For additional information and coding instructions, please see the [SSDI Manual](#) located on the NAACCR website. The list of new SSDI's and applicable Schemas are listed below for your convenience.

#### **Site-Specific Data Items (SSDIs) – New Items List** Source of Standard: NAACCR

<b><u>NAACCR Name</u></b>	<b><u>Schema</u></b>	<b><u>NAACCR Item #</u></b>	<b><u>Field Length</u></b>
Derived Rai Stage	Lymphoma CLL/SLL	3955	1
p16	Cervix V9	3956	1
LN Status Pelvic	Cervix 8 <sup>th</sup>	3957	1
	Cervix V9		
	Vagina		
	Vulva		
LN Status Para-Aortic	Cervix 8 <sup>th</sup>	3958	1

LN Status Femoral-Inguinal	Cervix V9	3959	1
	Vagina		
	Vagina		
	Vulva		

## **Other Data Items**

### **EDP MDE Link Date** **NAACCR Item #530**

**Field Length: 8 character** **Source of Standard: NPCR**

Identifies cases within the central cancer registry database that match the same patient and tumor within the CDC-supported Breast and Cervical Cancer or Colorectal Cancer Early detection programs. The information for this data item was previously collected in the retired NPCR-Specific Field [3720] and will now be moving as individual data items to the Data Standards and Data Dictionary, version 2022.

### **EDP MDE Link** **NAACCR Item #531**

**Field Length: 1 character** **Source of Standard: NPCR**

Identifies cases within the central cancer registry database that match the same patient and tumor within the CDC-supported Breast and Cervical Cancer or Colorectal Cancer Early detection programs. The information for this data item was previously collected in the retired NPCR-Specific Field [3720] and will now be moving as individual data items to the Data Standards and Data Dictionary, version 2022.

### **IHS Purchased/Referred Care Delivery Area (PRCDA)** **NAACCR Item #194**

**Field Length: 1 characters** **Source of Standard: NPCR**

Derived using NAACCR\*Prep based on the state and county at the time of diagnosis.

#### **Codes**

0	County is not designated as a PRCDA
1	County designated as a PRCDA county
9	Unknown county or unknown if county designated as PRCDA

### **UIHO City** **NAACCR Item #285**

**Field Length: 2 characters** **Source of Standard: NPCR**

Derived using NAACCR\*Prep based on the state and county at the time of diagnosis.

#### **Codes**

00	Not applicable
01	Flagstaff
02	Phoenix
03	Tucson
04	Bakersfield
05	Fresno
06	Los Angeles
07	Oakland
08	Sacramento
09	San Diego
10	San Jose
11	Santa Barbara
12	Denver
13	Chicago
14	Lincoln/Omaha
15	Wichita

16	Jamaica Plain
17	Detroit
18	Minneapolis/St. Paul
19	Billings
20	Butte
21	Great Falls
22	Helena
23	Missoula
24	Reno
25	Albuquerque
26	New York
27	Portland
28	Pierre/Sioux Falls
29	Dallas
30	Salt Lake City
31	Seattle
32	Spokane
33	Green Bay
34	Milwaukee
35	Kansas City
36	Oklahoma City
37	Tulsa
38	San Francisco
39	Boston
40	Baltimore
41	Anchorage
42	Akron
43	Bismarck
44	Buffalo
45	Indianapolis
46	San Antonio
47	St. Louis
48	Riverside
49	Sawyer
50	Eureka
51	Manteca
52	Fountain Valley

#### **Urban Indian Health Organization (UIHO)**

**NAACCR Item #284**

**Field Length: 1 character**

**Source of Standard: NPCR**

Derived using NAACCR\*Prep based on the state and county at the time of diagnosis.

#### **Codes**

0	County is not designated as a UIHO county
1	County designated as a UIHO county
9	Unknown county or unknown if county designated as PRCDA

#### **Tobacco Use Smoking Status**

**NAACCR Item #344**

**Field Length: 1 character**

**Source of Standard: NPCR**

Tobacco Use Smoking Status is a combination of the four tobacco data items previously included in the NPCR-Specific field. It has a new definition and is applicable for cases diagnosed January 1, 2022 forward.

**Codes**

0	Never smoker
1	Current some day smoker
2	Former smoker
3	Smoker, current status unknown
9	Unknown if ever smoked

**Macroscopic Evaluation of Mesorectum**

**NAACCR Item #3950**

**Field Length: 2 characters**

**Source of Standard: CoC**

Records whether a Total Mesorectal Excision (TME) was performed and the macroscopic evaluation of the completeness of the excision and is in complete alignment with College of American Pathologists (CAP) protocol. This data item is reportable for cases diagnosed January 1, 2022 forward.

**Codes**

00	Patient did not receive TME
10	Incomplete
20	Nearly complete
30	Complete
40	TME performed not specified on pathology report as incomplete, nearly complete, or complete
	TME performed, but pathology report not available Physician statement that TME performed, no mention of incomplete, nearly complete, or complete status
99	Unknown if TME performed
Blank	Site not rectum (C20.9)

**NAACCR CHANGES (Revised Data Items):**

Listed below are revisions made in the NAACCR Volume II, Standards and Data Dictionary for 2022. It has been separated into General Changes and Specific Changes.

**General Changes:**

1. Reference manual links have been updated throughout the Data Dictionary.
2. Minor formatting updated throughout the Data Dictionary.

**Specific Changes:**

**Adenopathy**

**NAACCR Item #3804**

**Field Length: 1 character**

**Source of Standard: NAACCR**

Code 5 added to Lymphoma CLL/SLL and will be used whenever the Primary Site is not C421. This value should be used for cases 2018 and forward.

**AJCC Cancer Surveillance DLL Version Current**

**NAACCR Item #2158**

**Field Length: 13 characters**

**Source of Standard: AJCC**

Name changed from AJCC Cancer Surveillance API Version Current to AJCC Cancer Surveillance DLL Version Current.

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<b>AJCC Cancer Surveillance DLL Version Original</b>	<b>NAACCR Item #2159</b>
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<b>Field Length: 13 characters</b>	<b>Source of Standard: AJCC</b>
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Name changed from AJCC Cancer Surveillance API Version Original [2159] to AJCC Cancer Surveillance DLL Version Original.

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<b>ALK Rearrangement</b>	<b>NAACCR Item #3938</b>
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<b>Field Length: 1 character</b>	<b>Source of Standard: NAACCR</b>
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Blank has been added to the possible code list for SSDIs that were introduced after 2018 (lung) to clearly indicate that the field is expected to be blank prior the year the SSDI was introduced.

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<b>Anemia</b>	<b>NAACCR Item #3811</b>
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<b>Field Length: 1 character</b>	<b>Source of Standard: NAACCR</b>
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Code 5 added to Lymphoma CLL/SLL and will be used whenever the Primary Site is not C421. This value should be used for cases 2018 and forward.

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<b>BRAF Mutational Analysis</b>	<b>NAACCR Item #3940</b>
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<b>Field Length: 1 character</b>	<b>Source of Standard: NAACCR</b>
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Blank has been added to the possible code list for SSDIs that were introduced after 2018 (Colon and Rectum) to clearly indicate that the field is expected to be blank prior the year the SSDI was introduced.

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<b>CA 19-9 PreTx Lab Value</b>	<b>NAACCR Item #3942</b>
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<b>Field Length: 6 characters</b>	<b>Source of Standard: NAACCR</b>
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Codes XXXX.2 and XXXX.3 were added for Lab Value not available, but physician stated negative or positive.

Blank has been added to the possible code list for SSDIs that were introduced after 2018 (Pancreas) to clearly indicate that the field is expected to be blank prior the year the SSDI was introduced.

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<b>CoC Coding Sys--Current</b>	<b>NAACCR Item #2140</b>
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<b>Field Length: 2 characters</b>	<b>Source of Standard: CoC</b>
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No new code per 2022 Implementation Guidelines. CoC no longer requires this item.

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<b>CoC Coding Sys--Original</b>	<b>NAACCR Item #2150</b>
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<b>Field Length: 2 characters</b>	<b>Source of Standard: CoC</b>
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No new code per 2022 Implementation Guidelines. CoC no longer requires this item.

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<b>EGFR Mutational Analysis</b>	<b>NAACCR Item #3939</b>
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<b>Field Length: 1 character</b>	<b>Source of Standard: NAACCR</b>
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Blank has been added to the possible code list for SSDIs that were introduced after 2018 (Lung) to clearly indicate that the field is expected to be blank prior the year the SSDI was introduced.

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<b>HER2 IHC Summary</b>	<b>NAACCR Item #3850</b>
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<b>Field Length: 1 character</b>	<b>Source of Standard: NAACCR</b>
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No longer required by any standard setter, blank has been added to the possible code list to clearly indicate that the field can be blank after the last year it was required (Breast).

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<b>HER2 ISH Dual Probe Copy Number</b>	<b>NAACCR Item #3851</b>
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<b>Field Length: 4 characters</b>	<b>Source of Standard: NAACCR</b>
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No longer required by any standard setter, blank has been added to the possible code list to clearly indicate that the field can be blank after the last year it was required (Breast).

<b><u>HER2 ISH Dual Probe Copy Ratio</u></b>	<b><u>NAACCR Item #3852</u></b>
<b>Field Length: 1 character</b>	<b>Source of Standard: NAACCR</b>
No longer required by any standard setter, blank has been added to the possible code list to clearly indicate that the field can be blank after the last year it was required (Breast).	
<b><u>HER2 ISH Single Probe Copy Number</u></b>	<b><u>NAACCR Item #3853</u></b>
<b>Field Length: 4 characters</b>	<b>Source of Standard: NAACCR</b>
No longer required by any standard setter, blank has been added to the possible code list to clearly indicate that the field can be blank after the last year it was required (Breast).	
<b><u>HER2 ISH Summary</u></b>	<b><u>NAACCR Item #3854</u></b>
<b>Field Length: 1 character</b>	<b>Source of Standard: NAACCR</b>
No longer required by any standard setter, blank has been added to the possible code list to clearly indicate that the field can be blank after the last year it was required (Breast).	
<b><u>HER2 Overall Summary</u></b>	<b><u>NAACCR Item #3855</u></b>
<b>Field Length: 1 character</b>	<b>Source of Standard: NAACCR</b>
Code 8 was added for Not Applicable/Not Collected. Blank has been added to the possible code list for SSDIs that were introduced after (Esophagus, Esophagus Squamous, Stomach) to clearly indicate that the field is expected to be blank prior the year the SSDI was introduced.	
<b><u>High Risk Cytogenetics</u></b>	<b><u>NAACCR Item #3857</u></b>
<b>Field Length: 1 character</b>	<b>Source of Standard: NAACCR</b>
Code 5 added to Plasma Cell Myeloma and will be used when Schema Discriminator 1 is not 1 or 9, that is, it is not known to be multiple myeloma. This value should be used for cases 2018 and forward.	
<b><u>Ki-67</u></b>	<b><u>NAACCR Item #3863</u></b>
<b>Field Length: 5 characters</b>	<b>Source of Standard: NAACCR</b>
Blank has been added to the possible code list for SSDIs that were introduced after 2018 (NET Ampulla of Vater, NET Appendix NET Colon and Rectum NET Duodenum NET Jejunum and Ileum, NET Pancreas NET Stomach) to clearly indicate that the field is expected to be blank prior the year the SSDI was introduced.	
<b><u>LDH Level</u></b>	<b><u>NAACCR Item #3869</u></b>
<b>Field Length: 1 character</b>	<b>Source of Standard: NAACCR</b>
Name changed from LDH Pretreatment Level to LDH Level. Code 5 added to Plasma Cell Myeloma and will be used when Schema Discriminator 1 is not 1 or 9, that is, it is not known to be multiple myeloma. This value should be used for cases 2018 and forward.	
<b><u>LN Assessment Method Femoral-Inguinal</u></b>	<b><u>NAACCR Item #3871</u></b>
<b>Field Length: 1 character</b>	<b>Source of Standard: NAACCR</b>
Removed from Schemas: Cervix 8 <sup>th</sup> and Cervix V9. The data for this field is slated for removal next year, all data for these fields in these schemas should be removed.	
<b><u>LN Assessment Method Para-Aortic</u></b>	<b><u>NAACCR Item #3872</u></b>
<b>Field Length: 1 character</b>	<b>Source of Standard: NAACCR</b>
Removed from Schema: Vulva. The data for this field is slated for removal next year, all data for these fields in these schemas should be removed.	
<b><u>LN Status Femoral-Inguinal, Para-Aortic, Pelvic</u></b>	<b><u>NAACCR Item #3884</u></b>

<b>Field Length: 1 character</b>	<b>Source of Standard: NAACCR</b>
Removed from Schemas: Cervix 8 <sup>th</sup> , Cervix V9, Vagina, and Vulva. The data for this field for these schemas will have a conversion to the new field: LN Status Femoral-Inguinal and will have values for 2018 forward.	
<b>Lymphocytosis</b>	<b>NAACCR Item #3885</b>
<b>Field Length: 1 character</b>	<b>Source of Standard: NAACCR</b>
Code 5 added to Plasma Cell Myeloma and will be used when Schema Discriminator 1 is not 1 or 9, that is, it is not known to be multiple myeloma. This value should be used for cases 2018 and forward.	
<b>Morph Coding Sys--Current</b>	<b>NAACCR Item #470</b>
<b>Field Length: 1 character</b>	<b>Source of Standard: NAACCR</b>
Code C was added for ICD-O-3.2, plus WHO new terms used for conditions effective January 1, 2022.	
<b>Morph Coding Sys--Original</b>	<b>NAACCR Item #480</b>
<b>Field Length: 1 character</b>	<b>Source of Standard: NAACCR</b>
Code C was added for ICD-O-3.2, plus WHO new terms used for conditions effective January 1, 2022.	
<b>NRAS Mutational Analysis</b>	<b>NAACCR Item #3941</b>
<b>Field Length: 1 character</b>	<b>Source of Standard: NAACCR</b>
Blank has been added to the possible code list for SSDIs that were introduced after 2018 (Colon and Rectum) to clearly indicate that the field is expected to be blank prior the year the SSDI was introduced.	
<b>Organomegaly</b>	<b>NAACCR Item #3907</b>
<b>Field Length: 1 character</b>	<b>Source of Standard: NAACCR</b>
Code 5 added to Lymphoma CLL/SLL and will be used whenever the Primary Site is not C421. This value should be used for cases 2018 and forward.	
<b>PSA Lab Value</b>	<b>NAACCR Item #3920</b>
<b>Field Length: 5 characters</b>	<b>Source of Standard: NAACCR</b>
Codes XXXX.2 and XXXX.3 added for Lab Value not available, but physician stated negative or positive (Prostate).	
<b>Race 1</b>	<b>NAACCR Item #160</b>
<b>Field Length: 2 characters</b>	<b>Source of Standard: SEER/CoC</b>
Code 03 was modified to replace the terms “Aleutian, or Eskimo” with “Alaska Native”.	
<b>Race 2</b>	<b>NAACCR Item #161</b>
<b>Field Length: 2 characters</b>	<b>Source of Standard: SEER</b>
Code 03 was modified to replace the terms “Aleutian, or Eskimo” with “Alaska Native”.	
<b>Race 3</b>	<b>NAACCR Item #162</b>
<b>Field Length: 2 characters</b>	<b>Source of Standard: SEER</b>
Code 03 was modified to replace the terms “Aleutian, or Eskimo” with “Alaska Native”.	
<b>Race 4</b>	<b>NAACCR Item #163</b>
<b>Field Length: 2 characters</b>	<b>Source of Standard: SEER</b>
Code 03 was modified to replace the terms “Aleutian, or Eskimo” with “Alaska Native”.	
<b>Race 5</b>	<b>NAACCR Item #164</b>
<b>Field Length: 2 characters</b>	<b>Source of Standard: SEER</b>



Code 03 was modified to replace the terms “Aleutian, or Eskimo” with “Alaska Native”.

<b><u>Race Coding Sys--Current</u></b>	<b><u>NAACCR Item #170</u></b>
<b><u>Field Length: 1 character</u></b>	<b><u>Source of Standard: NAACCR</u></b>
No new code per 2022 Implementation Guidelines.	

<b><u>Race Coding Sys--Original</u></b>	<b><u>NAACCR Item #180</u></b>
<b><u>Field Length: 1 character</u></b>	<b><u>Source of Standard: NAACCR</u></b>
No new code per 2022 Implementation Guidelines.	

<b><u>RX Coding System--Current</u></b>	<b><u>NAACCR Item #1460</u></b>
<b><u>Field Length: 2 characters</u></b>	<b><u>Source of Standard: NAACCR</u></b>
No new code per 2022 Implementation Guidelines. CoC no longer requires this item.	

<b><u>Sarcomatoid Features</u></b>	<b><u>NAACCR Item #3925</u></b>
<b><u>Field Length: 3 characters</u></b>	<b><u>Source of Standard: NAACCR</u></b>
Code XX5 added to capture when these are only present from a metastatic site (Kidney Parenchyma).	

<b><u>Schema ID Version Current</u></b>	<b><u>NAACCR Item #2117</u></b>
<b><u>Field Length: 5 characters</u></b>	<b><u>Source of Standard: SEER</u></b>
Code 2.1 was added to be used with the 2022 diagnosis year.	

<b><u>Schema ID Version Original</u></b>	<b><u>NAACCR Item #2118</u></b>
<b><u>Field Length: 5 characters</u></b>	<b><u>Source of Standard: SEER</u></b>
Code 2.1 was added to be used with the 2022 diagnosis year.	

<b><u>SEER Coding Sys--Current</u></b>	<b><u>NAACCR Item #2120</u></b>
<b><u>Field Length: 1 character</u></b>	<b><u>Source of Standard: NAACCR</u></b>
No new code per 2022 Implementation Guidelines. SEER no longer requires this item.	

<b><u>SEER Coding Sys--Original</u></b>	<b><u>NAACCR Item #2130</u></b>
<b><u>Field Length: 1 character</u></b>	<b><u>Source of Standard: NAACCR</u></b>
No new code per 2022 Implementation Guidelines. SEER no longer requires this item.	

<b><u>Serum Albumin Pretreatment Level</u></b>	<b><u>NAACCR Item #3930</u></b>
<b><u>Field Length: 1 character</u></b>	<b><u>Source of Standard: NAACCR</u></b>
Code 5 added to Plasma Cell Myeloma and will be used when Schema Discriminator 1 is not 1 or 9, that is, it is not known to be multiple myeloma. This value should be used for cases 2018 and forward.	

<b><u>Serum Beta-2 Microglobulin Pretreatment Level</u></b>	<b><u>NAACCR Item #3931</u></b>
<b><u>Field Length: 1 character</u></b>	<b><u>Source of Standard: NAACCR</u></b>
Code 5 added to Plasma Cell Myeloma and will be used when Schema Discriminator 1 is not 1 or 9, that is, it is not known to be multiple myeloma. This value should be used for cases 2018 and forward.	

<b><u>Thrombocytopenia</u></b>	<b><u>NAACCR Item #3933</u></b>
<b><u>Field Length: 1 character</u></b>	<b><u>Source of Standard: NAACCR</u></b>
Code 5 added to Lymphoma CLL/SLL and will be used whenever the Primary Site is not C421. This value should be used for cases 2018 and forward.	



### **NAACCR RETIRED (Retired Data Items):**

Beginning with cases diagnosed 1/1/2022, the following data items have been retired in the NAACCR Volume II, Standards and Data Dictionary.

#### **Retired Data Items – List**

**Source of Standard: N/A**

<b><u>NAACCR Name</u></b>	<b><u>NAACCR Item #</u></b>
State/Requestor Items	2220
NPCR Specific Field	3720

### **ADDITIONAL UPDATES (other Volume I related items for cases diagnosed January 1, 2022 and forward):**

#### **CCR Updates**

Please see the CCR requirements listed below for cases diagnosed January 1, 2022 and forward.

#### **Reportability:**

Reportability for cases diagnosed January 1, 2022 and forward, is based on the ICD-O-Third Edition, Second Revision Morphology (ICD-O-3.2). This will include updates regarding behavior and reportability. Please see the [ICD-O-3 Implementation Guidelines](#) located on the NAACCR website for the 2022 ICD-O-3.2 Coding Guidelines and associated tables.

- Table 1: 2022 ICDO-3.2 Update (Numerical)
- Table 2: 2022 ICD-O.3.2 Update (Alpha)

The following changes are also applicable for cases diagnosed in January 1, 2022.

- Clear cell papillary renal cell carcinoma 8323/3 is reportable.
- Low-grade appendiceal mucinous neoplasm (LAMN) now has a behavior of /2 and /3 making it reportable.

#### **Staging:**

The CCR Staging requirements for cases diagnosed January 1, 2022 and forward are as follows:

- AJCC TNM 8<sup>th</sup> Edition (cases diagnosed 2018+) and 9<sup>th</sup> Version (cervix cases diagnosed 2021+), directly assigned required by CoC facilities, as available by non-CoC
- EOD 2018 required by all facilities
- Summary Stage 2018 directly coded required by all facilities

#### **Other:**

- The CCR will continue to require the data collection of COVID-19 using the [COVID-19 Abstracting Guidelines](#) provided by SEER, for cases diagnosed January 1, 2022 forward.
- The CCR will **only** require the collection of the four NCDB COVID-19 data items for cases with a reportable malignancy, diagnosed January 1, 2020 through December 31, 2021.

#### **Visual Editing:**

The list of visually edited data items for 2022 will be distributed and posted to the CCR website in the near future.

#### **References:**

The following manuals are appropriate reference documents for cases diagnosed 1/1/2022 and forward.

- [CANCER REPORTING IN CALIFORNIA: ABSTRACTING AND CODING PROCEDURES FOR HOSPITALS: California Cancer Reporting System Standards, Volume I – 2022.](#)
- [American Joint Commission on Cancer \(AJCC\) 8th Edition and Cervix 9th Version](#)
  - Refer to the [AJCC 8th Edition Updates and Corrections](#) for updates to the AJCC 8th Edition. It can also be found on the AJCC website: <https://cancerstaging.org/>.
  - Cervix 9th Version
- [2022 Standards for Oncology Registry Entry \(STORE\) Manual](#) – Released August 2021. Please see the STORE 2022 Summary of Changes page inside of the manual for details.
  - New Items:
    - Macroscopic Evaluation of the Mesorectum – Includes coding data items from the Total Mesorectal Excision procedure’s pathology report.
    - Four new custom data items will be collected for diagnosis year 2022 only.
      - Rx Hosp—Surg Breast Summ—Surg Breast - These two data items record the breast surgical procedure performed at this facility and at any facility.
      - Rx Hosp—Recon Breast Rx Summ—Recon Breast - Records the immediate reconstruction procedure performed the same day as the surgical procedure at the reporting facility and at any facility.
  - Deleted Data Items – NCDB--SARSCoV2--Test, NCDB--SARSCoV2--Pos, NCDB--SARSCoV2--Pos Date, NCDB--COVID19--Tx Impact.
    - Not required to be collected on cases with a reportable malignancy with a diagnosis date during calendar year 2022 and beyond.
    - SARSCoV2 data items should continue to be collected on all cases with a reportable malignancy with a diagnosis date during the calendar years of 2020 and/or 2021 following STORE v2021 rules and instructions.
  - Changes:
    - Lymphovascular Invasion - Instructions were modified to code lymph vascular invasion to codes 0, 2, 3, 4, or 9 for the Schema IDs in the following list:
      - Thyroid (00730)
      - Thyroid medullary (00740)
      - Adrenal gland (00760)
    - Code instruction changes to align with SEER for Mets at Diagnosis – Bone, Mets at Diagnosis – Brain, Mets at Diagnosis – Liver, Mets at Diagnosis – Lung, and Mets at Diagnosis – Other.
  - Reportability - The Eligibility section in STORE has been updated to include the new ICD-O codes for new terminology, behavior changes, reportability changes, and specific histology for specific primary.
  - Surgery Codes:
    - Site-Specific Surgery Codes for Colon (C18.0–C18.9), Rectosigmoid (C19.9), Rectum (C20.9) and Anus (C21.0–C21.8) have been removed as these are obsolete treatments for these primary sites.
      - 11 and 21 Photodynamic therapy (PDT)
      - 13 and 23 Cryosurgery
      - 14 and 24 Laser Ablation
      - 25 Laser Excision
    - Rectum (C20.9) surgical code 30 – The word “Wedge” removed
    - Rectosigmoid (C19.9) surgical code 30 – The word “Wedge” removed
    - Rectum (C20.9) surgical code 50 – The words “Miles Procedure” removed
    - Anus (C21.0–C21.8) surgical code 60 - The words “Miles Procedure” removed
    - Rectum (C20.9) surgical code 30 - The words “Total Mesorectal Excision (TME)” removed.

- Code Clarifications:
  - Scope of Regional Lymph Node Surgery and Scope of Regional Lymph Node Surgery at this Facility code 9 clarified for:
    - Lymphoma (excluding CLL/SLL) (00790) Lymphoma (CLL/SLL) (00795)
  - Phase I-II-III Radiation Primary Treatment Volume - Code 64 Prostate-whole description changed to Prostate with /without seminal vesicles.
- [SEER Program Coding and Staging Manual 2022](#) – Released September 2021. Please see the [Summary of Changes](#) document containing updates made between the 2021 and 2022 Manuals.
- [Solid Tumor Rules](#) – Released September 2021. Please see [Revision History for the Solid Tumor Rules](#) for additional details.
  - Head and Neck Rules, Table 5 – Updated to indicate p16 test results can be used to code squamous cell carcinoma, HPV positive (8085), and squamous cell carcinoma, HPV negative (8086). This applies to cases diagnosed January 1, 2022 forward.
    - Previous 2018 instructions for HPV status was determined by tests based on ISH, PCR, RT-PCR technologies to detect the viral DNA or RNA. p16 was not a valid test to assign these codes.
  - Beginning January 1, 2022, non-keratinizing squamous cell carcinoma, HPV positive is coded 8085 for sites listed in Table 5 *only*.
    - For a diagnosis of non-keratinizing squamous cell carcinoma, NOS is coded 8072.
  - Eight sites groups, excluding non-malignant CNS, were updated for 2022 and include the following minor updates\* and will not require review of previously abstracted cases.
    - New histologies, codes, and terms from ICD-O-3.2 and the 2022 ICD-O Updated added to tables.
    - Updated Equal/Equivalent terms.
    - Updated Terms that are Not Equivalent or Equal.
    - Clarified instructions for coding p16 results for Head & Neck primaries..
    - Timing requirements for Colon Rules M7 and M8 have been revised
    - A new section, “Changes from 2018 Solid Tumor Rules”, has been added to the Colon and Head & Neck site modules.
  - The 2007 Multiple Primary and Histology Rules (MP/H), Other Sites, has been reformatted to match the Solid Tumor Rules and the updates for 2022 are minimal. The revisions for 2022 development of comprehensive revisions will continue to be developed for implementation at a future date.
    - They are valid for cases diagnosed January 1, 2022 forward as well as continue to be valid for cases prior to January 1, 2022 forward.
    - Also, Beginning January 1, 2022 forward, the Solid Tumor General Instructions now apply to *ALL* sites.
    - Added Site specific Table Index similar to Head & Neck Solid Tumor Rules.
      - Sites tables will include what coding criteria is applicable.
      - Table Index will include:
        - Female Reproductive Organs
        - Other GI
        - Prostate
        - Soft Tissue & Bone
        - Thyroid
    - Notes and examples are added to existing rules as needed.
    - Priority Order for Using Documentation to Identify Histology and Coding Histology sections will be added to H rules module.
- [Site-Specific Data Item \(SSDI\) Manual](#) – Released September 2021. Please see the [Change Log for the SSDI Manual](#) for the changes in version 2.1.

- Some SSDI codes and code descriptions were changed to reflect changes in clinical management and/or staging and to improve clarity or to address questions that were raised in the various forums.
  - Code changes for SSDIs are applicable to cases diagnosed January 1, 2018 forward, but registrars will not be required to update previously coded information.
  - Additionally, some code descriptions were modified to improve clarity.
  - There have also been revisions to notes and additional notes for many SSDIs.
  - Due to the addition of new notes such that many of the note numbers have changed. See the [SSDI Manual, Version 2.1](#) for changes to existing codes and code descriptions.
  - New SSDIs and code changes are incorporated in the AJCC Cancer Surveillance DLL and the SEER Staging REST API/library. Other than updating the staging API that you use, there is no need for action for these types of changes. Please see the [change log](#) for additional details.
- Blank added to the possible code list for SSDIs introduced after 2018, to clearly indicate that the field is expected to be blank prior to the year the SSDI was introduced.
  - HER2 Overall Summary - Esophagus, Esophagus Squamous, Stomach
  - Ki-67 - NET Ampulla of Vater, NET Appendix NET Colon and Rectum NET Duodenum NET Jejunum and Ileum, NET Pancreas NET Stomach
  - ALK Rearrangement - Lung
  - EGFR Mutational Analysis - Lung
  - BRAF Mutational Analysis - Colon and Rectum
  - NRAS Mutational Analysis - Colon and Rectum
  - CA 19-9 PreTx Lab Value - Pancreas
- Blank added to the possible code list for SSDIs no longer required by any standard setter, to clearly indicate that the field can be blank after the last year it was required.
  - HER2 ISH Summary - Breast
  - HER2 IHC Summary - Breast
  - HER2 ISH DP Copy Ratio - Breast
  - HER2 ISH DP Copy No - Breast
  - HER2 ISH SP Copy No - Breast
- New codes added for the SSDIs below, which would be available for newly collected cases and do not require changes to existing cases:
  - HER2 Overall Summary - Esophagus, Esophagus Squamous, Stomach
    - Code 8 added for Not Applicable/Not Collected
  - PSA Lab Value - Prostate
    - Codes XXXX.2 and XXXX.3 added for Lab Value not available, but physician stated negative or positive
  - Sarcomatoid Features - Kidney Parenchyma
    - Code XX5 added to specify these are only present from a metastatic site
  - CA 19-9 PreTx Lab Value - Pancreas
    - Codes XXXX.2 and XXXX.3 added for Lab Value not available, but physician stated negative or positive
- In the Plasma Cell Myeloma Schema - SSDI name changed to LDH Level, from LDH Pretreatment Level.
- Code 5 added and will be used whenever the Primary Site is not C421 for the SSDIs listed below for Lymphoma CLL/SLL. This value should be used for cases 2018 and forward and the data already collected will be converted.
  - Adenopathy

- Anemia
- Lymphocytosis
- Organomegaly
- Thrombocytopenia
- Code 5 added and will be used when Schema Discriminator 1 is not 1 or 9 for Plasma Cell Myeloma (when it is not known to be multiple myeloma) for the SSDIs listed below. This value should be used for cases 2018 and the data already collected will be converted.
  - High Risk Cytogenetics
  - LDH Level
  - Serum Albumin Pretreatment Level
  - Serum Beta-2 Microglobulin Pretreatment Level
- The SSDIs listed below were either removed from schemas or are slated for removal next year, all data for these fields in these schemas should be removed.
  - LN Status Femoral-Inguinal - Removed from Cervix 8<sup>th</sup>, Cervix V9
  - LN Status Para-Aortic - Removed from Vulva
  - LN Status Femoral-Inguinal, Para-Aortic, Pelvic (Cervix 8<sup>th</sup>, Cervix V9, Vagina, Vulva) - No longer to be collected, it has been replaced by 3 new fields and will be removed next year.
- [Grade Coding Instructions and Tables](#) – Released August 2021. Please see the [Change Log for the Grade Manual](#) for the changes in version 2.1.
- [The Hematopoietic and Lymphoid Neoplasm Database](#) – Released August 2021. Please see the [Revision History for the Hematopoietic Project](#).
  - No changes to histologies or rules. However, there have been some changes.
  - A new field was added to the database as well as other minor changes.
- [SEER Summary Stage 2018 Manual](#) – Released September 2021. Please see the [Change Log for the Summary Stage 2018 Manual](#) for version 2.1.
- [Extent of Disease \(EOD\) 2018 General Coding Instructions](#) – Updated September 2021. Please see the [EOD Change Log](#) containing updates made between version 1.7 and 2.0.
  - New EOD Schema - Cervix Sarcoma.
  - New EOD Schema - Soft Tissue Other - Split into:
    - Soft Tissue Rare (00450)
    - Soft Tissue Other (00459)
  - Mycosis Fungoides/Sezary Syndrome - The Mycosis Fungoides (00811)
    - 9700-9701 - Includes all primary sites.
    - Review of data revealed approximately four cases from 2018 and 2019 that were not in the Mycosis Fungoides schemas and are automatically being converted.
  - Corpus Carcinoma and Carcinosarcoma - Code 070 and 080 were deleted and are being automatically converted to 050.
  - Pleural Mesothelioma - New code 05, for positive pleural effusion only

## AJCC Updates

AJCC is updating some of the eligible site and histology combinations. The adjustments are incorporated into the staging APIs/DLLs. New versions of the SEER Staging API, the AJCC API and the Cancer Surveillance DLL are being released. It is recommended that these APIs/DLLs be run over all 2018+ cases, which would mostly be addressed via data conversions.

The following Schema ID / Histology ICD-O-3 combinations are now eligible for AJCC staging. The AJCC ID and TNM Edition Number should be recalculated using the Staging API/DLL released for 1/1/2022.

### Now Eligible for AJCC Staging

<u>Schema ID</u>	<u>Schema Name</u>	<u>Histology</u>	<u>New AJCC ID</u>
00150	Cutaneous Squamous Cell Carcinoma of the Head and Neck	8402	15
00170	Stomach	8213	17
00180	Small Intestine		18
00180	Small Intestine	8144	18
00190	Appendix	8033	19
00200	Colon and Rectum		20
00210	Anus		21
00200	Colon and Rectum	8262	20
00400	Soft Tissue Head and Neck	9222	40
00410	Soft Tissue Trunk and Extremities		41
00421	Soft Tissue Abdomen and Thoracic		42
00422	Heart, Mediastinum and Pleura		42
00440	Retroperitoneum		44
00450	Soft Tissue Rare		45
09520	Cervix Version 9	8045, 8054, 8085-8086, 8154, 8246, 8430, 8483-8484	52^
00530	Corpus Carcinoma and Carcinosarcoma	8441 with Behavior /2	53
00790	Lymphoma	9715	79.0

^ For 09520 Cervix Version 9, TNM Edition Number will be changed to **09**

### CDC NPCR Updates

Beginning with cases diagnosed January 1, 2022 and forward, CDC-NPCR will adopt the new record format and data collection requirements as published in the Data Standards and Data Dictionary, Version 22.

- CDC is following the NAACCR Guidelines for 2022 ICD-O-3.2 Histology Code and Behavior Update (published for 2022).
- See the V22 Required Status Table in NAACCR Vol II for more information.
- Questions related to CDC-NPCR Stage requirements can be submitted to [cancerstaging@cdc.gov](mailto:cancerstaging@cdc.gov).

### CoC Updates

Beginning with cases diagnosed January 1, 2022 and forward, all CoC accredited programs should follow the rules and instructions in STORE v2022.

- Data collection of Macroscopic Evaluation of the Mesorectum is required for cases diagnosed January 1, 2022 forward.
- Data collection is required only between the diagnosis date of January 1, 2020 and December 31, 2021 for the SARCoV2 data items: NCDB--SARSCoV2--Test, NCDB--SARSCoV2--Pos, NCDB--SARSCoV2--Pos Date, NCDB--COVID19--Tx Impact.
- CoC will NOT require collection of the following items for cases diagnosed January 1, 2021 forward.
  - 8210/2 Adenomatous polyp, high grade dysplasia (C160 – C166, C168-C169, C170-C173,



- C178-C179)
  - 8211/2 Tubular adenoma, high grade
  - 8261/2 Villous adenoma, high grade
  - 8263/2 Tubulovillous adenoma, high grade
  - 8483/2 Adenocarcinoma in situ, HPV-associated (C530-C531, C538-C539)
  - 8484/2 Adenocarcinoma in situ, HPV-independent, NOS C530-C531, C538-C539)
  - 8590/1 Uterine tumor resembling ovarian sex cord tumor
  - 9200/1 Osteoblastoma
  - 9261/1 Osteofibrous dysplasia-like adamantinoma
- Four custom data items will be collected by CoC facilities, effective with cases diagnosed January 1, 2022 for breast primary site only: RX Hosp-Surg Breast, RX Summ-Surg Breast, RX Hosp-Recon Breast, and RX Summ-Recon Breast, Please see the STORE Manual for additional details.
- See the V22 Required Status Table in NAACCR Vol II for more information.
- Questions related to STORE can be submitted to the [CA Forum](#).

### ICD-O-3 Updates

Updates to the ICD-O-Third Edition, Second Revision Morphology (ICD-O-3.2) are required for cases diagnosed January 1, 2022 and forward and includes updates regarding behavior and reportability. The 2022 guidelines have been modified to include only two tables, numeric and alpha, listing new ICD-O codes, terminology, behavior changes, and required status. It is recommended that users read the guidelines in order to efficiently use ICD-O-3.2 and the 2022 Update tables.

**Note:** Use of these guidelines is required for determining reportability and accurate coding.

Please see the [ICD-O-3 Implementation Guidelines](#) located on the NAACCR website for the 2022 ICD-O-3.2 Coding Guidelines and associated tables.

### NAACCR Updates

As part of the 2022 update, the NAACCR website continues to be an essential destination for the latest version of this Implementation Guide and for standards documents including the Data Standards and Data Dictionary, Version 22, and its log of changes. Please see the [NAACCR Implementation Guidelines and Recommendations](#) for additional details.

### SEER Updates

NCI SEER expects all cases diagnosed in year 2022 and thereafter will be transmitted by central registries to NCI in NAACCR version 22. Please use the 2022 SEER Program Manual and the most current version of Solid Tumor Rules, Hematopoietic Manual, Grade Manual, SSDI Manual, SEER\*RSA, EOD Manual, Summary Stage Manual, and the ICD-O-3.2 updates for 2022.

- Data items required for cases diagnosed January 1, 2022 or later, not previously required.
  - Macroscopic Evaluation of the Mesorectum
  - Derived Rai Stage
  - P16
  - LN Status Pelvic
  - LN Status Para-Aortic
  - LN Status Femoral-Inguinal
  - UIHO



- UIHO City
- PRCDA
- Tobacco Use
- Cancer Status
- Date of Last Cancer (tumor) Status
- Date of Last Cancer (tumor) Status Flag
- Data items no longer required for cases diagnosed January 1, 2022 or later:
  - Primary Sclerosing Cholangitis
  - Tumor Growth Pattern
- COVID-19 data collection will continue for cases diagnosed in 2022.
- Summary Stage 2018 will be derived using EOD information.
- The AJCC TNM data items are required when available.
- See the V22 Required Status Table in NAACCR Vol II for more information.
- Submit questions about SEER requirements to [Ask A SEER Registrar](#).
- The most up-to-date version of the SEER Registrar Staging Assistant (SEER\*RSA) can be found at <https://seer.cancer.gov/tools/staging/rsa.html>.
- Questions regarding the SEER Program Coding Manual, Summary Stage 2018 and EOD should be directed to Ask a SEER Registrar at: <https://seer.cancer.gov/registrars/contact.html>.
- The SEER Site/Histology Validation List, used in software and edit development, has been updated to include the new ICD-O-3.2 code and behavior changes per the 2022 ICD-O-3.2 updates. This site/histology list is provided in both PDF and Excel formats. Please see <https://seer.cancer.gov/icd-o-3/>.