

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

Errata – 23rd Edition
September, 2023

Please make note of the following changes to your California Cancer Reporting System Standards, Volume I. These errata and clarifications are effective from the date listed in the sections below.
Volume I will be updated in the next release, scheduled for 2024.

Quick Look - Updates to Volume I

Section/Page /Reason /Date Added

<u>VOL I - Section #</u>	<u>Data Item or Volume I Topic</u>	<u>Reason for Revision</u>	<u>Date Added to Errata</u>
II.1	CCR Reportability Guide - Reportable	Addition of Endometrioid Intraepithelial Neoplasia (EIN) – reportable 1/1/2021 forward. CCR is not requiring you to go back and report	09/2023
III.3.12.2	Entering Physician NPI Codes	Page incorrectly drafted when implemented in 2007, see rewritten page below	09/2023
V.3	ICD-O Morphology – Histology and Behavior	Second paragraph to be updated for the 2023 data changes. (this will be updated again for the 2024 data changes so, look here for 2023)	09/2023
V.3.3	Behavior	Table, code 3 – Removed incorrect ** reference	09/2023
V.7	Lymphovascular Invasion	Added coding Instruction for Code 8	09/2023
V.15.2	SS2018 Ambiguous Terms for Disease Extension	Non-Involved Table – Separated terms “Possible” and “Questionable”	09/2023
VIII.1.1	Required Documentation for Data Items – Remarks	Page accidentally deleted in v2023. Adding back in. See all page info below	09/2023

SECTION CHANGES

II.1 CCR Reportability Guide-Reportable

- ✓ Added **Endometrium (C54_)**, 8380/2 dx 01/01/2021 +
 - Endometrioid intraepithelial neoplasia (EIN)
 - Intraepithelial neoplasm of endometrium
 - Atypical hyperplasia of endometrium

Note: These have been reportable per ICD-O-3 since 2021. However, SEER added a clarification to the SEER Program Manual, Appendix E1: Reportable Examples in the 2023 edition. The CCR does not expect registrars to go back, and do casefinding procedures for cases prior to 2023. However, if still casefinding for 2021-2023, please include these cases in the transmit to the CCR.

III.3.12.2 Entering Physician Codes

- ✓ Page was incorrectly written when implemented in 2007. The page incorrectly referenced the license number coding instructions and codes. This does not affect what is/has been transmitted.
- ✓ Volume I page corrected to:

III.3.12.2 Entering Physician NPI Codes

The NPI 10-digit number identifies physicians involved in the patients care. Administrative, physician, and service referral reports are based on this item. This data item is required if available by the CCR (if the information is obtainable for abstracting, it is required) for cases diagnosed January 1, 2007 and forward. See [Appendix P](#) - National Provider Identifier (NPI) codes for further details.

Coding Instructions:

- The *Managing Physician* data item may not be blank.
- Record the 10-digit NPI for the surgeon, radiation oncologist, and/or medical oncologist.
- Additional physicians are designated by their role in the case, i.e. referring, consulting, and other. See [Follow-Up Physician](#)
- If there is no physician or the physician cannot be determined, leave blank.
- If the managing physician is the same as another physician, (i.e., the medical oncologist) the NPI number must be entered in both places.
- Do not update this item. Once the registry has designated a managing physician, radiation oncologist, and/or medical oncologist for the patient, the information should not be changed or updated even if the patient receives care from another physician.
- NPI may be left blank if diagnosed before January 1, 2007.

Code	Description
(fill spaces)	10-digit NPI number
BLANK	No physician, physician cannot be determined

V.3 ICD-O Morphology – Histology and Behavior

- ✓ Second paragraph incorrectly references the 2022 ICD-O-3.2 histology coding changes. This update will not be added to the 2024 Volume I because there will be updates for 2024 as well. The updated paragraph for 2023 should read:

2023 ICD-O-3.2 histology coding changes: Updates include new and revised histology terms, codes, and behaviors for cases diagnosed January 1, 2023 and forward. Please see the [2023 ICD-O-3.2 Implementation Guidelines](#). Use of these guidelines are required for determining reportability and accurate coding.

V.3.3 Behavior

- ✓ Table - Code 3 Description – Revised description to Malignant, Primary Site (includes microinvasion); from Malignant, Primary Site (includes microinvasion **), removing the **. The note does not belong to the Code 3 description.

V.7 Lymphovascular Invasion

- ✓ Added coding instructions for code 8 for:
 - Non-malignant brain (intracranial) and CNS tumors.
 - Not required by standard-setter and the state/central registry is not collecting it.

V.15.2 SS2018 Ambiguous Terms for Disease Extension

- ✓ Table of Terms for non-involvement – Terms “Possible” and “Questionable” separated to two lines.

VIII.1.1 Required Documentation for Data Items – Remarks

- ✓ This page was inadvertently deleted during the 2023 Data Change revisions, and will be added back in for the 2024 version.
- ✓ Volume I page:

V.III.1.1 Required Documentation for Data Items - Remarks

The following required data must be recorded in the *Text-Remarks* section.

Coding Instructions:

- See [Other Tumors/Primaries](#).
- Race of patient, when coded as "Other" or if there is conflicting race information. See [Race and Ethnicity](#).
- Parent or guardian of a child whose case is being reported. See [Follow-Up Contact 1](#) for additional information.