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

### California Cancer Reporting System Standards, Volume I SUMMARY OF YEAR 2024 DATA CHANGES

This document provides a summary of data changes for 2024 for hospitals, abstracting vendors, and regional registry data collectors. The updated Volume I for 2024 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, 2024 and forward).

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

There are 6 new data items for NAACCR Standards Volume II, Version 24 as follows:

- 1 Site-Specific Data Items (SSDIs)
  - o Brain Primary Tumor Location [NAACCR #3964]
- 1 Grade Item
  - Derived Summary Grade [NAACCR #1975]
- 2 NAACCR Data Items
  - Geocoding Quality Code [NAACCR #86]
  - Geocoding Quality Code Detail [NAACCR #87]
- 2 CoC Data Items
  - o RX Hosp--Recon Breast [NAACCR #751]
  - o RX Summ--Recon Breast [NAACCR #1335]

Summary Details of the above new data fields are outlined below; for complete details refer to NAACCR Standards Volume II. Version 24.

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

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One new Site-Specific Data Items Beginning with cases diagnosed 1/1/2024 has been added to the SSDI Manual, Version 3.1. For additional information and coding instructions, please see the <u>SSDI Manual</u> 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

NAACCR Name	Source of Standard	<u>Schema</u>	NAACCR Item #	<u>Field</u> <u>Length</u>
Brain Primary Tumor Location (Stage/Prognostic Factors)  O Distinguishes between the Pons and all other subsites within the brain stem that have the same ICD-O topography code (C717), which is for subsites of the Brain Stem 2024+ only	SEER	Brain V9	3964	1

### **Grade Data Item - New Items List**

NAACCR Name	Source of Standard	<u>Schema</u>	NAACCR Item #	<u>Field</u> <u>Length</u>
Derived Summary Grade 2018 (Stage/Prognostic Factors)  O Describes the derived data item based on the highest grade between grade clinical and grade pathological for 2018+. Calculated at the central registry for all cases diagnosed 2018 forward. No registrar input will be needed.	SEER	All	1975	1

### NAACCR/Central Registries - New Items List

<u>NAACCR Name</u>	Source of Standard	NAACCR Item#	Field Length
Geocoding Quality Code (Demographic)  Code describing the quality of the geocoding match. The code indicates whether an address run through the NAACCR geocoder matched, failed to match, or needs to be reviewed.  Identifies case records that were geocoded. Researchers and registry staff can use this code to select geocoded records and determine which records need to be reviewed and geocoded again.	NAACCR	86	1
Geocoding Quality Code Detail (Demographic)  O Details multiple elements related to the quality of a geocode. Each digit of this code represents an element of the input address along with a hexadecimal score indicating either a full match (M) or a number corresponding to a type of error in the element.	NAACCR	87	14

### **CoC Data Items**

NAACCR Name	Source of Standard	NAACCR Item#	<u>Field</u> <u>Length</u>
RX HospRecon Breast (Hospital-Specific)  O Records breast reconstruction at this facility with a diagnosis year of 2024 and forward.	СоС	751	4
RX SummRecon Breast (Treatment-1st Course)  O Records the type of breast reconstruction performed as part of the first course of treatment 2024 and forward.	СоС	1335	4

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

Listed below are revisions made in the NAACCR Volume II, Standards and Data Dictionary for 2024. 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:**

#### **Name Changes:**

The following two data item names changed to be consistent with the Indian Health Services (IHS). They now refer to Urban Indian Health Organization (UIHO) as Urban Indian Organizations (UIO).

OLD Name	NEW Name
Urban Indian Health Organization (UIHO) [NAACCR #284]	Urban Indian Organization (UIO) [NAACCR #284]
Urban Indian Health Organization (UIHO) City [NAACCR #285]	Urban Indian Organization (UIO) Service Area [NAACCR #285]

➤ Brain Molecular Markers[NAACCR #3816]:
This SSDI is used in Brain V9 (09721) and CNS Other V9 (09722) schemas.

- Codes 10-23 are added to incorporate new terms for various histologies (highlighted in green).
- Code 85 is revised to incorporate the above changes (highlighted in orange).

CODE	ICD-O-3 Code	ICD-O-3 Description
01	9400/3	Astrocytoma, IDH-mutant, grade 2
02	9400/3	Diffuse astrocytoma, IDH-wildtype
03	9401/3	Astrocytoma, IDH-mutant, grade 3
04	9401/3	Anaplastic astrocytoma, IDH-wildtype
05	9440/3	Glioblastoma, IDH-wildtype
06	9450/3	Oligodendroglioma, IDH-mutant and 1p/19q co-deleted
07	9451/3	Oligodendroglioma, IDH-mutant and 1p/19q co-deleted, grade 3
08	9471/3	Medulloblastoma, SHH-activated and TP53-wildtype
09	9478/3	Embryonal tumor with multilayered rosettes, C19MC-altered
10	9385/3	Diffuse hemispheric glioma, H3-G34 mutant
11	9385/3	Diffuse midline glioma, H3 K27-altered
12	9385/3	Diffuse pediatric-type high-grade glioma, H3-wildtype, and IDH-wildtype
13	9385/3	Infant-type hemispheric glioma
14	9396/3	Posterior fossa group A (PFA) ependymoma

15	9396/3	Posterior fossa group B (PFB) ependymoma
16	9396/3	Spinal ependymoma, MYCN-amplified
17	9396/3	Supratentorial ependymoma, YAP1 fusion-positive
18	9396/3	Supratentorial ependymoma, ZFTA fusion-positive
19	9421/1	Diffuse astrocytoma, MYB- or MYBL1-altered
20	9421/1	Diffuse low-grade glioma, MAPK pathway-altered
21	9430/3	Astroblastoma, MN1-altered
22	9500/3	CNS neuroblastoma, FOXR2-activated
23	9500/3	CNS tumor with BCOR internal tandem duplication
85	NA	Not applicable: Histology not 9385/3, 9396/3, 9400/3, 9401/3, 9430/3, 9440/3, 9450/3, 9451/3, 9471/3, 9478/3, 9421/1, 9430/3, 9500/3
86	NA	Benign or borderline tumor Excludes: 9421/1 (codes 19-20)
87	NA	Test ordered, results not in chart
88	NA	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code 88 will result in an edit error.)
99	NA	Not documented in medical record No microscopic confirmation Brain molecular markers not assessed or unknown if assessed

#### **Coding System Data Changes – Allowable Values - New Codes Added:**

- NAACCR Record Version [NAACCR #50]:
  - o Code 240 added for 2024 version 24.
- Morph Coding Sys--Current [NAACCR #470] and Morph Coding Sys--Original [NAACCR #480]:
  - Allowable Values New Code: CODE E is ADDED for ICD-O-3.2.
  - o Plus WHO new terms used for conditions effective January 1, 2024.
- Schema ID Version Current [NAACCR #2117] and Schema ID Version Original [NAACCR #2118]:
  - Code 3.1 is added for Schema ID Version Current and Schema ID Version Original.
    - Schema ID Version Current should be updated to the new value for all
      cases in the database diagnosed January 1, 2018, or later when the system
      is updated to include the new EOD 2018 version.
    - Schema ID Version Original should be set to the version in use when the case is collected. While this version is required for the 2024 diagnosis year, if a 2018-2023 case is collected after the system is updated for 2024, the schema ID Version Original should be set to 3.1.
- AJCC Cancer Surveillance API Version Current [NAACCR #2158] and AJCC Cancer Surveillance API Version Original [NAACCR #2159]:
  - Code 09.02.00.0001 is added for AJCC Cancer Surveillance DLL Version Current and AJCC Cancer Surveillance API Version Original in 2024.
    - AJCC Cancer Surveillance DLL Version Current should be updated to

- the new value for all cases in the database diagnosed January 1, 2018, or later when the system is updated to NAACCR v24.
- AJCC Cancer Surveillance DLL Version Original should be set to the version in use when the case is collected. While this version is required for the 2024 diagnosis year, if a 2018-2023 case is collected after the system is updated for 2024, the AJCC Cancer Surveillance DLL Version Original should be set to 09.02.00.0001.

## • AJCC API Version Current [NAACCR #2156] and AJCC API Version Original [NAACCR #2157]:

- Code 09.02.00 is added for AJCC API Version Current and AJCC API Version Original.
  - AJCC API Version Current should be updated to the new value for all cases in the database diagnosed January 1, 2018, or later when the system is updated to NAACCR v24.
  - AJCC API Version Original should be set to the version in use when the case is collected. While this version is required for the 2024 diagnosis year, if a 2018-2023 case is collected after the system is updated for 2024, the AJCC API Version Original should be set to 09.02.00.

**Note:** The versioning of the AJCC API and DLL may be updated after the release of the 2024 Implementation Guidelines. See <u>Cancer Staging System</u> Products for the latest version number(s).

#### **Follow-up Source Central [NAACCR #1791]:**

The parent XML element for Follow-up Source Central was changed from tumor to patient.

#### **Location of Radiation Treatment [NAACCR #1550]:**

Coding labels were updated for codes 2 and 3 to align with the wording for radiation phases. In the label and definition of the code "administered" was changed to "started."

<b>CODE</b>	<u>Label</u>	<u>Definition</u>
0	No radiation treatment	No radiation therapy was administered to the patient. Diagnosed at autopsy.
1	All radiation treatment at this facility	All radiation therapy was administered at the reporting facility.
2	Radiation started at reporting facility, continued elsewhere	Radiation started at reporting facility, continued elsewhere.
3	Radiation started elsewhere, continued at this facility	Radiation was started elsewhere; one or more phases of radiation were administered at the reporting facility.
4	All radiation treatment elsewhere	All radiation therapy was administered elsewhere.
8	Other	Radiation therapy was administered, but the pattern does not fit the above categories.
9	Unknown	Radiation therapy was administered, but the location of the Treatment facility is unknown or not stated in patient record; or it is unknown whether radiation therapy was administered, or diagnosis was by Death certificate only.

#### **P16 [NAACCR #3956]:**

This data item is added to the Vulva V9 schema (09500) to be collected for cases diagnosed January 1, 2024 forward. For cases diagnosed prior to January 1, 2024, Vulva cases would be in Vulva 8<sup>th</sup> edition, and p16 would not be captured.

#### > SEER Site Specific Fact 1 [NAACCR #3700]:

- This data item is expanded to 2 digits to allow for more values and greater specificity.
  - Existing values will need to be converted. The item collects the HPV status for the Oral Cavity schemas (Buccal Mucosa, Floor of Mouth, Gum, Hypopharynx, Lip, Mouth Other, Oropharynx HPV-Mediated (p16+), Oropharynx (p16-), Palate Hard, Tongue Anterior).

#### **Tobacco Use Smoking Status [NAACCR #344]:**

Coding instructions have been added to Tobacco Use Smoking Status for clarity.

- The following coding instructions are implemented for Tobacco Use Smoking Status:
  - Record cigarette, cigar, and/or pipe use only. Tobacco Use Smoking Status does not include marijuana, chewing tobacco, e-cigarettes, or vaping devices.
  - Tobacco smoking history can be obtained from sections such as the Nursing Interview Guide, Flow Chart, Vital Stats or Nursing Assessment section, or other available sources from the patient's hospital medical record or physician office record.
  - Ouse code 1 if there is evidence in the medical record that the patient quit smoking within 30 days prior to diagnosis. The 30 days prior information is intended to differentiate patients who may have quit recently due to symptoms that led to a cancer diagnosis.
  - Use code 2 if medical record indicates patient smoked tobacco in the past but does not smoke now. Patient must have quit 31 or more days prior to cancer diagnosis to be coded as 'Former smoker.'
  - Use code 3 if it cannot be determined whether the patient currently smokes or formerly smoked. For example, the medical record only indicates "Yes" for smoking without further information.
  - Use code 9 (Unknown if ever smoked) rather than code 0 (Never smoker), if
    - the medical record only indicates "No" for tobacco use;
    - smoking status is not stated or provided; or
    - the method (cigarette, pipe, cigar) used cannot be verified in the chart.
  - o This data item can be left blank for cases diagnosed prior to 1/1/2022.

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

Beginning with cases diagnosed 1/1/2024, the following data items have been retired in the NAACCR Volume II, Standards and Data Dictionary.

NAACCR Data Standards and Data Dictionary V24

<u>Item#</u>	<u>Item Name</u>	Source of Standard
250	Birthplace	NAACCR
1940	Place of Death	NAACCR
2390	Name-Maiden	NAACCR
3884	LN Status Femoral-Inguinal, Para-aortic, Pelvic	NAACCR
2081	CRC Checksum	NAACCR

#### **Other Data Item Updates:**

Descriptions and rationales for the following six NPCR-sponsored data items have been updated:

NAACCR Data Standards and Data Dictionary V24

<u>Item#</u>	<u>Item Name</u>	Source of Standard
194	Indian Health Service (IHS) Purchased/Referred Care Delivery Area	NPCR
284	Urban Indian Organization (UIO)	NPCR
285	Urban Indian Organization (UIO) Service Area	NPCR
344	Tobacco Use Smoking Status	NPCR
530	Early Detection Program Minimum Data Element (EDP MDE) Link Date	NPCR
531	Early Detection Program Minimum Data Element (EDP MDE) Link	NPCR

Refer to the NAACCR Data Standards and Data Dictionary v24 for updated descriptions and rationales.

ADDITIONAL UPDATES (other Volume I related items for cases diagnosed January 1, 2024 and forward):

#### **CCR Updates**

Please see the CCR requirements listed below for cases diagnosed January 1, 2024 and forward.

#### Reportability:

Reportability for cases diagnosed January 1, 2024 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 2024 ICD-O-3.2 Coding Guidelines and associated tables.

- Table 1: 2024 ICD-O-3.2 Update (Numeric)
- Table 2: 2024 ICD-O.3.2 Update (Alpha)
- The following are the most significant ICD-O-3.2 changes for cases diagnosed January 1, 2024 forward.
  - Placental site trophoblastic tumor of testis (9104/3), behavior changed from /1 to /3, 01/01/2024 +
  - Squamous cell carcinoma, HPV-associated (8085/3), valid for C60.\_; C63.2, 01/01/2024 +
  - Squamous cell carcinoma, HPV-independent (8086/3), valid for C60.\_; C63.2, 01/01/2024 +
- Nanual and the associated Appendix E1: Reportable Examples. These terms have also been incorporated into the CCR Volume 1 Reportability Guide. Some of these terms have been reportable per ICD-O-3 since 2021, but have been added for clarification. While the CCR will not require registrars to go back and do casefinding procedures for cases prior to 2024, if you are still casefinding for previous years and identify these reportable histologies for SEER 2021+, please accession and send cases to the CCR.
- ▶ NEW The 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List output from the Cancer PathCHART database, is a comprehensive table that replaces both the ICD-O-3 SEER Site/Histology Validation List (which serves as the basis of the Primary Site, Morphology-Type, Behavior ICDO3 (SEER IF25), as well as the list of impossible site and histology combinations included in the Primary Site, Morphology-Imposs ICDO3 (SEER IF38) edit. Cancer PathCHART aims to improve cancer surveillance data quality by updating standards for tumor site, histology, and behavior code combinations and associated terminology. For additional information, please visit Cancer PathCHART: Product Downloads and Timelines.

#### **Staging:**

The CCR Staging requirements for cases diagnosed January 1, 2024 forward are as follows:

- Extent of Disease (EOD) required by all facilities.
  - New EOD Schemas added to align with AJCC V9:

#### **New EOD Schemas – Introduced in 2024**

Schema Name	Schema ID	<u>Diagnosis</u> <u>Year +</u>
NET Ampulla of Vater (V9)	09302	2024 +
NET Appendix (V9)	09320	2024 +
NET Colon and Rectum (V9)	09330	2024 +
NET Duodenum (V9)	09301	2024 +
NET Jejunum and Ileum (V9)	09310	2024 +
NET Pancreas (V9)	09340	2024 +
NET Stomach (V9)	02920	2024 +
Vulva (V9)	09500	2024 +

 Histology for primary site has moved to a new Schema for cases diagnosed 2024 forward:

**Histology with New Schema – 2024 Forward** 

Schema Name	Primary Site/Histology	<u>Notes</u>
Merkel Cell Carcinoma	C51 with 8041	Moves to Schema 09500 Vulva
Pancreas	C25 with 8272	Moves to Schema 09340 NET Pancreas
Soft Tissue Abdomen and Thoracic	C51 with 8982, 9064	Moves to Schema 09500 Vulva

- Summary Stage directly coded required by all facilities.
  - Notes for Prostate are updated to align with the EOD fields to improve clarity. Registrars are not required to update previously coded information.
- ➤ AJCC TNM directly assigned by CoC facilities for:
  - AJCC TNM 8th Edition (cases diagnosed 2018 +) and
  - AJCC TNM Version 9 Protocols (Version 9 Protocols replace the current AJCC 8<sup>th</sup> edition chapter for these disease sites AND have been assigned a new AJCC ID number).

New AJCC TNM Version 9 Protocol – Introduced in 2024

AJCC Protocol	AJCC ID	<u>Diagnosis</u> <u>Year +</u>
Vulva	9006	2024 +
NET Stomach	9007	2024 +
NET Duodenum and Ampulla of Vater	9008	2024 +
NET Jejunum and Ileum	9009	2024 +
NET Appendix	9010	2024 +
NET Colon and Rectum	9011	2024 +
NET Pancreas	9022	2024 +

• Now eligible for AJCC staging for cases diagnosed 2024 forward:

**Eligible for AJCC Staging – 2024 Forward** 

AJCC ID	AJCC Chapter	<u>Histology</u>
57	Penis	8085
57	Penis	8086
20	Colon and Rectum	8154

 Histology for primary site has moved to a new AJCC protocol for cases diagnosed 2024 forward:

**Histology with New Protocol – 2024 Forward** 

AJCC ID	AJCC Chapter	Primary Site/Histology	<u>Notes</u>
46	Merkel Cell Carcinoma	C51.0, C51.1, C51.2, C51.8, C51.9 with 8041	These primary sites and histology combinations will now be in Version 9 Vulva.

**Note:** Any non CoC facilities who voluntarily collect AJCC TNM please follow rules and requirements provided by AJCC.

#### Other:

- ➤ The Site-Specific Surgery Codes for Lung (C34), Pancreas (C25), Thyroid (C73), Colon (C18), and Breast (C50) are updated to align with the Synoptic Operative Report for cases diagnosed January 1, 2024, and forward. (see STORE updates below).
  - CCR Volume 1, Appendix K.2 will be updated with the new surgery codes for cases diagnosed 2024 +.
- Solid Tumor Rules Minor revisions have been applied to the Solid Tumor Rules. Please see the 2024 Revision History for the Solid Tumor Rules for details.

#### **Visual Editing:**

The list of visually edited data items for 2024 will be distributed and posted to the CCR website in the near future.

#### **References:**

The following manuals are appropriate reference documents for cases diagnosed 1/1/2024 and forward.

- CANCER REPORTING IN CALIFORNIA: ABSTRACTING AND CODING PROCEDURES FOR HOSPITALS: California Cancer Reporting System Standards, Volume I.
- ➤ <u>American Joint Commission on Cancer (AJCC)</u> 8<sup>th</sup> Edition as well as new AJCC Version 9 Cancer Staging Protocols for 2021-2024.
  - Please refer to the <u>AJCC 8<sup>th</sup> Edition Updates and Corrections</u> as well as the Version 9 updates which include a complete list of new histologies, and terms approved after the Version 9 publication. These can be found on the AJCC website: <a href="https://www.facs.org/">https://www.facs.org/</a>.
- ➤ 2024 Standards for Oncology Registry Entry (STORE) Manual Released December 2023.
  - Please see the STORE 2024 Summary of Changes page inside the manual for further details.
- ➤ SEER Program Coding and Staging Manual 2024 Released September 2023.
  - Please see the <u>Summary of Changes</u> document containing updates made between the 2023 and 2024 Manuals.

- ➤ Solid Tumor Rules Released December 2023.
  - The updated Solid Tumor Rules may be accessed at: https://seer.cancer.gov/tools/solidtumor/
  - Please see <u>2024 Revision History for the Solid Tumor Rules</u> for additional details.
- ➤ <u>Site-Specific Data Item (SSDI) Manual</u> Released October, 2023.
  - Please see the Change Log for the SSDI Manual for the changes in version 3.1.
- ➤ Grade Coding Instructions and Tables Released October, 2023.
  - Please see the Change Log for the Grade Manual for the changes in version 3.1.
- ➤ The Hematopoietic and Lymphoid Neoplasm Database Released August, 2021.
  - There were no updates to the Heme manual for 2024.
- ➤ SEER Summary Stage 2018 Manual Released October 2023.
  - Please see the Change Log for the Summary Stage 2018 Manual for version 3.1.
- Extent of Disease (EOD) 2018 General Coding Instructions Released October, 2023.
  - Please see the <u>EOD Change Log</u> for version 3.1.