

# 2016 DATA CHANGES



CALIFORNIA CANCER REGISTRY

## Outline

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- 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

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- 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

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- 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

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- 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)

## New Data Item – Tumor Size Summary

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### 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

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- 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
    - Additional reference 2016 FORDS Manual

## New Data Items – Mets at Diagnosis

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- **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.

Codes:  
0= None, no involvement  
1=Yes, mets in this site  
8=Not Applicable  
9=Unknown

## New Data Items – Mets at Diagnosis

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- **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

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## Collaborative Stage

Discontinued CS Items

Continuing Data Items

### Discontinued CS Data Items for 2016

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- 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

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- Regional Nodes Examined
- Regional Nodes Positive
- If definition difference for “regional” lymph nodes between AJCC and SEER
  - **AJCC definition takes precedence**

## Continuing Data Items for 2016

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- ❑ Lymph-Vascular Invasion (presence or absence)
  - Required for ALL sites 2016 forward when available
    - Previously required for *all* Testis and Penis 2010 forward
- ❑ Surgical Margins
  - Required from all reporting sources when available
    - Previously only required for CoC
    - VE item for 2016

Codes:  
 0-No residual  
 1-Residual tumor, NOS  
 2-Microscopic residual tumor  
 3-Macroscopic residual tumor  
 7-Margins not evaluable  
 8-No primary surgery  
 9-Unknown not applicable

## CS Site Specific Factors 2016

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

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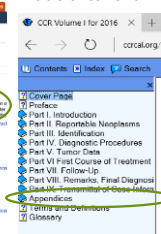
Navigate to CCR Volume 1:

- ❑ [http://www.ccrca.org/Cancer\\_Reporting/Registrar\\_Resources/Reporting\\_Cancer\\_Cal.shtml](http://www.ccrca.org/Cancer_Reporting/Registrar_Resources/Reporting_Cancer_Cal.shtml)

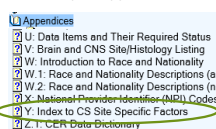
1.) Open Volume 1



2.) Note Appendices in Table of contents



3.) Open Appendix "Y"



## Appendix Y- Site Specific Factors 2016

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- Note Alpha List A-Z

- Choose "P"

- Select Prostate

- Note columns for CCR, SEER or COC and their required SSFs

**Prostate C61.9**

SITE	HISTOLOGY
C61.9	8000-9136, 9141-9582, 9700-9701

Factor	CCR/SEER	Description
SSF 1	X	Prostatic Specific Antigen (PSA) Lab Value
SSF 2	X	Prostatic Specific Antigen (PSA) Interpretation
SSF 3	X	C5 Extension - Pathologic Extension
SSF 4	*	OBsolete FOR 2010 and forward (Prostate Apex Involvement). Use if diagnosed 01/01/2010 forward. * REQUIRED FOR cases diagnosed through 12/31/2009.
SSF 5		OBsolete FOR 2010 (Gleason's Primary Pattern and Secondary Pattern)
SSF 6		OBsolete FOR 2010 (Gleason's Score)
SSF 7	X	Gleason's Primary Pattern and Secondary Pattern Values on Needle Co Biopsy/Transurethral Resection of Prostate (TURP)
SSF 8	X	Gleason's Score on Needle Co Biopsy/Transurethral Resection of Pro
SSF 9	X	Gleason's Primary Pattern and Secondary Pattern Values on Prostatect
SSF 10	X	Gleason's Score on Prostatectomy/Autopsy
SSF 11	X	NOT Required for CSV02.05 and forward (Gleason's Tertiary Pattern Va
SSF 12	X	Number of Cores Positive
SSF 13	X	Number of Cores Examined
SSF 14		

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## Revised Data Items

- 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

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- 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

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- ❑ 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

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

Code	Definition	Code	Definition	Code	Definition
(blank)	Not recorded	c1B	cT1b	c3	cT3
cX	cTX	c1B1	cT1b1	c3A	cT3a
c0	cT0	c1B2	cT1b2	c3B	cT3b
pA	pTa	c1C	cT1c	c3C	cT3c
pIS	pTis	c1D	cT1d	c3D	cT3d
pISU	pTispu	c2	cT2	c4	cT4
pISD	pTispd	c2A	cT2a	c4A	cT4a
c1MI	cT1mi, cT1mic	c2A1	cT2a1	c4B	cT4b
c1	cT1	c2A2	cT2a2	c4C	cT4c
c1A	cT1a	c2B	cT2b	c4D	cT4d
c1A1	cT1a1	c2C	cT2c	c4E	cT4e
c1A2	cT1a2	c2D	cT2d	88	Not applicable

## Clinical “N” Categories

21

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

Code	Definition	Code	Definition	Code	Definition
(blank)	Not recorded	c1B	cN1b	c3A	cN3a
cX	cNX	c1C	cN1c	c3B	cN3b
c0	cN0	c2	cN2	c3C	cN3c
c0A	cN0a	c2A	cN2a	c4	cN4
c0B	cN0b	c2B	cN2b	88	Not applicable
c1	cN1	c2C	cN2c		
c1A	cN1a	c3	cN3		

## Clinical “M” Categories

22

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

Code	Definition	Code	Definition
(blank)	Not recorded	p1	pM1
c0	cM0	p1A	pM1a
c0I+	cM0(i+)	p1B	pM1b
c1	cM1	p1C	pM1c
c1A	cM1a	p1D	pM1d
c1B	cM1b	p1E	pM1e
c1C	cM1c	88	Not applicable
c1D	cM1d		
c1E	cM1e		

## Pathologic “T” Categories

23

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

Code	Definition	Code	Definition	Code	Definition
(blank)	Not recorded	p1B	pT1b	p3	pT3
pX	pTX	p1B1	pT1b1	p3A	pT3a
p0	pT0	p1B2	pT1b2	p3B	pT3b
pA	pTa	p1C	pT1c	p3C	pT3c
pIS	pTis	p1D	pT1d	p3D	pT3d
pISU	pTispu	p2	pT2	p4	pT4
pISD	pTispd	p2A	pT2a	p4A	pT4a
p1MI	pT1mi, pT1 mic	p2A1	pT2a1	p4B	pT4b
p1	pT1	p2A2	pT2a2	p4C	pT4c
p1A	pT1a	p2B	pT2b	p4D	pT4d
p1A1	pT1a1	p2C	pT2c	p4E	pT4e
p1A2	pT1a2	p2D	pT2d	88	Not applicable

## Pathologic “N” Categories

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

Code	Definition	Code	Definition	Code	Definition
(blank)	Not recorded	p0A	pN0a	p2C	pN2c
pX	pNX	p0B	pN0b	p3	pN3
c0	cN0	p1	pN1	p3A	pN3a
p0	pN0	p1A	pN1a	p3B	pN3b
p0I-	pN0i-	p1B	pN1b	p3C	pN3c
p0I+	pN0i+	p1C	pN1c	p4	pN4
p0M-	pN0m-	p2	pN2	88	Not applicable
p0M+	pN0m+	p2A	pN2a		
p1MI	pN1mi	p2B	pN2b		



## Pathologic “M” Categories

25

- New ‘cM’ categories available to assign in *Pathologic Stage composition*

Code	Definition	Code	Definition	Code	Definition
(blank)	Not recorded	p1C	pM1c	c1C	cM1c
c0	cM0	p1D	pM1d	c1D	cM1d
c0I+	cM0(i+)	p1E	pM1e	c1E	cM1e
p1	pM1	c1	cM1	88	Not applicable
p1A	pM1a	c1A	cM1a		
p1B	pM1b	c1B	cM1b		

## Summary 2016 TNM ‘c’ & ‘p’ prefixes

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Clinical Stage: Allowable “p” values to assign CLINICAL Stage	
Clinical T categories now include:	pTA, pTIS, pTISU, pTISD
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 <i>in situ</i> tumors in 2016
Pathologic M categories now include:	cM0, cM0(i+), cM1, cM1A, cM1B, cM1c, cM1D, cM1E

## TNM-2015 versus 2016 data entry

27

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

2015					2016				
	T	N	M	Stage Group		T	N	M	Stage Group
Clin	T2	N0	M0	2	Clin	cT2	cN0	cM0	2
Path	T2A	N0	cM0	2	Path	pT2A	pN0	cM0	2
Must leave pM blank -Path stage uses implied value of cM0					Allows entry of “cM0” in path stage per correct AJCC stage composition				

## TNM-2015 versus 2016 data entry

28

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

2015					2016				
	T	N	M	Stage Group		T	N	M	Stage Group
Clin	pTis	N0	M0	0	Clin	pTis	cN0	cM0	0
Path	Tis	cN0	cM0	0	Path	pTis	cN0	cM0	0

Must use blanks (*implied values*) to correctly represent stage in record layout

- pTis, cN0, cM0 no longer "blank" - have values to complete correct clinical & path stage composition

Special In situ rule per AJCC pg 12, table 1.8

## TNM-2015 versus 2016 data entry

29

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

2015					2016				
	T	N	M	Stage Group		T	N	M	Stage Group
Clin	T2	N0	M1	4	Clin	cT2	cN0	cM1	4
Path	T3	N1b	cM1	4	Path	pT3	pN1b	cM1	4

- 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

30

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

2015					2016				
	T	N	M	Stage Group		T	N	M	Stage Group
Clin	T4	N1	pM1	4	Clin	cT4	cN1	pM1	4
Path	cT4	cN1	M1	4	Path	cT4	cN1	pM1	4

- Must leave cM 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”

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### □ 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

00	Not Staged
10	Physician, NOS, or physician type not specified in codes 11-15
11	Surgeon
12	Radiation Oncologist
13	Medical Oncologist
14	Pathologist
15	Multiple Physicians, Tumor Board, etc.
20	Cancer Registrar
30	Cancer Registrar and Physician
40	Nurse, Physician Assistant, or other non-physician medical staff
50	Staging assigned at another facility
60	Staging by Central Registry
88	Case is no eligible for staging
99	Staged but unknown who assigned stage

## 2016 TNM Edits

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### □ 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.

## 2016 TNM Edits

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### ■ 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 rx)

- 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**

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## Updates / Reminders

Reportability  
Visually Edited Fields  
ICD-O-3  
Staging

## Reportability

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

## Visually Edited Items for 2016

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### □ New Visually Edited items

- RX Summ-Surgical Margins
- Tumor Size Clinical
- Tumor Size Pathologic
- Tumor Size Summary

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

### ■ Mets at Dx

- Bone
- Brain
- Distant LN
- Liver
- Lung,
- Other

Counted as a single discrepancy  
at end of "feedback" only period

## Visually Edited Items for 2016

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### 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-O-3 “New codes & Terms” Continued Implementation Delay

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### ☐ Update

- ☐ Continued postponement for use of 2015 ICD-O-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-O-3 “New codes & Terms” Implementation Delayed

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### Volume 1, Section V.3 - Attachment A

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

### V.3 ICD-O Morphology - Histology, Behavior, and Differentiation

The morphology code indicates the type of cell that has become neoplastic (histology), its biologic activity (behavior), and the tumor grade or differentiation.

**CCR NOTES:**

The implementation of the new ICD-O-3 histology codes will not be implemented until 2017. Please continue to use the Histology Code Crosswalk for 2016.

**2015 ICD-O-3 histology coding changes:** There were histology coding changes being implemented for 2015. Many of the new codes could not be used for 2015 diagnoses because they were not included among the acceptable histologies for the Collaborative Stage algorithms. For the New ICD-O-3 Histology Code Crosswalk for 2015/2016, please see Volume I - Attachment A.

## 2015 ICD-O-3 "New codes & Terms" Implementation Delayed

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### Volume I: Attachment A

New ICD-O-3 Histology Code Crosswalk for 2015/2016:  
The following table is an excerpt from the NAACCR Guidelines for ICD-O-3 Update Implementation (December 2015). The complete document can be found on the NAACCR web site: [Guidelines for ICD-O-3 Update Implementation](#)

ICD-O-3 change	New ICD-O-3 Histology Code (do NOT use these codes in 2015/2016)	Description	Comment	Use this Histology Code in 2015/2016
New term and code	8236/2	Endocrine tumor, functioning, NOS	Not reportable	
New related term	8236/2	ACTH-producing tumor	Not reportable	
	8243/2	Pancreatobiliary-type carcinoma (C24.3)	DO NOT use new code	8255/2
New term and code	8243/2	Adenocarcinoma, pancreatobiliary-type (C24.3)	DO NOT use new code	8255/2
New term	8213/2	Serrated adenocarcinoma		8213/3*
New code and term	8245/2	Mucinous papillary carcinoma, NOS (C18.9, C19.9, C20.9)	DO NOT use new code	8207/3*
New code and term	8400/2	Low grade appendiceal mucinous neoplasm (C18.1)	Not reportable	
New term and code	8552/2	Mixed acinar ductal carcinoma	DO NOT use new code	8523/2
New term and code	8975/2	Calcifying nested epithelial ovarian tumor (C22.0)	Not reportable	
New term and code	9096/2	Papillary tumor of the pineal region	DO NOT use new code	9041/3*
New term and code	9425/2	Piloepithelioma	DO NOT use new code	9421/2

## California Cancer Registry Staging Requirements 2016

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Required from all reporting sources:

- ☐ Directly assigned TNM stage, both clinical & pathologic
  - Utilizing **AJCC TNM 7<sup>th</sup> 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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## Contact Information

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