

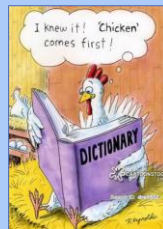


2018 Cancer Reporting Requirements Part I – Detailed Overview

1



FCDS ANNUAL CONFERENCE
TAMPA, FLORIDA
7/18/2018
STEVEN PEACE, CTR



CDC & Florida DOH Attribution

2



“Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the US Government.”



FCDS would also like to acknowledge the Florida Department of Health for its support of the Florida Cancer Data System, including the development, printing and distribution of materials for the 2018 FCDS Annual Conference and the 2018-2019 FCDS Webcast Series under state contract CODJU. The findings and conclusions in this series are those of the author(s) and do not necessarily represent the official position of the Florida Department of Health.

A Year for Major Changes to Data Standards

3

- New ICD-O-3 Histology Code & Behavior Codes
- New Histology Coding Rules and Tools
- New Reportable Cancers
- 2018 Solid Tumor MP/H Rules
- 2018 Hematopoietic MP/H Rules
- Cancer Staging Updates
 - AJCC TNM 8th ed.
 - 2018 SEER EOD
 - SS2018
 - Grade Coding
 - Site-Specific Data Items
- EDITS v18
- STORE Manual
- 2018 FCDS DAM

Harmonization &
Interconnectivity with Lots
of Moving Parts



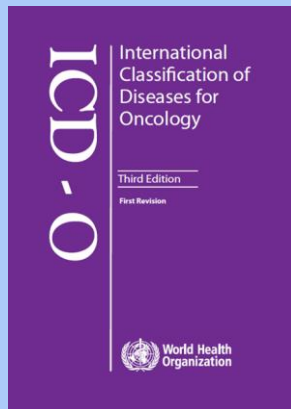
So...where should we start...

4

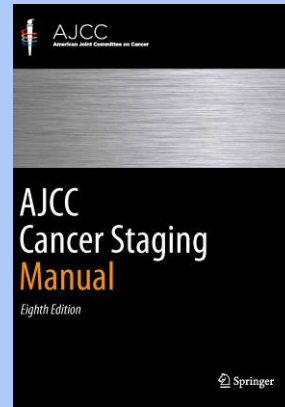


So...where should we start...

5

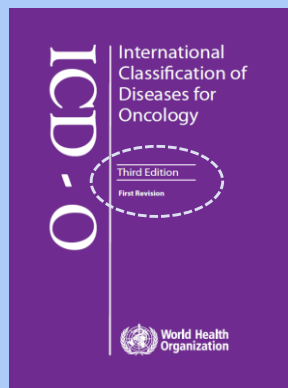


PLUS



ICD-O-3 Code & Behavior Updates

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WHO Classification of Tumors New or Revised Since 2010

Digestive System (2010)

Breast (2012)

Soft Tissue and Bone (2013)

Female Reproductive Organs (2014)

Lung, Pleura, Thymus & Heart (2015)

Urinary System & Male Genital (2016)

Central Nervous System (2016 revision)

Hematopoietic & Lymphoid (2016 revision)

Head & Neck (2017)

<http://codes.iarc.fr/usingicdo.php>

ICD-O-3 Code & Behavior Updates

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- New Site-Associated Codes – Many Specific Only to One Site
- 37 New ICD-O-3 Codes with New ICD-O-3 Terminology
- 19 New ICD-O-3 Terminology with New Behavior Code
- 1 New ICD-O-3 Term with New Behavior Code
- 114 New Preferred Term / Alternate Terms
- Previously non-reportable GI terms now Reportable
- Thymoma – no longer must state “malignant”

ICD-O-3 Code & Behavior Updates

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Guidelines for ICD-O-3 Update Implementation NAACCR, Inc.

North American Association of Central Registries, Inc.

GUIDELINES FOR ICD-O-3 HISTOLOGY CODE AND BEHAVIOR UPDATE IMPLEMENTATION Effective January 1, 2018

Prepared by:

NAACCR ICD-O-3 Update
Implementation Work Group

2018 ICD-O-3 Update to be used jointly with ICD-O-3, Hematopoietic and
Lymphoid Neoplasm Database, and Solid Tumor Rules (MP/H)

December 1, 2017

Summary of changes covered in the 2018 ICD-O-3 Update:

The 2018 ICD-O-3 Update Guidelines includes comprehensive tables listing all changes to ICD-O-3 effective for cases diagnosed 1/1/2018 forward. The guidelines also provide background on the project and issues encountered during review of the WHO Classifications of Tumors. Issues not covered in the 2018 update include reportability of GIST and histology codes with terms that include the words "high grade neoplasia" or "high grade dysplasia" or "severe dysplasia" in digestive system sites.

On an international level, the need was recognized in 2010 for updating the morphology section to accurately code contemporary diagnoses described in the terms of the fourth editions of the World Health Organization's Classifications of Hematopoietic and Lymphoid Neoplasms, Tumors of the Central Nervous System, and Tumors of the Digestive System. In September 2011, the International Agency for Research on Cancer (IARC) and the World Health Organization (WHO) released the document *Updates to the International Classification of Diseases for Oncology, third edition (ICD-O-3)*.

Important information for lung cases: Per WHO 4th Ed Tumors of Lung: In 2011, a new IASLC/ATS/ERS classification of lung adenocarcinoma proposed significant changes to the 2004 WHO classification for resected tumors, including discontinuing the terms bronchioloalveolar carcinoma (BAC).

Beginning with cases diagnosed 1/1/2018 forward, bronchioloalveolar carcinoma (BAC) is no longer the preferred term.

Currently in ICD-O-3, when a topography (C code) is listed in parentheses next to the morphology term, it indicates morphology is most common to that site. It may occur in other sites as well. Many of the new codes, terms, and behaviors listed in this update are site-specific and do not apply to all sites. Applicable C codes will be noted next to the term in **bold font**. These site- and histology-specific combinations will not be added to the "impossible combination" edit. However, if a site other than the one listed with the morphology code is assigned, the result will be an edit requiring review. This is Interfield Edit 25.

ICD-O-3 Code & Behavior Updates

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<https://seer.cancer.gov/icd-o-3/>

ICD-O-3 Coding Materials

Reporting Guidelines

- Casefinding Lists +
- SEER Coding Manual +
- Hematopoietic Project +
- ICD-O-3 Coding Materials
- Solid Tumor Manual
- Historical Staging and Coding Manuals +
- Grade Coding Instructions 2014

ICD-O-3 Guidelines

The revised 2018 Guidelines for ICD-O-3 Histology Code and Behavior Updates for cases diagnosed 1/1/2018 forward are now available on the NAACCR website. The update includes updates listing new codes and other changes and is available in two formats: PDF and Excel. Also available are the 2018 ICD-O-3 Update Guideline.

ICD-O-3 SEER Site/Histology Validation List

This site/type list is provided in both PDF and Excel formats:

- ICD-O-3 SEER Site/Histology Validation List (03/26/2018): PDF (PDF, 658 KB) or Excel (XLS, 1.1 MB)
- Errata for 03/26/2018 List (PDF, 11 KB)
- Errata for 01/17/2018 List (PDF, 41 KB)

Note: The Site/Histology List is not intended to be used for case finding or to determine reportability.

ICD-O-3 Code & Behavior Updates

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International Agency for Research on Cancer

International Classification of Diseases for Oncology

ICD-O-3 online

ABOUT ICD-O **USING ICD-O-3 ONLINE** **MORPHOLOGICAL CODES** **TOPOGRAPHICAL CODES**

You are here: Home / Morphological Codes

- ICD-O-3.1 (2011)
- ICD-O-3 (2000)
- Updates 2011

INTERNATIONAL CLASSIFICATION OF DISEASES FOR ONCOLOGY ICD-O-3 ONLINE

INTERNATIONAL CLASSIFICATION OF DISEASES FOR ONCOLOGY INCLUDING UPDATES AS AT SEP 01 2011, APPROVED BY THE IARC/WHO COMMITTEE FOR ICD-O-3

8000/0 Neoplasm, benign

- Tumor, benign
- Unclassified tumor, benign

8000/1 Neoplasm, uncertain whether benign or malignant

- Neoplasm, NOS
- Tumor, NOS
- Unclassified tumor, uncertain whether benign or malignant
- Unclassified tumor, borderline malignancy

8000/3 Neoplasm, malignant

ICD-O-3.2

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- ICD-O-3.2 will be released by IARC the end of 2018
 - Led by the WHO Classification of Tumours Group
 - WHO Classification of Tumours 4th edition series is complete
 - ALL 4th edition WHO “Blue Books” to be incorporated into 3.2
 - No word yet on what format ICD-O-3.2 will be available
 - A few known errors will be corrected
 - GI Dysplasia still being discussed
 - WHO Classification of Tumours 5th edition series has begun and new “Blue Books” will be introduced starting in 2020
 - IARC, WHO, IACR, NAACCR, Canadians working with WHO to address incorporating new classification series into ICD-O-5
 - Future - harmonize 5th ed. series with U.S. MP/H Rules, AJCC Cancer Staging, UICC Cancer Staging, and other staging systems

ICD-O-3 Code & Behavior Updates

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New Site-Associated Codes – Many Specific Only to One Site

Status	ICD-O-3 Morphology Code	Term	Reportable Y/N	Comments
New Term	8720/3	Meningeal melanoma (C70. ., C71. .)	Y	
New Term	8575/3	Metaplastic carcinoma of no special type (C50. .)	Y	
New Term	8571/3	Metaplastic carcinoma with chondroid differentiation (C50. .)	Y	
New Term	8571/3	Metaplastic carcinoma with osseous differentiation (C50. .)	Y	
New Term	8575/3	Metaplastic carcinoma with other types mesenchymal differentiation (C50. .)	Y	
New Term	8120/3	Microcystic urothelial carcinoma (C65.9, C66.9, C67. ., C68. .)	Y	
New code/term	8265/3	Micropapillary adenocarcinoma (C34. .)	Y	Cases diagnosed prior to 1/1/2018 use code 8507/3. Code 8265 is not valid for C50. . Use 8507 for micropapillary adenocarcinoma in breast primaries
New code/term	8265/3	Micropapillary carcinoma, NOS (C18. ., C19.9, C20.9, C34. .)	Y	Cases diagnosed prior to 1/1/2018 use code 8507/3. Code 8265 is not valid for C50. . Use 8507 for micropapillary adenocarcinoma in breast primaries
New code/term	8023/3	Midline carcinoma of children and young adults with NUT rearrangement (C30.0, C31.9, C34. .)	Y	
New code/term	8257/3	Minimally invasive adenocarcinoma, mucinous (C34. .)	Y	
New code/term	8256/3	Minimally invasive adenocarcinoma, non-mucinous (C34. .)	Y	

Histology Updates & Reportable Cancers

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Status	Histology	Be	label	Reportabl
Behavior code/term	8213	3	Serrated adenocarcinoma (C18.0, C18.2, C18.9, C19.9, C20.9)	Y
Behavior code/term	8250	2	Adenocarcinoma in situ, non-mucinous (C34.0)	Y
Behavior code/term	8253	2	Adenocarcinoma in situ, mucinous (C34.0)	Y
Behavior code/term	8311	3	Hereditary leiomyomatosis & RCC-associated renal cell carcinoma (C64.9)	Y
Behavior code/term	8311	3	MIT family translocation renal cell carcinoma (C64.9)	Y
Behavior code/term	8441	2	Serous endometrial intraepithelial carcinoma (C54.0, C55.9)	Y
Behavior code/term	8441	2	Serous tubal intraepithelial carcinoma (C57.0)	Y
Behavior code/term	8460	2	Non-invasive low grade serous carcinoma (C56.9)	Y
Behavior code/term	8507	3	Invasive micropapillary carcinoma (C50.0)	Y
Behavior code/term	8825	3	Low-grade myofibroblastic sarcoma (C01.9, C02.0, C06.9, C49.0)	Y
Behavior code/term	8825	3	Myofibroblastic sarcoma	Y
Behavior code/term	8842	3	Ossifying fibromyxoid tumor, malignant (C49.0)	Y
Behavior code/term	8842	3	Pulmonary myxoid sarcoma with EWSR1-CREB1 translocation (C34.0)	Y
Behavior code/term	8983	3	Adenomyoepithelioma with carcinoma (C50.0)	Y
Behavior code/term	9302	3	Ghost cell odontogenic carcinoma (C41.0, C41.1)	Y
Behavior code/term	9341	3	Clear cell odontogenic carcinoma (C41.0, C41.1)	Y

ICD-O-3 Site/Histology Validation Table

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<https://seer.cancer.gov/icd-o-3/>

Site recode	Site Description	Histology	Histology Description	Histology/Behavior	Histology/Behavior Description
C379	THYMUS	824	CARCINOID TUMOR, MALIGNANT	8246/3	Neuroendocrine carcinoma
C379	THYMUS	824	CARCINOID TUMOR, MALIGNANT	8249/3	Atypical carcinoid tumor
C379	THYMUS	858	THYMOMA, MALIGNANT	8580/3	Thymoma, malignant, NOS
C379	THYMUS	858	THYMOMA, MALIGNANT	8581/3	Thymoma, type A, malignant
C379	THYMUS	858	THYMOMA, MALIGNANT	8582/3	Thymoma, type A8, malignant
C379	THYMUS	858	THYMOMA, MALIGNANT	8583/3	Thymoma, type B1, malignant
C379	THYMUS	858	THYMOMA, MALIGNANT	8584/3	Thymoma, type B2, malignant
C379	THYMUS	858	THYMOMA, MALIGNANT	8585/3	Thymoma, type B3, malignant
C379	THYMUS	858	THYMOMA, MALIGNANT	8586/3	Thymic carcinoma, NOS
C379	THYMUS	858	THYMOMA, MALIGNANT	8588/3	Spindle epithelial tumor with thymus-like element
C379	THYMUS	858	THYMOMA, MALIGNANT	8589/3	Carcinoma showing thymus-like element
C379	THYMUS	908	TERATOMA	9086/3	Germ cell tumors with associated hematological malignancy

Site recode	Site Description	Histology	Histology Description	Histology/Behavior	Histology/Behavior Description
C500-C506,C508-C509	BREAST	850	DUCT CARCINOMA	8503/2	Noninfiltrating intraductal papillary adenocarcinoma
C500-C506,C508-C509	BREAST	850	DUCT CARCINOMA	8503/3	Intraductal papillary adenocarcinoma with invasion
C500-C506,C508-C509	BREAST	850	DUCT CARCINOMA	8504/2	Noninfiltrating intracyclic carcinoma
C500-C506,C508-C509	BREAST	850	DUCT CARCINOMA	8504/3	Intracyclic carcinoma, NOS
C500-C506,C508-C509	BREAST	850	DUCT CARCINOMA	8507/2	Intraductal micropapillary carcinoma
C500-C506,C508-C509	BREAST	850	DUCT CARCINOMA	8507/3	Invasive micropapillary carcinoma
C500-C506,C508-C509	BREAST	850	DUCT CARCINOMA	8508/3	Cystic hypersecretory carcinoma
C500-C506,C508-C509	BREAST	850	DUCT CARCINOMA	8509/2	Solid papillary carcinoma in situ
C500-C506,C508-C509	BREAST	850	DUCT CARCINOMA	8509/3	Solid papillary carcinoma with invasion
C500-C506,C508-C509	BREAST	851	MEDULLARY CARCINOMA, NOS	8510/3	Medullary carcinoma, NOS
C500-C506,C508-C509	BREAST	851	MEDULLARY CARCINOMA, NOS	8512/3	Medullary carcinoma with lymphoid stroma
C500-C506,C508-C509	BREAST	851	MEDULLARY CARCINOMA, NOS	8513/3	Atypical medullary carcinoma
C500-C506,C508-C509	BREAST	851	MEDULLARY CARCINOMA, NOS	8514/3	Duct carcinoma, desmoplastic type
C500-C506,C508-C509	BREAST	851	MEDULLARY CARCINOMA, NOS	8519/2	Pleomorphic lobular carcinoma in situ
C500-C506,C508-C509	BREAST	852	LOBULAR AND OTHER DUCTAL CA.	8520/2	Lobular carcinoma in situ
C500-C506,C508-C509	BREAST	852	LOBULAR AND OTHER DUCTAL CA.	8520/3	Lobular carcinoma, NOS
C500-C506,C508-C509	BREAST	852	LOBULAR AND OTHER DUCTAL CA.	8521/3	Infiltrating ductular carcinoma
C500-C506,C508-C509	BREAST	852	LOBULAR AND OTHER DUCTAL CA.	8522/2	Intraductal and lobular in situ carcinoma
C500-C506,C508-C509	BREAST	852	LOBULAR AND OTHER DUCTAL CA.	8522/3	Infiltrating duct and lobular carcinoma

ICD-O-3 Site/Histology Validation Table

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<https://seer.cancer.gov/icd-o-3/>

Site recode	Site Description	Histology	Histology Description	Histology/Behavior	Histology/Behavior Description
C340-C343,C348-C349	LUNG & BRONCHUS	824	CARCINOID TUMOR, MALIGNANT	8242/3	Enterochromaffin-like cell tumor, malignant
C340-C343,C348-C349	LUNG & BRONCHUS	824	CARCINOID TUMOR, MALIGNANT	8243/3	Goblet cell carcinoid
C340-C343,C348-C349	LUNG & BRONCHUS	824	CARCINOID TUMOR, MALIGNANT	8244/3	Composite carcinoid
C340-C343,C348-C349	LUNG & BRONCHUS	824	CARCINOID TUMOR, MALIGNANT	8245/3	Adenocarcinoid tumor
C340-C343,C348-C349	LUNG & BRONCHUS	824	CARCINOID TUMOR, MALIGNANT	8246/3	Neuroendocrine carcinoma
C340-C343,C348-C349	LUNG & BRONCHUS	824	CARCINOID TUMOR, MALIGNANT	8249/3	Atypical carcinoid tumor
C340-C343,C348-C349	LUNG & BRONCHUS	825	BRONCHIOLO-ALVEOLAR ADENOC.	8250/2	Adenocarcinoma in situ, non-mucinous
C340-C343,C348-C349	LUNG & BRONCHUS	825	BRONCHIOLO-ALVEOLAR ADENOC.	8250/3	Lepidic adenocarcinoma
C340-C343,C348-C349	LUNG & BRONCHUS	825	BRONCHIOLO-ALVEOLAR ADENOC.	8251/3	Alveolar adenocarcinoma
C340-C343,C348-C349	LUNG & BRONCHUS	825	BRONCHIOLO-ALVEOLAR ADENOC.	8252/3	Bronchiolo-alveolar carcinoma, non-mucinous
C340-C343,C348-C349	LUNG & BRONCHUS	825	BRONCHIOLO-ALVEOLAR ADENOC.	8253/2	Adenocarcinoma in situ, mucinous
C340-C343,C348-C349	LUNG & BRONCHUS	825	BRONCHIOLO-ALVEOLAR ADENOC.	8253/3	Invasive mucinous adenocarcinoma
C340-C343,C348-C349	LUNG & BRONCHUS	825	BRONCHIOLO-ALVEOLAR ADENOC.	8254/3	Mixed invasive mucinous and non-mucinous adenocarcinoma
C340-C343,C348-C349	LUNG & BRONCHUS	825	BRONCHIOLO-ALVEOLAR ADENOC.	8255/3	Adenocarcinoma with mixed subtypes
C340-C343,C348-C349	LUNG & BRONCHUS	825	BRONCHIOLO-ALVEOLAR ADENOC.	8256/3	Minimally invasive adenocarcinoma, non-mucinous
C340-C343,C348-C349	LUNG & BRONCHUS	825	BRONCHIOLO-ALVEOLAR ADENOC.	8257/3	Minimally invasive adenocarcinoma, mucinous
C340-C343,C348-C349	LUNG & BRONCHUS	826	PAPILLARY ADENOCARCINOMA, NOS	8260/3	Papillary adenocarcinoma, NOS
C340-C343,C348-C349	LUNG & BRONCHUS	831	CLEAR CELL ADENOCARCINOMA, NOS	8310/3	Clear cell adenocarcinoma, NOS
C340-C343,C348-C349	LUNG & BRONCHUS	832	GRANULAR CELL CARCINOMA	8320/3	Granular cell carcinoma
C340-C343,C348-C349	LUNG & BRONCHUS	832	GRANULAR CELL CARCINOMA	8323/3	Mixed cell adenocarcinoma
C340-C343,C348-C349	LUNG & BRONCHUS	843	MUCOEPIDERMOID CARCINOMA	8430/3	Mucoepidermoid carcinoma
C340-C343,C348-C349	LUNG & BRONCHUS	848	MUCINOUS ADENOCARCINOMA	8480/3	Mucinous adenocarcinoma
C340-C343,C348-C349	LUNG & BRONCHUS	848	MUCINOUS ADENOCARCINOMA	8481/3	Mucin-producing adenocarcinoma

2018 Multiple Resources Used to Code Histology

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- Please USE ALL RESOURCES to Code the Histology
- Please USE ALL RESOURCES to Code the Behavior
- Please USE NEW RESOURCES to Code the Grade
 - ICD-O-3 Manual & Errata
 - ✦ There will not be a new ICD-O-3 Manual Printed
 - ✦ Be Careful Using the ICD-O-3.1 online version
 - 2011 ICD-O-3 Updates – Digestive System, CNS, Heme
 - 2018 ICD-O-3 Updates – new Histology/Behavior Codes
 - 2018 Solid Tumor MP/H Rules – How to Use Histo Codes
 - Hematopoietic Database On Line
 - ✦ Used to Code Any Histology 9590 – 9992
 - ✦ You MUST use the online version
 - ✦ Desktop Version is no longer supported & is out-of-date
 - 2018 Site-Specific Grade Coding Instructions



PLEASE - DO NOT RELY ON MENU

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- DO Not Rely on Software Pull-Down Menu Selection
- Basic Word Match May Not Result in Correct Code
- Rules and Instructions are NOT in the Pull-Down
 - You will make histology coding errors.
 - You will make behavior coding errors.
 - You will make grade coding errors.
 - You will not be able to stage cases in some instances.
- You MUST be more careful with FORCES (site/type)
- You will get cases returned to you for correction and resubmission for histology, behavior, grade, staging, and SSFs or SSDIs depending on date of dx.



Where to Find ICD-O-3 Coding Resources

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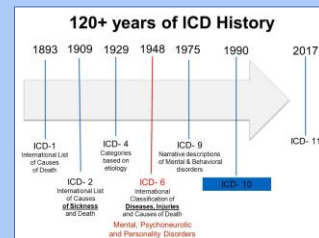
- ICD-O-3 Manual – use your current manual
- ICD-O-3 Updates for 2018
 - <https://seer.cancer.gov/icd-o-3/>
- 2018 Solid Tumor MP/H Rules
 - <https://seer.cancer.gov/tools/solidtumor>
- Hematopoietic Database On Line
 - <https://seer.cancer.gov/seertools/hemelymph/>
- 2018 Site-Specific Grade Instructions
 - <https://www.naaccr.org/SSDI/Grade-Manual.pdf>
- 2018 SEER Site/Type Validation List
 - <https://seer.cancer.gov/icd-o-3/>



ICD-11 and ICD-O-5

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- ICD-10 is nearly 30 years old (1989 release)
- ICD-11 early release in 2017 (beta version)
- ICD-11 used for Death Certificates in 2019 (NCHS)
- ICD-11 uses ICD-10 as foundation + more detail
- 100% electronic will replace paper version
- ICD-O-5 in review starting in 2019
- ICD-O-5 will be compatible with ICD-11
 - Topography
 - Morphology
 - Laterality
 - Grade
 - Stage
 - Genetic Profile
 - More



3 New Grade Items – All Tied to Schema ID

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Grade Coding Instructions and Tables

Effective with Cases Diagnosed 1/1/2018 and Forward
Published April 2018

Editors: Jennifer Ruhl, MSHCA, RHIT, CCS, CTR, NCI SEER
Jan Hoffmann, CTR, NAACCR
Elizabeth Ward, PhD, Consultant to NAACCR

Suggested Citation: Ruhl J, Ward E, Hoffmann J, et al. (March 2018). Grade Manual. NAACCR, Springfield, IL 62769-4294

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Grade 12

Schema ID	Schema ID Name	Grade	ICD-12 Clinical Grade Instruction
48.1	Breast, Invasive Ductal Carcinoma	48.1	Breast, Invasive Ductal Carcinoma
48.2	Breast, Invasive Lobular Carcinoma	48.2	Breast, Invasive Lobular Carcinoma

Note 1: Clinical grade must match SEER.

Note 2: Assign the highest grade from the primary tumor assessed during the clinical time frame.

Note 3: Priority order for codes:

- Invasive cancers: codes 1-10 take priority over A-D
- In situ cancers: codes L, M, N take priority over A-D

Note 4: Scarff-Bloom-Richardson (SBR) score is used for grade. SBR is also referred to as: Bloom-Richardson, Nottingham, Nottingham-modification of Bloom-Richardson score, Nottingham-modification, Nottingham-Tenon score, or Nottingham score.

Note 5: All invasive breast carcinomas should be assigned a histologic grade. The Nottingham combined histologic grade (Nottingham-modification of the SBR grading system) is recommended. The grade for a tumor is determined by assessing morphologic features: tubule formation, nuclear pleomorphism, and mitotic count, assigning a value from 1 (favorable) to 3 (unfavorable) for each feature, and totaling the scores for all three categories. A combined score of 3-5 points is designated as grade 1, a combined score of 6-7 points is grade 2, a combined score of 8-9 points is grade 3.

- Do not calculate the score unless all three components are available

Note 6: Code 9 is used:

- Grade from primary site is not documented
- Clinical workup is not done (for example, cancer is an incidental finding during surgery for another condition)
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available

Note 7: If there is only one grade available and it cannot be determined if it is clinical, pathological, or other non-adjacent therapy, assign as a clinical grade and code unknown (0) for pathological grade, and blank for post-therapy grade.

Note 8: If you are assigning an AICC ID within stage group:

- Grade is required to assign stage group
- Codes A-D are treated as an unknown grade when assigning AICC stage group
- An unknown grade may result in an unknown stage group

Code	Grade Description
01	Low combined histologic grade (favorable), SBR score of 3-5 points
02	Intermediate combined histologic grade (moderately favorable), SBR score of 6-7 points
03	High combined histologic grade (unfavorable), SBR score of 8-9 points
04	Nuclear Grade 1 (low) (in situ only)
05	Nuclear Grade 2 (intermediate) (in situ only)
06	Nuclear Grade 3 (high) (in situ only)

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Updated 4/25/18

Version 1.1

<https://www.naaccr.org/SSDI/Grade-Manual.pdf?v=1528898095>

What's a Schema ID ???

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Schema ID (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
00558 Adnexa Uterine Other	N/A	Adnexa Uterine Other	Adnexa Uterine Other	Grade 39
00760 Adrenal Gland	76	Adrenal Cortical Carcinoma	Adrenal Gland (Including NET)	Grade 26
00270 Ampulla Vater	27	Ampulla of Vater	Ampulla Vater (Including NET)	Grade 01
00210 Anus	21	Anus	Anus	Grade 06
00190 Appendix	19	Appendix-Carcinoma	Appendix (Including NET)	Grade 05
00260 Bile Ducts Distal	26	Distal Bile Duct	Extrahepatic Bile Ducts	Grade 01
00230 Bile Ducts Intrahepatic	23	Intrahepatic Bile Duct	Intrahepatic Bile Ducts	Grade 01
00250 Bile Ducts Perihilar	25	Perihilar Bile Ducts	Extrahepatic Bile Ducts	Grade 01
00278 Biliary Other	N/A	Biliary Other	Biliary Other	Grade 29
00620 Bladder	62	Urinary Bladder	Bladder	Grade 13
00381 Bone Appendicular Skeleton	38	Bone	Bone	Grade 08
00383 Bone Pelvis	38	Bone	Bone	Grade 08
00382 Bone Spine	38	Bone	Bone	Grade 08
00721 Brain	72	Brain and Spinal Cord	Brain	Grade 24
00480 Breast	48	Breast	Breast	Grade 12
00071 Buccal Mucosa	7	Lip and Oral Cavity	Buccal Mucosa	Grade 01
00060 Cervical Lymph Nodes and Unknown Primary Tumor of the Head and Neck	6	Cervical Lymph Nodes and Unknown Primary Tumors of Head and Neck	Cervical Lymph Nodes and Unknown Primary	Grade 26
00520 Cervix	52	Cervix Uteri	Cervix	Grade 01
00722 CNS Other	72	Brain and Spinal Cord	CNS Other	Grade 24
00200 Colon and Rectum	20	Colon and Rectum (Including NET)	Colon and Rectum (Including NET)	Grade 02
00650 Conjunctiva	65	Conjunctival Carcinoma	Conjunctiva	Grade 02
00542 Corpus Adenosarcoma	54	Corpus Uteri-Sarcoma (Including Adenosarcoma)	Corpus Sarcoma (Including Adenosarcoma)	Grade 14
00530 Corpus Carcinoma and Carcinosarcoma	53	Corpus Uteri-Carcinoma and Carcinosarcoma	Corpus Carcinoma and Carcinosarcoma	Grade 13
00541 Corpus Sarcoma	54	Corpus Uteri-Sarcoma	Corpus Sarcoma (Including Adenosarcoma)	Grade 13

AJCC/Schema ID is a Pointer

Includes ALL Site Chapters and Sub-Chapters of AJCC 8th edition
PLUS – Any Non-TNM-able Site/Histology Not in AJCC 8th ed.

Schema ID (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
00750 Parathyroid	75	Parathyroid	Parathyroid	Grade 25
00760 Adrenal Gland	76	Adrenal Cortical Carcinoma	Adrenal Gland (Including NET)	Grade 26
00770 NET Adrenal Gland	77	Adrenal-Neuroendocrine Tumors	Adrenal Gland (Including NET)	Grade 36
00778 Endocrine Other	N/A	N/A	Endocrine Other	Grade 39
00790 Lymphoma	75, 80	Hodgkin and Non-Hodgkin Lymphoma (Adult and Pediatric chapters)	Lymphoma	Grade 88
00795 Lymphoma-CLL/SLL	75, 80	Hodgkin and Non-Hodgkin Lymphoma (Adult and Pediatric chapters)	Lymphoma	Grade 88
00811 Mycosis Fungoides and Sézary Syndrome	81	Primary Cutaneous Lymphomas	Mycosis Fungoides	Grade 88
00812 Primary Cutaneous Lymphomas: Non-MF/Séz	81	Primary Cutaneous Lymphomas	Primary Cutaneous Lymphomas: Non-MF/Séz	Grade 88
00821 Plasma Cell Myeloma	82	Plasma Cell Myeloma and Plasma Cell Disorders	Myeloma Plasma Cell Disorder	Grade 88
00822 Plasma Cell Disorders	82	Plasma Cell Myeloma and Plasma Cell Disorders	Myeloma Plasma Cell Disorder	Grade 88
00830 Hemeretic	83	Leukemia	Hemeretic	Grade 88
99999 Ill-Defined Other	N/A	N/A	Ill-Defined Other	Grade 99

What is a Schema ID ???

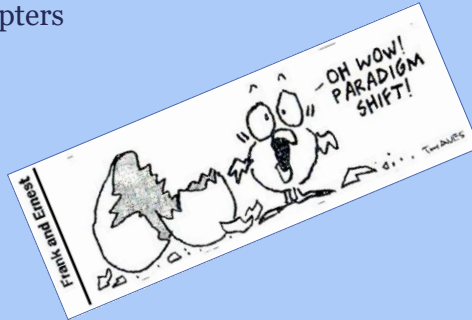
22

- Schema ID/AJCC ID are both 'pointers' for software table use
- Both Schema ID/AJCC ID are derived based on primary site, histology and schema discriminator (when applicable)
- AJCC ID points to AJCC 8th edition Chapter/Sub Chapter
- Schema ID points to SS2018 and SSDIs and 2018 Grade
- IDs Define and Point to Specific Tables for the following:
 - SSDIs
 - 2018 Grade ID
 - AJCC 8th edition Chapter
 - ~~EOD-schema (for those collecting EOD)~~
 - 2018 Summary Stage Chapter
 - EDITS
 - LVI

What does the AJCC/Schema ID point to ??

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- Schema ID Points to Site-Specific Tables & Instructions:
 - Clinical T, N, M and Clinical Stage Group
 - Pathological T, N, M and Pathological Stage Group
 - Post-Therapy T, N, M and Post-Therapy Stage Group
 - SS2018 Site/Histology Chapters
 - Site-Specific Data Items
 - Clinical Grade Tables
 - Pathological Grade Tables
 - Post-Therapy Grade Tables
 - MP/H Rules
 - EDITS
 - LVI



Site/Histo = AJCC Schema + Schema ID

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Histology	AJCC ID	Description
8000, 8010, 8012-8013, 8022-8023, 8031-8033, 8040-8042, 8045, 8070-8072, 8082-8083, 8140, 8144, 8200, 8230, 8240, 8246, 8249-8250, 8252, 8257, 8260, 8265, 8333, 8430, 8480-8481, 8551, 8560, 8562, 8972, 8980	36	Lung
8001-8005, 8011, 8014-8021, 8030, 8034-8035, 8043-8044, 8046-8060, 8073-8081, 8084-8131, 8141-8143, 8145-8191, 8201-8221, 8231, 8241-8245, 8247-8248, 8251, 8261-8264, 8270-8332, 8334-8420, 8440-8474, 8482-8550, 8552, 8561, 8570-8700, 8720-8790, 9700-9701	XX	Other Lung

Name	Default Value	Description	NAACCR Item
Schema ID	00360		NAACCR #3800
AJCC ID	XX		NAACCR #995

Site/Histo = AJCC Schema + Schema ID

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Primary Site	Histology	Behavior	AJCC ID	Description
C500-C506, C508-C509	8000, 8010, 8022, 8032, 8035, 8041, 8070, 8140, 8200, 8211, 8246, 8255, 8290, 8314-8315, 8401, 8410, 8430, 8480, 8502, 8509-8510, 8513, 8520-8525, 8530, 8540-8541, 8550, 8570-8572, 8574-8575, 8982-8983	2	XX	Other Breast
C500-C506, C508-C509	8201, 8500-8501, 8503-8504, 8507, 8543	2	48.1	Breast DCIS
C500-C506, C508-C509	8000, 8010, 8022, 8032, 8035, 8041, 8070, 8140, 8200-8201, 8211, 8246, 8255, 8290, 8314-8315, 8401, 8410, 8430, 8480, 8500-8504, 8507, 8509-8510, 8513, 8520-8525, 8530, 8540-8541, 8543, 8550, 8570-8572, 8574-8575, 8982-8983	3	48.2	Breast Invasive
C500-C506, C508-C509	8001-8005, 8011-8021, 8023-8031, 8033-8034, 8040, 8042-8060, 8071-8131, 8141-8191, 8202-8210, 8212-8245, 8247-8254, 8256-8281, 8300-8313, 8316-8400, 8402-8409, 8413-8420, 8440-8474, 8481-8490, 8505-8506, 8508, 8512, 8514-8519, 8542, 8551-8562, 8573, 8576-8700, 9700-9701	<Any value>	XX	Other Breast
C501-C506, C508-C509	8720-8790	<Any value>	XX	Other Breast

Name	Default Value	Description	NAACCR Item
Schema ID	00480		NAACCR #3800
AJCC ID	XX		NAACCR #995

Site/Histo = AJCC Schema + Schema ID

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Esophagus (including GE junction) (excluding Squamous)

Primary Site	Histology	Schema Discriminator 1	Schema Discriminator 2
C150-C155, C158-C159	8000-8015, 8021-8046, 8060, 8071-8073, 8075-8076, 8078-8082, 8084-8552, 8561-8700, 8720-8790, 9700-9701		
C160	8000-8015, 8021-8046, 8060, 8071-8073, 8075-8076, 8078-8082, 8084-8149, 8154, 8157, 8160-8231, 8243-8248, 8250-8552, 8561-8682, 8690-8700, 8720-8790, 9700-9701	2	
C150-C155, C158-C159	8020		2
C160	8020	2	2

Esophagus (including GE junction) Squamous

Primary Site	Histology	Schema Discriminator 1	Schema Discriminator 2
C150-C155, C158-C159	8050-8054, 8070, 8074, 8077, 8083, 8560		
C160	8050-8054, 8070, 8074, 8077, 8083, 8560	2	
C150-C155, C158-C159	8020		1, 9
C160	8020	2	1, 9

Site/Histo = AJCC Schema + Schema ID

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Histology	AJCC ID	Description
8020, 8051, 8070, 8074, 8077, 8083, 8560	16.1	Esophagus and Esophagogastric Junction: Squamous Cell Carcinoma
8050, 8052-8054	XX	Other Esophagus and Esophagogastric Junction: Squamous Cell Carcinoma

Primary Site	Histology	AJCC ID	Description
C150-C155, C158-C159, C160	8000, 8010, 8013, 8041, 8071, 8145, 8246, 8255	16.3	Esophagus and Esophagogastric Junction: Other Histologies
C150-C155, C158-C159, C160	8020, 8140, 8148, 8200, 8244, 8430	16.2	Esophagus and Esophagogastric Junction: Adenocarcinoma
C150-C155, C158-C159	8240, 8249	16.3	Esophagus and Esophagogastric Junction: Other Histologies
C150-C155, C158-C159, C160	8001-8005, 8011-8012, 8014-8015, 8021-8040, 8042-8046, 8060, 8072-8073, 8075-8076, 8078-8082, 8084-8131, 8141-8144, 8146-8147, 8149, 8154, 8157, 8160-8191, 8201-8231, 8243, 8245, 8247-8248, 8250-8254, 8256-8420, 8440-8552, 8561-8682, 8690-8700, 8720-8790, 9700-9701	XX	Other Esophagus and Esophagogastric Junction
C150-C155, C158-C159	8150-8153, 8155-8156, 8158, 8241-8242, 8683	XX	Other Esophagus and Esophagogastric Junction

Lung (C34.0) Histology 8046/3 (NSCLC)

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Can only assign Summary Stage 2018 – 8046/3 is not allowed in the AJCC Histology Allowed Table
No AJCC Schema Found – Cannot Assign TNM

Abstract Entry Version 18.0 New Facility/Accession/Seq: 1107-201800007-00 AbstractEntryV18

Selection Demographic Address DX Case DX Staging Text Text 2 Treatment Follow-Up Historical

DX Date: 2018-01-01 Primary Site: C340 Histology: 8046 Behavior: 3 Disc: Disc 2: Lung

Regional Nodes Positive: 01 Regional Nodes Examined: 06

Lymph Vascular Invasion: Present/Identified

Direct Coded SEER Summary Stage 2018

AJCC TNM 8th Edition - 2018 + AJCC Chapter ID: XX SS07 Schema ID: 00360 Lung

AJCC Clinical TNM

T: 88 N: 88 M: 88 Stage Grp: 88

AJCC Pathologic TNM

T: 88 N: 88 M: 88 Stage Grp: 88

Site Specific Data Items (SSDI) No SSDI required for this schema

00360 - Direct Coded Stage 2018 - 8-8.0.4.25 L-1.0.0.1

SS2018

0 In situ, intraepithelial, noninvasive

1 Adenocarcinoma in situ (AIS): adenocarcinoma with pure lepidic

2 Squamous cell carcinoma in situ (SCIS)

3 Localized only (localized, NOS)

4 Adjacent ipsilateral lobes

5 Confined to carina, NOS

6 Confined to hilus

7 Confined to lung, NOS

8 Main stem bronchus, NOS (without involvement of the carina)

9 Including extension from other part of lung

10 Minimally invasive adenocarcinoma

11 Adenocarcinoma tumor WITH predominantly lepidic pattern (AI)

12 * WITH invasive component measuring less than or equal to 5

13 Superficial tumor, WITH invasive component limited to bronchial

14 WITH or WITHOUT proximal extension to main stem bronchus

15 Regional by direct extension only

TNM & Stage Group = 88 Not Stageable

Lung (C34.o) Histology 8140/3

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Can assign Summary Stage 2018 and AJCC TNM
8140/3 is allowed in the AJCC Histology Table
AJCC Schema Found = Assign TNM

Lung (C34.o) Histology 8140/3

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When Schema Found Software ALSO Allows You to
Pull Up the Correct Grade Table

Breast (C50.4) Histology 8020/3

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Can only assign Summary Stage 2018 – 8020/3 is
not allowed in the AJCC Histology Allowed Table
No AJCC Schema Found – Cannot Assign TNM

Abstract Entry Version 18.0 New Facility/Accession/Seq: 1107-201800777-00

Selection Demographic Address DX Case Dx Staging Text Text 2 Treatment Follow-Up Historical

DX Date: 2018-01-01 Primary Site: C504 Histology: 8020 Behavior: 3 Disc 1: Disc 2: Breast

Regional Nodes Examined: 14 Regional Nodes Examined: 14

Lymph Vascular Invasion: 1-Present/Identified

Direct Coded SEER Summary Stage 2018: 7 Distant site(s)/lymph node(s) involved

AJCC TNM 8th Edition - 2018 + AJCC Chapter ID: XX SSOT Schema ID: 00480 Breast

Tumor Size Summary

AJCC Clinical TNM Clinical Grade: 9 T: 88 N: 88 M: 88 Stage Grp: 88

AJCC Pathologic TNM Pathologic Grade: 9 XX - Clinical T - 8-8.0.4.25 L-1.0.0.1

AJCC Post Therapy TNM Post Therapy Grade: 9

Code Description

88 Not Applicable

88 Not Stageable

Lymph Nodes Positive A

ER (Estrogen Receptor) Percent P

PR (Progesterone Rec

PR (Progesterone Receptor) T

Oncotype Dx Recurrence

Multigene

Breast (C50.4) Histology 8507/2

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Can assign Summary Stage 2018 and AJCC TNM
8507/2 is allowed in the AJCC Histology Table
AJCC Schema Found = Assign TNM

Abstract Entry Version 18.0 New Facility/Accession/Seq: 1107-201800777-00

Selection Demographic Address DX Case Dx Staging Text Text 2 Treatment Follow-Up Historical

DX Date: 2018-01-01 Primary Site: C504 Histology: 8507 Behavior: 2 Disc 1: Disc 2: Breast

Regional Nodes Examined: 14 Regional Nodes Examined: 14

Lymph Vascular Invasion: 1-Present/Identified

Direct Coded SEER Summary Stage 2018: 7 Distant site(s)/lymph node(s) involved

AJCC TNM 8th Edition - 2018 + AJCC Chapter ID: 48.1 SSOT Schema ID: 00480 Breast

Tumor Size Summary

AJCC Clinical TNM Clinical Grade: 1 T: cTis(DCIS) N: cN0 M: cM0 Stage Grp: 88

AJCC Pathologic TNM 48.1 - Clinical Stage Group - 8-8.0.4.25 L-1.0.0.1

AJCC Post Therapy TNM

When T is...	And N	And M	oncotype	AJCCfactor	AJCCfactor-HE	AJCCfactor-ER	AJCCfactor-PR	Then the st
0 cTis(DCIS)	cN0	cM0	N/A	G1	Positive	Positive	Positive	0
0 cTis(DCIS)	cN0	cM0	N/A	G1	Positive	Positive	Negative	0
0 cTis(DCIS)	cN0	cM0	N/A	G1	Positive	Negative	Positive	0
0 cTis(DCIS)	cN0	cM0	N/A	G1	Positive	Negative	Negative	0
0 cTis(DCIS)	cN0	cM0	N/A	G1	Negative	Positive	Positive	0
0 cTis(DCIS)	cN0	cM0	N/A	G1	Negative	Positive	Negative	0
0 cTis(DCIS)	cN0	cM0	N/A	G1	Negative	Negative	Positive	0
0 cTis(DCIS)	cN0	cM0	N/A	G1	Negative	Negative	Negative	0
0 cTis(DCIS)	cN0	cM0	N/A	G1	Equivocal	Positive	Positive	0
0 cTis(DCIS)	cN0	cM0	N/A	G1	Equivocal	Positive	Negative	0

Lym

ER (Estrogen

PR

PR (Proge

Oncot

Breast (C50.4) Histology 8500/3

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When Schema Found Software ALSO Allows You to
Pull Up the Correct Grade Table

Abstract Entry Version 18.0 New Facility/Accession/Seq: 1107-201800777-00 AbstractEntryV18

Selection Demographic Address DX Case Dx Staging Text Text 2 Treatment Follow-Up Historical

DX Date: 2018-01-01 Primary Site: C50.4 Histology: 8507 Behavior: 3 Disc 1: Disc 2: Breast

Regional Nodes Positive: 14 Regional Nodes Examined: 14

Lymph Vascular Invasion: 1 Present/Identified

Direct Coded SEER Summary Stage 2018: 7 Distant site(s)/lymph node(s) involved

AJCC TNM 8th Edition - 2018 + AJCC Chapter ID: XX SSDI Schema ID: 00480 Breast

Tumor Size Summary: 050

AJCC Clinical TNM: 00480 - Grade Clinical - B-8.0.4.25 L-1.0.0.1

Code	Description
1	G1: Low combined histologic grade (favorable); SBR score of 3-5 points
2	G2: Intermediate combined histologic grade (moderately favorable); SBR score of 6-7 points
3	G3: High combined histologic grade (unfavorable); SBR score of 8-9 points
L	Nuclear Grade I (Low) (in situ only)
M	Nuclear Grade II (intermediate) (in situ only)
H	Nuclear Grade III (High) (in situ only)
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic

AJCC Pathologic TNM: Pathologic Grade: 9

AJCC Post Therapy TNM: Post Therapy Grade: T Suffix: N Suffix:

(Estrogen Receptor) Summary: (Estrogen Receptor) Total Allred Score: (Estrogen Receptor) Percent Positive or Range: HER2 Overall Summary: Oncotype Dx Risk Level-Invasive:

Breast (C50.4) Histology 8507/2

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When Schema Found Software ALSO Allows You to
Pull Up the Correct SSDI Tables

Abstract Entry Version 18.0 New Facility/Accession/Seq: 1107-201800777-00 AbstractEntryV18

Selection Demographic Address DX Case Dx Staging Text Text 2 Treatment Follow-Up Historical

DX Date: 2018-01-01 Primary Site: C50.4 Histology: 8507 Behavior: 2 Disc 1: Disc 2: Breast

Regional Nodes Positive: 00 Regional Nodes Examined: 03

Lymph Vascular Invasion: 0 Not Present/Not Identified

Direct Coded SEER Summary Stage 2018: 0 In situ, intraepithelial, noninvasive

AJCC TNM 8th Edition - 2018 + AJCC Chapter ID: 48.1 SSDI Schema ID: 00480 Breast

Tumor Size Summary: 010

AJCC Clinical TNM: Clinical Grade: L T Suffix: N Suffix: Stage Grp: 0

AJCC Pathologic TNM: Pathologic Grade: L T Suffix: N Suffix: Stage Grp: 0

AJCC Post Therapy TNM: Post Therapy Grade: T Suffix: N Suffix: Stage Grp: 0

00480 - Oncotype Dx Risk Level-Invasive - B-8.0.4.25 L-1.0.0.1

Code	Description
0	Low risk (recurrence score 0-17)
1	Intermediate risk (recurrence score 18-30)
2	High risk (recurrence score greater than or equal to 31)
7	Not applicable: DCIS case

ER (Estrogen Receptor) Summary: (Estrogen Receptor) Total Allred Score: (Estrogen Receptor) Percent Positive or Range: Oncotype Dx Risk Level-Invasive:

Another Useful Table for Site/Histo/Stage

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AJCC Histology and Topography Code Supplement

Chapter Number	Chapter Title	Disease Title	Disease ID	Code	Description	Attribute 2	Attribute 3
13.13.3	Larynx	Larynx: Subglottis	HAN-LAR-SUB	8070	Conventional squamous cell carcinoma	Clinical	WHO
13.13.3	Larynx	Larynx: Subglottis	HAN-LAR-SUB	8074	Spindle cell squamous cell carcinoma	Clinical	WHO
13.13.3	Larynx	Larynx: Subglottis	HAN-LAR-SUB	8079	Acantholytic squamous cell carcinoma	Clinical	ICD03
13.13.3	Larynx	Larynx: Subglottis	HAN-LAR-SUB	8082	Lymphoepithelial carcinoma	Clinical	WHO
13.13.3	Larynx	Larynx: Subglottis	HAN-LAR-SUB	8083	Basaloid squamous cell carcinoma	Clinical	WHO
13.13.3	Larynx	Larynx: Subglottis	HAN-LAR-SUB	8200	Adenoid cystic carcinoma	Clinical	WHO
13.13.3	Larynx	Larynx: Subglottis	HAN-LAR-SUB	8240	Well-differentiated neuroendocrine carcinoma	Clinical	WHO
13.13.3	Larynx	Larynx: Subglottis	HAN-LAR-SUB	8249	Moderately differentiated neuroendocrine carcinoma	Clinical	WHO
13.13.3	Larynx	Larynx: Subglottis	HAN-LAR-SUB	8430	Mucosquamous carcinoma	Clinical	WHO
13.13.3	Larynx	Larynx: Subglottis	HAN-LAR-SUB	8560	Adenosquamous carcinoma	Clinical	WHO
14	Mucosal Melanoma of the Head and Neck	Mucosal Melanoma of the Head and Neck	HAN-MUC	8720	Mucosal melanoma	Clinical	WHO
14	Mucosal Melanoma of the Head and Neck	Mucosal Melanoma of the Head and Neck	HAN-MUC	8722	Balloon cell melanoma	Clinical	ICD03
14	Mucosal Melanoma of the Head and Neck	Mucosal Melanoma of the Head and Neck	HAN-MUC	8773	Mixed epithelioid and spindle cell	Clinical	ICD03
14	Mucosal Melanoma of the Head and Neck	Mucosal Melanoma of the Head and Neck	HAN-MUC	8771	Epithelioid cell melanoma	Clinical	ICD03
14	Mucosal Melanoma of the Head and Neck	Mucosal Melanoma of the Head and Neck	HAN-MUC	8772	Spindle cell melanoma, NOS	Clinical	ICD03
15	Cutaneous Carcinoma of the Head and Neck	Cutaneous Carcinoma of the Head and Neck	HAN-SKN	8070	Squamous cell carcinoma	Clinical	ICD03
15	Cutaneous Carcinoma of the Head and Neck	Cutaneous Carcinoma of the Head and Neck	HAN-SKN	8099	Basal cell carcinoma	Clinical	ICD03
15	Cutaneous Carcinoma of the Head and Neck	Cutaneous Carcinoma of the Head and Neck	HAN-SKN	8091	Superficial basal cell carcinoma	Clinical	ICD03
15	Cutaneous Carcinoma of the Head and Neck	Cutaneous Carcinoma of the Head and Neck	HAN-SKN	8092	Infiltrating basal cell carcinoma	Clinical	ICD03
15	Cutaneous Carcinoma of the Head and Neck	Cutaneous Carcinoma of the Head and Neck	HAN-SKN	8093	Fibroepithelial basal cell carcinoma	Clinical	ICD03
15	Cutaneous Carcinoma of the Head and Neck	Cutaneous Carcinoma of the Head and Neck	HAN-SKN	8103	Proliferating trichilemmal tumor	Clinical	ICD03
15	Cutaneous Carcinoma of the Head and Neck	Cutaneous Carcinoma of the Head and Neck	HAN-SKN	8110	Piloamelanoma	Clinical	ICD03
15	Cutaneous Carcinoma of the Head and Neck	Cutaneous Carcinoma of the Head and Neck	HAN-SKN	8200	Adenoid cystic carcinoma	Clinical	ICD03
15	Cutaneous Carcinoma of the Head and Neck	Cutaneous Carcinoma of the Head and Neck	HAN-SKN	8211	Tubular carcinoma	Clinical	ICD03
15	Cutaneous Carcinoma of the Head and Neck	Cutaneous Carcinoma of the Head and Neck	HAN-SKN	8401	Adenocarcinoma	Clinical	ICD03
15	Cutaneous Carcinoma of the Head and Neck	Cutaneous Carcinoma of the Head and Neck	HAN-SKN	8403	Apocrine carcinoma	Clinical	ICD03
15	Cutaneous Carcinoma of the Head and Neck	Cutaneous Carcinoma of the Head and Neck	HAN-SKN	8403	Adenocarcinoma	Clinical	ICD03
15	Cutaneous Carcinoma of the Head and Neck	Cutaneous Carcinoma of the Head and Neck	HAN-SKN	8407	Mucocystic adnexal carcinoma	Clinical	ICD03
15	Cutaneous Carcinoma of the Head and Neck	Cutaneous Carcinoma of the Head and Neck	HAN-SKN	8408	Diffuse papillary carcinoma	Clinical	ICD03
15	Cutaneous Carcinoma of the Head and Neck	Cutaneous Carcinoma of the Head and Neck	HAN-SKN	8409	Porocarcinoma	Clinical	ICD03
15	Cutaneous Carcinoma of the Head and Neck	Cutaneous Carcinoma of the Head and Neck	HAN-SKN	8410	Sebacoid carcinoma	Clinical	ICD03

<https://cancerstaging.org/references-tools/deskreferences/Pages/8EUpdates.aspx#Histology/Topography>

Another Helpful Table for Site/Histo/Stage

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AJCC Histology and Topography Code Supplement

Chapter Number	Chapter Title	Disease Title	Disease ID	Code	Description	Attribute 2	Attribute 3
13.13.1	Larynx	Larynx: Supraglottis	HAN-LAR-SUP	8072	Non-keratinizing squamous cell carcinoma	Surveillance	WHO
13.13.2	Larynx	Larynx: Glottis	HAN-LAR-GLO	8004	Neoplasm, malignant	Surveillance	WHO
13.13.2	Larynx	Larynx: Glottis	HAN-LAR-GLO	8005	Carcinoma, NOS	Surveillance	WHO
13.13.2	Larynx	Larynx: Glottis	HAN-LAR-GLO	8071	Keratinizing squamous cell carcinoma	Surveillance	WHO
13.13.2	Larynx	Larynx: Glottis	HAN-LAR-GLO	8072	Non-keratinizing squamous cell carcinoma	Surveillance	WHO
13.13.3	Larynx	Larynx: Subglottis	HAN-LAR-SUB	8000	Neoplasm, malignant	Surveillance	WHO
13.13.3	Larynx	Larynx: Subglottis	HAN-LAR-SUB	8010	Carcinoma, NOS	Surveillance	WHO
13.13.3	Larynx	Larynx: Subglottis	HAN-LAR-SUB	8010	Carcinoma in situ, NOS	Surveillance	WHO
13.13.3	Larynx	Larynx: Subglottis	HAN-LAR-SUB	8071	Keratinizing squamous cell carcinoma	Surveillance	WHO
13.13.3	Larynx	Larynx: Subglottis	HAN-LAR-SUB	8072	Non-keratinizing squamous cell carcinoma	Surveillance	WHO
14	Mucosal Melanoma of the Head and Neck	Mucosal Melanoma of the Head and Neck	HAN-MUC	8721	Nodular melanoma	Surveillance	WHO
14	Mucosal Melanoma of the Head and Neck	Mucosal Melanoma of the Head and Neck	HAN-MUC	8730	Amelanotic melanoma	Surveillance	WHO
14	Mucosal Melanoma of the Head and Neck	Mucosal Melanoma of the Head and Neck	HAN-MUC	8745	Desmoplastic melanoma, malignant	Surveillance	WHO
14	Mucosal Melanoma of the Head and Neck	Mucosal Melanoma of the Head and Neck	HAN-MUC	8746	Mucosal lentiginous melanoma	Surveillance	WHO
16	Esophagus and Esophagogastric Junction	Other histologies	UGI-ESO-OTH	8000	Neoplasm, malignant	Surveillance	ICD03
16	Esophagus and Esophagogastric Junction	Esophagus and Esophagogastric Junction: Other histologies	UGI-ESO-OTH	8010	Carcinoma in situ, NOS	Surveillance	ICD03
16	Esophagus and Esophagogastric Junction	Esophagus and Esophagogastric Junction: Other histologies	UGI-ESO-OTH	8010	Carcinoma, NOS	Surveillance	ICD03
16	Esophagus and Esophagogastric Junction	Esophagus and Esophagogastric Junction: Other histologies	UGI-ESO-OTH	8071	Squamous cell carcinoma, keratinizing, NOS	Surveillance	ICD03
16	Esophagus and Esophagogastric Junction	Esophagus and Esophagogastric Junction: Other histologies	UGI-ESO-OTH	8116	Carcinoma, diffuse type	Surveillance	ICD03
16	Esophagus and Esophagogastric Junction	Esophagus and Esophagogastric Junction: Other histologies	UGI-ESO-OTH	8255	Adenocarcinoma with mixed subtypes	Surveillance	ICD03
17	Stomach	Stomach	UGI-STO	8000	Neoplasm, malignant	Surveillance	ICD03
17	Stomach	Stomach	UGI-STO	8010	Carcinoma, NOS	Surveillance	ICD03
17	Stomach	Stomach	UGI-STO	8142	Linitis plastica	Surveillance	ICD03

<https://cancerstaging.org/references-tools/deskreferences/Pages/8EUpdates.aspx#Histology/Topography>

Back to Coding Grade

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NAACCR North American Association of Central Cancer Registries

Home

SITE SPECIFIC DATA ITEMS (SSDI)/ GRADE

Home / Schema List

Data Last Updated: May 9, 2018 (Version 1.2)

CANCER SCHEMA LIST

Displaying 118 Schemas

☒ Standard Search
 ☐ Site/Hist Search

Search Term(s)

RESOURCES

- SSDI Manual
- SSDI Manual Appendix A
- SSDI Manual Appendix B
- Grade Manual

Comments or suggestions concerning the SSDI's are welcome and can be posted at the American College of Surgeons CAnswer Forum.

<https://apps.naaccr.org/ssdi/list/>

Back to Coding Grade

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- **Clinical Grade** - the grade of a solid primary tumor before any treatment. Treatment may include surgical resection, systemic therapy, radiation therapy, or neoadjuvant therapy. NOTE: All surgical procedures are not treatment, e.g. TURB and endoscopic biopsies.
- **Pathological Grade** - the grade of a solid primary tumor that has been surgically resected and for which no neoadjuvant therapy was administered. If AJCC pathological staging is being assigned, the tumor must have met the surgical resection requirements in the AJCC manual. This may include the grade from the clinical workup, as all information from diagnosis (clinical staging) through the surgical resection is used for pathological staging.
- **Post-Therapy Grade** - the grade of a solid primary tumor that has been resected following neoadjuvant therapy. If AJCC post-therapy staging is being assigned, the tumor must have met the surgical resection requirements for yp in the AJCC manual. Neoadjuvant therapy must meet guidelines or standards, and not be that given for variable or unconventional reasons as noted in the AJCC manual.

Back to Coding Grade

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The tables for grade have been re-structured for 2018. There may be a combination of numeric and alphabetic codes within the same table, according to this template.

Template for a Cancer-Specific Grade Table

Code	Grade Description
1	Site-specific grade system category
2	Site-specific grade system category
3	Site-specific grade system category
4	Site-specific grade system category
5	Site-specific grade system category
L	Low grade
H	High grade
M	Site-specific grade system category
S	Site-specific grade system category
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated and anaplastic
8	Not applicable (Hematopoietic neoplasms only)
9	Grade cannot be assessed; Unknown
Blank	(Post-therapy only)

Codes 1-5, L, H, M, S, and 9 all represent AJCC recommended grading systems.

Codes 1-5 are applicable for the AJCC-recommended grading systems. Not all grade tables will have five codes; most will have three or four. GX is coded to 9.

Back to Coding Grade

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Cancer Registry Coding of the Cell Indicator or Grade for Hematopoietic and Lymphoid Neoplasms (9590-9992)

Historically the cell lineage indicator (B-cell, T-cell, Null cell, NK-cell) was collected in the Grade data item. Cell lineage indicator/grade for hematopoietic and lymphoid neoplasms will no longer be collected for cases diagnosed 1/1/2018 and forward.

Note: The *Lymphoma Ocular Adnexa* chapter in the AJCC manual has a defined grading system for the follicular histologies. Grade is to be assigned to these according to the *Lymphoma Ocular Adnexa* chapter, chapter 71. The primary sites and follicular histologies included in chapter 71 are as follows.

- Applicable primary sites: C441, C690, C695, C696
- Applicable histologies: 9690/3, 9691/3, 9695/3, 9698/3
- Grade for all other histologies collected in the *Lymphoma Ocular Adnexa* chapter will be coded to 9

For all other cases with histologies 9590/3-9992/3, the three grade fields should be coded '8' for not applicable.

Back to Coding Grade

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- Schema ID points to the Site-Specific Grade Coding Table for Clinical, Pathological and Post-Tx Grade

Grade 01			
Schema ID#	Schema ID Name	AICC ID	AICC Chapter
00071	Lip	7	Lip and Oral Cavity
00072	Tongue Anterior	7	Lip and Oral Cavity
00073	Gum	7	Lip and Oral Cavity
00074	Floor of Mouth	7	Lip and Oral Cavity
00075	Palate Hard	7	Lip and Oral Cavity
00076	Buccal Mucosa	7	Lip and Oral Cavity
00077	Mouth Other	7	Lip and Oral Cavity
00121	Maxillary Sinus	12.1	Maxillary Sinus
00122	Nasal Cavity and Ethmoid Sinus	12.2	Nasal Cavity and Ethmoid Sinus
00130	Larynx Other	13.0	Larynx: Other
00131	Larynx Supraglottic	13.1	Larynx: Supraglottic
00132	Larynx Glottic	13.2	Larynx: Glottic
00133	Larynx SubGlottic	13.3	Larynx: SubGlottic
00230	Bile Ducts Intrahepatic	23	Intrahepatic Bile Ducts
00241	Gallbladder	24	Gallbladder
00242	Cystic Duct	24	Gallbladder
00250	Bile Ducts Perihilar	25	Perihilar Bile Ducts
00260	Bile Ducts Distal	26	Distal Bile Ducts
00270	Ampulla of Vater	27	Ampulla of Vater
00280	Pancreas	28	Exocrine Pancreas
00500	Vulva	50	Vulva
00510	Vagina	51	Vagina
00520	Cervix	52	Cervix Uteri

Grade 12			
Schema ID#	Schema ID Name	AICC ID	AICC Chapter
00480	Breast	48.1	Breast: DCIS and Paget
		48.2	Breast: Invasive Breast Cancers

Grade 13			
Schema ID#	Schema ID Name	AICC ID	AICC Chapter
00530	Corpus Carcinoma and Carcinosarcoma	53	Corpus Uteri-Carcinoma and Carcinosarcoma
00541	Corpus Sarcoma	54.1	Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated or undifferentiated
L	Low grade
H	High grade
5	Sarcomatous overgrowth
9	Grade cannot be assessed (GX); Unknown

Grade 14			
Schema ID#	Schema ID Name	AICC ID	AICC Chapter
00542	Corpus Adenosarcoma	54.2	Corpus Uteri: Adenosarcoma

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated or undifferentiated
L	Low grade
H	High grade
5	Sarcomatous overgrowth
9	Grade cannot be assessed (GX); Unknown

2018 Solid Tumor MP/H Rules

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<https://seer.cancer.gov/tools/solidtumor/>

- Text Only – no flowchart or matrix
- Updates to 2007 Solid Tumor MP/H Rules
- Takes into account problems from 2007 MPH Rules
- Takes into account All of the WHO Classification, 4th ed. Series
- Takes into account two revisions to the WHO 4th ed. Series
 - 2016 Revision to WHO Classification of Neoplasms of Brain and CNS
 - ✦ Original 4th edition Classification published in 2007
 - 2016 Revision to WHO Classification of Hematopoietic & Lymphoid Neoplasms
 - ✦ Original 4th edition Classification published in 2008

2018 Solid Tumor MP/H Rules

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WHO Classification of Tumors New or Revised Since 2010

Digestive System (2010)
Breast (2012)
Soft Tissue and Bone (2013)
Female Reproductive Organs (2014)
Lung, Pleura, Thymus & Heart (2015)
Urinary System & Male Genital (2016)
Central Nervous System (2016 revision)
Hematopoietic & Lymphoid (2016 revision)
Head & Neck (2017)

<http://codes.iarc.fr/usingicdo.php>

2018 Solid Tumor MP/H Rules

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<https://seer.cancer.gov/tools/solidtumor/>

Download the Solid Tumor Modules

- Final → General Instructions (**Final**) (PDF, 674 KB) - released 6/25/2018
- Final → Head & Neck (**Draft**) (PDF, 2.1 MB)
- Final → Colon (**Final**) (PDF, 944 KB) - released 6/26/2018
- Final → Lung (**Final**) (PDF, 935 KB) - released 6/26/2018
- Final → Cutaneous Melanoma (**Draft**) (PDF, 1.0 MB)
- Final → Breast (**Final**) (PDF, 1.2 MB) - updated 6/25/2018
- Final → Kidney (**Draft**) (PDF, 774 KB)
- Final → Urinary Sites (**Draft**) (PDF, 1.8 MB)
- Final → Malignant CNS and Peripheral Nerves (**Draft**) (PDF, 1.8 MB)
- Final → Non-Malignant CNS Tumors (**Draft**) (PDF, 1.3 MB)
- Final → Other Sites (**Draft**) (PDF, 1.1 MB)

2018 Solid Tumor MP/H Rules

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Solid Tumor Rules

Effective with Cases Diagnosed 1/1/2018 and Forward

Published June 2018



Editors: Lois Dickie, CTR, NCI SEER
Carol Hahn Johnson, BS, CTR (Retired), Consultant
Suzanne Adams, BS, CTR (IMS, Inc.)
Serban Negoita, MD, PhD, CTR, NCI SEER

Suggested citation: Dickie L., Johnson, CH., Adams, S., Negoita, S. (June 2018). Solid Tumor Rules. National Cancer Institute, Rockville, MD 20850.

2018 Solid Tumor MP/H Rules

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What you need to know about the 2018 Solid Tumor Rules

Eight site groups have been revised for 2018:

- Head & Neck
- Colon (includes rectosigmoid and rectum for cases diagnosed 1/1/2018 forward)
- Lung
- Breast
- Kidney
- Urinary Sites
- Non-malignant CNS
- Malignant CNS and Peripheral Nerves

The 2007 Multiple Primary & Histology rules will be used with a few small changes for cases diagnosed 1/1/2007 to 12/31/2018 for the following site groups:

- Cutaneous melanoma
 - Cutaneous melanoma site rules will be revised for 2019 implementation to incorporate information from the new WHO 4th Ed Tumors of Skin scheduled to be released in 2018.
- Other sites
 - Primary sites excluded are:
 - Rectosigmoid and rectum which are included in 2018 Colon rules.
 - Peripheral nerves which are included in 2018 Malignant Brain rules.
 - Other sites rules will be revised for 2019 implementation. The Solid Tumor Task Force has identified the need to expand the rules to include GYN, soft tissue, thyroid and other site-specific solid tumors.

2018 Solid Tumor MP/H Rules

COLON - FINAL

47

Changes from 2007 MPH Rules

These changes are effective with cases diagnosed 1/1/2018 and later.

1. Rectum and Rectosigmoid are ~~now included with the Colon Rules. In the 2007 MPH Rules, they were included with Other Sites.~~
2. There are new multiple primary rules which address anastomotic recurrence.
3. Neuroendocrine tumors (formerly carcinoid) arising in the appendix are reportable for cases diagnosed 1/1/2015 and forward.
4. Rule clarification: Pseudomyxoma peritonei (accumulation of mucin in the abdominal or pelvic cavity) now has a two-tiered system (WHO 2010) that classifies pseudomyxoma peritonei as either high-grade or low-grade (see below). Pseudomyxoma peritonei is ~~usually~~ associated with mucinous tumors of the appendix and is rarely associated with ovarian mucinous tumors.
 - High-grade pseudomyxoma peritonei is **malignant** /3
 - Low-grade pseudomyxoma peritonei is **not malignant** /0
 - See [Histology Rules](#) for coding instructions
5. There are dysplasias which have been assigned an ~~in situ~~ behavior code /2 in WHO and in the ICD-O Update. Despite becoming a /2, they are **not reportable** in the US. They are reportable in Canada.
 - A. Dysplasia was **not** collected in the past. If dysplasia is added to the database with the same code as in situ tumors, there will be a **huge upsurge** in the incidence of in situ neoplasms.
 - There would be no way to separate the dysplasias from the in-situ neoplasms in the database, which would cause problems with surveillance (long-term studies) since the prognosis and probabilities of disease progression are different between an in-situ tumor and a dysplasia
 - Pathologists frequently use the term "severe dysplasia" or "high grade dysplasia" in place of carcinoma in situ. Code **CIS only** if the pathologist expressly states "CIS"
 - B. The various agencies are looking for solutions to this issue
6. Polyps are now disregarded when coding histology. For example, adenocarcinoma in an adenomatous polyp is coded as adenocarcinoma 8140.
7. New codes/terms are identified by asterisks (*) in the histology table in the Terms and Definitions.

2018 Solid Tumor MP/H Rules

LUNG - FINAL

48

Changes from 2007 MPH Rules

These changes are effective with cases diagnosed 1/1/2018 and later.

Note 1: Changes are **implemented** slowly over time, so it is not unusual for a pathology report to use an obsolete term. **Obsolete** terms and codes can be used when they are the **only** information available.

Note 2: WHO 4th Ed Tumors of Lung 2015 has a new classification of adenocarcinoma which is a significant change from the 2004 WHO classification. One of the major changes is discontinuing usage of the term bronchioloalveolar carcinoma (BAC) beginning with cases diagnosed 1/1/2018 and forward. The preferred term for BAC is now mucinous adenocarcinoma 8253.

1. New and changed ICD-O histology codes have been added to [Table 3](#) and are identified by an asterisk. Some of those changes include:
 - A. In situ and minimally invasive terms and codes
 - B. Terms assigned a new histology code
 - C. Histology codes assigned a different preferred term (18 codes with new preferred terms)

2. The following new terms and codes have been added. The new terms and codes are **for lung only**. See [notes](#) in Table 3.

- A. Mucinous carcinoma/adenocarcinoma
 - 8253/3 when
 - Behavior unknown/not documented (use staging form to determine behavior when available)
 - Invasive
 - 8257/3 when
 - Microinvasive
 - Minimally invasive
 - 8253/2 when
 - Preinvasive
 - In situ

Note: Previously, only **type 3** codes were available for mucinous adenocarcinoma of the lung. It has been recognized that **not all** lung cancers are **type 3** so new codes were implemented.

- B. Non-mucinous carcinoma/adenocarcinoma (new term for adenocarcinoma 8140)
 - 8250/3 when
 - Behavior unknown/not documented (use staging form to determine behavior when available)
 - Invasive
 - 8256/3 when
 - Lepidic adenocarcinoma/adenocarcinoma, lepidic predominant
 - 8256/3 when
 - Microinvasive
 - Minimally invasive
 - 8250/2 when
 - Preinvasive
 - In situ

2018 Solid Tumor MP/H Rules

BREAST - FINAL

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Changes from 2007 MPH Rules

These changes are effective with cases diagnosed 1/1/2018 and later.

1. **NST (No Special Type), mammary carcinoma NST, and carcinoma NST** are the new terms for duct or ductal carcinoma. ~~Previously, it was thought that carcinoma originated in the ducts or lobules of the breast, hence the names duct carcinoma and lobular carcinoma. Current thinking is that carcinoma originates in the "terminal duct lobular unit" therefore the preferred term is NST or carcinoma NST.~~
2. **Mammary carcinoma** is a synonym for carcinoma no special type (NST)/duct carcinoma not otherwise specified (NOS) 8500. It will no longer be coded as carcinoma NOS 8010.
3. **DCIS/Carcinoma NST in situ** has a major classification change.
 - i. It is very important to code the grade of all DCIS.
 - ii. Code grade as designated in current AJCC Manual, SEER Coding Manual, and COC Coding Manual.
 - iii. The current breast WHO edition emphasizes coding the **grade** of tumor rather than the **subtype/variant**.
 - iv. ~~The WHO editions are used internationally by pathologists to keep their nomenclature and histology identification current.~~
 - v. ~~Over time, subtypes/variants will be diagnosed less frequently.~~
4. The subtype/variant is coded **ONLY** when it comprises **greater than or equal to 90%** of the tumor. This change has been implemented in both the **WHO** and in the **CAP protocols**.
5. ~~New code terms~~ are identified by asterisks (*) in the histology table in the Terms and Definitions.
6. Excerpt from the CAP Invasive Breast Protocol (page 17): "A modified list is presented in the protocol based on the most frequent types of invasive carcinomas and terminology that is in widespread usage. The modified list is intended to capture the majority of tumors and reduce the classification of tumors being reported as "other." The WHO classification is presented for completeness."

2018 Solid Tumor MP/H Rules

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BRAIN/CNS – Malignant - DRAFT

Changes from 2007 MPH Rules

2016 CNS WHO presents major restructuring of the diffuse gliomas, medulloblastomas and other embryonal tumors, and incorporates new entities that are defined by both histology and molecular features, including glioblastoma, IDH-wildtype and glioblastoma, IDH-mutant; diffuse midline glioma, H3 K27M-mutant; RELA fusion-positive ependymoma; medulloblastoma, WNT-activated and medulloblastoma, SHH-activated; and embryonal tumor with multilayered rosettes, C19MC-altered. The 2016 edition has added newly recognized neoplasms and has deleted some entities, variants and patterns that no longer have diagnostic and/or biological relevance.

Rule change: The 2007 rules said a glioblastoma multiforme (GBM) following an astrocytic or glial tumor was a single primary (recurrence).

- In the 2018 Solid Tumor Rules, GBM subsequent to an astrocytic or glial tumor is a multiple primary
- GBM is now being collected as a new primary so it is possible to analyze the frequency with which these tumors recur in a more aggressive form (GBM)

2018 Solid Tumors Database

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- Genetics Data & Biomarkers
- Treatment(s)
- Abstractor Notes
- Signs & Symptoms
- Diagnostic Exams
- Recurrence & Metastasis
- Epidemiology & Mortality

STDB is Still Under Construction



Many New Staging Data Items

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- Summary Stage 2018 (SS2018) – Required for ALL Cases
- Clinical T, N, M and Clinical Stage Group
- Pathological T, N, M and Pathological Stage Group
- Post-Therapy T, N, M and Post-Therapy Stage Group
- Clinical Grade
- Pathological Grade
- Post-Therapy Grade
- **New Site-Specific Data Items – old SSFs + new SSDIs**
 - 58 SSDI's are Required by FCDS/NPCR
 - 136 are Required by CoC/AJCC

Many New Staging Data Items

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• ~~New EOD Coding System~~ — ~~SEER EOD 2018 Data Items~~

- ~~Tumor Size Clinical~~
- ~~Tumor Size Pathologic~~
- ~~EOD Primary Tumor~~
- ~~EOD Regional Nodes~~
- ~~EOD Mets~~

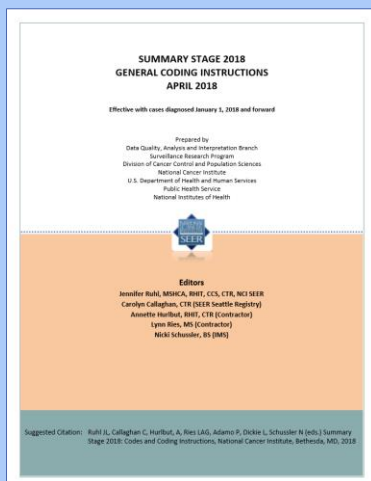
EOD is NOT REQUIRED BY
FCDS or NPCR or
COC/AJCC

• ~~New Derived Stage Data Items~~

- ~~Derived SS2018~~
- ~~Derived EOD TNM 8th T~~
- ~~Derived EOD TNM 8th N~~
- ~~Derived EOD TMM 8th M~~
- ~~Derived EOD TNM 8th Stage Group~~ — result is a mixed stage

Summary Stage 2018

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BASICS are Still the Same
However, specifics are Different
than SS2000 Staging

Code	Definition
0	In situ
1	Localized only
2	Regional by direct extension only
3	Regional lymph nodes only
4	Regional by BOTH direct extension AND lymph node involvement
7	Distant site(s)/node(s) involved
8	Benign/borderline*
9	Unknown if extension or metastasis (unstaged, unknown, or unspecified) Death certificate only case

Stage = 8 for ALL
Benign/Borderline Neoplasms

Stage = 5 is No Longer Valid

<https://seer.cancer.gov/tools/ssm/2018-Summary-Stage-Manual.pdf>

Summary Stage 2018

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- Summary Stage is the most basic way of categorizing how far a cancer has spread from its point of origin.
- The 2018 version of Summary Stage applies to every site and/or histology combination, including lymphomas and leukemias.
- Summary Stage uses all information available in the medical record; in other words, it is a combination of the most precise clinical and pathological documentation of the extent of disease.
- Many central registries report their data by Summary Stage as the staging categories are broad enough to measure the success of cancer control efforts and other epidemiologic efforts.

Summary Stage 2018

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HOW TO ASSIGN SUMMARY STAGE

Answers to four basic questions will determine the correct Summary Stage.

1. Where did the cancer start?
 - a. In what organ or tissue did the tumor originate?
 - b. Is there a specific subsite of the organ involved?
 - c. Information about the primary site and histology will usually come from the physical examination, a diagnostic imaging report, the operative report or the pathology report.
 - d. Code the primary site and histology according to the rules in the *International Classification of Diseases for Oncology, Third Edition; 2018 Solid Tumor Rules; and the Hematopoietic Manual and Database*.
 - e. In addition to recording this code in the primary site and histology fields on the cancer abstract, this code will be useful later in the staging process.
2. Where did the cancer go?
 - a. Once the primary site is known, determine what other organs or structures are involved.
 - b. Review the physical examination, diagnostic imaging reports, operative report(s), pathology report(s), and laboratory tests to identify any structures that are involved by cancer cells.
 - c. Any of these reports can provide a piece of information that might change the stage.
 - d. Note whether there is lymphatic or vascular invasion and/or spread, which organs are involved, and whether there is a single focus or multiple foci of tumor.
 - e. It is important to know the names of the substructures within the primary site as well as the names of surrounding organs and structures. Note the names of any tissues that are reported to be involved by cancer cells.
3. How did the cancer spread to the other organ or structure?
 - a. Did the cancer spread to the new organ/tissue in a continuous line of tumor cells from the primary site?
 - b. If the pathologist can identify a trail of tumor cells from one organ to another, the stage may be regional by direct extension or distant by direct extension.
 - c. Did the cancer spread by breaking away from the primary cancer and floating to the new site in the blood stream or body fluids (includes lymph within lymph vessels, blood within blood vessels, fluid outside of vessels such as pleural, pericardial, peritoneal)?
 - d. If there is no direct trail of tumor cells from the primary organ to another site, the stage is probably distant.
4. What are the stage and correct code for this cancer?
 - a. In the Summary Staging Manual 2018, go to the appropriate chapter that includes the ICD-O primary site and/or histology code identified earlier.
 - b. Review the chapter looking for the names of the structures and organs that were reported as involved. If more than one structure or organ is involved, select the highest category that includes an involved structure.

AJCC Cancer Staging Manual, 8th edition

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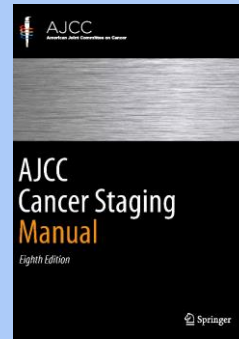
- **AJCC Cancer Staging Manual – 8th edition, 2017**
- **COST: \$119.99**
- **ISBN: 978-3-319-40617-6**

- **1429 pages**
- **512 illustrations**
- **187 color illustrations**

- Required - Florida Mandate
 - FCDS will not purchase
 - Facility may purchase
 - Individual may purchase

- <https://cancerstaging.org>
- <http://springer.com>
- 1-800-SPRINGER

COMING SOON
E-book Versions
for
Amazon Kindle
Apple iBook



Intro to AJCC Staging Manual, 8th ed.

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- **Enhanced Chapter 1 – Principles of Cancer Staging**
- **Enhanced Descriptions of Staging Rules – Chapter 1**
 - Timing for Staging
 - Clinical Staging Criteria and General Rules
 - Pathologic Staging Criteria and General Rules
 - Rules for Assigning T, N, and M Category Codes
 - Rules for Determining Prognostic Stage Group
 - Timing and Criteria for Post-Therapy Staging (yc/yp)
- **12 new staging systems**
- **83 total chapters defined by site/subsite and specific histologies**
- **New Site-Specific Data Items (SSDIs) – no more SSFs aka “factors” – but similar instructions and codes**

Intro to AJCC Staging Manual, 8th ed.

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- **New Chapters for 8th edition**
 - Head and Neck
 - ✦ Cervical Lymph Nodes with Unknown Primary – check for EBV or HPV Status
 - ✦ HPV-Mediated (p16+) Oropharynx Cancer – When p16- Use Oropharynx (p16_) or Hypopharynx
 - ✦ Cutaneous Squamous Cell Carcinoma of Head and Neck
 - Thorax
 - ✦ Thymus
 - Endocrine System
 - ✦ Parathyroid
 - ✦ Adrenal Neuroendocrine Tumors
 - Hematologic Malignancies
 - ✦ Leukemia

Intro to AJCC Staging Manual, 8th ed.

60

- **Split Chapters for 8th edition**
 - Pancreas
 - ✦ Exocrine Pancreas – Hepatobiliary System
 - ✦ Neuroendocrine Tumor of Pancreas – see Neuroendocrine Tumors (NET)
 - Neuroendocrine Tumors (NET)
 - ✦ NET of Stomach
 - ✦ NET of Duodenum and Ampulla of Vater
 - ✦ NET of Jejunum and Ileum
 - ✦ NET of Appendix
 - ✦ NET of Colon and Rectum
 - ✦ NET of Pancreas

Intro to AJCC Staging Manual, 8th ed.

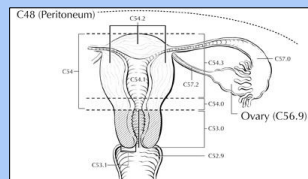
61

- Split Chapters for 8th edition
 - Bone – multiple staging tables with T Category Code based on type/location of primary
 - ✦ Appendicular Skeleton
 - ✦ Pelvis
 - ✦ Spine
 - Soft Tissue Sarcoma
 - ✦ Introduction to Soft Tissue Sarcoma
 - ✦ Soft Tissue Sarcoma of Head and Neck
 - ✦ Soft Tissue Sarcoma of Trunk and Extremities
 - ✦ Soft Tissue Sarcoma of Abdomen and Thoracic Visceral Organs
 - ✦ Soft Tissue Sarcoma of Retroperitoneum
 - ✦ Soft Tissue Sarcoma – Unusual Histologies and Sites
 - ✦ GIST is now in Soft Tissue Sarcoma Section

Intro to AJCC Staging Manual, 8th ed.

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- Merged Chapters for 8th edition
 - Ovary, Fallopian Tube, Primary Peritoneal Carcinoma
 - Consistent with WHO Classification, 4th edition
 - Allows GYN Staging of C48.2 Cases



Surface Epithelial – Epithelial Stromal Tumors

Serous tumors:

- Benign (cystadenoma)
- Borderline tumors (serous borderline tumor)
- Malignant (serous adenocarcinoma)

Mucinous tumors, endocervical-like and intestinal type:

- Benign (cystadenoma)
- Borderline tumors (mucinous borderline tumor)
- Malignant (mucinous adenocarcinoma)

Endometrioid tumors:

- Benign (cystadenoma)
- Borderline tumors (endometrioid borderline tumor)
- Malignant (endometrioid adenocarcinoma)

Clear cell tumors:

- Benign
- Borderline tumors
- Malignant (clear cell adenocarcinoma)

Transitional cell tumors:

- Brenner tumor
- Brenner tumor of borderline malignancy
- Malignant Brenner tumor
- Transitional cell carcinoma (non-Brenner type)

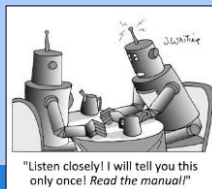
Epithelial-stromal:

- Adenosarcoma
- Carcinosarcoma (formerly mixed Mullerian tumors)

Apply General plus Chapter-Specific Rules

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- Chapter 1 – General Staging Rules – READ - USE ALWAYS
- General Staging Rules PDF – READ and USE ALWAYS
- Chapter-Specific Rules – Priority Over General Rules
- Many New Anatomic Drawings Added to AJCC 8th edition – Use them
- WARNING: Software Drop Down Select Menus do not include Rules
- WARNING: EDITS cannot identify all circumstances when rules apply



Two General But Important AJCC Documents

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AJCC 8th Edition Staging

The following rules and associated rationale are for the Eighth Edition AJCC Cancer Staging Manual. Note that these are general rules described in Chapter 1 of the AJCC Cancer Staging Manual. Please refer to relevant disease site chapters to learn more about specific alternative disease site differences to correctly stage such patients and that are necessary for appropriate medical care of the patient.

KEY TERMINOLOGY

Classification: Describes the points in time of the care of the cancer patient. Criteria include:

- **Treatment:**
- **Specific clinical assessments and practices**

Categories: T, N, M, and any non-anatomic factors needed to assign the stage group

Stage group: Early, intermediate, advanced, or group patients with similar prognosis

Assigning stage: AJCC stage is assigned by the managing physician based on data from all relevant sources including history, examination, laboratory studies, imaging, and surgical and pathology findings.

CLINICAL STAGING CLASSIFICATION RULES

- **General:** Clinical classification includes information from the date of cancer diagnosis until the start of definitive treatment, or within four months, whichever is shorter
- **T category:** includes information from clinical history, symptoms, physical exam, labs, imaging, endoscopy, biopsy, surgical exploration without resection
- **N category:** physical exam, imaging, FNAB or core needle biopsy, excisional biopsy, sentinel node biopsy
- **M category:** clinical history, physical exam, imaging, FNAB or biopsy

Rationale

- **Diagnostic biopsies** of the primary site, regional nodes, and distant metastatic sites are included in clinical classification
- **Pathologic exam** of resected tissue (pathology report) does not necessarily make this pathologic staging
- **Clinical N category** is OK even if based on lymph node biopsy
- **Clinical M category** is OK if based on history, physical exam and imaging, **IMC** if based on biopsy proven involvement

PATHOLOGICAL STAGING CLASSIFICATION RULES

- **General:** includes all information from the date of cancer diagnosis (clinical stage), surgeon's operative findings, and pathology report from resected specimen – must use all 3
- **T category:** must meet definitive surgical treatment specified in chapter
- **N category:** microscopic assessment of at least one node resected, include imaging and diagnostic biopsy
- **M category:** history, physical exam, imaging, FNAB or biopsy, resection

Rationale

- **Include all findings** even if not microscopically proven, i.e., physical exam, imaging, operative findings
- **Pathologic staging** is based on synthesis of all information and not solely on resected specimen pathology report – pathologic cannot assign final stage
- **Pathologic M category** is OK if based on physical exam and imaging, **IMC** if based on biopsy proven involvement, "IMC" is NOT a valid category

POST-RESECTANT THERAPY STAGING CLASSIFICATION RULES

- **yp Clinical:** includes physical exam and imaging assessment after resectant/surgical/radiation therapy
- **yp Pathological:** includes all information from resectant/surgical/radiation therapy and pathology report from resectant specimen

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In Situ Neoplasia – AJCC Cancer Staging Manual 8th Edition

AJCC is announcing a change in staging rules for the AJCC Cancer Staging Manual Eighth Edition effective with codes diagnosed on or after January 1, 2017, in the assignment of the T category for in situ neoplasia, carcinoma in situ, and melanoma in situ.

Starting with the 8th edition in 2017, the clinical T category will now be cTis.

- This rule change for the T category does not affect codes staged with previous editions prior to 2017.
- Starting in 2017 for the 8th edition, other valid T and N categories with the appropriate i and p prefix will be introduced based on 8th edition rules.

Rationale

The decision to change the clinical T category to cTis, indicating it was a diagnosis made on a diagnostic core needle or incisional biopsy and not based on complete examination of a surgical resection specimen. The pathologic T category based on the surgical resection specimen will be pTis. There will now be separate designations, cTis and pTis, indicating the timeframe and type of specimen. During the clinical staging classification, all diagnostic biopsies will be cTis regardless of whether the microscopic evidence shows an in situ or an invasive cancer, e.g., cTis, cTis.

It was decided to change the clinical T category to cTis, indicating it was a diagnosis made on a diagnostic core needle or incisional biopsy and not based on complete examination of a surgical resection specimen. The pathologic T category based on the surgical resection specimen will be pTis. There will now be separate designations, cTis and pTis, indicating the timeframe and type of specimen. During the clinical staging classification, all diagnostic biopsies will be cTis regardless of whether the microscopic evidence shows an in situ or an invasive cancer, e.g., cTis, cTis.

This differentiation is especially important when the resection specimen shows invasive tumor. Use of this approach will mitigate potential confusion regarding the specimen used for the T category. In past editions, pTis could be based on a diagnostic biopsy or could be based on the resection specimen, depending on whether it was the clinical stage T category or the pathologic stage T category. Especially if the diagnostic biopsy showed carcinoma in situ, pTis, and the resection specimen showed invasive carcinoma, pTis.

Registry Data Conversion

Registry data underwent conversion in 2018 to change all in situ T categories to pTis.

- This is correct for all versions of AJCC, including 7th edition, for codes diagnosed through 2016.
- Data for codes diagnosed prior to 2017 will not change based on the new 8th edition rules.
- Data extracted using all previous versions of AJCC should only have pTis and not cTis.
- The conversion in 2018 only dealt with the in situ staging and the IMC (IMC).

Historical Information

Previous editions of the AJCC Cancer Staging Manuals were either silent on the issue, or provided clear instructions to assign pTis for the clinical stage T category.

IMC Edition: The correct classification for in situ lesions is pTis cTis, clinical stage group 0.

IMC Edition: Carcinoma in situ (CIS) is an exception to the stage grouping guidelines. ... Therefore, pTis, cTis, cTis, clinical stage group 0 is appropriate.

Two More Important AJCC Documents

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AJCC 8th Edition Chapter 1 Principles of Cancer Staging: Node Status Not Required in Rare Circumstances

Clinical Staging, cN Category

For some cancer sites in which lymph node involvement is rare, patients whose node status is not determined to be positive for tumor should be designated as cN0. These circumstances are identified in specific disease chapters for these sites. NX is not listed as a category.

Example: Bone and soft tissue sarcoma may use cN0 to assign the clinical stage group, that is, cT1 cN0 cM0.

Pathological Staging, pN Category

For some cancer sites in which lymph node involvement is rare, patients whose node status is not determined to be positive for tumor should be designated as pN0. These circumstances are identified in specific disease chapters for these sites. NX may not be listed as a category. The assignment of pN0 will ensure it is not confused with a case in which the nodes were microscopically proven to not contain tumor, that is, pN0.

Examples: For bone and soft tissue sarcoma, cN0 may be used to assign the pathological stage group—that is, pT1 cN0 cM0. For melanoma, cN0 may be used to assign a pathological stage group for T1 melanoma.

All chapter exceptions where cN0 may be used for cN & pN category

- 38 Bone
- 40 Soft Tissue Sarcoma of the Head and Neck
- 41 Soft Tissue Sarcoma of the Trunk and Extremities
- 42 Soft Tissue Sarcoma of the Male Genital and Urinary Organs
- 43 Gastrointestinal Stromal Tumor
- 44 Soft Tissue Sarcoma of the Retroperitoneum
- 53 Corpus Uteri Carcinosarcoma and Carcinosarcoma
- 54 Corpus Uteri Sarcoma
- 67 Uveal Melanoma
- 68 Retinoblastoma

Limited exception where cN0 may be used for pN category

- 47 Melanoma: only used for pT1

**Download the Breast
Chapter**

**Major Changes to Breast
Chapter After Publication**

Entire Chapter was Replaced

97 pages

AJCC Cancer Staging Manual, 8th ed - Errata

66

8th Edition Updates and Corrections

When the AJCC embarked on updating the AJCC Cancer Staging Manual, we knew that we would have to think beyond the book, with an eye toward continuously improving content throughout the life of the edition.

The **delay of implementation to January 1, 2018** has given AJCC an opportunity to work with the surveillance community, the pathology community, and clinical decision support software developers in ways we never have before. In the era of electronic decision making, the level of scrutiny is higher, we are learning more about how the content is applied in different use cases beyond the human reader. Collaborating with these groups in real time has allowed us to take an extra critical look at our content and make improvements and clarifications that will help all audiences.

This highly analytical effort has resulted in a greater number of updates and errata than in past editions, and we are committed to communicating them transparently.

This site contains important updates and errata identified in the first printing of the *AJCC Cancer Staging Manual, 8th Edition*, and are effective for hard copy manuals purchased from September 2016 to February 2018. This list does not include typographical errors. If you have identified any issues not listed here, please email lauremeyer@facs.org.

To make this list more useful, we have divided the updates and errata into four levels of significance:

1. **Critical Changes.** Change is critical for accurate staging. Includes changes to TNM categories, criteria, or prognostic stage groups.
2. **Histology/Topography.** Corrections and additions made to histology or topography codes.
3. **Clarification.** Clarification of concepts in text or definitions that does not affect staging.
4. **Omission.** Error of omission that does not affect staging.

**Download the Breast
Chapter**

**Download the
Replacement Pages**

**Download the
Histology and Topography
Code Supplement**

**Download the latest
errata spreadsheet**

<https://cancerstaging.org/references-tools/deskreferences/Pages/8EUpdates.aspx#Histology/Topography>

AJCC Cancer Staging – AJCC Training

<https://cancerstaging.org>

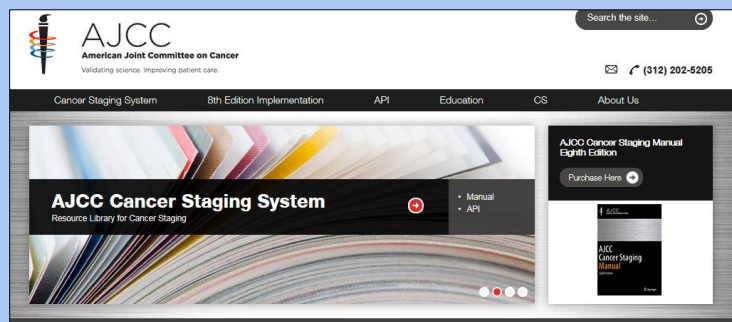
67

Eighth Edition Webinar Registration	NCRA Number for Category ACE	Live Date and Time	Handout	Presentation	Post Survey Link
Eighth Edition Overview	—	November 10, 2016	8th Edition Overview	8th Edition Overview	
Introduction & Descriptors	2017-193	May 31, 2018 1-2pm CDT	Introduction & Descriptors	Introduction & Descriptors	
Minor Rule Changes	2017-194	May 15, 2018 1-2pm CDT	Minor Rule Changes	Minor Rule Changes	
Major Rule Changes	2017-195	March 26, 2018, 1-2pm CDT	Major Rule Changes	Major Rule Changes	Major Rule Changes
Answer Forum & Staging Questions	2017-196	April 17, 2018, 1-2pm CDT	Answer Forum & Staging Questions	Answer Forum & Staging Questions	*Due to system problems, those watching the recorded webinar will not get the survey quiz emailed 4 weeks after viewing it. The post quiz must be taken 4 weeks after viewing the recording.
Head & Neck Staging	2017-197	July 25, 2018, 1-2pm CDT *Registration link will be posted a week prior			
Breast Staging	2017-198	September 11, 2018, 1-2pm CDT *Registration link will be posted a week prior			

Helpful Information

<https://cancerstaging.org>

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Changes to Format of T, N, M and Group

69

D	995	AJCC ID	4
C	1001	AJCC TNM Clin T	15
C	1002	AJCC TNM Clin N	15
C	1003	AJCC TNM Clin M	15
C	1004	AJCC TNM Clin Stage Group	15
C	1011	AJCC TNM Path T	15
C	1012	AJCC TNM Path N	15
C	1013	AJCC TNM Path M	15
C	1014	AJCC TNM Path Stage Group	15
C	1021	AJCC TNM Post Therapy T	15
C	1022	AJCC TNM Post Therapy N	15
C	1023	AJCC TNM Post Therapy M	15
C	1024	AJCC TNM Post Therapy Stage Group	15
C	1031	AJCC TNM Clin T Suffix	4
C	1032	AJCC TNM Path T Suffix	4
C	1033	AJCC TNM Post Therapy T Suffix	4
C	1034	AJCC TNM Clin N Suffix	4
C	1035	AJCC TNM Path N Suffix	4
C	1036	AJCC TNM Post Therapy N Suffix	4
R	1982	Over-ride TNM Stage	1
R	1993	Over-ride TNM Tis	1
R	1994	Over-ride TNM 3	1

Changes to Format of T Category Code

70

cT Category	cT Category
cTX	cT2
cT0	cT2a
cTa	cT2a1
cTis	cT2a2
cTis(DCIS)	cT2b
cTis(LAMN)	cT2c
cTis(Paget)	cT2d
cT1	cT3
cT1a	cT3a
cT1a1	cT3b
cT1a2	cT3c
cT1b	cT3d
cT1b1	cT3e
cT1b2	cT4
cT1c	cT4a
cT1c1	cT4b
cT1c2	cT4c
cT1c3	cT4d
cT1d	cT4e
cT1mi	

pT Category	pT Category
pTX	pT2
pT0	pT2a
pTa	pT2a1
pTis	pT2a2
pTis(DCIS)	pT2b
pTis(LAMN)	pT2c
pTis(Paget)	pT2d
pT1	pT3
pT1a	pT3a
pT1a1	pT3b
pT1a2	pT3c
pT1b	pT3d
pT1b1	pT3e
pT1b2	pT4
pT1c	pT4a
pT1c1	pT4b
pT1c2	pT4c
pT1c3	pT4d
pT1d	pT4e
pT1mi	

Changes to Format of N Category Code

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cN Category
cNX
cN0
cN0a
cN0b
cN0(i+)
cN1
cN1mi
cN1a
cN1b
cN1c
cN2
cN2mi
cN2a
cN2b
cN2c
cN3
cN3a
cN3b
cN3c

pN Category	pN Category
pNX	cNX
pN0	cN0
pN0(i+)	cN0a
pN0(mol+)	cN0b
pN0a	cN0(i+)
pN0b	cN1
pN1	cN1mi
pN1mi	cN1a
pN1a(sn)	cN1b
pN1a	cN1c
pN1b	cN2
pN1c	cN2mi
pN2	cN2a
pN2mi	cN2b
pN2a	cN2c
pN2b	cN3
pN2c	cN3a
pN3	cN3b
pN3a	cN3c
pN3b	
pN3c	

Changes to Format of M Category Code

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M Category
cM0
cM0(i+)
cM1
cM1a
cM1a(0)
cM1a(1)
cM1b
cM1b(0)
cM1b(1)
cM1c
cM1c(0)
cM1c(1)
cM1d
cM1d(0)
cM1d(1)
pM1
pM1a
pM1a(0)
pM1a(1)
pM1b
pM1b(0)
pM1b(1)
pM1c
pM1c(0)
pM1c(1)
pM1d
pM1d(0)
pM1d(1)

M Category
cM0
cM0(i+)
cM1
cM1a
cM1a(0)
cM1a(1)
cM1b
cM1b(0)
cM1b(1)
cM1c
cM1c(0)
cM1c(1)
cM1d
cM1d(0)
cM1d(1)
pM1
pM1a
pM1a(0)
pM1a(1)
pM1b
pM1b(0)
pM1b(1)
pM1c
pM1c(0)
pM1c(1)
pM1d
pM1d(0)
pM1d(1)

Changes to Format of Stage Group Code

(73)

Clinical Stage Group	Arabic	Clinical Stage Group	Arabic	Clinical Stage Group	Arabic
Occult carcinoma	Occult carcinoma	I:11	1:11	II:13	2:13
0	0	I:12	1:12	II:14	2:14
0a	0a	I:13	1:13	II:15	2:15
0is	0is	I:14	1:14	II:16	2:16
I	1	I:15	1:15	II:17	2:17
IA	1A	I:16	1:16	II:18	2:18
IA1	1A1	I:17	1:17	II:19	2:19
IA2	1A2	I:18	1:18	II:20	2:20
IA3	1A3	I:19	1:19	II:21	2:21
IB	1B	I:20	1:20	II:22	2:22
IB1	1B1	I:21	1:21	II:23	2:23
IB2	1B2	I:22	1:22	II:24	2:24
IC	1C	I:23	1:23	II:25	2:25
IE	1E	I:24	1:24	III	3
IS	1S	I:25	1:25	IIIA	3A
I:0	1:0	II	2	IIIA1	3A1
I:1	1:1	IIA	2A	IIIA2	3A2
I:2	1:2	IIA1	2A1	IIIB	3B
I:3	1:3	IIA2	2A2	IIIC	3C
I:4	1:4	IIB	2B	IIIC1	3C1
I:5	1:5	IIC	2C	IIIC2	3C2
I:6	1:6	IIE	2E	III:0	3:0
I:7	1:7	II bulky	2 bulky	III:1	3:1
I:8	1:8	II:0	2:0	III:2	3:2
I:9	1:9	II:1	2:1	III:3	3:3

Changes to Format of Stage Group Code

(74)

- What does the annotation of I:1 or II:25 or III:15 mean???
 - Risk Score can be added to AJCC Stage Group for Gestational Trophoblastic Tumors and potentially other chapters in future
 - Risk Score or Prognostic Score/Index May Vary Based On:
 - ✦ Risk Assessment and/or Prognostic Factors including; Cancer Site & AJCC Chapter, Age, PreTreatment Lab Values, Tumor Grade, Mitotic Count, Size or Number of Lymph Nodes Involved, Size of Metastasis, Number of Metastasis, Chemo Failed (Yes/No), plus or minus clinical factors such as time since last pregnancy.

Table 1 Modified prognostic WHO scoring system as adapted by FIGO

Scores	0	1	2	4
Age	<40	>40	–	–
Antecedent pregnancy	Mole	Abortion	Term	–
Interval from pregnancy	<4 months	4-6 months	7-12 months	>12 months
Pretreatment serum HCG (IU/L)	<103	103-104	104-105	>105
Largest tumor size including uterus	<3 cm	3-4 cm	5 cm or more	–
Site of metastasis	Lung	Spleen, kidney	GI system	Liver, brain
Number of metastasis	–	1-4	5-8	>8
Previously failed chemotherapy	–	–	Single drug	2 or more drugs

Changes to Format of Stage Group Code

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Elements Required for Staging

CT Category	PT Category	ypT Category	CT, pT, ypT Suffixes	cM, pM, postneoadjuvant M Category	C, p, yp Risk Score	C, p, yp Stage	C, p, yp Stage	C, p, yp Stage	C, p, yp Stage
cTx	pTx	ypTx	(m)	cM0	0	0:0	0:0	0:0	W:0
cT0	pT0	ypT0		cM1a	1	0:1	0:1	0:1	W:1
cT1	pT1	ypT1		cM1b	2	0:2	0:2	0:2	W:2
cT2	pT2	ypT2		cM1b	3	0:3	0:3	0:3	W:3
Not Recorded	cTx	Not Recorded		pM1	4	0:4	0:4	0:4	W:4
n/a	cT0	n/a		pM1a	5	0:5	0:5	0:5	W:5
	cT1			pM1b	6	0:6	0:6	0:6	W:6
	cT2			Not Recorded	7	0:7	0:7	0:7	W:7
	Not Recorded			n/a	8	0:8	0:8	0:8	W:8
	n/a				9	0:9	0:9	0:9	W:9
					10	0:10	0:10	0:10	W:10
					11	0:11	0:11	0:11	W:11
					12	0:12	0:12	0:12	W:12
					13	0:13	0:13	0:13	W:13
					14	0:14	0:14	0:14	W:14
					15	0:15	0:15	0:15	W:15
					16	0:16	0:16	0:16	W:16
					17	0:17	0:17	0:17	W:17
					18	0:18	0:18	0:18	W:18
					19	0:19	0:19	0:19	W:19
					20	0:20	0:20	0:20	W:20
					21	0:21	0:21	0:21	W:21
					22	0:22	0:22	0:22	W:22
					23	0:23	0:23	0:23	W:23
					24	0:24	0:24	0:24	W:24
					25	0:25	0:25	0:25	W:25
				X					Unknown
				Unknown					Not Recorded
									n/a

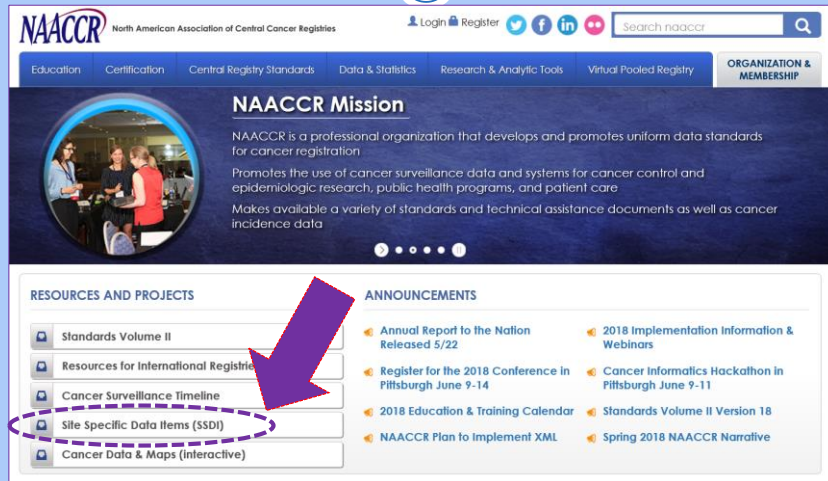
Common Problems You Might See

76

- No T, N, M Provided in DLL – cannot stage case
- No Stage Group Provided by AJCC for this Site/Histo
- No T, N, or M Allowed – but Stage Group is Required
- T, N, M Provided – No Stage Group for this T, N, M
- AJCC Requires Stage Group = blank
- EDITS Does Not Allow Stage Group = blank
- DLL Will Not Return a Stage Group – Error Message
- DLL Points to Wrong TNM Chapter – Bad Site/Histo
- ‘88’ versus ‘99’ for ‘not applicable’ versus ‘unstaged’
- SSDI *xyz* not available - Required to Assign Stage Group
- SSDI *value* indicates a Different Stage Group

Changes to ALL SSFs – Now SSDIs

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NAACCR North American Association of Central Cancer Registries

Login Register

Education Certification Central Registry Standards Data & Statistics Research & Analytic Tools Virtual Pooled Registry ORGANIZATION & MEMBERSHIP

NAACCR Mission

NAACCR is a professional organization that develops and promotes uniform data standards for cancer registration

Promotes the use of cancer surveillance data and systems for cancer control and epidemiologic research, public health programs, and patient care

Makes available a variety of standards and technical assistance documents as well as cancer incidence data

RESOURCES AND PROJECTS

- Standards Volume II
- Resources for International Registries
- Cancer Surveillance Timeline
- Site Specific Data Items (SSDI)**
- Cancer Data & Maps (Interactive)

ANNOUNCEMENTS

- Annual Report to the Nation Released 5/22
- Register for the 2018 Conference in Pittsburgh June 9-14
- 2018 Education & Training Calendar
- NAACCR Plan to Implement XML
- 2018 Implementation Information & Webinars
- Cancer Informatics Hackathon in Pittsburgh June 9-11
- Standards Volume II Version 18
- Spring 2018 NAACCR Narrative

Changes to ALL SSFs – Now SSDIs

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Site-Specific Data Item (SSDI) Manual

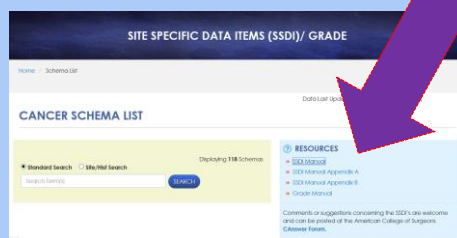
Effective with Cases Diagnosed 1/1/2018 and Forward

Published May 2018

Editors: Jennifer Ruhl, MD/CA, RHIT, CCS, CTR, NCI SEER
Jim Hufferkamp, CTR, NAACCR
Elizabeth Ward, PhD, Consultant to NAACCR

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SITE SPECIFIC DATA ITEMS (SSDI)/ GRADE

Home Schema List

Date Last Updated

CANCER SCHEMA LIST

Standard Search Site/Field Search

Deploying FTR Schemas

RESOURCES

- SSDI Manual
- SSDI Manual Appendix A
- SSDI Manual Appendix B
- Grade Manual

Comments or suggestions concerning the SSDI are welcome and can be posted at the American College of Surgeons' eAnswer Forum.

Major Changes to Site-Specific Data Items

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New Data Items – Old SSFs New Codes & Instructions

- o FIGO Stage
- o Lymph Nodes Laterality-Vulva
- o Lymph Nodes Laterality-Vagina
- o Lymph Nodes Assessment Method Para-aortic-Vagina
- o Lymph Nodes Assessment Method Pelvic-Vagina
- o Lymph Nodes Assessment Method Femoral-Vagina
- o Lymph Nodes Distant: Mediastinal, Scalene SSF 6-Vagina
- o Lymph Nodes Distant: Mediastinal, Scalene SSF 7-Vagina
- o Peritoneal Cytology-Corpus
- o Pelvic Nodes Number Positive SSF3-Corpus
- o Pelvic Nodes Number Positive SSF4-Corpus
- o Para-aortic Nodes Number Positive SSF 5-Corpus
- o Para-aortic Nodes Number Examined SSF 6-Corpus
- o CA-125 Pretreatment Value SSF1-Ovary

New Data Items – Old SSFs New Codes & Instructions

- o Prostate Pathological Extension SSF3-Prostate
- o Gleason's Pattern Clinical SSF7-Prostate
- o Gleason's Clinical Score SSF8-Prostate
- o Gleason Pathological Patterns SSF9-Prostate
- o Gleason Pathological Score SSF10-Prostate
- o Gleason Tertiary Pattern SSF11-Prostate
- o Number of Cores Positive SSF12-Prostate
- o Number of Cores Examined SSF13-Prostate
- o AFP Pre-Orchiectomy Range SSF7-Testis
- o **hCG** Pre-Orchiectomy Range SSF9-Testis
- o LDH Pre-Orchiectomy Range SSF10-Testis
- o AFP Post-Orchiectomy Range SSF13-Testis
- o **hCG** Post-Orchiectomy Range SSF15-Testis
- o LDH Post-Orchiectomy Range SSF16-Testis

New Manual to Include ALL Site-Specific Data Items
Description of Test, Instructions and Codes

Major Changes to Site-Specific Data Items

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58 New Site-Specific Data Items – “Required for Staging”

C	3804	Adenopathy	C	3868	LDH Pre-Orchiectomy Range
C	3806	AFP Post-Orchiectomy Range	C	3869	LDH Pretreatment Level
C	3808	AFP Pre-Orchiectomy Range	C	3870	LDH Upper Limits of Normal
C	3809	AFP Pretreatment Interpretation	C	3882	LN Positive Axillary Level I-II
C	3811	Anemia	C	3883	LN Size
C	3812	B symptoms	C	3885	Lymphocytosis
C	3816	Brain Molecular Markers	C	3887	Measured Basal Diameter
C	3817	Breslow Tumor Thickness	C	3888	Measured Thickness
C	3826	Estrogen Receptor Percent Positive or Range	C	3890	Microsatellite Instability (MSI)
C	3827	Estrogen Receptor Summary	C	3895	Multigene Signature Results
C	3828	Estrogen Receptor Total Allred Score	C	3904	Oncotype Dx Recurrence Score-Invasive
C	3829	Esophagus and EGJ Tumor Epicenter	C	3906	Oncotype Dx Risk Level-Invasive
C	3835	Fibrosis Score	C	3907	Organomegaly
C	3837	Gestational Trophoblastic Prognostic Scoring Index	C	3910	Peripheral Blood Involvement
C	3838	Gleason Patterns Clinical	C	3911	Peritoneal Cytology
C	3839	Gleason Patterns Pathological	C	3914	Progesterone Receptor Percent Positive or Range
C	3840	Gleason Score Clinical	C	3915	Progesterone Receptor Summary
C	3841	Gleason Score Pathological	C	3916	Progesterone Receptor Total Allred Score
C	3842	Gleason Tertiary Pattern	C	3917	Primary Sclerosing Cholangitis
C	3843	Grade Clinical	C	3920	PSA (Prostatic Specific Antigen) Lab Value
C	3844	Grade Pathological	C	3923	S Category Clinical
C	3845	Grade Post Therapy	C	3924	S Category Pathological
C	3847	hCG Post-orchiectomy Range	C	3926	Schema Discriminator 1
C	3849	hCG Pre-orchiectomy Range	C	3927	Schema Discriminator 2
C	3855	HER2 Overall Summary	C	3928	Schema Discriminator 3
C	3856	Heritable Trait	C	3930	Serum Albumin Pretreatment Level
C	3857	High Risk Cytogenetics	C	3931	Serum Beta-2 Microglobulin Pretreatment Level
C	3865	KIT Gene Immunohistochemistry	C	3932	LDH Pretreatment Lab Value
C	3867	LDH Post-Orchiectomy Range	C	3933	Thrombocytopenia

NPCR/FCDS Required SSDIs by Site

83

ID	Schema	Data Item	Item Title
60	Cervical Lymph Nodes and Unknown Primary Tumor of the Head and Neck	3883	Lymph Nodes Size of Metastasis
161	Esophagus (including GE Junction) Squamous	3829	Esophagus and EGJ, Squamous Cell (including adenosquamous), Tumor Location
200	Colon and Rectum (excluding Appendix, Gastrointestinal Stromal Tumor,	3890	Microsatellite Instability (MSI)
220	Liver	3809	AFP (Alpha Fetoprotein) Pretreatment Interpretation
220	Liver	3835	Fibrosis Score
230	Intrahepatic Bile Ducts	3917	Primary Sclerosing Cholangitis (PSC)
430	Gastrointestinal Stromal Tumors	3865	KIT Gene Immunohistochemistry (IHC)
470	Malignant Melanoma of Skin, Vulva, Penis, Scrotum	3817	Breslow Tumor Thickness
470	Malignant Melanoma of Skin, Vulva, Penis, Scrotum	3932	LDH (Lactate Dehydrogenase) Pretreatment Lab Value
470	Malignant Melanoma of Skin, Vulva, Penis, Scrotum	3870	LDH (Lactate Dehydrogenase) Upper Limits of Normal
470	Malignant Melanoma of Skin, Vulva, Penis, Scrotum	3869	LDH (Lactate Dehydrogenase) Pretreatment Level
480	Breast	3882	Lymph Nodes Positive Axillary Level I-II
480	Breast	3827	ER (Estrogen Receptor) Summary
480	Breast	3826	ER (Estrogen Receptor) Percent Positive or Range
480	Breast	3828	ER (Estrogen Receptor) Total Allred Score
480	Breast	3915	PR (Progesterone Receptor) Summary
480	Breast	3914	PR (Progesterone Receptor) Percent Positive or Range
480	Breast	3916	PR (Progesterone Receptor) Total Allred Score
480	Breast	3855	HER2 Overall Summary
480	Breast	3904	Oncotype Dx Recurrence Score - Invasive
480	Breast	3906	Oncotype Dx Risk Level-Invasive
480	Breast	3895	Multigene Signature Result
530	Carcinoma and Carcinosarcoma of Corpus Uteri; Uterus, NOS (excluding Placenta and Adenosarcoma, Leiomyosarcoma, and Endometrial Stromal	3911	Peritoneal Cytology

NPCR/FCDS Required SSDIs by Site

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ID	Schema	Data Item	Item Title
560	Placenta	3837	Gestational Trophoblastic Prognostic Scoring Index
580	Prostate	3920	PSA (Prostatic Specific Antigen) Lab Value
580	Prostate	3840	Gleason Score Clinical
580	Prostate	3838	Gleason Patterns Clinical
580	Prostate	3841	Gleason Score Pathological
580	Prostate	3839	Gleason Patterns Pathological
580	Prostate	3842	Gleason Tertiary Pattern
590	Testis	3923	Testis Serum Markers (S) Clinical (pre orchietomy)
590	Testis	3924	Testis Serum Markers (S) Pathological (post-orchietomy)
590	Testis	3808	AFP (Alpha Fetoprotein) Pre-Orchietomy Range
590	Testis	3849	hCG (Human Chorionic Gonadotropin) Pre-Orchietomy Range
590	Testis	3868	LDH (Lactate Dehydrogenase) Pre-Orchietomy Range
590	Testis	3806	AFP (Alpha Fetoprotein) Post-Orchietomy Range
590	Testis	3847	hCG (Human Chorionic Gonadotropin) Post-Orchietomy Range
590	Testis	3867	LDH (Lactate Dehydrogenase) Post-Orchietomy Range
660	Malignant Melanoma of Conjunctiva	3888	Measured Thickness
671	Malignant Melanoma of Iris (excluding Ciliary Body)	3887	Measured Basal Diameter
680	Retinoblastoma	3856	Heritable Trait
721	Brain and Cerebral Meninges	3816	Brain Molecular Markers
790	Hodgkin and Non-Hodgkin Lymphomas of All Sites (excluding CLL/SLL, Primary Cutaneous Lymphomas, including Mycosis Fungoides and Sezary Disease)	3812	B Symptoms
795	Lymphoma-CLL/SLL	3804	Adenopathy
795	Lymphoma-CLL/SLL	3907	Organomegaly
795	Lymphoma-CLL/SLL	3811	Anemia
795	Lymphoma-CLL/SLL	3885	Lymphocytosis
795	Lymphoma-CLL/SLL	3933	Thrombocytopenia
811	Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum	3910	Peripheral Blood Involvement
821	Plasma Cell Myeloma	3857	High Risk Cytogenetics
821	Plasma Cell Myeloma	3930	Serum Albumin Pretreatment Level
821	Plasma Cell Myeloma	3931	Serum Beta-2 Microglobulin Pretreatment Level

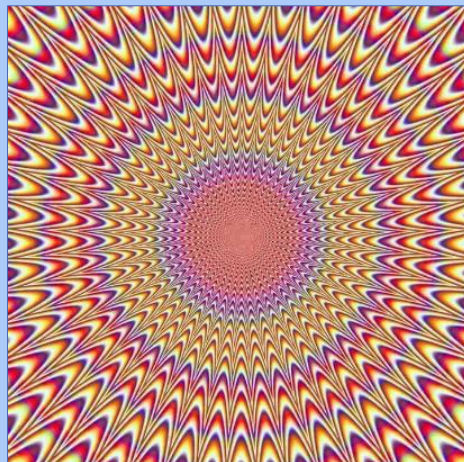
Many New Prognostic Site-Specific Fields

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- HER2 ISH Dual Probe Ratio, new Draft, Breast 8th edition, CAP guidelines
- HER2 ISH Dual Probe Copy Number
- HER2 ISH Single Probe Copy Number
- Lymph Nodes Size of Metastasis, Head and Neck (Common SSF), SSF#1
- Bilirubin Pretreatment Total Lab Value, Liver, SSF #6
- Measured Basal Diameter, Uveal Melanomas, SSF #2
- Measured Thickness, Uveal Melanomas, SSF #3
- Extranodal Extension Clinical, Penis, SSF # 17
- Extranodal Extension Pathological, Penis, SSF # 17
- Microvascular Density, Uveal Melanomas, SSF #13
- Adenoid Cystic Basaloid Pattern, Lacrimal Gland, SSF #6
- Circumferential or Radial Resection Margin, Colon and Rectum, SSF #6
- Oncotype Dx Recurrence Score-Invasive, Draft, Breast 8th edition, CAP guidelines
- Oncotype Dx Recurrence Score-DCIS, Draft, Breast 8th edition, CAP guidelines
- Oncotype Dx Risk Level-Invasive, Draft, Breast 8th edition, CAP guidelines
- Oncotype Dx Risk Level-DCIS, Draft, Breast 8th edition, CAP guidelines
- Isolated Tumor Cells (ITC) in Regional Lymph Node(s), Merkel Cell Skin, SSF #18
- Profound Immune Suppression, Merkel Cell Skin, SSF #22
- Microsatellite Instability, Colon and Rectum, SSF #7
- KRAS, Colon and Rectum, SSF #9
- Kidney Tumor Extension, Kidney, SSF#1
- Major vein Involvement, Kidney, SSF#2
- Ipsilateral Adrenal Gland Involvement, Kidney, SSF#3
- Sarcomatoid Features, Kidney, SSF#4
- JAK2, Heme Retic, SSF# 1

EDITS v18

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STORE Manual

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2018 FCDS DAM

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Florida Cancer Data System



University of Miami Miller
School of Medicine
Fox Building - Room 410
1550 NW 10th Ave
Miami, Florida 33136
or
PO Box 016967 (D4-11)
Miami, Florida 33101

Phone: (305) 243-4600
Fax: (305) 243-4871

**Data
Acquisition
Manual
2018**



Summary of Changes

- Updated Section I – Guidelines for Reporting
- Clarifications on Specific Cancers and Reporting
 - LCIS is Reportable to FCDS (not reportable to NCDB)
 - Intraepithelial Neoplasm Grade III is Reportable to FCDS
 - AIN III
 - VIN III
 - VAIN III
 - PAIN III
 - LIN III
- Clarification on BIRADS 4 and BIRADS 5 and Date of Diagnosis – not based on imaging but on bx date
- Clarification - No Treatment versus Watch & Wait
- Clarification – When to Submit RQRS Abstracts
- 2018 Casefinding List (general and detail codes)
- Updated Data Request Section
- Updated Section II – Abstracting Instructions
- Added New Data Item Requirements by Section
 - CoC Accreditation
 - 3 New Grade Items
 - SS2018 Required for All Cases
 - AJCC Cancer Staging Items for 8th edition
 - SSDI Requirements
 - LVI – new codes added
 - Radiation Treatment Modality Field – only 1 required
- DO NOT USE C76.* Primary Site Codes – EVER
- Updated ICD-O-3 Requirements & Instructions
- Updated Grade Coding Instructions
- Updated Staging Requirements and Instructions

2018 FCDS DAM

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Florida Cancer Data System



University of Miami Miller
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1550 NW 10th Ave
Miami, Florida 33136
or
PO Box 016967 (D4-11)
Miami, Florida 33101

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Fax: (305) 243-4871

**Data
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Manual
2018**



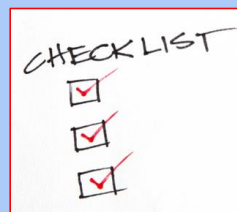
Summary of Changes

- Appendix G – 2018 FCDS Record Layout
- Appendix H – 2018 FCDS Required SSDIs
- Appendix L – Updated Text Requirements
- Appendix O – Updated ICD-10-CM Casefinding
 - Short List
 - Detailed List
- Appendix P – 2018 Resources for Registrars
- Appendix Q – FCDS Profile Modification Form
- Appendix Q – DOH Letter on SSN Requirements
- Appendix R – ICD-O-3 Updates & Tables

List of 2018 Required Manuals, Rules & Tools

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- 2018 FCDS Data Acquisition Manual (2018 FCDS DAM)
- 2018 Cancer Reporting Requirements for Florida
- 2018 Case Finding ICD-10-CM Code List Changes
- ICD-O-3 Third Edition – purple book still is used
- 2018 Guidelines for ICD-O-3 Histology Code and Behavior Update
 - ICD-O-3 New Histology Codes
 - ICD-O-3 Histology/Behavior Code Changes
 - ICD-O-3 Coding for Primary Site and Histology
- 2018 Solid Tumor Coding Rules (formerly MPH Rules for Solid Tumors)
- 2018 Hematopoietic Database & MPH Rules – web-based version only
- 2018 Grade Coding Manual, Instructions and Tables (Grade Manual and Appendices)
- 2018 Summary Stage Manual
- AJCC Cancer Staging Manual, 8th edition – published errata & breast chapter replacement
- 2018 Site-Specific Data Items Manual (SSDI Manual)
- CoC STORE Manual - STandards for Oncology Registry Entry
- SEER*Rx – current web version
- FCDS v.18 EDITS Metafile – current version
- Reference: NAACCR 2018 Implementation Guidelines and Recommendations
- Reference: NAACCR Standards for Cancer Registries Volume II, Data Standards and Data Dictionary, V18, 2018, 21st ed.



FCDS Strongly Recommends Trainings

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Date	Topic	Sponsor
11/10/2016	Eighth Edition Overview	AJCC/NPCR
5/31/2017	Introduction & Descriptors	AJCC/NPCR
5/15/2018	Minor Rule Changes	AJCC/NPCR
3/20/2018	Major Rule Changes	AJCC/NPCR
4/17/2018	CAnswer Forum & Staging Questions	AJCC/NPCR
5/1/2018	Grade	NAACCR
5/16/2018	Radiation Treatment	NAACCR
6/18/2018 (tentative)	2018 Solid Tumor MPH Manual	NAACCR/SEER
6/25/2018 (tentative)	2018 Heme Database	NAACCR/SEER
7/9/2018 (tentative)	2018 ICD-O-3	NAACCR/SEER
7/16/2018 (tentative)	SEER Summary Stage 2018	NAACCR/SEER
8/2/2018	MPH Rules	NAACCR/SEER
8/6/2018	EDITSv18 Metafile Overview	NAACCR
8/13/2018	SSDIs In-Depth	NAACCR/SEER
9/11/2018	Breast Staging	AJCC/NPCR

FCDS Training Plan

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FCDS Will Not Specifically Teach Any of The 2018 Topics
FCDS Will Reinforce 2018 Topics Via Site-Specific Topics

Date	Time Schedule 3 rd Thursday	Presentation Title
8/16/2018	1:00pm – 3:00pm	Convention Brief: 2018 FCDS Annual Meeting Highlights
9/20/2018	1:00pm – 3:00pm	Lung: Background, Anatomy, Signs and Symptoms, ICD-O-3 Updates for Lung, 2018 MP/H Rules, 2018 Grade Coding, Staging (SS2018 & AJCC TNM 8 th ed), Site Specific Data Items) and Treatment Codes (Radiation)
10/18/2018	1:00pm – 3:00pm	Colon (incl. Appendix) and Rectum: Background, Anatomy, Signs and Symptoms, ICD-O-3 Updates for Colon, 2018 MP/H Rules, 2018 Grade Coding, Staging (SS2018 & AJCC TNM 8 th ed), Site Specific Data Items) and Treatment Codes (Radiation)
11/15/2018	1:00pm – 3:00pm	Breast: Background, Anatomy, Signs and Symptoms, ICD-O-3 Updates for Breast, 2018 MP/H Rules, 2018 Grade Coding, Staging (SS2018 & AJCC TNM 8 th ed), Site Specific Data Items) and Treatment Codes (Radiation)
12/13/2018	1:00pm – 3:00pm	Thyroid: Background, Anatomy, Signs and Symptoms, ICD-O-3 Updates for Thyroid, 2018 MP/H Rules, 2018 Grade Coding, Staging (SS2018 & AJCC TNM 8 th ed), Site Specific Data Items) and Treatment Codes (Radiation)
1/17/2019	1:00pm – 3:00pm	Urinary System: Background, Anatomy, Signs and Symptoms, ICD-O-3 Updates for Urinary System, 2018 MP/H Rules, 2018 Grade Coding, Staging (SS2018 & AJCC TNM 8 th ed), Site Specific Data Items) and Treatment Codes (Radiation)
2/21/2019	1:00pm – 3:00pm	Brain (benign/borderline/malignant): Background, Anatomy, Signs and Symptoms, ICD-O-3 Updates for Brain (any behavior), 2018 MP/H Rules, 2018 Grade Coding, Staging (SS2018 & AJCC TNM 8 th ed), Site Specific Data Items) and Treatment Codes (Radiation)

List of 2018 Required Manuals, Rules & Tools

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APPENDIX P – REFERENCES AND RESOURCES FOR REGISTRARS – updated June 2018

2018 References and Resources for Cancer Registrars		
2018 REQUIRED References	Web Address For Source	Notes
2018 FCDIS Data Acquisition Manual (DAM)	http://www.fda.med.miami.edu/ncr/DAM.html	Details cancer data reporting guidelines and casefinding mechanisms for identifying reportable cancers.
2018 Casefinding List of ICD-10-CM Required Codes	http://www.fda.med.miami.edu/ncr/DAM.html	ICD-10-CM for 2018 Casefinding - General Range and Individual Code Lists are available in the FCDIS DAM.
2018 MPH Rules - Solid Tumors MPH Rules PLUS Interactive Solid Tumors Database for Coding	https://www.cancer.gov/tools/solidtumors	On the home page click on "Information for Cancer Registrars", MPH Rules
2018 MPH Rules - Hematopoietic and Lymphoid Neoplasms MPH Rules PLUS Interactive Hematopoietic and Lymphoid Neoplasms Database for Coding	https://www.cancer.gov/tools/hemlymph	On the home page click on "Information for Cancer Registrars", Hematopoietic & Lymphoid Neoplasms Project
ICD-O-3 2010 and 2018 Updates and Coding Materials Also See 2018 FCDIS DAM for ICD-O-3 Updates Site-Specific Data Items Manual (SSDI Manual), SSDI Coding Instructions, and SSDI Coding Application	https://www.seer.cancer.gov/ncr/ncr3/	On the home page click "Data Collection Tools", Errata and Classifications".
2018 Grade Manual, Grade Coding Instructions and Tables, and Grade Coding Application	https://www.seer.cancer.gov/ncr/ncr3/	
AJCC Cancer Staging Manual 8 th Edition (plus errata) Required for ALL 2018 Cases	http://www.ajcc.org/staging-manual	
SEER Summary Staging Manual 2018 and any errata Required for ALL 2018 Cases	http://www.cancer.gov/tools/seer	
SEER*PSA for EOD - current version	https://staging.seer.cancer.gov/ncr/seerpsa/1.0/	Web pages with ALL 2018 Staging Items including SSDI.
SEER*Rx - Interactive Drug Database	http://www.cancer.gov/seer/rx/rxrx	A one-stop looking for coding oncology drug and regimen treatment computers in cancer registries
Collaborative Stage Data Collection System - v02.05 Part I Reference for Site-Specific Factor Coding ONLY	http://www.cancerstaging.org/stage	Collaborative Stage Data Collection System is no longer supported or in use in the United States beginning 1/1/2018.
Brain & CNS Tumor Reporting	http://www.cdc.gov/cancer/brain/cns	Brain Tumor Registry Reporting Materials
TEXT DOCUMENTATION	http://www.cancerregistryeducation.org/ncr	Free Download - NCR's Informational Abstracts - Guidelines for Text Documentation by Cancer Site

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List of 2018 Required Manuals, Rules & Tools

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APPENDIX P – REFERENCES AND RESOURCES FOR REGISTRARS – updated June 2018


2018 References and Resources for Cancer Registrars		
Newsletters	Web Address	Notes
FCDIS Memo	http://www.fda.med.miami.edu/ncr/publications.html	Florida Cancer Data System Memo written for registrars
FCRA Sun Times Newsletter	http://www.fcra.org	Florida Cancer Registrars Association quarterly newsletter
COC Source	https://www.fcra.org/publications/newsletters/coc-source	Commission on Cancer's newsletter
The CoC Brief	http://www.mshb.bwh.harvard.edu/coabrief	Multi-Briefs for American College of Surgeons CoC
The NAACCR Narrative	http://www.naacr.org/2018/04/11/NAACCR-Narrative.aspx	Newsletter for Central Cancer Registrars in North America
NCR News	http://www.ncr.org	NCR Newsletter and Peer-Review Journal
The Journal of Registry Management	http://www.ncr.org	

2018 References and Resources for Cancer Registrars		
Education and Training Resources		
FlockG	Florida's Online Learning Management System - Fundamental Learning Collaborative for the Cancer Surveillance Community (FlockG)	https://fda.med.miami.edu/ncr/flockg
FCDIS Abstracting Basics Training Course Updated to the 2018 National Standards	20+ Modules of Self Instruction with 1000+ slides + 60 hrs of basics training with quizzes and practice cases	https://fda.med.miami.edu/ncr/flockg
FCDIS Continuing Education Webinar Series, NAACCR Series, and FCDIS Annual Conference	Recorded Webcasts, Webinars, Conferences and any associated background materials, exercises, quizzes	https://fda.med.miami.edu/ncr/flockg
SEER Self Instruction Training Website	SEER's Self-Paced Instruction and Training Website	http://training.seer.cancer.gov/
SEER*Educate	Online Training Platform for Cancer Registrars	https://educate.fda.med.miami.edu/ncr/ncr3/
SEER Self-Instructional Training Resources	MPH Rules Training - Solid Tumors Glossary for Registrars Hematopoietic and Lymphoid Neoplasms Training SEER Self-Instructional Manuals for Tumor Registrars SEER Advanced Topics for Registry Professionals NCR Annual Conference, CTR Exam Preparation materials, Recorded Webinars, Continuing Education including NCR's Center for Cancer Registry Education	http://www.cancer.gov/ncr/ncr3/
NCR Education and Training	Self-Instructional Modules for AACC TSM Training Recorded Resources for AACC TSM Training NAACCR Annual Conference, Monthly NAACCR Cancer Surveillance Webinar Series, CTR Exam Preparation Webinar Series, Continuing Education	http://www.cancerregistryeducation.org
CTR Examination Resources	NCR's Council on Certification	http://www.ccrn.org
AACC TSM Education and Training	Self-Instructional Modules for AACC TSM Training Recorded Resources for AACC TSM Training NAACCR Annual Conference, Monthly NAACCR Cancer Surveillance Webinar Series, CTR Exam Preparation Webinar Series, Continuing Education	http://www.aacc-tsm.org
NAACCR Education and Training	NAACCR Annual Conference, Monthly NAACCR Cancer Surveillance Webinar Series, CTR Exam Preparation Webinar Series, Continuing Education	http://www.naacr.org
American Cancer Society	Learns About Cancer and Various Cancer Topics	http://www.cancer.org
National Cancer Institute	Understanding Cancer Series (also in Spanish)	http://www.cancer.gov
National Comprehensive Cancer Network (NCCN)	Treatment Guidelines by Cancer Site	http://www.nccn.org

6/19/2018

Practice Cases

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Case Studies: Practice Assigning AJCC TNM Stage (Eighth Edition)

NCRA produced this case study workbook to provide opportunities for cancer registrars to practice assigning AJCC TNM Stage using the new *AJCC Cancer Staging Manual Eighth Edition*. NCRA has included two sets of answers. One using the Seventh Edition; the second using the Eighth Edition. This construct will help registrars compare the differences. NCRA has also provided rationales for the correct Eighth Edition answers. The workbook includes 50 cases prepared by Donna M. Gress, RHIT, CTR.

Quantity:

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Questions

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