2018 SITE SPECIFIC DATA ITEMS MANUAL & TABLES PART II

FCDS Annual Educational Conference

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Steven Peace, CTR

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CDC & Florida DOH Attribution

"We acknowledge the Centers for Disease Control and Prevention, for its support of the Florida Cancer Data System, and the printing and distribution of the materials for the 2018-2019 FCDS Webcast Series under cooperative agreement NU58DP006350 awarded to the Florida Department of Health. The findings and conclusions in this series are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention".

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.

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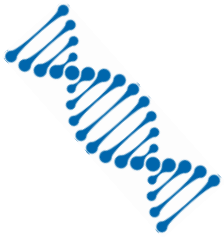
Outline



- Introduction to SSDI Manual
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- Types of Site-Specific Data Items
- Tumor Markers and Genetic Alterations
- SSDI Tables are Schema-Driven
- General Definitions & Format of SSDI Codes
- Site-Specific Data Item Definition & Coding Instructions
- Site-Specific Data Items – Required for Staging
- Site-Specific Data Items – Recommended for Clinical Care
- Site-Specific Data Items – Emerging Factors (web only)
- Using SSDIs to Assign a Stage Group
- Other Helpful Information
- Questions

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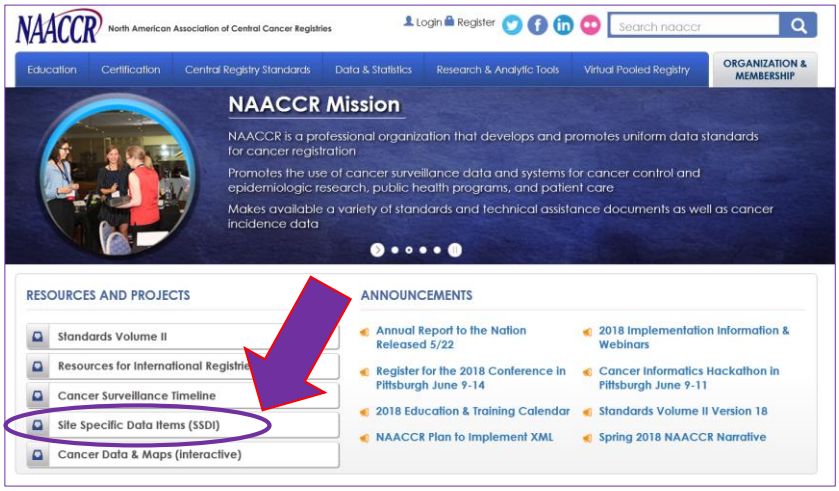
Introduction to SSDI Manual



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

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Introduction to SSDI Manual

Site-Specific Data Item (SSDI) Manual

Effective with Cases Diagnosed 1/1/2018 and Forward

Published May 2018

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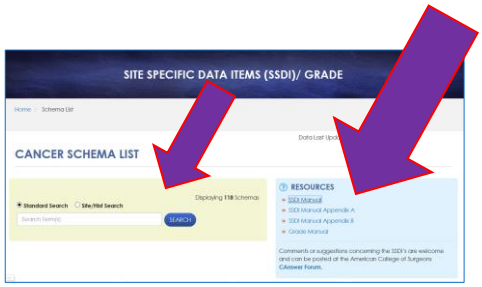

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3 New Schema Discriminators

- Schema Discriminators – used when primary site and/or histology are not enough to identify the best schema – more info required
- Most Chapters that require a Schema Discriminator need only one.
- Schema Discriminators are used to define both Schema ID and AJCC ID with the appropriate AJCC 8th ed. or SS2018 Chapter & staging algorithm.
- Schema Discriminators do not have a "not applicable" or "default" code. If the schema discriminator is needed for some sites or histologies within the schema but not for all, it should be left blank where it is not necessary.

The following are Schema Discriminator 1

- Schema Discriminator 1: BileDuctsDistal/BileDuctsPerihilar/CysticDuct
- Schema Discriminator 1: EsophagusGEJunction (EGJ)/Stomach
- Schema Discriminator 1 (Histology Discriminator for 9591/3)
- Schema Discriminator 1: Lacrimal Gland/Sac
- Schema Discriminator 1: Melanoma Ciliary Body/Melanoma Iris
- Schema Discriminator 1: Nasopharynx/Pharyngeal Tonsil
- Schema Discriminator 1: Occult Head and Neck Lymph Nodes
- Schema Discriminator 1: Plasma Cell Myeloma Terminology
- Schema Discriminator 1: Primary Peritoneum Tumor
- Schema Discriminator 1: Thyroid Gland/Thyroglossal Duct
- Schema Discriminator 1: Urethra/Prostatic Urethra

The following are Schema Discriminator 2

- Schema Discriminator 2: Histology Discriminator for 8020/3
- Schema Discriminator 2: Oropharyngeal p16

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How Schema Discriminators Work

Esophagus and Esophagogastric Junction

Schema Discriminator 1: EsophagusGEJunction (EGJ)/Stomach

Item Length: 1
NAACCR Item #: 3926
NAACCR Alternate Name: None
AJCC 8th Edition Chapter(s):

- Chapter 16: Esophagus and Esophagogastric Junction
- Chapter 17: Stomach

Chapter 16: Esophagus and Esophagogastric Junction (see code 2)
- Tumor involving the EGJ with epicenter less than 2 cm into proximal stomach

Chapter 17: Stomach (see codes 0, 3, and 9)
- No involvement of the EGJ or unknown if involvement of the EGJ AND epicenter at any distance

Code	Description	AJCC Disease ID
0	NO involvement of esophagus or gastroesophageal junction AND epicenter at ANY DISTANCE into the proximal stomach (including distance unknown)	17: Stomach
2	INVOLVEMENT of esophagus or esophagogastric junction (EGJ) AND epicenter LESS THAN OR EQUAL TO 2 cm into the proximal stomach	16 Esophagus AND go to Schema Discriminator 2: Histology Discriminator for 8020/3
3	INVOLVEMENT of esophagus or esophagogastric junction (EGJ) AND epicenter GREATER THAN 2 cm into the proximal stomach	17: Stomach
9	UNKNOWN involvement of esophagus or gastroesophageal junction AND epicenter at ANY DISTANCE into the proximal stomach (including distance unknown)	17: Stomach

Definition

The esophagus chapter of the *AJCC Cancer Staging Manual* 8th edition includes the esopha junction (also called the cardia or gastroesophageal junction) and the proximal 2 cm of the cardia is defined as the opening or junction between the esophagus and the stomach, and 0.1 and 0.4 cm in length. This 2-cm boundary measurement is based on the Siewert classif gastroesophageal cancers, which defines an area 2 cm above and 2 cm below the cardia o esophagogastric junction. Both of these areas are coded to primary site C160, so a discrim needed to get to the correct chapter.

Note: This is different from AJCC 7th edition (CSv2) where the measurement was 5 cm.

To determine whether a cancer of the cardia should be coded according to the esophagus schema or the stomach chapter, it is necessary to identify the midpoint or epicenter of the tumor. If the midpoint is at or above the cardia, the tumor is esophageal. If the midpoint of the tumor is within 2 cm distal to the gastroesophageal junction (GEJ) and the lesion extends to or across the GEJ, the case should be coded with the esophagus chapter. If the midpoint of the tumor is within 2 cm distal to the GEJ and the lesion does not extend to the GEJ, the case should be coded with the stomach schema. Any tumor with a midpoint more distal than 2 cm from the GEJ is coded with the stomach schema.

- Select the code that best describes the location and extent of the tumor, and the computer algorithm will bring the correct schema to the screen

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Site/Histo + Schema Discriminator(s) = AJCC Schema ID + Schema ID

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

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Site/Histo + Schema Discriminator(s) = AJCC Schema ID + Schema ID

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

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Types of Site Specific Data Items

- Prognostic Factors "Required for Stage Grouping" (All Cases)
  - Not ALL SSDIs Labeled "Required for Stage Grouping" are actually required for staging.
  - Some "Required for Stage Grouping" Items have "Prognostic Significant" and are Required.
- Additional Factors Recommended for Clinical Care (CoC/NCDB and SEER)
- Emerging Factors for Clinical Care (Web Only – Not Required)
- May Include: Molecular or Protein Biomarkers, Genetic Markers, Lab Test Value, Interpretation of Lab Value, Clinical Factors such as Size of Lymph Node, Alternate Staging such as FIGO, Measured Depth of Invasion (Breslow Depth), Site Specific Grade Detail (Gleason), Cytogenetics, Immunochemistry, Surgical Margin Details, MSI or Microsatellite Instability and More

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Types of Site Specific Data Items

- You may not see the SSDIs that clinicians reference and think are important today…the reason is that it takes time for cancer registry standards to catch up with present day technology and testing – particularly for genetic factors.
- Your Cancer Program can define any additional SSDIs you would like to capture for your physicians – genetic markers for lung for example - approve these through your Cancer Committee and carefully define user-defined instructions and codes

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Will SSFs be Converted to SSDIs?

SSFs and SSDIs are not compatible – there is no direct conversion

If you want to use old & new items – you must recode & store recodes separately

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Importance of Cancer Genomics - NCI

- **Cancer is a genetic disease – but, data capture for SSDIs lags behind research.**

- Cancer genomics contributes to precision medicine by 1. defining cancer types and subtypes based on their genetics and 2. identify targets for new medicines

1. Registries currently do not collect much information on genomics related to defining tumor characteristics – some genomics are captured indirectly in the ICD-O-3 histology code – but, is not routinely part of site-specific data items – Most SSDIs currently focus on clinical care and prognostic markers and not on defining tumor characteristics.

2. "targeted therapies" specifically combat individual genetic characteristics of cancer cells that are different from normal cells of the body. This makes them less likely to be toxic for patients compared to other treatments such as chemotherapy and radiation that can kill normal cells. Newer targeted therapies may target multiple genetic characteristics or combining multiple single-gene therapies to target multiple genetic abnormalities within a tumor.

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Importance of Cancer Genomics - NCI

- **Cancer is a genetic disease – but, data capture for SSDIs lags behind research.**

- How do "targeted therapies" work?
  - Inhibit enzymes that trigger the abnormal growth and survival of cancer cells
    - Imatinib (Gleevec) inhibits over-activity of protein Bcr-ABL tyrosine kinase in leukemia patients
  - Block aberrant gene expression characteristic of cancer cells
    - Trastuzumab (Herceptin) controls hyperactive signaling pathway (HER2 tyrosine kinase) - breast
  - Halt molecular signaling pathways that are in overdrive in cancer cells
    - Erlotinib (Tarceva) and gefitinib (Iressa) both restrict activation of a protein (EGFR) in lung cancers

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Tumor Marker or Genetic Alteration

Tumor Marker

- Tumor Markers are indicators of cellular, biochemical, molecular or genetic alterations by which neoplasia can be recognized.
- Tumor markers detect the presence of tumor based on quantitative and/or qualitative measurements in blood or secretions found in cells, tissues or body fluids.
- These surrogate measures of the biology of the cancer provide insight in the clinical behavior of the tumor.
- Biochemical or immunologic counterparts of differentiation states of tumor.

Genetic Alteration

- Cancer is a multigene disease that arises as a result of mutational and epigenetic changes coupled with activation of complex signaling intra and extra cellular networks.
- Alterations in 3 Classes of Genes
  - ProtoOncogenes
  - Tumor Suppressor Genes
  - DNA Repair Genes
  - Types of Mutations
    - Gene Rearrangement
    - Point Mutations
    - Gene Amplification
- Resultant effects on death mechanisms embedded within cells coupled with dysregulation of cell proliferation events.

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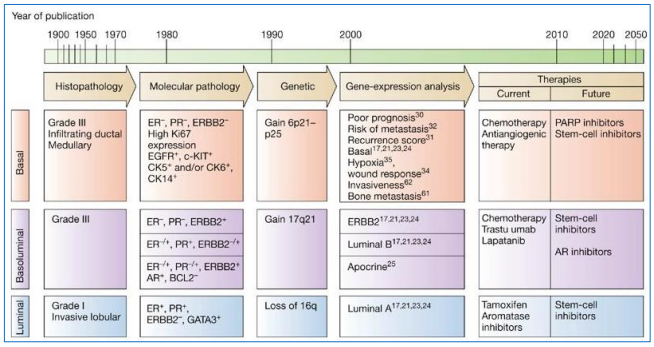
Tumor Marker or Genetic Alteration

Comparison of the histopathology, molecular pathology, genetic, and gene-expression analysis methods used to delineate breast cancer tumor subtypes and suggested current and future therapies in a historical context



http://www.nature.com/article-assets/npg/nrclinonc/journal/v4/ng/images/ncponc0908-f1.jpg

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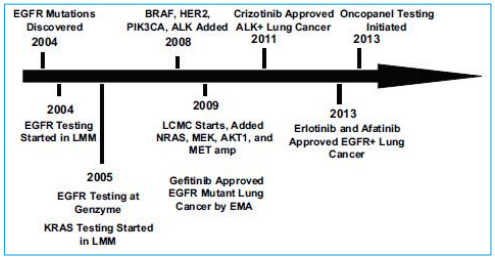
Site-Specific Data Items – Emerging Factors



Identification of and Testing for Next Generation Biomarkers, Genetic Tests and Multi-Gene Profiles and Establishing Data Collection Standards for Emerging SSFs

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Schema ID Drives the SSDI Tables

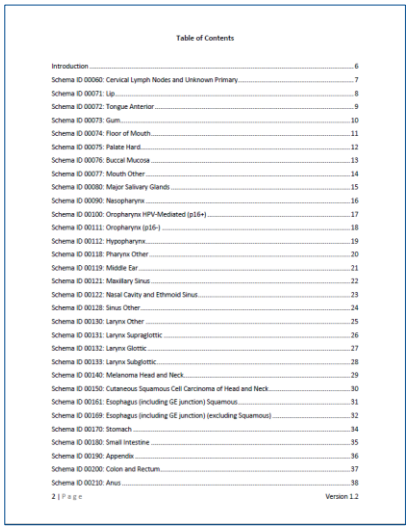
Table of Contents

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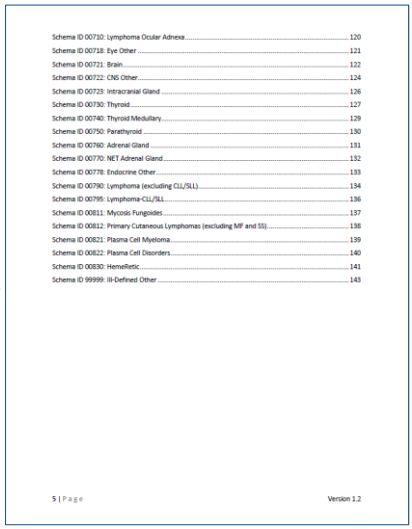

https://apps.naaccr.org/ssdi/list/

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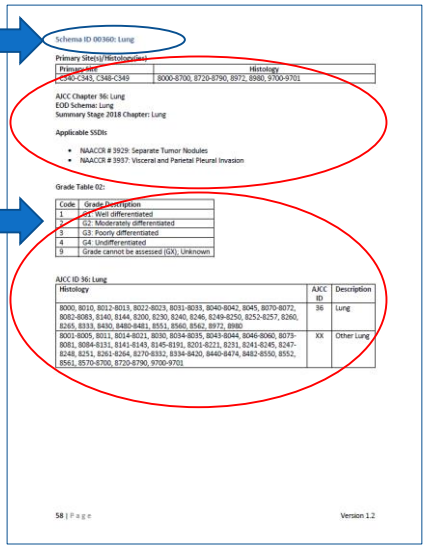
Schema ID Drives the SSDI Tables



Schema ID 00360: Lung

Primary Site(s)/Histology(ies)

Primary Site	Histology
C340-C343, C348-C349	8000-8700, 8720-8790, 8972, 8980, 9700-9701

AJCC Chapter 9th: Lung
EOD Schema: Lung
Summary Stage 2018 Chapter: Lung

Applicable SSDIs

- NAACCR # 3929: Separate Tumor Nodules
- NAACCR # 3937: Visceral and Parietal Pleural Invasion

Grade Table 02:

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated
4	G4: Undifferentiated
9	Grade cannot be assessed (GX), Unknown

AJCC ID 36: Lung

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

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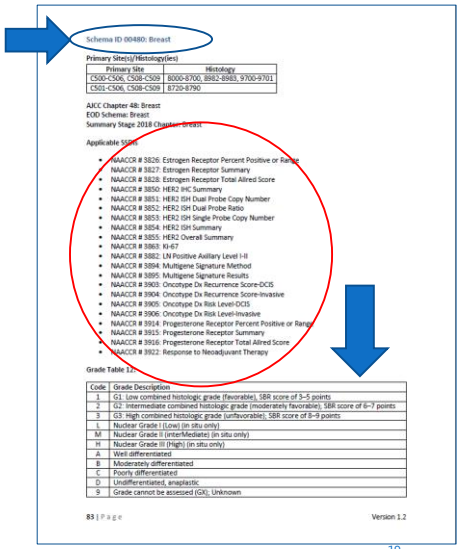

Schema ID 00480: Breast

Primary Site(s)/Histology(ies)

Primary Site	Histology
C500-C506, C508-C509	8000-8700, 8982-8983, 9700-9701
C501-C506, C508-C509	8720-8790

AJCC Chapter 4th: Breast
EOD Schema: Breast
Summary Stage 2018 Chapter: Breast

Applicable SSDIs

- NAACCR # 3826: Estrogen Receptor Percent Positive or Range
- NAACCR # 3827: Estrogen Receptor Summary
- NAACCR # 3828: Estrogen Receptor Total Allred Score
- NAACCR # 3850: HER2 IHC Summary
- NAACCR # 3851: HER2 ISH Dual Probe Copy Number
- NAACCR # 3852: HER2 ISH Dual Probe Ratio
- NAACCR # 3853: HER2 ISH Single Probe Copy Number
- NAACCR # 3854: HER2 ISH Summary
- NAACCR # 3855: HER2 Overall Summary
- NAACCR # 3863: KI-67
- NAACCR # 3882: LN Positive Axillary Level I-II
- NAACCR # 3894: Multigene Signature Method
- NAACCR # 3895: Multigene Signature Results
- NAACCR # 3903: Oncotype Dx Recurrence Score-DCIS
- NAACCR # 3904: Oncotype Dx Recurrence Score-Invasive
- NAACCR # 3905: Oncotype Dx Risk Level-DCIS
- NAACCR # 3906: Oncotype Dx Risk Level-Invasive
- NAACCR # 3914: Progesterone Receptor Percent Positive or Range
- NAACCR # 3915: Progesterone Receptor Summary
- NAACCR # 3916: Progesterone Receptor Total Allred Score
- NAACCR # 3922: Response to Neoadjuvant Therapy

Grade Table 12:

Code	Grade 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
9	Grade cannot be assessed (GX); Unknown

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General Definitions & Format of SSDI Codes

Not applicable: This code is to be used ONLY when the data item is relevant for the case and the standard setter does not require the data item. Not applicable codes ALWAYS end in an 8, but will differ depending on the length of the data item.

Note: "Not applicable" is not available for schema discriminators or data items which are required for staging.

Examples:

- Perineural Invasion. This is a 1-digit field. "Not applicable" is **8**
- FIGO Stage (for all GYN cases). This is a 2-digit field. "Not applicable" is **98**
- Creatinine Pretreatment Lab Value. This is a 4-digit field including the decimal point. "Not applicable" is **XX.8**
- AFP (Alpha Fetoprotein) Pre-Orchiectomy Lab Value. This is a 7-digit field including the decimal point. "Not applicable" is **XXXXX.8**

It is important to review each data item carefully to determine how the "not applicable" code is formatted.

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General Definitions & Format of SSDI Codes

Unknown: Previous codes from CS for test not done (998) and unknown (999) have been combined. Unknown codes ALWAYS end in a 9, but will differ depending on the length of the data item. The unknown code includes

- Test/evaluation/assessment **not** done or UNKNOWN if done

"Cannot be determined by pathologist." For some data items, this is a selection box on the College of American Pathologists (CAP) checklist. Cannot be determined by pathologist is primarily used when a tissue specimen is not adequate for testing.

"Not identified." For some data items, this is a selection box on the CAP checklist. This means that the pathologist has looked for it and it is not present. This is not the same thing as looking for it in the medical record and not finding it (this would be "not documented in the medical record.")

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General Definitions & Format of SSDI Codes

Lab Values and Percentages

- New format adopted
- Decimal points included
- Length of data item dependent on highest value recommended by AJCC 8th edition
- Values for "not applicable" and "unknown" differ based on length of data item
- Not applicable codes ALWAYS end in '8'
- Unknown codes ALWAYS end in '9'

CEA Pre-Treatment Lab Value

Code	Description
0.0	0.0 nanograms/milliliter (ng/ml) exactly
0.1	0.1 or less ng/ml Stated as less than 0.1 ng/ml with no exact value
0.2-9999.9	0.2-9999.9 ng/ml (Exact value to nearest tenth in ng/ml)
XXXX.1	10,000.0 ng/ml or greater
XXXX.7	Test ordered, results not in chart
XXXX.8	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code XXXX.8 may result in an edit error.)
XXXX.9	Not documented in medical record CEA (Carcinoembryonic Antigen) Pretreatment Lab Value not assessed or unknown if assessed

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General Definitions & Format of SSDI Codes

Lab values and other measurements that are not integers (whole numbers) and are reported as continuous variables (not categories or ranges) will be recorded to a single decimal place with an explicit decimal point.

There must always be a numeral or the letter 'X' immediately before the decimal point and a numeral after the decimal point, which will be in the next-to-last character position in the field. The entered value must be right-justified in the field and padded with spaces to the left if necessary to fill the field.

Users' software will usually justify and pad the value automatically for the registrar.

In addition to the actual values, codes are defined for situations such as value unknown; test done but results not in chart; and other special cases. Sometimes codes will be provided for when a value is expressed as "at least" some value.

- These may be needed, for example, in the measurement of tumor size or thickness when the tumor has been transected and the actual size cannot be determined. These codes will begin with one or more 'X's.

Examples for a 6-Character Lab Value	
Value in Record	Data Item Coded as
0.0	0.0
0	0.0
0.1	0.1
1.14	1.1
1.15	1.2
11.0	11.0
11.1	11.1
11	11.0
111.1	111.1
1111.1	1111.1

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SSDI Definition & Coding Instructions

Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck

Extranodal Extension Head and Neck Clinical

Item Length: 1
NAACCR Item #: 3831
NAACCR Alternate Name: None
AJCC 8th Edition Chapter(s):

- Chapter 6: Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck
- Chapter 7: Lip and Oral Cavity
- Chapter 8: Major Salivary Glands
- Chapter 9: Nasopharynx
- Chapter 10: HPV-Mediated (p16+) Oropharyngeal Cancer
- Chapter 11: Oropharynx (p16-) and Hypopharynx
- Chapter 12: Nasal Cavity and Paranasal Sinuses
- Chapter 13: Larynx
- Chapter 14: Mucosal Melanoma of the Head and Neck

Description

Extranodal extension is defined as "the extension of a nodal metastasis through the lymph no into adjacent tissue" and is a prognostic factor for most head and neck tumors. This data item to clinical extension.

Rationale

Extranodal Extension Head and Neck Clinical is a Registry Data Collection Variable in AJCC. It was previously collected as Head and Neck SSF# 8 (Common SSF).

Coding guidelines

- Code 0 when there are positive nodes clinically, but ENE not identified/not present.
- Code 1 when there are positive nodes clinically, ENE is identified by physical exam or imaging
- Code 2 when there are positive nodes clinically, ENE is identified by biopsy (microscopically confirmed)
- Code 7 when nodes are clinically negative (cN0)
- Code 9 when
  - No information in the medical record
  - Positive nodes clinically, not evaluated (assessed) for ENE
  - Positive nodes clinically, unknown if evaluated (assessed) for ENE

Coding Instructions and Codes

Note 1: Physician statement of extranodal extension (ENE) clinically or physician clinical stage indicating the absence or presence of ENE can be used to code this data item when no other information is available. Physical exam alone is sufficient to determine Clinical ENE.

Note 2: The assessment of ENE must be based on evidence acquired prior to definitive surgery of the primary site, chemotherapy, radiation or other type of treatment, i.e., the clinical timeframe for staging.

- The assessment for ENE in **addition to physical examination** may include imaging, biopsy of the regional lymph node, and/or biopsy of tissues surrounding the regional lymph node.
- Imaging **alone** is not enough to determine or exclude ENE.

Code	Description
0	Regional lymph nodes involved, ENE not present/not identified during diagnostic workup
1	Regional lymph nodes involved, ENE present/identified during diagnostic workup, based on physical exam WITH or WITHOUT imaging
2	Regional lymph nodes involved, ENE present/identified during diagnostic workup, based on microscopic confirmation
7	No lymph node involvement during diagnostic workup (cN0)

SSDI Definition & Coding Instructions

Melanoma Skin

Breslow Tumor Thickness

Item Length: 4
NAACCR Item #: 3817
NAACCR Alternate Name: None
AJCC 8th Edition Chapter(s): Chapter 47, Melanoma of the Skin

Description

Breslow Tumor Thickness, the measurement of the thickness of a melanoma as de
Breslow, is a prognostic factor for Melanoma of the Skin

Rationale

Breslow Tumor Thickness is a Registry Data Collection Variable in
Melanoma Skin, CS SSF# 1.

Definition

A measure of how deeply a melanoma tumor has grown into the skin. The tumor t
usually measured from the top of the tumor to the deepest tumor cells. If the tum
skin is broken), it is measured from the base of the ulcer to the deepest tumor cell
is used to help determine the stage of cancer. Thicker tumors are linked with lowe

Code	Description
XX.1	100 millimeters or larger
A0.1-A9.9	Stated as "at least" some measured value of 0.1 to 9.9
AX.0	Stated as greater than 9.9 mm
XX.8	Not applicable: Information not collected for this schema If this item is required by your standard setter, use of code XX.8 will result in an edit error)
XX.9	Not documented in medical record Microinvasion; microscopic focus or foci only and no depth given Cannot be determined by pathologist In situ melanoma Breslow Tumor Thickness not assessed or unknown if assessed

Coding Instructions and Codes

Note 1: Physician statement of Breslow Tumor Thickness can be used to code this data item when no other information is available or the available information is ambiguous.

Note 2: Code Breslow tumor thickness, not size. Record actual measurement in tenths of millimeters from the pathology report. Measurement given in hundredths of millimeters should be rounded to the nearest tenth.

Examples:

0.4 mm – 0.4
1.0 mm- 1.0
2.5 mm – 2.5
2.56 mm- 2.6
11 mm – 11.0
12.35 mm – 12.4 mm

Note 3: Code the greatest measured thickness from any procedure performed on the lesion, whether it is described as a biopsy or an excision.

- For ***example***, if a punch biopsy with a thickness of 1.5 mm is followed by a re-excision with a thickness of residual tumor of 0.2 mm, code 1.5.

Note 4: Do not add measurements together from different procedures (even in the rare circumstance that the pathologist adds the measurements from two specimens).

Note 5: If the pathologist describes the thickness as "at least," use the appropriate A code. An exact measurement takes precedence over A codes.

- If the pathologist states "greater than" instead of "at least", code to XX.9, unless it is greater than 9.9 mm (Code AX.0)

Examples:
Pathologist states the thickness is "at least 2.0 mm." Code A2.0
Pathologist states the thickness is "greater than 4 mm." Code XX.9

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SSDI Definition & Coding Instructions

Cervix

FIGO: Cervix

Item Length: 2
NAACCR Item #: 3836
NAACCR Alternate Name: FIGO Stage
AJCC 8th Edition Chapter(s): Chapter 52: Cervix

Note 1: Take the highest Federation Internationale de Gynecologie et d'Obstetrique (FIGO) sta
documented in the medical record. Do not attempt to code FIGO stage based only on T, N, and
FIGO stage is not documented in the medical record, code 99. FIGO stage is not the same as FI
Only code FIGO stage in this field, do not code FIGO grade.

Note 2: If a stage group is stated but it does not specify that it is a FIGO stage, assume that it is
stage and code it.

Note 3: The FIGO stage definitions do not include Stage 0 (Tis). Code 97 for any case that is in s

Code	Description
01	FIGO Stage I
02	FIGO Stage IA
03	FIGO Stage IA1
04	FIGO Stage IA2
05	FIGO Stage IB
06	FIGO Stage IB1
07	FIGO Stage IB2
20	FIGO Stage II
21	FIGO Stage IIA
22	FIGO Stage IIA1
23	FIGO Stage IIA2
24	FIGO Stage IIB

Examples for Clinical Gleason Patterns and Score

Examples	Pattern Code	Score Code
Gleason 3+3	33	06
Gleason 4+3	43	07
Gleason 4 (Assume a number in the range 2-5 is a primary pattern and code unknown (9) in the second digit)	49	X9
Gleason 7 (Assume a number in the range 6-10 is a score)	X6	07
Gleason 10 (only combination of values that equals 10 is 5+5)	55	10
Needle core biopsy or TURP not done	X7	X7
Gleason not done, or unknown if done	X9	X9

Pathological Gleason Patterns and Score

Used to code information on the Gleason patterns from a prostatectomy or autopsy.

Examples for Pathological Gleason Patterns and Score

Examples	Pattern Code	Score Code
Gleason 3+3	33	06
Gleason 4+3	43	07
Gleason 4 (Assume a number in the range 2-5 is a primary pattern and code unknown (9) in the second digit)	49	X9
Gleason 7 (Assume a number in the range 6-10 is a score)	X6	07
Gleason 10 (only combination of values that equals 10 is 5+5)	55	10
No prostatectomy done	X7	X7
Gleason not done, or unknown if done	X9	X9

Tertiary Gleason Pattern

Used to code information on the Gleason tertiary pattern from a prostatectomy.

Examples for Tertiary Gleason Pattern

Examples	Code
Tertiary pattern 3	30
Tertiary pattern 4	40
No prostatectomy done	X7
Tertiary pattern not done, or unknown if done	X9

Required Site-Specific Data Items

- **Note**: Required for stage data items do not have a "not applicable" code. These data items must be coded for all applicable cases. If the information is not available, code the appropriate "unknown" value.

For further information on these data items, see the individual data items.

AJCC Chapter	NAACCR Data Item #	NAACCR Data Item Name	EOD Schema(s)
16: Esophagus (Squamous cell only)	3829	Esophagus and EGJ Tumor Epicenter	Esophagus (including GE junction) Squamous
48: Breast	3827	Estrogen Receptor Summary	Breast
	3915	Progesterone Receptor Summary	
	3855	HER2 Overall Summary	
	3904	Oncotype Dx Recurrence Score-Invasive	
56: Gestational Trophoblastic Tumors (Placenta)	3837	Gestational Trophoblastic Prognostic Scoring Index	Placenta
58: Prostate	3920	PSA (Prostatic Specific Antigen) Lab Value	Prostate
59: Testis	3923	S Category Clinical	Testis
	3924	S Category Pathological	
68: Retinoblastoma	3856	Heritable Trait	Retinoblastoma
79: Non-Hodgkin Lymphoma: CLL/SLL	3804	Adenopathy (Rai Classification: CLL/SLL)	Lymphoma (CLL/SLL)
	3811	Anemia (Rai Classification: CLL/SLL)	
	3885	Lymphocytosis (Rai Classification: CLL/SLL)	
	3907	Organomegaly (Rai Classification: CLL/SLL)	
	3933	Thrombocytopenia (Rai Classification: CLL/SLL)	
81: Primary Cutaneous Lymphomas: Mycosis Fungoides	3910	Peripheral Blood Involvement	Mycosis Fungoides
82: Plasma Cell Myeloma and Plasma Cell Disorders	3857	High Risk Cytogenetics	Plasma Cell Myeloma
	3869	LDH Pretreatment Level	
	3930	Serum Albumin Pretreatment Level	
	3931	Serum Beta-2 Microglobulin Pretreatment Level	

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Required Site-Specific Data Items

58 Site-Specific Data Items – "Required for Staging"

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

Required SSDIs by Schema ID

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

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Required SSDIs by Schema ID

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 orchiectomy)
590	Testis	3924	Testis Serum Markers (S) Pathological (post-orchiectomy)
590	Testis	3808	AFP (Alpha Fetoprotein) Pre-Orchiectomy Range
590	Testis	3849	hCG (Human Chorionic Gonadotropin) Pre-Orchiectomy Range
590	Testis	3868	LDH (Lactate Dehydrogenase) Pre-Orchiectomy Range
590	Testis	3806	AFP (Alpha Fetoprotein) Post-Orchiectomy Range
590	Testis	3847	hCG (Human Chorionic Gonadotropin) Post-Orchiectomy Range
590	Testis	3867	LDH (Lactate Dehydrogenase) Post-Orchiectomy 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

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When Is Required SSDI Info Available

- Most Required SSDI items will be available for ALL 'analytic' Cases
- Do not just code 'unknown' or 'not available'
- Document SSDI coding in text

- Sometimes SSDIs such as LDH is only available when patient has metastatic cancer like metastatic melanoma – 'when to look' for an item is not specified in the item description or the coding instructions.

- Sometimes SSDIs such as AFP & Beta HCG are only available for specific histology's within a chapter – seminoma cases often do not have AFP or Beta HCG performed because they are usually not elevated with pure seminoma – AFP & Beta HCG do not alter stage or treatment for seminoma – LDH may be elevated in these case

- Exercise Caution when looking for, coding and documenting SSDI information

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Prognostic Site-Specific Data Items

- 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

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Complete Table of SSDIs by Schema Schema ID Table

00450: Soft Tissue Other	**45**: Soft Tissue Sarcoma-Unusual Sites and Histologies See Soft Tissue	**3926**: Schema Discriminator 1 (Occult Head and Neck Lymph Nodes) (Primary site C760 only) **3815**: Bone Invasion
00450: Soft Tissue Other	**45**: Soft Tissue Sarcoma-Unusual Sites and Histologies See Soft Tissue	No SSDIs defined for this Schema ID
00460: Merkel Cell Skin	**46**: Merkel Cell Carcinoma	**3830**: Extranodal Extension Clin (non-Head and Neck) **3831**: Extranodal Extension Path (non-Head and Neck) **3880**: LN Isolated Tumor Cells (ITC) **3918**: Profound Immune Suppression
00470: Melanoma Skin	**47**: Melanoma Skin	**3817**: Breslow Tumor Thickness **3936**: Ulceration **3893**: Mitotic Rate Melanoma **3932**: LDH Pretreatment Lab Value **3869**: LDH Pretreatment Level **3870**: LDH Upper Limits of Normal
00478: Skin (except Eyelid)	No AJCC Chapter	No SSDIs defined for this Schema ID
00480: Breast	**48**:BREAST	**3826**: Estrogen Receptor Percent Positive or Range **3827**: Estrogen Receptor Summary **3828**: Estrogen Receptor Total Allred Score **3914**: Progesterone Receptor Percent Positive or Range **3915**: Progesterone Receptor Summary **3916**: Progesterone Total Allred Score **3850**: HER2 IHC Summary **3851**: HER2 ISH Dual Probe Copy Number **3852**: HER2 ISH Dual Probe Ratio **3853**: HER2 ISH Single Probe Copy Number **3854**: HER2 ISH Summary **3855**: HER2 Overall Summary **3894**: Multigene Signature Method **3895**: Multigene Signature Results **3903**: Oncotype Dx Recurrence Score-DCIS **3904**: Oncotype Dx Recurrence Score-Invasive **3905**: Oncotype Dx Risk Level-DCIS **3906**: Oncotype Dx Risk Level-Invasive **3863**: Ki-67 **3882**: LN Positive Axillary Level I-II **3922**: Response to Neoadjuvant Therapy
00500: Vulva	**50**:Vulva	**3836**: FIGO Stage (Vulva)

00559: Genital Female Other	No AJCC Chapter	No SSDIs defined for this Schema ID
00560: Placenta	**56**: Gestational Trophoblastic Neoplasms (Placenta)	**3836**: FIGO Stage (Gestational Trophoblastic Tumors) **3837**: Gestational Trophoblastic Prognostic Scoring Index
00570: Penis	**57**: Penis	**3830**: Extranodal Extension Clin (non-Head and Neck) **3833**: Extranodal Extension Path (non-Head and Neck)
00580: Prostate	**58**: Prostate	**3838**: Gleason Patterns Clinical **3839**: Gleason Patterns Pathological **3840**: Gleason Score Clinical **3841**: Gleason Score Pathological

Schema ID#/Description	AJCC #/Chapter	SSDI #/Description
		3842: Gleason Tertiary Pattern **3897**: Number of Cores Examined **3898**: Number of Cores Positive **3920**: PSA (Prostatic Specific Antigen) Lab Value
00590: Testis	**59**: Testis	**3805**: AFP Post-Orchiectomy Lab Value **3806**: AFP Post-Orchiectomy Range **3807**: AFP Pre-Orchiectomy Lab Value **3808**: AFP Pre-Orchiectomy Range **3846**: hCG Post-Orchiectomy Lab Value **3847**: hCG Post-Orchiectomy Range **3848**: hCG Pre-Orchiectomy Lab Value **3849**: hCG Pre-Orchiectomy Range **3867**: LDH Post-Orchiectomy Range **3868**: LDH Pre-Orchiectomy Range **3923**: S Category Clinical **3924**: S Category Pathological
00598: Genital Male Other	No AJCC Chapter	No SSDIs defined for this Schema ID
00600: Kidney-Parenchyma	**60**: Kidney	**3861**: Ipsilateral Adrenal Gland Involvement **3864**: Invasion Beyond Capsule **3886**: Major Vein Involvement **3925**: Sarcomatoid Features

Determining Prognostic Stage Group

- **MUST MEET THE CRITERIA FOR STAGING TO BE STAGED**
- **Verify ALL Required Variables Have Been Coded**
- **Clinical Prognostic Stage Group**
- **Pathological Prognostic Stage Group**
- **Response to Neoadjuvant Therapy (yp/yc)**
- **Proper Use of Clinical and Pathological Descriptor Fields**

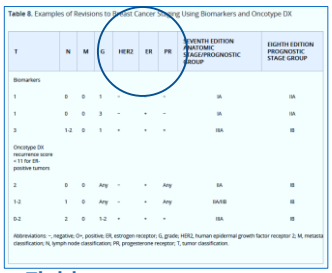
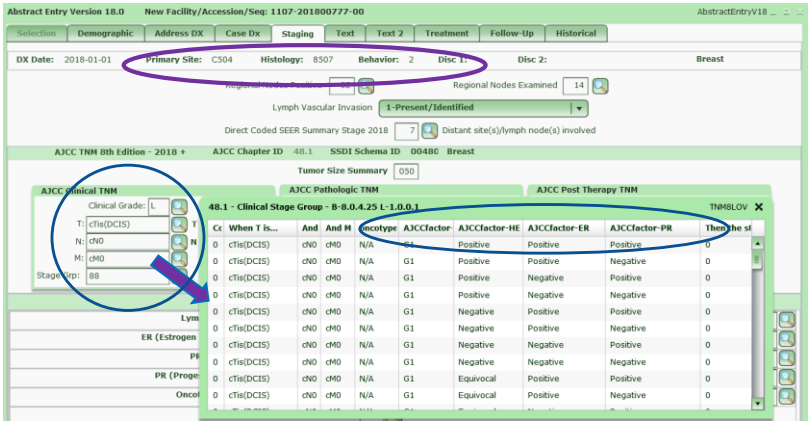


Table 8. Examples of Revisions to Breast Cancer Staging Using Biomarkers and Oncotype DX

T	N	M	G	HER2	ER	PR	SEVENTH EDITION ANATOMIC STAGE/PROGNOSTIC GROUP	EIGHTH EDITION PROGNOSTIC STAGE GROUP
Biomarkers								
1	0	0	1	–	–	–	IA	IA
1	0	0	3	–	+	–	IA	IA
3	1-2	0	1	+	+	+	IIIA	IB
Oncotype DX recurrence score <11 for DX-positive tumors								
2	0	0	Any	–	+	Any	IIA	IB
1-2	1	0	Any	–	+	Any	IIA/IB	IB
0-2	2	0	1-2	+	+	+	IIIA	IB

Abbreviations: –, negative; 0+, positive; ER, estrogen receptor; G, grade; HER2, human epidermal growth factor receptor 2; M, metastasis classification; N, lymph node classification; PR, progesterone receptor; T, tumor classification.

Determining Prognostic Stage Group Breast (in-situ)



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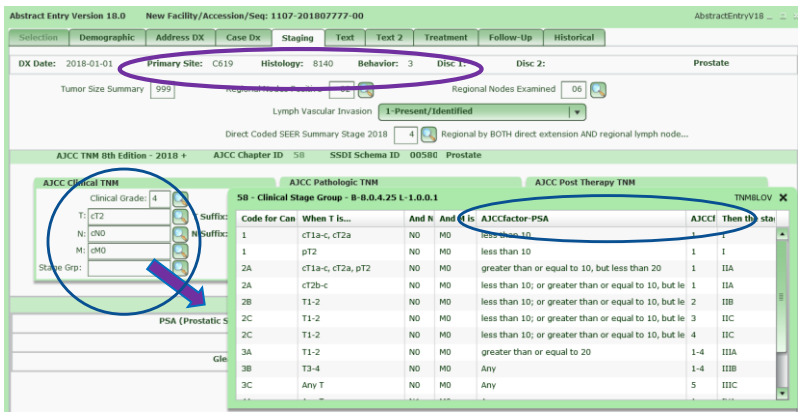
Determining Prognostic Stage Group Prostate



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Questions

Tumor Markers and Clinical Applications Cheat Sheet			
Head, neck	SCC	**Nervous System**	5-HIAA
Lungs	CEA SCC/NSE Cyfra 21-1	**Thyroid**	CEA Calcitonin Thyroglobulin
Liver	AFP	**Esophagus**	SCC
Bladder	CEA Cyfra 21-1 TPA	**Breast**	CEA CA 15-3 MCA Estrogen receptors Progesterone receptors
Colon, rectum	CEA CEA 19-9 CA 50	**Stomach**	CEA CA 72-4 CA 50
Prostate	PSA PAP	**Pancreas**	CA 19-9 Elastase
Testis	β-hCG AFP SP-1	**Ovary**	CEA CA 125 AFP β-hCG
Blood	β2-Microglobulin	**Cervix**	SCC
www.NCLEXQuiz.com			

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