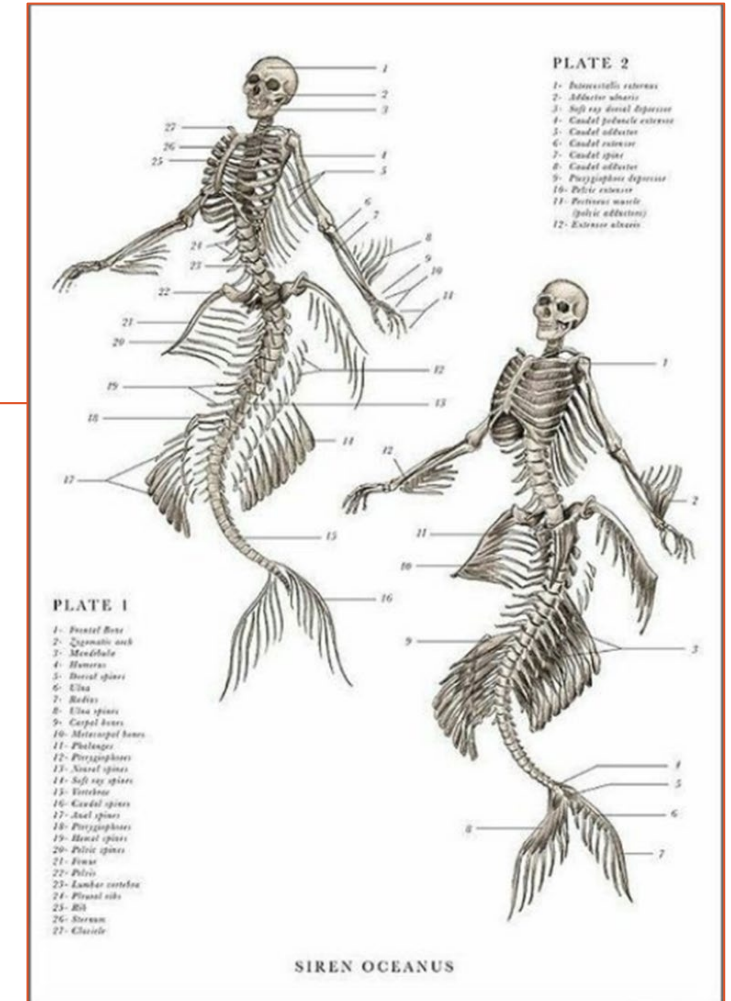
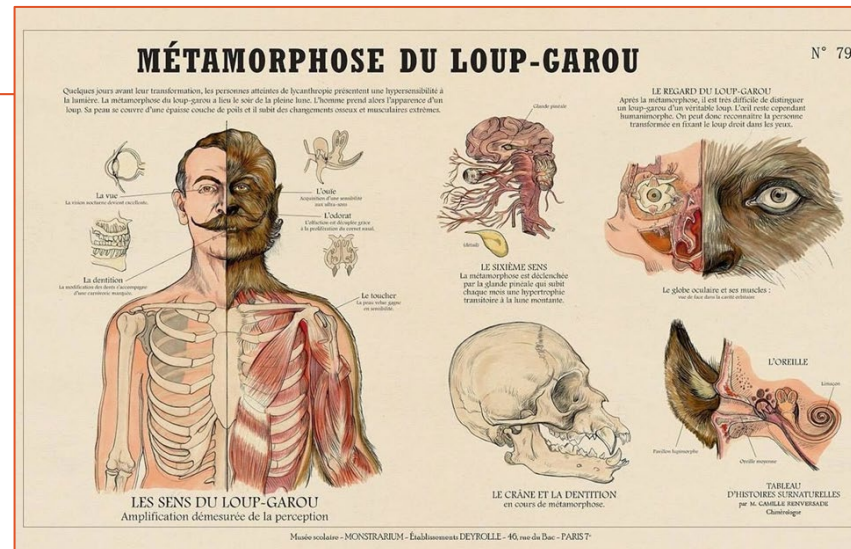
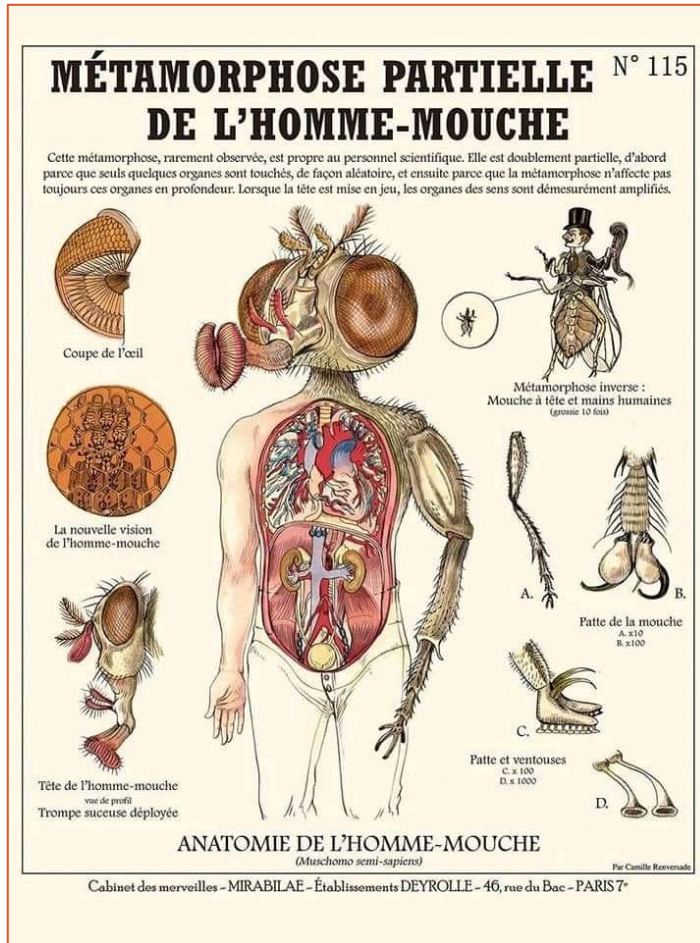


# 2021 MORE RESOURCES FOR REGISTRARS

## FCDS Virtual Annual Conference

9/2/2021

Steven Peace, CTR



# 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 2021-2022 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 2021 FCDS Annual Conference and the 2021-2022 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.

# Outline

- 2021 FCDS DAM – State Laws, Federal Laws, Section I, Section II, Appendix A-S
- 2021 FCDS DAM – Appendix L – Text Documentation Requirements and NCRA Informational Abstracts
- 2021 Complete List of Required Manuals, Instructions, References – short list
- 2021 References for Resources – Long List of Document in Parts
- 2021 References for New Registrar Training & Outline for the FCDS Abstractor Training Course
- 2021 FCDS Abstractor Code Testing in FLccSC
- 2021 SEER Advanced Topics Workshop Agenda – what SEER focused on this year during NCRA
- NAACCR Standards Vol 1-Vol 5 - NAACCR Educational Resources & Where to Find the SSDI and Grade Manuals
- SEER Training Website and SEER\*Educate Website
- WHO/IARC – ICD-O and Classification of Neoplasms Publications Series, 5<sup>th</sup> edition
- American Cancer Society - Educational Resources A-Z & Textbook “Principles of Oncology”
- College of American Pathologists – CAP Checklists for Tumors and Biomarkers
- NCCN Educational Resources – Treatment Guidelines by Cancer Type
- NCI and NHLBI Educational Resources – About Cancer Series and Cancers Types A-Z (Physician Data Query – PDQ)
- United States Cancer Statistics (USCS)



# Florida Cancer Data System



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## Data Acquisition Manual 2021



### SECTION I: GUIDELINES FOR CANCER DATA REPORTING

1

The Florida Cancer Data System (FCDS) is charged with maintaining a high quality database of useable, timely, complete and accurate clinical data for every reportable case of cancer diagnosed or treated in the state of Florida. The FCDS Data Acquisition Manual (FCDS DAM) includes guidelines and instructions for case identification, case eligibility (which cases must be reported to FCDS), abstracting and coding, and multiple appendices that are referenced throughout the manual. The manual only addresses data items that are required by FCDS, the Florida Department of Health (DOH), and the Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR) to support Florida's statewide, population-based cancer registry. These guidelines have been established as a means to achieve and maintain this objective.

All reporting facilities, regardless of affiliation, **MUST** adhere to the following guidelines for cancer data reporting. The instructions and codes in this manual take precedence over all previous instructions/manuals.

It is the responsibility of the reporting facility and the facility abstractor (contractor) to be familiar with and understand the content of the most current version of the FCDS Data Acquisition Manual and to update it upon receipt of any changes from FCDS. This responsibility exists without regard to whether or not case abstracting and reporting is being performed by an employee of the reporting facility or through some contractual arrangement with an independent abstracting agency or individual within or outside the state of Florida.

**CONFIDENTIALITY** - Patient information, personal health information, medical records and healthcare facility data are all confidential and continue to be a concern with regard to cancer and other disease reporting. Please do not fax or email patient information to FCDS. Also, please take care when discussing cases over the phone with FCDS staff.

**DO NOT E-MAIL, FAX OR MAIL PATIENT INFORMATION (PHI) TO FCDS UNDER ANY CIRCUMSTANCES** unless you are provided specific instructions for using our Secure Fax Service.

#### A. CASE ELIGIBILITY

Florida facilities are legislatively mandated to report any case of cancer meeting the Florida "cancer" definition, regardless of facility or network affiliation or Class of Case. FCDS requires complete abstracting of additional select neoplasms that the Commission on Cancer/American College of Surgeons does not require such as benign and borderline brain and central nervous system tumors and certain reproductive site cancers.

The 2021 Updates to National Standards incorporate several new histologic types, subtypes, and changes to tumor behavior making some cancers new to our state reportable list due to reclassification by WHO as "malignancy" or other reportable cancer criteria.

If your facility participates in the diagnosis, staging, treatment, or continuing care of a patient during the first course of treatment, progression of disease or disease recurrence the case must be reported to FCDS.

If any diagnostic, staging, or other evaluative studies are conducted at your facility (diagnostic imaging, re-biopsy, sentinel node biopsy, surgical resection or other staging or treatment, etc.) your facility must report the case regardless of the Class of Case. Please review all standard cancer diagnosis codes and procedures codes.

Patients whose "First Course of Therapy" is "Active Surveillance" or "Watchful Waiting" must be reported as their cancer has been diagnosed but will not be treated, until or unless the patient has clinical symptoms, imaging, or laboratory evidence of progression of disease. This treatment decision is usually for non-aggressive neoplasms and very early stage cancers that do not meet the standard threshold for active treatment.

A decision by the patient and/or their family that the patient receive "NO TREATMENT" is a different treatment decision than "Watchful Waiting" and is not to be coded as cancer treatment or treatment given.

Please be cautious when distinguishing the two very different types of cases – Active Surveillance/Watchful

# Appendix L - DAM

## Appendix L

### FCDS TEXT DOCUMENTATION REQUIREMENTS – REVISED FOR 2021

**ALL REGISTRARS MUST FULLY DOCUMENT ALL CASES REGARDLESS OF CLASS OF CASE OR INFORMATION AVAILABLE IN THE MEDICAL RECORD**

**WHEN INFORMATION IS NOT AVAILABLE OR DATES ESTIMATED, PLEASE DOCUMENT THAT THE INFORMATION IS MISSING AND DATES ARE ESTIMATED SO WE DO NOT HAVE TO ASK YOU WHY THEY ARE MISSING.**

**ADDITIONAL REFERENCES FOR DOCUMENTATION:**

### NCRA Informational Abstracts

**NCRA has published a series of Informational Abstracts  
FREE FOR DOWNLOAD**

**Providing cancer-site specific guidelines for text to be included in Abstracts**

The National Cancer Registrars Association (NCRA) is also a source for tools and resources for registrars. NCRA's Education Committee created a series of "informational abstracts" for common cancers and a presentation entitled Using the Informational Abstracts in Your Registry that shows registrars how to use the informational abstracts as an abstracting resources. These are available as a set of cancer site-specific abstracts provide an outline to follow when determining what text to include.

The NCRA Informational Abstracts can be found at  
<http://www.cancerregistryeducation.org/rr> and include;  
(Updated 11.2019)

Benign Brain  
Bladder  
Breast  
Cervix  
Colon  
Endometrial  
Kidney  
Larynx  
Lung  
Lymphoma  
Malignant Brain  
Melanoma  
Ovarian  
Pancreas  
Prostate  
Renal Pelvis  
Testis  
Thyroid

# NCRA Informational Abstracts

The abstract is the basis of all registry functions. It is a tool used to help accurately determine stage and to aid cancer research; therefore, the abstract must be complete, containing all the information needed to provide a concise analysis of the patient's disease from diagnosis to treatment. To assist registrars in preparing abstracts, NCRA's Education Committee has created a series of informational abstracts and a presentation titled Using the Informational Abstracts in Your Registry that shows registrars how to use these important resources. These site-specific abstracts provide an outline to follow when determining what text to include. The NCRA Informational Abstracts can be found at <http://www.cancerregistryeducation.org/rr> and include;

- Informational Abstract: Adult Primary: Benign Brain
- Informational Abstract: Bladder
- Informational Abstract: Breast
- Informational Abstract: Cervical
- Informational Abstract: Colon
- Informational Abstract: Endometrial
- Informational Abstract: Kidney
- Informational Abstract: Lung
- Informational Abstract: Lymphoma
- Informational Abstract: Adult Primary: Malignant Brain
- Informational Abstract: Melanoma
- Informational Abstract: Ovarian
- Informational Abstract: Pancreas
- Informational Abstract: Prostate
- Informational Abstract: Renal/Pelvis/Ureter
- Informational Abstract: Testis
- Informational Abstract: Thyroid

<div><div><div><div><div><div><span></span></div><div><div>National Cancer Registrars Association</div></div></div><div>LARYNX</div></div></div><div><p>The abstract is the basis of all registry functions. It is a tool used to help accurately determine stage and to aid cancer research; therefore, the abstract must be complete, containing all the information needed to provide a concise analysis of the patient's disease from diagnosis to treatment.</p><p>To assist registrars in preparing abstracts, NCRA's Education Committee has created a series of informational abstracts and a presentation titled Using the Informational Abstracts in Your Registry that shows registrars how to use these important resources. These site-specific abstracts provide an outline to follow when determining what text to include. The NCRA Informational Abstracts can be found at <a href="http://www.cancerregistryeducation.org/rr">http://www.cancerregistryeducation.org/rr</a> and include;</p><p>When using the informational abstract, follow the sections. Be concise by using phrases, not sentence disease process and the specific cancer site and to When the abstract is completed, review thoroughly</p><p><b>PHYSICAL EXAM/HISTORY</b></p><p><b>Include:</b></p><ul style="list-style-type: none"><li>• <b>Demographics:</b> Age, sex, race, ethnicity of the patient.</li><li>• <b>Chief Complaint (CC):</b> Write a brief statement about why the patient sought medical care. Common complaints include throat irritation or pain, hoarseness or voice change, dysphagia.</li><li>• <b>Physical Examination (PE):</b> Date of the exam and documentation of information pertinent to larynx cancer, such as palpable neck masses, or lymph nodes.</li><li>• <b>History:</b> Personal history of any cancer, family history of cancer; tobacco use; type, frequency, amount; alcohol; frequency, amount; depression; ECOG Performance Scale Status. List significant, relevant co-morbidities, particularly those that impact treatment decisions.</li><li>• <b>Genetics:</b> List appropriate conditions as found in the patient's record or other information, if not applicable, state that.</li></ul></div></div></div>	<div><div><div><div><div><div><span></span></div><div><div>National Cancer Registrars Association</div></div></div><div>LARYNX</div></div></div><div><p><b>INFORMATIONAL ABSTRACT</b> A Guide to Determining What to Include</p><p><b>X-RAYS/SCOPES/SCANS</b></p><p><b>Include:</b></p><p>Date of each imaging study performed, including those performed outside of your facility and/or prior to admission. Include pertinent findings from the studies, such as extent of disease and/or metastasis. Record negative findings from pertinent studies as well.</p><ul style="list-style-type: none"><li>• <b>CT/MRI/PET CT Chest/Abd/Pelvis:</b> Detects extent of disease as well as determines if metastasis has occurred.</li></ul><p><b>LABS</b></p><p><b>Include:</b></p><p>Type, date(s)</p><p><b>DIAGNOSTIC PROCEDURES</b></p><p>For any of the diagnostic procedures, procedures that detect the cancer, but include the date, name of procedure, and a brief description of the findings.</p><p><b>Include:</b></p><ul style="list-style-type: none"><li>• Laryngoscopy</li><li>• Endoscopy</li><li>• Esophagoscopy</li><li>• Bronchoscopy</li></ul><p><b>PATHOLOGY</b></p><p><b>Include:</b></p><ul style="list-style-type: none"><li>• <b>Biopsy Findings:</b> Most common is biopsy taken during endoscopic procedure.</li></ul><p><b>Necessary data needed:</b></p><ul style="list-style-type: none"><li>• <b>Date of pathology report and pathology accession number:</b> List pathology reports in chronological order, most recent to first.</li><li>• <b>Histology Type:</b> Most commonly squamous cell carcinoma, but there are other several other histology's that may occur in laryngeal sites.</li><li>• <b>Grade:</b> Clinical, pathologic grade, post neoadjuvant grade as applicable. Site Specific Grade tables can be found in the AJCC Manual and the NACCR Data Items. The recommended grading system is specified in the AJCC Chapter. The AJCC Chapter-specific grading systems (codes 1-5) take priority over the generic grade definitions (codes AE, L, H, 9).</li></ul></div></div></div>	<div><div><div><div><div><div><span></span></div><div><div>National Cancer Registrars Association</div></div></div><div>LARYNX</div></div></div><div><p><b>PRIMARY SITE</b></p><p><b>Include:</b></p><ul style="list-style-type: none"><li>• <b>Primary Site:</b> where the cancer started.</li><li>• <b>AJCC Stage:</b> The primary site description in the AJCC 8th edition includes very specific descriptions of which tissues are and are not involved in the T Stage. For purposes of this stage classification, the larynx is divided into three main subtypes and cT stage depends on visual inspection of the larynx and measurement of the size of the neck mass and assessment of additional tumors of the upper aerodigestive tract. pT Stage depends on complete resection of the primary site and pathological examination. pT stage does include all clinical evidence found prior to the surgical resection. The subtypes of the glottis include:</li></ul><ul style="list-style-type: none"><li>• <b>C32.0 Glottis:</b> supraglottic epiglottis, infraglottic epiglottis, aryepiglottic folds, arytenoids, ventricular bands (false cords).</li><li>• <b>C32.1 Supraglottis:</b> supraglottic epiglottis, infraglottic epiglottis, aryepiglottic folds, arytenoids, ventricular bands (false cords)</li><li>• <b>C32.2 Subglottis:</b> subglottis</li></ul><p><b>HISTOLOGY</b></p><p><b>Include:</b></p><ul style="list-style-type: none"><li>• The exact cell type of the cancer.</li><li>• <b>Example:</b> Invasive Squamous Cell Carcinoma (807/3)</li><li>• <b>Site Specific Data Items and Grade:</b> Each subsite of the larynx has its own separate site-specific instructions. Be careful to choose the correct subsite.</li></ul></div></div></div>
<p>1</p> <p>National Cancer Registrars Association • 1330 Bradlock Place, Suite 520 • Alexandria, VA 22304 703-299-6840 • <a href="mailto:info@ncra.org">info@ncra.org</a> • <a href="http://www.ncra.org">www.ncra.org</a> • <a href="http://www.cancerregistryeducation.org">www.cancerregistryeducation.org</a></p>	<p>2</p> <p>National Cancer Registrars Association • 1330 Bradlock Place, Suite 520 • Alexandria, VA 22304 703-299-6840 • <a href="mailto:info@ncra.org">info@ncra.org</a> • <a href="http://www.ncra.org">www.ncra.org</a> • <a href="http://www.cancerregistryeducation.org">www.cancerregistryeducation.org</a></p>	<p>3</p> <p>National Cancer Registrars Association • 1330 Bradlock Place, Suite 520 • Alexandria, VA 22304 703-299-6840 • <a href="mailto:info@ncra.org">info@ncra.org</a> • <a href="http://www.ncra.org">www.ncra.org</a> • <a href="http://www.cancerregistryeducation.org">www.cancerregistryeducation.org</a></p>



# Appendix L - DAM

## APPENDIX L – 2021 FCDS TEXT DOCUMENTATION REQUIREMENTS

Text Documentation Requirements have increased every year since they were first required back in 1995. Complete and Accurate Documentation is an essential component of a complete electronic abstract and is utilized heavily in quality control, to validate data at time of FCDS and NPCR Audits, and for special studies by researchers. Text **documentation is required to justify coded values** and to supplement information not transmitted with coded values. **FCDS recommends that abstractors print and post this document for easy reference.** Adequate text is a data quality indicator and is a major component of QC.

Below is a list of FCDS Required Data Items that carry an additional requirement of complete and accurate text documentation. See Table on Following Page for Specific Examples for each Text Area.

Text documentation should always include the following components:

- Date(s) – include date(s) references – this allows the reviewer to determine event chronology
- Date(s) – note when date(s) are estimated [i.e. Date of DX 3/15/2018 (est.)]
- Location – include facility/physician/other location where the event occurred (test/study/treatment/other)
- Description – include description of the event (test/study/treatment/other) – include positive/negative results
- Details – include as much detail as possible – document treatment plan even if treatment is not initiated as originally planned – include any treatment interruptions, delays, cancellations, etc.
- Include “relevant-to-this-person/cancer” information only – edit your text documentation
- DO NOT REPEAT INFORMATION from section to section
- DO USE NAACCR Standard Abbreviations (Appendix C)
- DO NOT USE non-standard or stylistic shorthand
- Enter “N/A” or “not available” when no information is available related to any specific text area.

Below is a list of FCDS Required Data Items that carry an additional requirement of complete and accurate text documentation. See Table on Following Page for Specific Examples for each Text Area.

DATA ITEMS REQUIRING COMPLETE TEXT DOCUMENTATION	
Date of DX	
Seq No	ALL Req'd Site Specific Data Items (SSDI)
Sex	
Primary Site INCLUDE SUBSITE	THIS MUST INCLUDE ANY AND ALL TREATMENT GIVEN ANYWHERE
Laterality	RX Summ – Surg Prim Site
Histologic Type	RX Summ – Scope Reg LN Surgery
Behavior Code	RX Summ – Surg Oth Reg/Distant
Grade – Clinical	RX Date – Surgery
Grade – Pathological	Phase I Radiation Treatment Modality
Grade – Post Treatment – Clinical	RX Date – Radiation
Grade – Post Treatment – Pathological	RX Summ – Chemo – include all agents
	RX Date – Chemo
COMPLETE WORKUP INCLUDING DATES	RX Summ – Hormone – include all agents
Imaging, Endoscopies, Labs, Genetics, Path, etc.	RX Date – Hormone
	RX Summ – BRM/Immunotherapy - agents
Summary Stage 2018, Sept 2020 version	RX Date – BRM/Immunotherapy
<i>You may also include AJCC TNM stage</i>	RX Summ – Transplant/Endocrine - details
<i>However, you still must document the</i>	RX Date – Transplant/Endocrine
<i>Rationale for why you assigned SS2018.</i>	RX Summ – Other – include all details
<i>There is no crosswalk from TNM to SS2018.</i>	RX Date - Other
<i>Therefore, it is important BOTH references are included – DO NOT JUST USE TNM IN TEXT.</i>	
	Any Unique or Unusual Characteristics
ALWAYS DOCUMENT WHY THE PATIENT	Specific Statements by Physicians
CAME TO THE FACILITY IN THE FIRST PLACE	Patient History and Reason for Visit
AND WHY CLASS 32 CASES ARE REPORTED	

# 2021 References Manuals and Instructions

Reference Name	Medium	Effective Date	Latest Update	URL
FCDS Website	On-line Only	1/1/2005	current	<a href="https://fcds.med.miami.edu/inc/welcome.shtml">https://fcds.med.miami.edu/inc/welcome.shtml</a>
Fundamental Learning Collaborative for the Cancer Surveillance Community - FLccSC	On-line Only	7/1/2017	Content Added	<a href="https://fls.fcdslms.med.miami.edu/">https://fls.fcdslms.med.miami.edu/</a>
NAACCR Vol II – Data Standards and Data Dictionary, v21	On-Line Only	1/1/2018	11/7/2018	<a href="https://www.naaccr.org/data-standards-data-dictionary/">https://www.naaccr.org/data-standards-data-dictionary/</a>
2021 FCDS Data Acquisition Manual – FCDS DAM 2021	PDF	1/1/2021	6/30/2021	<a href="https://fcds.med.miami.edu/inc/downloads.shtml">https://fcds.med.miami.edu/inc/downloads.shtml</a>
2021 FCDS Data Acquisition Manual - Appendix P - Resources for Registrars	PDF	1/1/2021	6/30/2021	<a href="https://fcds.med.miami.edu/inc/downloads.shtml">https://fcds.med.miami.edu/inc/downloads.shtml</a>
2021 FCDS Complete Casefinding List (ref. 2021 FCDS DAM, Appendix O for all ICD-10 CM Codes)	PDF	10/1/2020	9/30/2021	<a href="https://fcds.med.miami.edu/inc/downloads.shtml">https://fcds.med.miami.edu/inc/downloads.shtml</a>
2021 Guidelines for ICD-O-3 Histology Code and Behavior Updates - SEER	PDF	1/1/2021	12/1/2020	<a href="https://seer.cancer.gov/icd-o-3/">https://seer.cancer.gov/icd-o-3/</a>
2021 Guidelines for ICD-O-3 Histology Code and Behavior Updates - FCDS DAM, Appendix R	PDF	1/1/2021	12/1/2020	<a href="https://fcds.med.miami.edu/inc/downloads.shtml">https://fcds.med.miami.edu/inc/downloads.shtml</a>
2021 SEER Coding and Staging Manual 2021, September 2020	PDF	1/1/2021	9/1/2020	<a href="https://seer.cancer.gov/tools/codingmanuals/">https://seer.cancer.gov/tools/codingmanuals/</a>
Standards for Oncology Registry Entry – STORE	PDF	1/1/2021	1/1/2021	<a href="https://www.facs.org/quality-programs/cancer/ncdb/call-for-data/cocmanuals">https://www.facs.org/quality-programs/cancer/ncdb/call-for-data/cocmanuals</a>
CTR Guide to Coding Radiation Therapy Treatment in the STORE	PDF	1/1/2018	v3.0 - 2/1/2021	<a href="https://www.facs.org/-/media/files/quality-programs/cancer/ncdb/case_studies_coding_radiation_treatment.ashx">https://www.facs.org/-/media/files/quality-programs/cancer/ncdb/case_studies_coding_radiation_treatment.ashx</a>
Optimal Resources for Cancer Care - 2020 Standards	PDF	1/1/2021	1/1/2021	<a href="https://www.facs.org/quality-programs/cancer/coc/standards/2020">https://www.facs.org/quality-programs/cancer/coc/standards/2020</a>
2021 SEER Complete ICD-10-CM Codes for Casefinding Lists (short list and detailed list)	PDF	10/1/2020	9/30/2021	<a href="https://seer.cancer.gov/tools/casefinding/">https://seer.cancer.gov/tools/casefinding/</a>
2021 SEER Summary Staging Manual - SS2018, v2.0 - September 2020	PDF	1/1/2021	v2.0	<a href="https://seer.cancer.gov/tools/ssm/">https://seer.cancer.gov/tools/ssm/</a>
2018 Solid Tumor Rules, December 2020	PDF	1/1/2018	12/1/2020	<a href="https://seer.cancer.gov/tools/solidtumor/">https://seer.cancer.gov/tools/solidtumor/</a>
Grade Coding Manual – Grade Manual, v2.01 - January 2021	PDF	Aug-19	v2.01	<a href="https://apps.naaccr.org/ssdi/list/">https://apps.naaccr.org/ssdi/list/</a>
Site-Specific Data Item Manual & Appendix A&B - SSDI Manual, v2.0 - September 2020	PDF	1/1/2018	v2.0	<a href="https://apps.naaccr.org/ssdi/list/">https://apps.naaccr.org/ssdi/list/</a>
ICD-O-3 Complete Code List - ICD-O-3.2 in Excel - be sure to add 2021 Updates from FCDS DAM	Excel	1/1/2018	1/1/2021	<a href="http://www.iacr.com.fr/index.php?Itemid=577">http://www.iacr.com.fr/index.php?Itemid=577</a>
ICD-O-3 Manual, 3 <sup>rd</sup> edition - there are still times when you need the original manual instructions	PDF/printed	1/1/2000	Errata & Updates	<a href="https://seer.cancer.gov/icd-o-3/">https://seer.cancer.gov/icd-o-3/</a>
SEER Hematopoietic and Lymphoid Database - online	On-Line Only	1/1/2010	9/1/2021	<a href="http://seer.cancer.gov/seertools/hemelymph/">http://seer.cancer.gov/seertools/hemelymph/</a>
SEER Hematopoietic Coding Manual - online	PDF	1/1/2010	9/1/2020	<a href="http://seer.cancer.gov/seertools/hemelymph/">http://seer.cancer.gov/seertools/hemelymph/</a>
SEER®Rx Interactive Antineoplastic Drugs Database - online	On-Line Only	Monthly Update	SEER®Rx	<a href="https://seer.cancer.gov/tools/seerrx/">https://seer.cancer.gov/tools/seerrx/</a>
SEER®RSA Seer Registrar Staging Assistant - online	On-line Only	1/1/2018	current	<a href="https://seer.cancer.gov/tools/staging/rsa.html">https://seer.cancer.gov/tools/staging/rsa.html</a>
AJCC Cancer Staging Manual, 8th edition plus errata - NOT Required by FCDS	Purchase	1/1/2018	1/1/2021	<a href="http://www.springer.com/medicine">http://www.springer.com/medicine</a>
2021 CTR Exam Handbook and CTR Exam Resources	PDF	1/1/2021	1/1/2021	<a href="https://www.ncra-usa.org/Portals/68/PDFs/CertificationPDFs/CTRExamHandbook2021.pdf">https://www.ncra-usa.org/Portals/68/PDFs/CertificationPDFs/CTRExamHandbook2021.pdf</a>



**APPENDIX P – REFERENCES AND RESOURCES FOR REGISTRARS – updated April 1, 2021**

2021 References and Resources for Cancer Registrar		
<u>2021 REQUIRED References</u>	Web Address For Source	Notes
2021 FCDS Data Acquisition Manual (DAM)	<a href="http://www.fcds.med.miami.edu/inc/DAM.shtml">http://www.fcds.med.miami.edu/inc/DAM.shtml</a>	Details cancer data reporting guidelines and casefinding mechanisms for identifying reportable cancers.
2021 Casefinding List of ICD-10-CM Required Codes	<a href="http://www.fcds.med.miami.edu/inc/DAM.shtml">http://www.fcds.med.miami.edu/inc/DAM.shtml</a>	ICD-10-CM for 2021 Casefinding - General Range and Individual Code Lists are available in the FCDS DAM
2018 Solid Tumors MPH Rules, Sept 2020 version	<a href="https://seer.cancer.gov/tools/solidtumor/">https://seer.cancer.gov/tools/solidtumor/</a>	On the home page click on "Information for Cancer Registrars", Solid Tumor Rules
2018 Heme/Lymph Neoplasm MPH Rules PLUS Interactive Online Heme/Lymph Database for Coding	<a href="http://seer.cancer.gov/seertools/hemelymph/">http://seer.cancer.gov/seertools/hemelymph/</a>	On the home page click on "Information for Cancer Registrars", Hematopoietic & Lymphoid Neoplasm Project
ICD-O-3.2 2021 Updates and Coding Materials Also See 2021 FCDS DAM for ICD-O-3 2021 Updates	<a href="https://seer.cancer.gov/icd-o-3/">https://seer.cancer.gov/icd-o-3/</a>	On the home page click "Data Collection Tools", Errata and Clarifications".
IACR/WHO Master Histology/Behavior – ICD-O-3.2	<a href="http://www.iacr.com/fr/index.php?option=com_content&amp;view=article&amp;id=149:icd-o-3-2&amp;catid=80&amp;Itemid=545">http://www.iacr.com/fr/index.php?option=com_content&amp;view=article&amp;id=149:icd-o-3-2&amp;catid=80&amp;Itemid=545</a>	Histology Code/Behavior Master List, 2021
Site-Specific Data Items Manual (SSDI Manual), SSDI Coding Instructions, and SSDI Coding Application, v2.0	<a href="https://apps.naaccr.org/ssdi/list/">https://apps.naaccr.org/ssdi/list/</a>	SSDI Manual, v2.0
2018 Grade Manual, Grade Coding Instructions and Tables, and Grade Coding Application, v2.01	<a href="https://apps.naaccr.org/ssdi/list/">https://apps.naaccr.org/ssdi/list/</a>	Grade Coding Manual, v2.1
SEER Summary Staging Manual 2018 and any errata Required for ALL 2021> Cases, September 2020	<a href="http://seer.cancer.gov/tools/ssm/">http://seer.cancer.gov/tools/ssm/</a>	SEER Summary Staging Manual, Sept 2020
SEER *Rx – Online Interactive Drug Database	<a href="http://seer.cancer.gov/seertools/seerry/">http://seer.cancer.gov/seertools/seerry/</a>	A one-step lookup for coding oncology drug and regimen treatment categories in cancer registries
Collaborative Stage Data Collection System – v02.05 Part I Reference for Site-Specific Factor Coding ONLY.	<a href="http://www.cancerstaging.org/cstage">http://www.cancerstaging.org/cstage</a>	Collaborative Stage Data Collection System is no longer supported or in use in the United States beginning 1/1/2016. Used for Cases Dx 2004-2015
SEER*RSA (Registry Staging Assistant)	<a href="https://seer.cancer.gov/tools/staging/rsa.html">https://seer.cancer.gov/tools/staging/rsa.html</a>	Assistance and Testing for Cancer Staging; Collaborative Stage Data Collection Summary Stage 2018 SEER EOD – Extent of Disease ALL SSDIs – ALL Grade Items
Brain & CNS Tumor Reporting	<a href="http://www.cdc.gov/cancer/npcr/training">http://www.cdc.gov/cancer/npcr/training</a>	Brain Tumor Registry Reporting Materials
TEXT DOCUMENTATION	<a href="http://www.cancerregistryeducation.org/rr">http://www.cancerregistryeducation.org/rr</a>	Free Download – NCRA Informational Abstracts – Guidelines for Text Documentation by Cancer Site

## APPENDIX P – REFERENCES AND RESOURCES FOR REGISTRARS – updated April 1, 2021

Online Help For Abstracting Questions		
Ask a SEER Registrar/SEER Inquiry System	FCDS will not accept answers from SINC or Ask SEER. Answers must be in published format from a standard manual such as the SEER Coding & Staging Manual	Only Published Manuals are used to validate answers per FCDS Policy. FCDS does not allow interim answers from any bulletin board sites (SEER or CoC).
CAnswer Forum (Interactive Q&A Bulletin Board)	FCDS will not accept answers from CAnswer Forum. Answers must be in published format from a standard manual such as the CoC STORE Manual	Only Published Manuals are used to validate answers per FCDS Policy. FCDS does not allow interim answers from any bulletin board sites (SEER or CoC).

Newsletters	Web Address	Notes
FCDS Memo	<a href="http://www.fcds.med.miami.edu/inc/publications.shtml">http://www.fcds.med.miami.edu/inc/publications.shtml</a>	Florida Cancer Data System Memo written for registrars
FCRA Sun Times Newsletter	<a href="http://www.fcra.org/">http://www.fcra.org/</a>	Florida Cancer Registrars Association quarterly newsletter
COC Source	<a href="https://www.facs.org/publications/newsletters/coc-source">https://www.facs.org/publications/newsletters/coc-source</a>	Commission on Cancer's newsletter.
CAnswer Forum	FCDS will not accept answers from CAnswer Forum	Only Published Manuals have valid answers per FCDS Policy
Ask a SEER Registrar and SINC	FCDS will not accept answers from SINC or Ask SEER	Only Published Manuals have valid answers per FCDS Policy
The CoC Brief	<a href="http://www.multibriefs.com/briefs/acsorg/">http://www.multibriefs.com/briefs/acsorg/</a>	Multi-Briefs for American College of Surgeons/CoC
The NAACCR Narrative	<a href="http://www.naacccr.org/AboutNAACCR/Newsletter.aspx">http://www.naacccr.org/AboutNAACCR/Newsletter.aspx</a>	Newsletter for Central Cancer Registries in North America
NCRA News NCRA Connection The Journal of Registry Management	<a href="http://www.ncra-usa.org">http://www.ncra-usa.org</a>	NCRA Newsletter and Peer-Review Journal

# APPENDIX P – REFERENCES AND RESOURCES FOR REGISTRARS – updated April 1, 2021

2021 References and Resources for Cancer Registrars		
Education and Training Resources		
FLccSC	Florida's Online Learning Management System – Fundamental Learning Collaborative for the Cancer Surveillance Community (FLccSC)	<a href="https://fcds.med.miami.edu/inc/flccsc.shtml">https://fcds.med.miami.edu/inc/flccsc.shtml</a>
FCDS Abstracting Basics Training Course Updated to the 2021 National Standards.	20+ Modules of Self Instruction with 1000+ slides = 60 hrs of basics training with quizzes and practice cases	<a href="#">PENDING UPDATES for 2021 – UNDER CONSTRUCTION</a>
FCDS Continuing Education Webcast Series, NAACCR Series, FCDS Annual Conference	Recorded Webcasts, Webinars, Conferences and any associated background materials, exercises, quizzes	<a href="https://fcds.med.miami.edu/inc/flccsc.shtml">https://fcds.med.miami.edu/inc/flccsc.shtml</a>
SEER Self-Instruction Training Website	SEER's Self-Paced Instruction and Training Website	<a href="http://training.seer.cancer.gov/">http://training.seer.cancer.gov/</a>
SEER*Educat	Online Training Platform for Cancer Registrars	<a href="https://educate.fhcrc.org/LandingPage.aspx">https://educate.fhcrc.org/LandingPage.aspx</a>
SEER Self-Instructional Training Resources	Solid Tumor Rules Training Glossary for Registrars Hematopoietic and Lymphoid Neoplasms Training SEER Self-Instructional Manuals for Tumor Registrars	<a href="http://seer.cancer.gov/training/">http://seer.cancer.gov/training/</a>
NCRA Education and Training	NCRA Annual Conference, CTR Exam Preparation materials, Recorded Webinars, Continuing Education including NCRA Center for Cancer Registry Education	<a href="http://www.ncra-usa.org">http://www.ncra-usa.org</a> <a href="http://www.cancerregistryeducation.org">http://www.cancerregistryeducation.org</a>
CTR Examination Resources	NCRA Council on Certification	<a href="http://www.ctrexam.org">http://www.ctrexam.org</a> and <a href="http://www.ctrexam.org/resources/">http://www.ctrexam.org/resources/</a>
AJCC TNM Education and Training	Self-Instruction Modules for AJCC TNM Training Recorded Resources for AJCC TNM Training	<a href="https://cancerstaging.org/CSE/Registrar/Pages/8thEditionWebinars.aspx">https://cancerstaging.org/CSE/Registrar/Pages/8thEditionWebinars.aspx</a> <a href="https://cancerstaging.org/CSE/Registrar/Pages/default.aspx">https://cancerstaging.org/CSE/Registrar/Pages/default.aspx</a>
NAACCR Education and Training	NAACCR Annual Conference, Monthly NAACCR Cancer Surveillance Webinar Series, CTR Exam Preparation Webinar Series, Continuing Education	<a href="http://www.naacr.org">http://www.naacr.org</a>
American Cancer Society	Learn About Cancer and Various Cancer Topics	<a href="http://www.cancer.org/cancer/index">http://www.cancer.org/cancer/index</a>
National Cancer Institute	Understanding Cancer Series (also in Spanish)	<a href="http://www.cancer.gov/">http://www.cancer.gov/</a> <a href="http://www.cancer.gov/about-cancer/what-is-cancer">http://www.cancer.gov/about-cancer/what-is-cancer</a> <a href="http://www.cancer.gov/espanol/cancer/que-es">http://www.cancer.gov/espanol/cancer/que-es</a>
National Comprehensive Cancer Network (NCCN)	Treatment Guidelines by Cancer Site	<a href="http://www.nccn.org/">http://www.nccn.org/</a>



**APPENDIX P – REFERENCES AND RESOURCES FOR REGISTRARS – updated April 1, 2021**

2021 References and Resources for Cancer Registrars	
2021 Casefinding/Reportable List	<ul style="list-style-type: none"> <li>➤ 2021 FCDS Data Acquisition Manual (FCDS DAM) is the Primary Reference for Florida Requirements</li> <li>➤ SEER Website – Resources for Registrars – Casefinding – FCDS Does Not Use Supplemental List</li> </ul>
2021 Coding Manual and Instructions	<ul style="list-style-type: none"> <li>➤ 2021 FCDS Data Acquisition Manual (FCDS DAM) is the Primary Reference for Florida Requirements</li> <li>➤ 2021 CoC Standards for Oncology Registry Entry (CoC STORE) - <a href="https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals">https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals</a></li> <li>➤ 2021 SEER Coding and Staging Manual - <a href="http://seer.cancer.gov/tools/codingmanuals/">http://seer.cancer.gov/tools/codingmanuals/</a></li> </ul>
2018 Solid Tumor Rules, September 2020	➤ MPH Rules and Database – Solid Tumors <a href="https://seer.cancer.gov/tools/solidtumor/">https://seer.cancer.gov/tools/solidtumor/</a>
2018 Hematopoietic Database, current online version	➤ MPH Rules and Database – Heme/Lymph Neoplasms <a href="http://seer.cancer.gov/seertools/hemelymph/">http://seer.cancer.gov/seertools/hemelymph/</a>
ICD-O-3.2 Primary Site/Histology Codes – IACR/WHO	<ul style="list-style-type: none"> <li>➤ <a href="https://seer.cancer.gov/icd-o-3/">https://seer.cancer.gov/icd-o-3/</a></li> <li>➤ ICD-O-3.2 Updates (2021 WHO) – Histology Master List and Synonyms – All Histology Codes</li> <li>➤ Download the Master ICD-O-3.2 Histology Code and Behavior List from IACR/WHO at <a href="http://www.iacr.com/fr/index.php?option=com_content&amp;view=article&amp;id=149:icd-o-3-2&amp;catid=80&amp;Itemid=545">http://www.iacr.com/fr/index.php?option=com_content&amp;view=article&amp;id=149:icd-o-3-2&amp;catid=80&amp;Itemid=545</a></li> <li>➤ Hematopoietic Database for all codes 9590-9993 – includes rules and instructions for use</li> </ul>
2018 Grade Manual and Coding Instructions, v2.1	➤ <a href="https://apps.naaccr.org/ssdi/list/">https://apps.naaccr.org/ssdi/list/</a>
Site-Specific Data Items Manual (SSDI Manual), v2.0	➤ <a href="https://apps.naaccr.org/ssdi/list/">https://apps.naaccr.org/ssdi/list/</a>
AJCC Cancer Staging Manual 8 <sup>th</sup> Edition – <b>not required</b>	➤ <a href="http://www.springer.com/medicine">http://www.springer.com/medicine</a>
SS2018 Manual – Summary Stage 2018, September 2020	➤ <a href="http://seer.cancer.gov/tools/ssm/">http://seer.cancer.gov/tools/ssm/</a>
SEER *Rx – Online Interactive Drug Database, current	➤ <a href="http://seer.cancer.gov/seertools/seerrx/">http://seer.cancer.gov/seertools/seerrx/</a>
Internet Access to Online Resources	<ul style="list-style-type: none"> <li>▪ <a href="http://fcds.med.miami.edu/inc/whatsnew.shtml">http://fcds.med.miami.edu/inc/whatsnew.shtml</a></li> <li>▪ <a href="http://www.facs.org/cancer">http://www.facs.org/cancer</a></li> <li>▪ <a href="http://www.cancerstaging.org/">http://www.cancerstaging.org/</a></li> <li>▪ <a href="http://seer.cancer.gov/tools/mphrules">http://seer.cancer.gov/tools/mphrules</a></li> <li>▪ <a href="http://seer.cancer.gov/tools/seerrx">http://seer.cancer.gov/tools/seerrx</a></li> <li>▪ <a href="http://seer.cancer.gov/tools/heme">http://seer.cancer.gov/tools/heme</a></li> <li>▪ <a href="http://www.ncra-usa.org">http://www.ncra-usa.org</a></li> <li>▪ <a href="http://www.naaccr.org">http://www.naaccr.org</a></li> <li>▪ <a href="http://who.int/classifications/icd/adaptations/oncology/en">http://who.int/classifications/icd/adaptations/oncology/en</a></li> </ul>
<b>TEXTBOOK:</b> Cancer Registry Management – Principles and Practice for Hospitals and Central Registries, 3 <sup>rd</sup> edition	➤ ISBN 978-0-7575-6900-5 (order your copy at <a href="http://ncra-usa.org/">http://ncra-usa.org/</a> or <a href="http://www.kendallhunt.com">http://www.kendallhunt.com</a> )
<b>National Cancer Institute</b>	➤ <a href="http://www.cancer.gov">http://www.cancer.gov</a>
<b>Centers for Disease Control and Prevention</b>	➤ <a href="http://www.cdc.gov/cancer">http://www.cdc.gov/cancer</a>
<b>American Cancer Society</b>	➤ <a href="http://www.cancer.org">http://www.cancer.org</a>
<b>Cancer Staging</b>	➤ <a href="http://www.cancerstaging.org">http://www.cancerstaging.org</a>
<b>NCCN</b>	➤ <a href="http://nccn.org/">http://nccn.org/</a>
<b>ASCO</b>	➤ <a href="http://asco.org/">http://asco.org/</a>

### **Recommended Training Resources for New Registrars**

FCDS has put together a listing of available Training Resources for New Registrars while we continue to work on updating our Abstracting Basics Course for the 2021 Standards. We hope this will help new registrars with reliable training resources and help along with the FCDS ABC Course Outline to cover the primary topics necessary to learn how to abstract and to understand the basics of what it takes to become a Cancer Registrar.

FCDS has never been in the business of training registrars to become CTRs. We primarily focus on training abstractors how to abstract cases from medical record source data and to code the abstracted data according to national data standards. It is normal to become confused and overwhelmed by the manuals, instructions, websites, and basic cancer information available.

Moreover, becoming a CTR requires additional training including but not limited to a thorough knowledge of the contents of the TEXTBOOK: *Cancer Registry Management – Principles and Practice for Hospitals and Central Registries*, 3rd edition. ISBN 978-0-7575-6900-5 (order at <http://ncra-usa.org/> or <http://www.kendallhunt.com>)

We hope this listing of available training resources will be of help in getting new registrars started. This is a complicated field and requires knowledge of many resources and manuals.

NAACCR also offers a FREE Cancer Registrar Training Guide on their Website that provides a 51-week guide to learning all things Cancer Registry Related including a Progress Tracking Form. Becoming a Cancer Registrar and becoming a Certified Tumor Registrar (CTR) is a lengthy process. You must be patient and thorough in your training and learning. Take your time. Most registrars recognize that it takes a good 2 years before you even know what you don't know. Then another 3 years to become proficient in the tools and resources required to work.

The NAACCR Cancer Registrar Training Guide, v4 was published in 2020 and is available at <https://www.naaccr.org/wp-content/uploads/2020/05/Registry-Training-Guide-1.pdf>

### **Recommended Resources for New Abstractor Training:**

- **NCRA Accredited Cancer Certificate and/or Degree Programs** - <https://www.ncra-usa.org/About/Become-a-Cancer-Registrar>
- **NEED ACCESS TO ALL 2021 Manuals, Tools and Guidelines/Instructions** – see Appendix P
- **SEER Site-Specific Modules and Self-Instructional Training** - <https://seer.cancer.gov/training/>
- **NAACCR Cancer Registrar Training Guide** - <https://www.naaccr.org/wp-content/uploads/2020/05/Registry-Training-Guide-1.pdf>
- **Outline of 2021 FCDS Abstracting Basics Course** – attached PDF
- **NCRA offers basic courses, webinars, and CTR Exam Prep** – <http://www.ncra-usa.org>
- **NCRA also hosts ways to become a cancer registrar and becoming a CTR** – <http://www.cancerregistryeducation.org/become-a-cancer-registrar/>
- **2021 SEER Tools** – SEER\*Rx, SEER\*Heme Rules and Database, SEER\*RSA, SEER Solid Tumor Rules, Casefinding Lists and much more available on the SEER Website @ <http://seer.cancer.gov>.
- **SEER\*Educate** - <https://educate.fredhutch.org/LandingPage.aspx>
- **2021 FCDS Data Acquisition Manual** - <https://fcds.med.miami.edu/inc/downloads.shtml>
- **2021 FCDS Webcast Series** - <https://fcds.med.miami.edu/inc/educationtraining.shtml>
- **FCDS Learning Management System – FLCCSC** - <https://fcds.med.miami.edu/inc/flccsc.shtml>
- **2021 NAACCR Webinar Series** - [https://fcds.med.miami.edu/scripts/naaccr\\_webinar.pl](https://fcds.med.miami.edu/scripts/naaccr_webinar.pl)
- **2021 NAACCR CTR Exam Prep and Review Webinar Series** - <https://education.naaccr.org/ctr>
- **American Cancer Society has cancer-specific educational materials in their Cancer A-Z Series** - <https://www.cancer.org/cancer.html>
- **National Cancer Institute has a TON of information** – start here with the About Cancer Series – then go to specific cancer types to reinforce topics and concepts - <https://www.cancer.gov/about-cancer>
- **AJCC has basic AJCC TNM Training** – we won't teach this, anyway – <https://cancerstaging.org/>
- **Registry Software Vendors also provide training on their products and sometimes on cancer registration**
- **Finding a Mentor thru NCRA or FCRA may be another avenue** – but, all of the above are useful resources for education/training

ABC Course Revision Outline

1. Prerequisites – Medical Terminology, Anatomy and Physiology as Related to Cancer
2. Course Description - Goals, Expectations and Content
3. Introduction to FCDS and Overview of Cancer Reporting in Florida
4. Florida Statutes Related to Cancer Reporting Mandate
5. Cancer Registry Standards (Recurring Changes to Registry Standards)
6. Registry References Required (How to stay current with References & Resources)
7. Issues of Confidentiality, Privacy and Security – HIPAA Public Health Exemption
8. FCDS Data Acquisition Manual – Every Data Item Counts
9. FCDS Policies and Procedures
10. FCDS Abstractor Code – A State Requirement for ALL Abstractors
11. FCDS Annual Reporting Deadline – June 30<sup>th</sup> Each Year
12. Types of Cancers Required to be Reported
13. Types of Cancer Reporting Sources
14. Access to Patient Information and Medical Records
15. Case Identification (Casefinding) and Review of Reportable Patient/Cancer Criteria
16. Journal of “Cases Reviewed and Found to Not Be Reportable – Reason Not Reported”
17. General Abstracting Guidelines – Active Neoplasms
18. General Abstracting Guidelines – Inactive Neoplasms
19. Florida Text Documentation Requirements
20. Date of Diagnosis – Estimating Methodology
21. Solid Tumor Rules – Single Versus Multiple Primary Cancers, Coding Primary Site
22. Solid Tumor Rules – Histology Coding Rules
23. Myeloid and Lymphoid Neoplasms – MPH Coding Rules and Hematopoietic Database
24. Benign, Borderline and Malignant Neoplasms of Brain and Central Nervous System
25. Pediatric Cancers

ABC Course Revision Outline

26. Histology Coding Using ICD-O-3.2
27. Tumor Marker Testing for Histologic Classification
28. The Schema ID Concept - How to Use Schema ID
29. Cancer Staging – Summary Stage, EOD, Collaborative Stage, and AJCC TNM Staging
30. Cancer Staging – Site Specific Data Items
31. Tumor Marker Testing for Cancer Treatment Planning
32. Cancer Treatment – Part I – Surgery
33. Cancer Treatment – Part II – Radiation Therapy
34. Cancer Treatment – Part III – Systemic Therapy
35. Patient Tracking and Cancer Status Follow-Up
36. FCDS IDEA Secure Web Portal - Introduction and Features – FAA and User Roles
37. FCDS Data Submission/Data Transmission Instructions
38. FCDS Data Quality EDITS and Case Acceptance Policy
39. FCDS Data Processing – EDITS, Corrections, Forces (Overrides) and Deletions
40. Resubmission of Data Previously Submitted to FCDS
41. QC Review / Visual Editing of Sample of Cases
42. Data Quality Improvement Program
43. Annual Reporting Completeness Audits – AHCA, Vital Statistics and FAPTP
44. Annual Data Quality Audits
45. External Audits
46. FCDS Main Website
47. FCDS Education and Training Program
48. FLccSC Learning Management System
49. Data Requests and DREAMS
50. Becoming a CTR – NCRA and the CTR Examination



# 2021 FCDS Abstractor Code Test

- Why do we have this required annual test?
- 352 Questions - 150 New or Revised Questions
- Case Eligibility and Case Finding
- Reportable or Not Reportable
- HIPAA, Privacy, Personal Health Information, Confidentiality, Common Rule
- Improved Rationale for More Difficult Questions/Answers
- 2021 New Questions from New Manuals – STM, Heme, SSDI, Grade, 2021 DAM
- Cancer Registry Vocabulary including Anatomy & Medical Terminology
- Primary Site, Histology, Behavior and Grade Coding
- 2018 SEER Summary Stage – Latest Revisions
- ICD-O-3.2 – 2021 Updates and Use of Tables in Appendix R
- Treatment Classification and Coding
- General Abstracting Q&A

2021-2022 Testing  
20 Questions or  
30 Questions ???

How Long Does it Take?

What if I don't pass?

# 2021 SEER Advanced Topics Agenda

## 2021 SEER Workshop: Advanced Topics for Registry Professionals



Tuesday, June 1, 11:30 AM – 5:10 PM EDT

Wednesday, June 2, 11:30 AM – 4:40 PM EDT

Day 1	Tuesday, June 1, 11:30 AM – 4:40 PM EDT	
11:30-11:40	Welcome	Peggy Adamo
11:40-1:10	Solid Tumor & Heme/Lymphoid Neoplasm Histology Coding - 2021 SEER*Educate Workshop Exercises	Carolyn Callaghan
1:10-1:40	Initial SEER Experience with Evaluation of Recurrence Data Elements	Esmeralda Ramirez-Peña
1:40-1:55	Break	
1:55-2:25	Evaluation of Unreleased Site-Specific Factors	Kathleen Thoburn
2:25-2:55	Neoadjuvant Therapy in Breast Cancer	Allison Kurian
2:55-3:25	Commission on Cancer (CoC) Resources ❖ Part I: STORE Manual ❖ Part II: Rapid Cancer Reporting System (RCRS)	Part I: Delores Akins Part II: Cindy Traylor-Richards
3:25-3:55	Molecular Testing for Unknown Primaries	Brett Baskovitch
3:55-4:10	Break	
4:10-4:40	Neoadjuvant Data Items	Jennifer Ruhl
4:40-5:10	Field Testing New Data Items	Jennifer Ruhl
5:10	Adjourn	

Day 2	Wednesday, June 2, 11:30 AM – 5:10 PM EDT	
11:30-11:40	Welcome	Peggy Adamo
11:40-12:10	Updated SEER Training Modules	Cynthia Evans
12:10-1:10	Impact of COVID on Cancer Surveillance ❖ Part I: Text Field Data Collection ❖ Part II: NCI COVID-19 in Cancer Patients Study (NCCAPS) ❖ Part III: Pathology Report Tracking	Part I: Peggy Adamo Part II: Brian Rini Part III: Todd Golden
1:10-1:25	Break	
1:25-1:55	Skull Base Tumors for ABTA	Gabriel Zada
1:55-2:55	Soft Tissue Tumors ❖ Part I: Pathologist Perspective ❖ Part II: Abstracting Soft Tissue Sarcomas	Part I: Jerad Gardner Part II: Peggy Adamo, Lois Dickie, Jennifer Ruhl
2:55-3:25	National Childhood Cancer Registry (NCCR)	Johanna Goderre Jones
3:25-3:40	Break	
3:40-4:40	Approach to Pediatric Tumors ❖ Part I: Australian Registrar Experience ❖ Part II: Pathologist Perspective	Part I: Leisa O'Neill Part II: Jessica Davis
4:40	Adjourn	

<http://www.cancerregistryeducation.org/SEER>

# NAACCR Educational Resources

<https://education.naaccr.org/>



Webinar Series



Exam Prep and Review



NAACCR Talks



International  
Resources



Understanding Central  
Cancer Registries



Upcoming  
Events



# NAACCR Educational Resources

<https://education.naaccr.org/>

RECORDED SESSIONS AND MATERIALS ALWAYS IN FLccSC

Date	Time	Topic – All Webcasts with Host Jim Hofferkamp and Special Guest Speaker
10/7/2021	9:00am – 12:00pm	2021 Uterus
11/4/2021	9:00am – 12:00pm	2021 Bladder
12/2/2021	9:00am – 12:00pm	2021 Treatment
1/6/2022	9:00am – 12:00pm	2022 Lung
2/3/2022	9:00am – 12:00pm	Data Item Relationships
3/3/2022	9:00am – 12:00pm	Abstracting and Coding Boot Camp
4/14/2021	9:00am – 12:00pm	2022 Hematopoietic and Lymphocytic Neoplasms
5/5/2022	9:00am – 12:00pm	2022 Colon
6/2/2022	9:00am – 12:00pm	2022 CNS
7/7/2022	9:00am – 12:00pm	Back to the Future: What year is it and what did I miss?
8/4/2022	9:00am – 12:00pm	2022 Solid Tumor Rules
9/1/2022	9:00am – 12:00pm	2022 Coding Pitfalls

# NAACCR CTR Exam Prep & Review Webinar Series

**\*Dates Provided are "Live" Webinar Dates – Recordings will be available the following day.**

Webinar Date*	Time	Topic
*08/27/2019	1:30pm - 3:30pm	Session 1: Introduction to the Exam Format; Registry Operations and Management; Central Registry Activities
*08/29/2019	1:30pm - 3:30pm	Session 2: Data Collection: Casefinding, Abstracting, Coding;
09/03/2019	1:30pm - 3:30pm	Session 3: Data Collection: ICD-O-3 Coding: 2018 Solid Tumor Rules Hematopoietic and Lymphoid Neoplasm Coding
09/10/2019	1:30pm - 3:30pm	Session 4: Data Collection: 2018 STORE Manual Anatomy & Physiology
09/17/2019	1:30pm - 3:30pm	Session 5: Data Quality Assurance; Cancer Program Standards: Ensuring Patient-Centered Care
09/24/2019	1:30pm - 3:30pm	Session 6: Analysis and Data Usage Follow Up, Survivorship & Outcomes
10/01/2019	1:30pm - 3:30pm	Session 7: Data Collection: Staging AJCC 8 <sup>th</sup> Edition (3 <sup>rd</sup> Printing) & Summary Stage 2018
10/08/2019	1:30pm - 3:30pm	Session 8: Timed Test; Overview; Test Taking Tips; Q&A
03/01/2019-03/23/2019 is the CTR Exam Testing Window		
*We meet twice the first week		

# NAACCR - Understanding Central Cancer Registries



## Understanding Central Cancer Registries

Through a series of online webinars participants will gain a better understanding of the functions and processes of a central cancer registry.

Webinars are presented by leaders in the registry community on various topics such as:  
Introduction to Cancer Registries and Cancer Surveillance,  
Registry Operations and Management and Uses of Population-Based Registry Data.

Overview	
Introduction to Cancer Registries and Cancer Surveillance	
1. Public Health Surveillance Introduction & Fundamentals	
2. Establishing an Effective Population-based Cancer Registry System	
Registry Operations	
1. Casefinding	
2. Follow-up	
3. Data Editing	
4. Record consolidation	
5. Death clearance	
Registry Management	
1. Registry Development	
2. Data Quality and Completeness	
3. Ethics & confidentiality	
4. Data Management - IT resources	
a. Module 1 - Course Introduction	
b. Module 2 - Managing Central Registry's Data	
c. Module 3 - Infrastructure	
d. Module 4 - Security	
e. Module 5 - Electronic Documents and Standards	
f. Module 6 - Interoperability	
g. Module 7 - Registry of the Future	
h. Module 8 - Course Summary	
Uses of Population-Based Registry Data	
1. Calculation and Assessment of Survival Rates	
2. Calculation and Assessment of Cancer Incidence	
3. Using Central Cancer Registry Data for Cancer Control and Cancer Research	
Key:	
Complete (green checkmark) Next (blue plus) Available (yellow plus) Locked (grey lock)	
Public Health Surveillance	Locked
Establishing An Effective Population-Based Cancer Registry System	Locked
Casefinding	Locked
Follow-Up	Locked
Data Edits	Locked
Record Consolidation	Locked
Death Clearance	Locked
Registry Development	Locked
Data Quality & Completeness	Locked
Ethics Confidentiality	Locked
Data Management - IT Resources	Locked
Data Management - IT Resources_Module 2	Locked
Data Management - IT Resources_Module 3	Locked
Data Management - IT Resources_Module 4	Locked
Data Management - IT Resources_Module 5	Locked
Data Management - IT Resources_Module 6	Locked
Data Management - IT Resources_Module 7	Locked
Data Management - IT Resources_Module 8	Locked
Survival	Locked
Incidence	Locked
Using Central Cancer registry Data for Cancer Control and Cancer Research	Locked



# SEER Training Website -

## <https://seer.cancer.gov/training/>



NATIONAL CANCER INSTITUTE  
SEER Training Modules

[Home](#)[Citation](#)[Help](#)

Cancer Registration & Surveillance  
Modules

Site-specific Modules

Resources

Archived Modules

Updates

Acknowledgements

## Welcome to SEER Training

Welcome to the fully accessible SEER Training Website. SEER's Training Website was developed to provide web-based training modules for cancer registration and surveillance, but can be used by anyone. The training modules on this site are funded by the U.S. National Cancer Institute's [Surveillance, Epidemiology and End Results \(SEER\) Program](#).

The SEER Training Website is currently undergoing an update and revision cycle. NCI Subject Matter Experts are determining which materials will require updating and have begun that process. Check the [Update](#) section regularly to stay informed as to which materials have been identified for updating and where they stand in the process.



# SEER Training Website -

## <https://seer.cancer.gov/training/>

### Cancer Registration & Surveillance Modules

- Cancer Registration
- Cancer Registry Operations & Procedures
- Cancer as a Disease
- Cancer & Medical Terminology
- Anatomy & Physiology
- Casefinding
- ICD-10-CM (NEW)
- Abstracting a Cancer Case
- Diagnostic Tests
- Coding Primary Site & Tumor Morphology
- Staging a Cancer Case
- Summary Stage 2018 (SS2018) (NEW)
- Cancer Treatment
- Cancer Patient Follow-up

### Site-specific Modules

Resources

Archived Modules

Updates

Acknowledgements

## Cancer Registration & Surveillance Modules

The *Cancer Registration & Surveillance* modules provide information needed by cancer registry staff and others interested in collecting and recording the most complete and accurate cancer data possible. The modules cover information on:

- Registries and their operations
- Basic anatomy and medical terminology
- Cancer tests and treatments
- Coding and staging standards for cancer registration
- Casefinding and follow-up

**Note:** The following modules have moved from the *Cancer Registration and Surveillance Modules* to the *References* section: *Introduction to Collaborative Stage*, *ICD-O-3*, and *Summary Stage 2000*.

### Cancer Registration & Surveillance Modules

#### Site-specific Modules

- Colorectal Cancer
- Lung Cancer
- Prostate Cancer
- Breast Cancer
- Bladder Cancer
- Head & Neck Cancer
- UGI Tract Cancer
- Leukemia
- Lymphoma
- Cervical & Uterine Cancer
- Ovarian Cancer (NEW)
- Testicular Cancer
- Kidney & Ureter Cancer
- Pancreatic & Biliary Cancer
- Skin Cancer: Melanoma
- Brain & Other Nervous System

Resources

Archived Modules

Updates

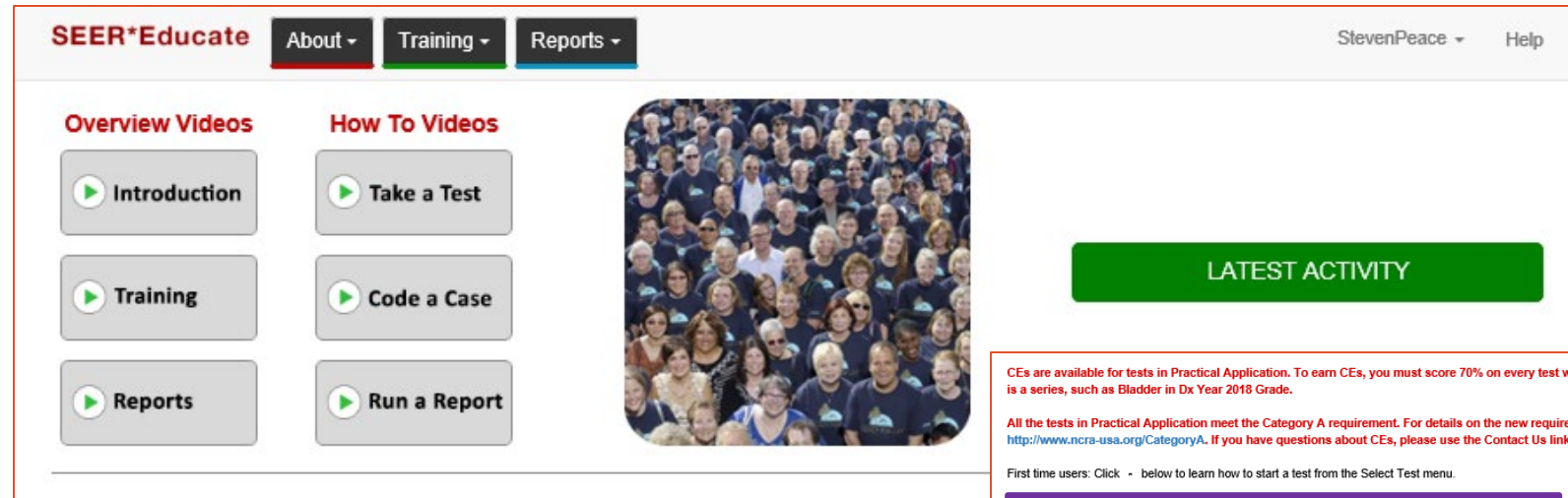
Acknowledgements

## Site-Specific Modules

The Site-Specific Modules cover cancers of individual systems and organs in the human body. They introduce basic information about the anatomy of each site, the types of cancers affecting that site, risk factors, symptoms, treatments and survival rates for those cancers. The modules also cover the information you will need to abstract, code and stage site-specific cancers.

# SEER\*Educate – A Hands On Exercises Website

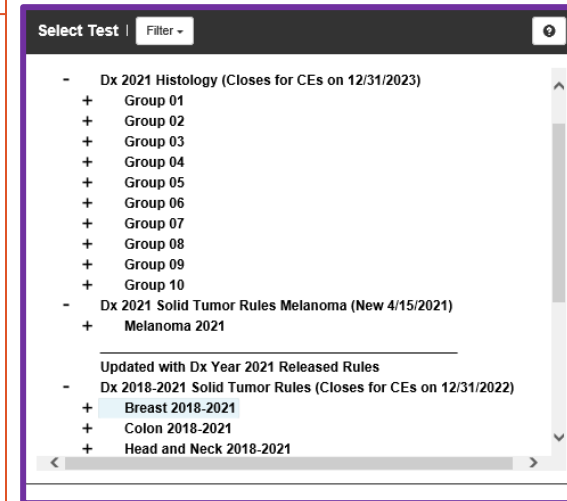
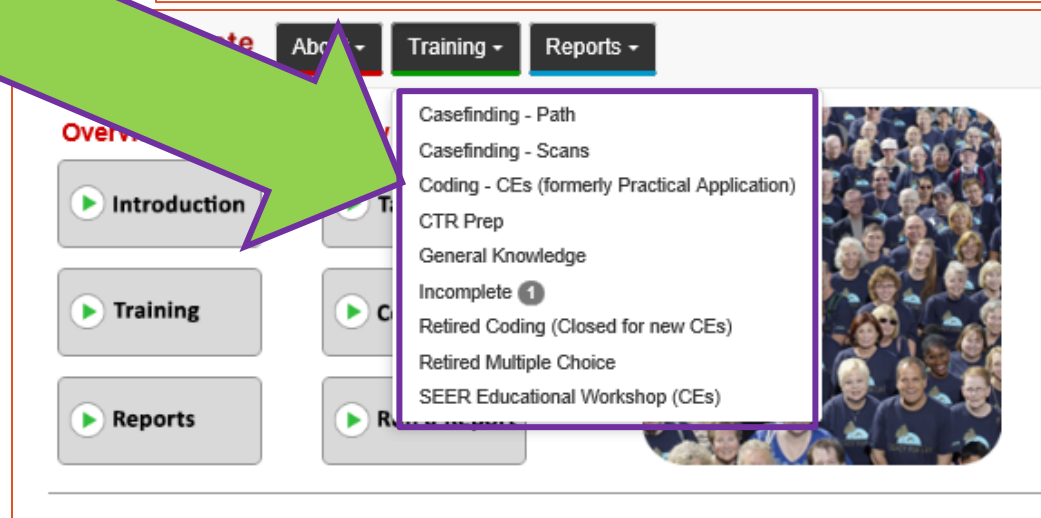
<https://educate.fredhutch.org/Index.aspx>



CEs are available for tests in Practical Application. To earn CEs, you must score 70% on every test within a particular series. Typically, a site group under a coding scheme is a series, such as Bladder in Dx Year 2018 Grade.

All the tests in Practical Application meet the Category A requirement. For details on the new requirement set forward by NCRA's Council on Certification, please visit <http://www.ncra-usa.org/CategoryA>. If you have questions about CEs, please use the Contact Us link to ask.

First time users: Click - below to learn how to start a test from the Select Test menu.



# WHO/IACR

International Agency for Research on Cancer  
World Health Organization

WHO Classification of Tumours

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## BOOKS CATALOG

Breast ONLINE

Breast tumours (5th ed)

Central Nervous System ONLINE

Central Nervous System Tumours update 2016

Digestive System ONLINE

Digestive system tumours (5th ed)

Endocrine System ONLINE

Endocrine tumours (4th ed)

Eye ONLINE

Eye tumours (4th ed)

Female Genital Organs ONLINE

Female Genital Tumours (5th ed)

Head and Neck ONLINE

Head and neck tumours (4th ed)

Skin ONLINE

Skin tumours (4th ed)

Soft Tissue & Bone ONLINE

Soft Tissue and Bone Tumours (5th ed)

Thoracic ONLINE

Thoracic tumours (Beta)

Haematolymphoid ONLINE

Tumours of Haematopoietic and Lymphoid Tissues 2017 (Beta)

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**International Association of Cancer Registries**  
c/o International Agency for Research on Cancer

- 150 cours Albert Thomas  
69372 Lyon Cedex 08  
France
- Tel. +33 (0)4 72 73 85 48
- Fax. +33 (0)4 72 73 85 75
- Email: [iacr@iacr.fr](mailto:iacr@iacr.fr)

## ICD-O

### INTERNATIONAL CLASSIFICATION OF DISEASES FOR ONCOLOGY (ICD-O)

Third edition Edited by A. Fritz, C. Percy, A. Jack, K. Shanmugaratnam, L. Sobin, D.M. Parkin and S. Whelan

Please consult the previous versions online and the new links for ICD-O (2nd revision) as follows:

[ICD-O 3](#)  
[ICD-O 3 \(1st rev\)](#)

### ICD-O-3.2

**Update as of January 25, 2021:** The preparation of ICD-O-3.2 book (pdf) is at its final stages at the WHO Press, and we hope to have it in the **first half of 2021**. In the meantime, please refer to the tables available in this page.

We would like to thank once again everyone who provided further comments. After posting the documents online in November 2019, we made minor updates mostly related to adding missing codes to the [list of changes document](#). We also added the ICD-O-3.2 version of the morphological groups used to define multiple primary tumours. The latest versions of these documents can be accessed from the list (ICD-O3.2 TABLES) below.

### ICD-O-3.2 TABLES

The IARC/WHO ICD-O Committee<sup>1</sup> has updated the draft ICD-O-3.1 classification, with new morphology codes and terms from the 4th series of WHO Classification of Tumours (Blue

**Menu**

- CanReg & other IT Tools for Registries
- Learning Opportunities & Capacity-Building
- Fellowships program
- International Classification of Diseases for Oncology (ICD-O)**
- Registries portal
- Standards
- Paediatric Cancer Stage Guidelines
- International Collaboration on Cancer Reporting (ICCR)  
Cancer Datasets

<https://tumourclassification.iarc.who.int/home>



**ICD-O-3.2**

**Update as of January 25, 2021:** The preparation of ICD-O-3.2 book (pdf) is at its final stages at the WHO Press, and we hope to have it in the **first half of 2021**. In the meantime, please refer to the tables available in this page.

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**ICD-O-3.2 TABLES**

The IARC/WHO ICD-O Committee<sup>1</sup> has updated the draft ICD-O-3.1 classification, with new morphology codes and terms from the 4<sup>th</sup> series of WHO Classification of Tumours (Blue Books).

The new version, ICD-O-3.2, is recommended for use from 2020.

The IACR Working Group on ICD-O Updates<sup>2</sup> has compiled a listing of additions and revisions between ICD-O-3.1 and ICD-O-3.2 as a reference material for cancer registries.

These documents have been revised according to the comments received during the consultation period and the final tables are available for download.

**ICD-O- THIRD EDITION, SECOND REVISION MORPHOLOGY**

- A summary of the main changes
- Terms that are changing behaviour
- New codes and their terms
- Deleted codes and their terms
- Updated table: "Groups of malignant neoplasms considered to be histologically different for the purpose of defining multiple tumours" to be used with ICD-O-3.2 (The rest of the multiple primary rules remain unchanged.)

**A LISTING OF ALL ADDITIONS, CHANGES AND REVISIONS TO THE ICD-O-3, 1ST REVISION (ICD-O-3.1) FOR ICD-O-3.2**

# WHO/IACR

## International Agency for Research on Cancer



## ICD-O- Third Edition, Second Revision Morphology

ICD-O3.2	Level	Term	Code reference	obs
8160/0	Synonym	Cholangioma	(C22.1, C24.0)	
8160/3	Preferred	Cholangiocarcinoma	(C22.1, C24.0)	
8160/3	Synonym	Bile duct adenocarcinoma	(C22.1, C24.0)	
8160/3	Synonym	Bile duct carcinoma	(C22.1, C24.0)	
8161/0	Preferred	Bile duct cystadenoma	(C22.1, C24.0)	
8161/3	Preferred	Bile duct cystadenocarcinoma	(C22.1, C24.0)	
8162/3	Preferred	Perihilar cholangiocarcinoma	(C24.0)	
8162/3	Synonym	Klatskin tumor	(C24.0)	[obs]
8163/0	Preferred	Pancreatobiliary neoplasm, non-invasive		
8163/0	Synonym	Non-invasive pancreatobiliary papillary neoplasm with low grade dysplasia		
8163/0	Synonym	Non-invasive pancreatobiliary papillary neoplasm with low grade intraepithelial neoplasia		
8163/2	Preferred	Papillary neoplasm, pancreatobiliary type, with high grade intraepithelial neoplasia	(C24.1)	
8163/2	Synonym	Non-invasive pancreatobiliary papillary neoplasm with high grade dysplasia	(C24.1)	
8163/2	Synonym	Non-invasive pancreatobiliary papillary neoplasm with high grade intraepithelial neoplasia	(C24.1)	
8163/3	Preferred	Pancreatobiliary type carcinoma	(C24.1)	
8163/3	Synonym	Adenocarcinoma, pancreatobiliary type	(C24.1)	
8170/0	Preferred	Liver cell adenoma	(C22.0)	
8170/0	Synonym	Hepatocellular adenoma	(C22.0)	
8170/0	Synonym	Hepatoma, benign	(C22.0)	
8170/3	Preferred	Hepatocellular carcinoma, NOS	(C22.0)	
8170/3	Synonym	Hepatoma, NOS	(C22.0)	
8170/3	Synonym	Hepatocarcinoma	(C22.0)	
8170/3	Synonym	Hepatoma, malignant	(C22.0)	
8170/3	Synonym	Liver cell carcinoma	(C22.0)	
8171/3	Preferred	Hepatocellular carcinoma, fibrolamellar	(C22.0)	
8172/3	Preferred	Hepatocellular carcinoma, scirrhous	(C22.0)	
8172/3	Synonym	Sclerosing hepatic carcinoma	(C22.0)	
8173/3	Preferred	Hepatocellular carcinoma, spindle cell variant	(C22.0)	
8173/3	Synonym	Hepatocellular carcinoma, sarcomatoid	(C22.0)	
8174/3	Preferred	Hepatocellular carcinoma, clear cell type	(C22.0)	
8175/3	Preferred	Hepatocellular carcinoma, pleomorphic type	(C22.0)	
8180/3	Preferred	Combined hepatocellular carcinoma and cholangiocarcinoma	(C22.0)	
8180/3	Synonym	Hepatocholangiocarcinoma	(C22.0)	
8180/3	Synonym	Mixed hepatocellular and bile duct carcinoma	(C22.0)	

# American Cancer Society Cancer A-Z Series & Principles of Oncology

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**Find a Cancer Type**

Choose a cancer type from the list below to get detailed information. If you don't see your type listed, it might be covered under a different name. Use the search icon in the menu at the top of the page, or contact us for help on live chat or by calling 1-800-227-2345.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

**A**

- Acute Lymphocytic Leukemia (ALL) in Adults
- Acute Myeloid Leukemia (AML) in Adults
- Adrenal Cancer
- Anal Cancer

Search cancer type

GO

**B**

- Basal and Squamous Cell Skin Cancer
- Bile Duct Cancer
- Bladder Cancer
- Bone Cancer
- Brain and Spinal Cord Tumors in Adults

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**Acute Myeloid Leukemia (AML) in Adults**

Acute myeloid leukemia is also called acute myelocytic leukemia, acute myelogenous leukemia, acute granulocytic leukemia, acute non-lymphocytic leukemia, or sometimes just AML. It is most common in older people. For information on AML in children, see [Leukemia in Children](#).

**About Acute Myeloid Leukemia (AML)**

Get an overview of acute myeloid leukemia and the latest key statistics in the US.

**Causes, Risk Factors, and Prevention**

Learn about the risk factors for acute myeloid leukemia and what you might be able to do to help lower your risk.

**Early Detection, Diagnosis, and Types**

Know the signs and symptoms of acute myeloid leukemia. Find out how AML is tested for, diagnosed, and classified.

**Treating Acute Myeloid Leukemia (AML)**

If you are facing acute myeloid leukemia, we can help you learn about the treatment options and possible side effects, and point you to information and services to help you in your cancer journey.

**After Treatment**

Get information about life as a survivor, next steps, and what you can do to help.

**EASY READING**


**If You Have Acute Myeloid Leukemia (AML)**

If you or someone you know has just been diagnosed with acute myeloid leukemia, this short, simple guide can help.

# American Cancer Society Cancer A-Z Series & Principles of Oncology

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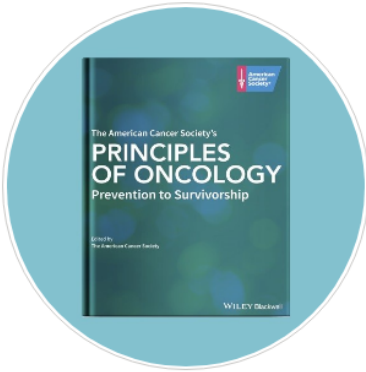


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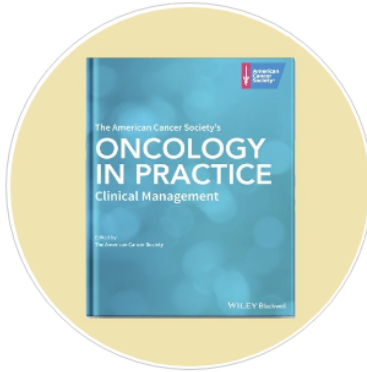
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The American Cancer Society's  
**PRINCIPLES  
OF ONCOLOGY**  
Prevention to Survivorship

The American Cancer Society's Principles  
of Oncology  
Prevention to Survivorship

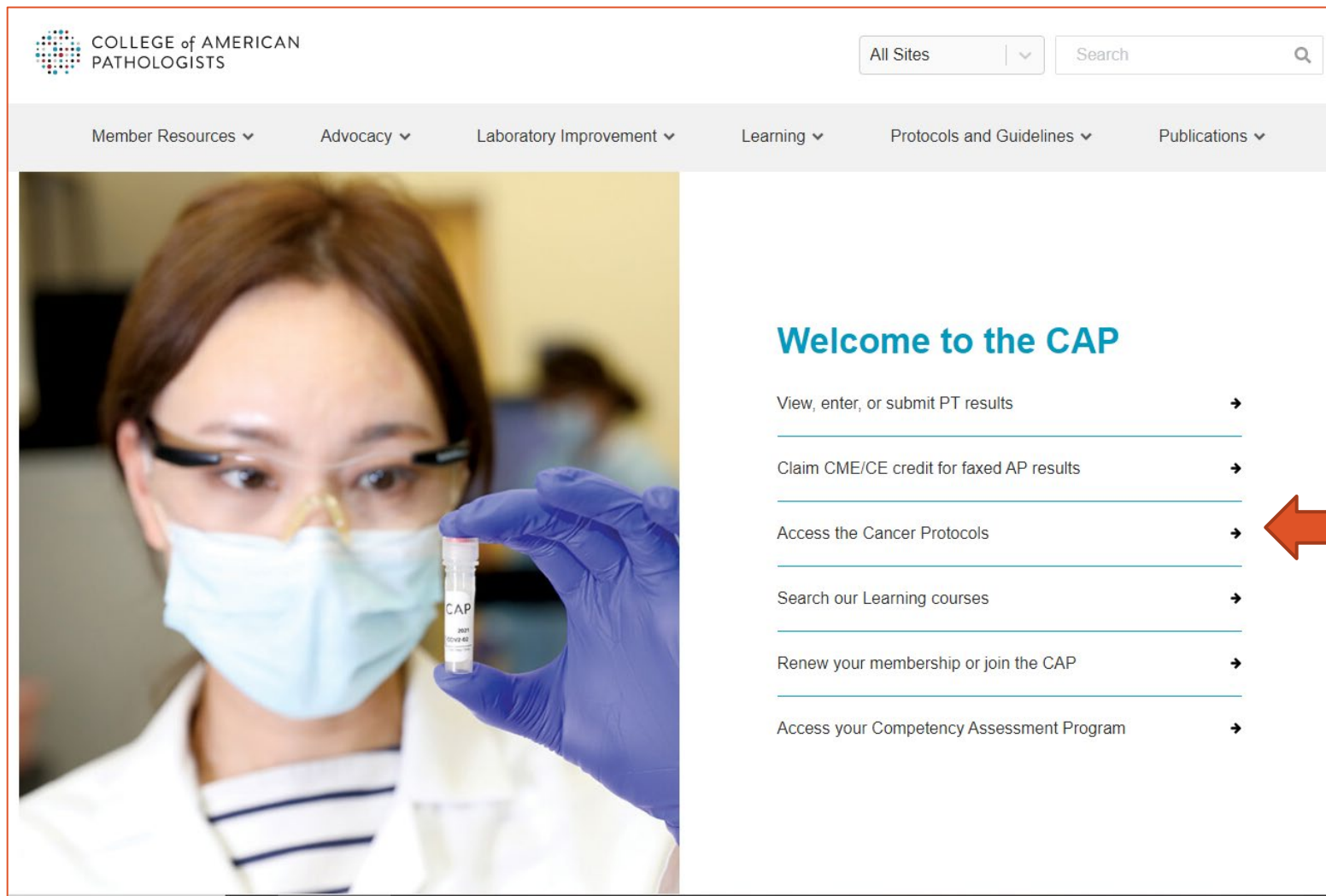


The American Cancer Society's  
**ONCOLOGY  
IN PRACTICE**  
Clinical Management

The American Cancer Society's Oncology  
in Practice  
Clinical Management

<https://www.cancer.org/american-cancer-society-books.html>

# CAP Checklists/Synoptic Report Template



<https://www.cap.org/protocols-and-guidelines/cancer-reporting-tools/cancer-protocol-templates>



# CAP Checklists/Synoptic Report Template

## Cancer Reporting and Biomarker Reporting Protocols

2013-2018 Previous Versions Are Available Upon Request

### Breast

Breast DCIS, Resection	Current Version <a href="#">PDF</a> (v4.4.0.0) <a href="#">Word</a> (v4.4.0.0) June 2021	Previous Version <a href="#">2020</a> (v4.3.0.2) <a href="#">2019</a> (v4.3.0.1) <a href="#">2019</a> (v4.3.0.0) <a href="#">2019</a> (v4.2.0.0)
Breast DCIS, Biopsy	Current Version <a href="#">PDF</a> (v1.0.1.0) <a href="#">Word</a> (v1.0.1.0) June 2021	Previous Version <a href="#">2020</a> (v1.0.0.1) <a href="#">2019</a> (v1.0.0.0)
Breast Invasive, Resection	Current Version <a href="#">PDF</a> (v4.5.0.0) <a href="#">Word</a> (v4.5.0.0) June 2021	Previous Version <a href="#">2020</a> (v4.4.0.0) <a href="#">2019</a> (v4.3.0.1) <a href="#">2019</a> (v4.3.0.0) <a href="#">2019</a> (v4.2.0.0)
Breast Invasive, Biopsy	Current Version <a href="#">PDF</a> (v1.1.1.0) <a href="#">Word</a> (v1.1.1.0) June 2021	Previous Version <a href="#">2020</a> (v1.1.0.0) <a href="#">2019</a> (v1.0.0.1) <a href="#">2019</a> (v1.0.0.0)
Breast Biomarker Reporting	Current Version <a href="#">PDF</a> (v1.4.1.0) <a href="#">Word</a> (v1.4.1.0) June 2021	Previous Version <a href="#">2020</a> (v1.4.0.0) <a href="#">2019</a> (v1.3.0.0)

### Central Nervous System

Central Nervous System	Current Version <a href="#">PDF</a> (v4.0.0.0)	Previous Version <a href="#">2014</a> (v3.1.0.2)
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## Gastrointestinal

Ampulla of Vater	Current Version <a href="#">PDF</a> (v4.2.0.0) <a href="#">Word</a> (v4.2.0.0) June 2021	Previous Version <a href="#">2020</a> (v4.1.0.0)
Anus, Excision	Current Version <a href="#">PDF</a> (v4.2.0.0) <a href="#">Word</a> (v4.2.0.0) June 2021	Previous Version <a href="#">2020</a> (v4.1.0.1) <a href="#">2020</a> (v4.1.0.0)
Anus, Resection	Current Version <a href="#">PDF</a> (v4.2.0.0) <a href="#">Word</a> (v4.2.0.0) June 2021	Previous Version <a href="#">2020</a> (v4.1.0.0)
Appendix	Current Version <a href="#">PDF</a> (v4.2.0.0) <a href="#">Word</a> (v4.2.0.0) June 2021	Previous Version <a href="#">2020</a> (v4.1.0.0)
Colon and Rectum, Biopsy	Current Version <a href="#">PDF</a> (v4.2.0.0) <a href="#">Word</a> (v4.2.0.0) June 2021	Previous Version <a href="#">2020</a> (v4.1.0.0)
Colon and Rectum, Resection	Current Version <a href="#">PDF</a> (v4.2.0.0) <a href="#">Word</a> (v4.2.0.0) June 2021	Previous Version <a href="#">2020</a> (v4.1.0.0)
Colon and Rectum Biomarker Reporting	Current Version <a href="#">PDF</a> (v1.3.0.0) <a href="#">Word</a> (v1.3.0.0) June 2021	Previous Version <a href="#">2014</a> (v1.2.0.1)
Distal Extrahepatic Bile Ducts	Current Version <a href="#">PDF</a> (v4.2.0.0) <a href="#">Word</a> (v4.2.0.0) June 2021	Previous Version <a href="#">2020</a> (v4.1.0.0)

# CAP Checklists/Synoptic Report Template

## Pediatric

Ewing, Resection	<b>Current Version</b> <a href="#">PDF</a> (v4.1.0.0) <a href="#">Word</a> (v4.1.0.0) <i>June 2021</i>	<b>Previous Version</b> <a href="#">2019</a> (v4.0.0.0)
Ewing, Biopsy	<b>Current Version</b> <a href="#">PDF</a> (v4.1.0.0) <a href="#">Word</a> (v4.1.0.0) <i>June 2021</i>	<b>Previous Version</b> <a href="#">2019</a> (v4.0.0.0)
Germ Cell Tumor, Resection	<b>Current Version</b> <a href="#">PDF</a> (v4.1.0.0) <a href="#">Word</a> (v4.1.0.0) <i>June 2021</i>	<b>Previous Version</b> <a href="#">2019</a> (v4.0.0.0)
Germ Cell Tumor, Biopsy	<b>Current Version</b> <a href="#">PDF</a> (v4.1.0.0) <a href="#">Word</a> (v4.1.0.0) <i>June 2021</i>	<b>Previous Version</b> <a href="#">2019</a> (v4.0.0.0)
Hepatoblastoma, Resection	<b>Current Version</b> <a href="#">PDF</a> (v4.0.1.0) <a href="#">Word</a> (v4.0.1.0) <i>June 2021</i>	<b>Previous Version</b> <a href="#">2019</a> (v4.0.0.0)
Hepatoblastoma, Biopsy	<b>Current Version</b> <a href="#">PDF</a> (v4.0.1.0) <a href="#">Word</a> (v4.0.1.0) <i>June 2021</i>	<b>Previous Version</b> <a href="#">2019</a> (v4.0.0.0)
Neuroblastoma, Resection	<b>Current Version</b> <a href="#">PDF</a> (v4.1.0.0) <a href="#">Word</a> (v4.1.0.0) <i>June 2021</i>	<b>Previous Version</b> <a href="#">2019</a> (v4.0.0.0)
Neuroblastoma, Biopsy	<b>Current Version</b> <a href="#">PDF</a> (v4.1.0.0) <a href="#">Word</a> (v4.1.0.0) <i>June 2021</i>	<b>Previous Version</b> <a href="#">2019</a> (v4.0.0.0)



## COLLEGE of AMERICAN PATHOLOGISTS

### Protocol for the Examination of Resection Specimens From Patients With Neuroblastoma

**Version:** 4.1.0.0

**Protocol Posting Date:** June 2021

The use of this protocol is recommended for clinical care purposes but is not required for accreditation purposes.

**This protocol should be used for the following procedures AND tumor types:**

Procedure	Description
Resection	Includes specimens designated resection, or other
Tumor Type	Description
Neuroblastoma	Includes pediatric patients with neuroblastoma and related neuroblastic tumors

**The following should NOT be reported using this protocol:**

Procedure
Biopsy (consider Neuroblastoma Biopsy protocol)

#### Authors

Erin R. Rudzinski, MD\*; Jason A. Jarzembowski, MD, PhD\*; Jessica L. Davis, MD\*; Hiroyuki Shimada, MD, PhD; Miguel Reyes-Mugica, MD; Neil Sebire, MB, BS, FRCpath.

With guidance from the CAP Cancer and CAP Pathology Electronic Reporting Committees.

\* Denotes primary author.

# NCCN Guidelines

## What is in the Guidelines

### NCCN Guidelines


Treatment by Cancer Type	
<b>Detection, Prevention, and Risk Reduction</b>	NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) are posted with the latest update date and version number.
<b>Supportive Care</b>	
<b>Specific Populations</b>	
<b>Guidelines for Patients</b>	
<b>Guidelines With Evidence Blocks</b>	
<b>Framework for Resource Stratification</b>	
<b>Harmonized Guidelines</b>	
<b>International Adaptations and Translations</b>	
<b>Guidelines Process</b> +	
<b>Guidelines Panels and Disclosure</b> +	
<b>Submissions, Licensing,</b>	
	<div> <b>Acute Lymphoblastic Leukemia</b> Version: 1.2021         </div> <div> <b>Acute Myeloid Leukemia</b> Version: 3.2021         </div> <div> <b>Anal Carcinoma</b> Version: 1.2021         </div> <div> <b>Basal Cell Skin Cancer</b> Version: 2.2021         </div> <div> <b>B-Cell Lymphomas</b> Version: 4.2021         </div> <div> <b>Bladder Cancer</b> Version: 3.2021         </div> <div> <b>Bone Cancer</b> Version: 1.2021         </div> <div> <b>Breast Cancer</b> Version: 4.2021         </div> <div> <b>Myelodysplastic Syndromes</b> Version: 3.2021         </div> <div> <b>Myeloid/Lymphoid Neoplasms with Eosinophilia and Tyrosine Kinase Fusion Genes</b> Version: 3.2021         </div> <div> <b>Myeloproliferative Neoplasms</b> Version: 1.2021         </div> <div> <b>Neuroendocrine and Adrenal Tumors</b> Version: 1.2021         </div> <div> <b>Non-Small Cell Lung Cancer</b> Version: 4.2021         </div> <div> <b>Occult Primary</b> Version: 2.2021         </div> <div> <b>Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer</b> Version: 1.2021         </div>

<https://www.nccn.org/>

# NCCN Guidelines

## What is in the Guidelines

1 / 156 | 125% + -

 National Comprehensive Cancer Network®

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

# Acute Myeloid Leukemia

Version 3.2021 — March 2, 2021

NCCN.org

NCCN Guidelines for Patients® available at [www.nccn.org/patients](http://www.nccn.org/patients)



National  
Comprehensive  
Cancer  
Network®

## NCCN Guidelines Version 3.2021 Acute Myeloid Leukemia (Age ≥18 years)

[NCCN Acute Myeloid Leukemia Panel Members  
Summary of Guidelines Updates](#)

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# NCCN Guidelines

## What is in the Guidelines

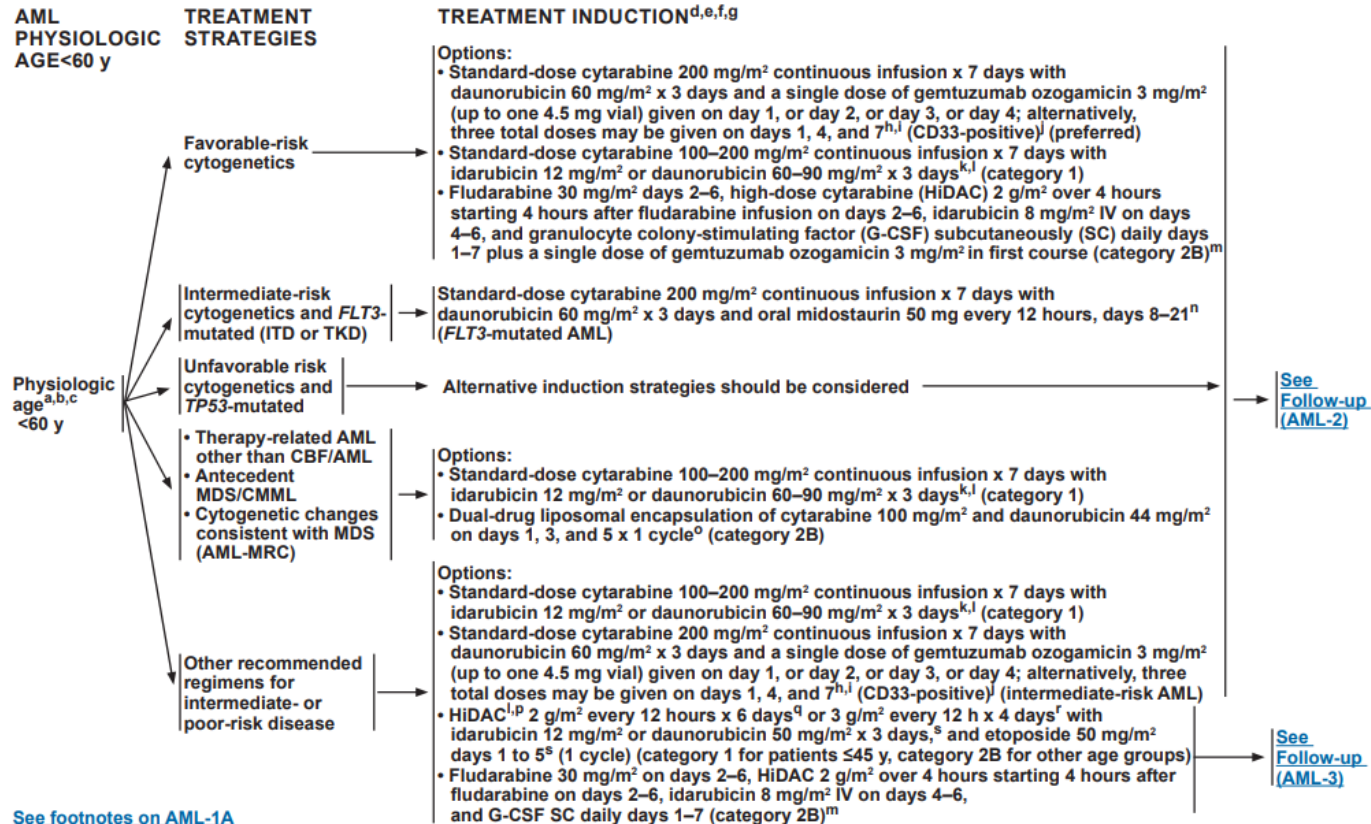
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### NCCN Guidelines Version 3.2021 Acute Myeloid Leukemia (Age ≥18 years)

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Note: All recommendations are category 2A unless otherwise indicated.  
Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

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AML-1

# NCCN Guidelines

## What is in the Guidelines

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### Overview

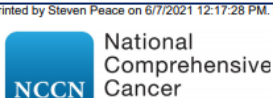
Acute myeloid leukemia (AML) is a hematologic malignancy characterized by the presence of abnormal cells in the peripheral blood, bone marrow, and other tissues. It is the most common form of acute leukemia in adults. The largest number of annual deaths is estimated to be 19,940 people will die of the disease. In a recent Review, the median age at diagnosis was 71 years,<sup>3</sup> with approximately 10% of patients older (and approximately a third of the population ages, the incidence of the syndromes (MDS), seems to

Environmental factors that have been associated with risks of MDS and AML include exposure to solvents such as benzene; pe

Therapy-related MDS/AML (s) is a consequence of cancer treatment. The use of cytotoxic therapy for solid tumors has led to the development of therapy-related MDS/AML. In patients with MDS/AML,<sup>5-7</sup> The incidence of AML among patients with certain prior malignancies (e.g., gynecologic cancers, and lymphoma, and Hodgkin lymphoma), largely due to the use of agents that are commonly used in the treatment of these well-documented categories of cancer. The development of therapy-related MDS/AML is associated with the use of topoisomerase inhibitors,<sup>5,8,9</sup> and purine analog fludarabine, has been associated with MDS/AML in patients with lym

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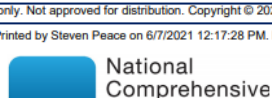
### Diagnosis

Originally, the classification system for AML was the American British (FAB) system, which was based on morphology to separate AML from acute myeloid leukemia and to categorize the disease based on morphology. In 1999, WHO developed a classification system which incorporates information from cytogenetics and morphology to refine prognostic stratification. During this transition from the FAB classification, the percent blasts threshold for AML was lowered. The FAB classification required ≥30% blasts. This change was based on the finding that the (and survival outcomes) of the FAB MDS with excess blasts in transformation (RAEB-t) and ≥20% to 30% blasts, was similar compared to ≥30% blasts. In an appropriate clinical trial, the WHO system further allowed AML to be diagnosed based on hematopoiesis and characteristic clonal abnormalities with t(15;17), t(8;21), and the percentage of marrow blasts.

In 2003, the International Working Group on AML Response Criteria accepted the cytochemical and WHO criteria as the standard for diagnosis of myelodysplasia according to morphology. This shows that myelodysplasia represents a distinct entity that is frequently linked to poor-risk cyto

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## NCCN Guidelines Version 3.2021 Acute Myeloid Leukemia

months vs. 9 months, respectively;  $P < .001$ ), suggesting the importance of evaluating both *TP53* mutation and deletion status.<sup>106</sup>

### Classification and Prognostic Relevance of Gene Mutations

The NCCN AML Panel adopted the 2017 European LeukemiaNet (ELN) recommendations for risk stratification.<sup>21</sup> Therefore, both NCCN and the ELN classify patients with NK-AML and mutated *NPM1* or *CEBPA* (without *FLT3*-ITD) as having favorable risk.<sup>21,107</sup> Specifically, patients with NK-AML with mutated *NPM1* (without *FLT3*-ITD or with a low allelic ratio [ $<0.5$ ] of *FLT3*-ITD [*FLT3*-ITD<sup>low</sup>]) or with isolated biallelic *CEBPA* mutation are categorized as having favorable risk<sup>21</sup> (see *Risk Stratification by Genetics in Non-APL AML* in the algorithm). In the previous ELN guidelines, a distinction was made between intermediate I and intermediate II risk groups.<sup>108</sup> An analysis that evaluated the prognostic value of the ELN risk classification (based on data from the German AML96 study) showed that for patients aged 60 years and younger, median RFS was shorter for the Intermediate I than for the Intermediate II group (7.9 vs. 39.1 months, respectively). In patients older than 60 years, no major difference was observed (9.6 vs. 11.6 months, respectively).<sup>107</sup> In this analysis, median OS between the Intermediate I and Intermediate II groups was not as widely separated among patients aged 60 years and younger (13.6 vs. 18.7 months, respectively); in patients older than 60 years, median OS was similar between the two intermediate groups (9.5 vs. 9.2 months, respectively).<sup>107</sup>

In another study, patients in the intermediate I group who were younger than 60 years of age demonstrated longer OS than those in the intermediate II group; in patients older than 60 years of age, the OS was similar between the two intermediate groups.<sup>109</sup> Based on these data, the ELN simplified the intermediate risk group in the 2017 update.<sup>21</sup> Both NCCN and the ELN classify patients with NK-AML with both mutated *NPM1* and a high allelic ratio ( $\geq 0.5$ ) of *FLT3*-ITD (*FLT3*-ITD<sup>high</sup>), and those

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## NCCN Guidelines Version 3.2021 Acute Myeloid Leukemia

Growth factors are not recommended during induction for patients with APL as they can complicate assessment of response and increase the risk of differentiation syndrome. There is no evidence for whether growth factors have a positive or negative impact on long-term outcome if used during consolidation. However, growth factors may be considered during consolidation in selected cases, including in the event of life-threatening infections, or when signs/symptoms of sepsis are present, in an attempt to shorten the duration of neutropenia.

### Management of Acute Myeloid Leukemia

Most initial treatment decisions for AML are based on age, history of prior myelodysplasia or cytotoxic therapy, and performance status. Although karyotype and molecular markers are powerful predictors of DFS outcomes, induction chemotherapy will be initiated before this information is available in most instances. The intent of traditional induction chemotherapy is to produce a major reduction in the leukemic burden and to restore normal hematopoiesis. Early in the process of developing a treatment plan, it is reasonable to consider referral to palliative care for consultation.<sup>204,205</sup>

Recommendations for induction chemotherapy in patients with AML consider age 60 years as a therapeutic divergence point. This is based on the higher prevalence of unfavorable cytogenetics and antecedent myelodysplasia, along with a higher incidence of multidrug resistance in patients older than 60 years, and an increased frequency of comorbid medical conditions that affect the patient's ability to tolerate intensive treatment.<sup>206</sup> Because complete remission rates rarely exceed 70% in younger patients and 50% in older patients, substantial opportunity exists for innovative clinical trials involving both patient populations. The guidelines consider recommendations for patients older or younger than 60 years of age separately.

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### Management of AML in Patients Younger Than 60 Years of Age Induction Therapy

Standard induction regimens used for patients younger than 60 years are based on a backbone of cytarabine and idarubicin. In most large cooperative group trials, daunorubicin is commonly used in place of idarubicin. Idarubicin, which has a longer intracellular half-life, has been used at doses of 12 mg/m<sup>2</sup> daily for 3 days, has had comparable outcomes to daunorubicin in patients requiring additional therapy at day 28, and rates for patients who are 50 years or younger. In the range of 60% to 70% in most large cooperative group trials. Targeted strategies according to cytogenetics and the current NCCN Guidelines for AML are based on these cytogenetic risk groups.

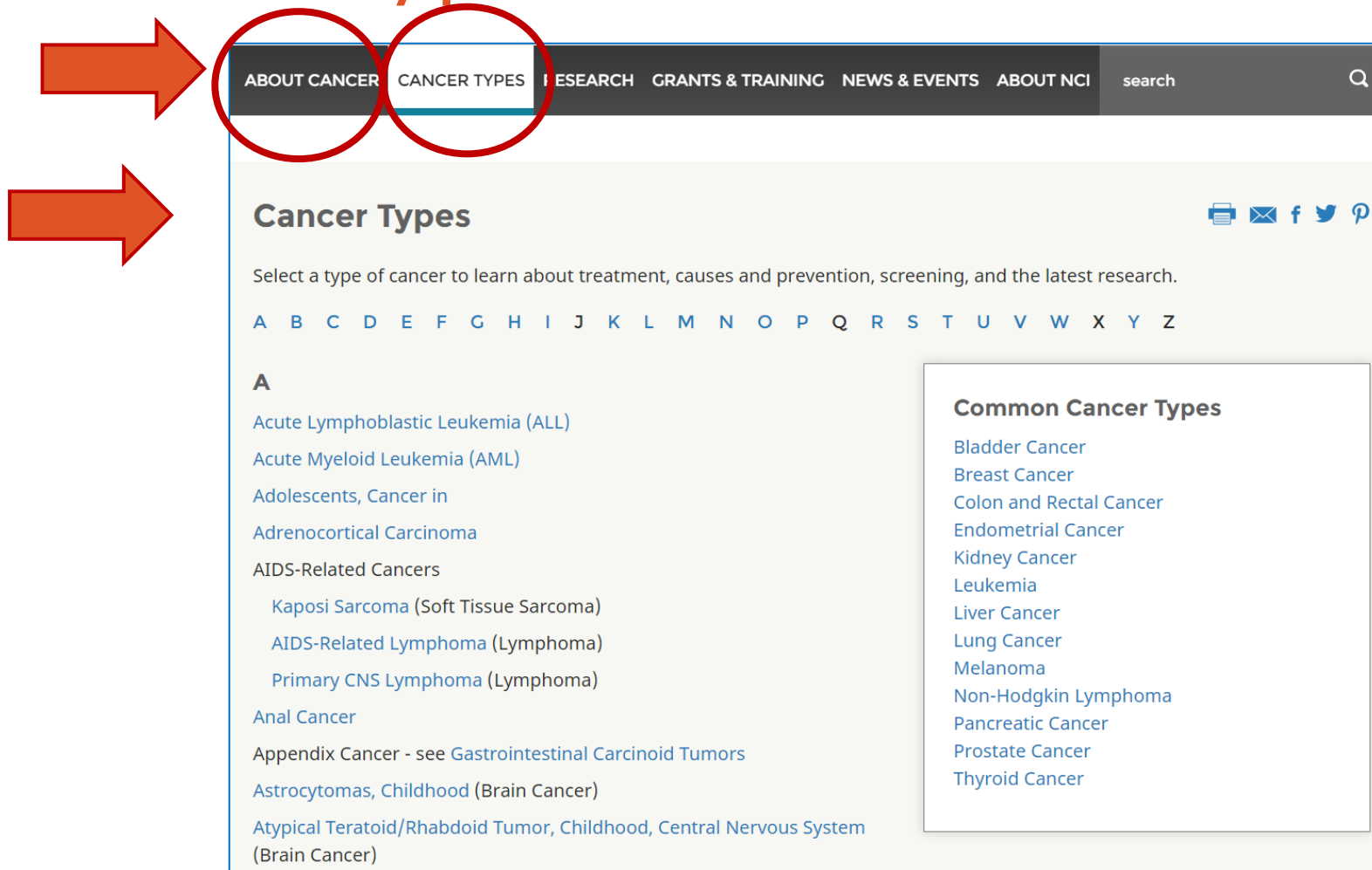
### Risk-Stratified Treatment Strategies

#### Favorable-Risk Cytogenetics

~~Cytarabine and anthracycline dose~~ In a randomized phase III study (E1900) from 1998, patients with favorable-risk AML achieved an increase in CR rate (71% vs. 57%;  $P < .001$ ) using daunorubicin 90 mg/m<sup>2</sup> versus 45 mg/m<sup>2</sup> daily for 3 days ( $n = 33$ ) versus untreated AML younger than 60 years.<sup>207</sup> However, the survival benefit with high-dose daunorubicin may be restricted to patients with favorable-risk AML. In a study of 50 years (median OS, 34 vs. 19 months;  $P = .003$ ) for patients with unfavorable cytogenetics, only 10 months in both treatment arms.<sup>208</sup> High-dose daunorubicin maintained a high CR rate in patients younger than 50

# NCI & NHLBI

## Cancer Types and What is in the PDQ?



The screenshot shows the NCI Cancer Types page. The navigation menu at the top includes 'ABOUT CANCER', 'CANCER TYPES', 'RESEARCH', 'GRANTS & TRAINING', 'NEWS & EVENTS', and 'ABOUT NCI'. The 'CANCER TYPES' link is circled in red, with a red arrow pointing to it from the left. Below the navigation menu, the 'Cancer Types' section is highlighted with a red arrow. The page content includes a list of cancer types under the letter 'A' and a sidebar titled 'Common Cancer Types'.

**Cancer Types**

Select a type of cancer to learn about treatment, causes and prevention, screening, and the latest research.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

**A**

- Acute Lymphoblastic Leukemia (ALL)
- Acute Myeloid Leukemia (AML)
- Adolescents, Cancer in
- Adrenocortical Carcinoma
- AIDS-Related Cancers
  - Kaposi Sarcoma (Soft Tissue Sarcoma)
  - AIDS-Related Lymphoma (Lymphoma)
  - Primary CNS Lymphoma (Lymphoma)
- Anal Cancer
- Appendix Cancer - see [Gastrointestinal Carcinoid Tumors](#)
- Astrocytomas, Childhood (Brain Cancer)
- Atypical Teratoid/Rhabdoid Tumor, Childhood, Central Nervous System (Brain Cancer)

**Common Cancer Types**

- Bladder Cancer
- Breast Cancer
- Colon and Rectal Cancer
- Endometrial Cancer
- Kidney Cancer
- Leukemia
- Liver Cancer
- Lung Cancer
- Melanoma
- Non-Hodgkin Lymphoma
- Pancreatic Cancer
- Prostate Cancer
- Thyroid Cancer

<https://www.cancer.gov/>

# NCI & NHLBI

## Cancer Types and What is in the PDQ?

[ABOUT CANCER](#) [CANCER TYPES](#) [RESEARCH](#) [GRANTS & TRAINING](#) [NEWS & EVENTS](#) [ABOUT NCI](#)

[Home](#) > [Cancer Types](#) > [Leukemia](#) > [Health Professional](#) [AA](#) [Print](#) [Email](#) [Facebook](#) [Twitter](#) [Pinterest](#)

**LEUKEMIA**

[Patient](#) +

**Health Professional**

[Adult ALL Treatment](#)

**Adult AML Treatment**

[CLL Treatment](#)

[CML Treatment](#)

[Hairy Cell Leukemia Treatment](#)

[Childhood ALL Treatment](#)

[Childhood AML Treatment](#)

[Research Advances](#) +

### Adult Acute Myeloid Leukemia Treatment (PDQ®)–Health Professional Version

[Go to Patient Version](#)

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- [Classification of Adult AML](#)
- [Treatment Option Overview for Adult AML](#)
- [Treatment of Newly Diagnosed Adult AML](#)
- [Treatment of Adult AML in Remission](#)
- [Treatment of Recurrent Adult AML](#)
- [Treatment of Acute Promyelocytic Leukemia \(APL\)](#)
- [Changes to This Summary \(02/10/2021\)](#)
- [About This PDQ Summary](#)



# United States Cancer Statistics (USCS)



The image displays the United States Cancer Statistics (USCS) banner and four resource tiles. The banner features the USCS logo, which includes the letters 'US' and 'CS' in large blue font, with three stylized human figures in blue and teal between them. Below the logo, the text 'U.S. Cancer Statistics' is written in a smaller blue font, followed by 'The Official Federal Cancer Statistics' in a teal font. To the right of the logo, a white box contains the text 'Providing the latest cancer data on the United States population.' and a teal 'Learn more' button. Below the banner are four tiles, each with a photograph and a caption: 'Data Visualizations Tool' (a person using a tablet showing a map of the US), 'Public Use Databases' (a hand pointing at a bar chart), 'Other Tools' (a man looking at a tablet), and 'Publications' (two women looking at a laptop).

**USCS**  
**U.S. Cancer Statistics**  
The Official Federal Cancer Statistics

Providing the latest cancer data on the United States population.

[Learn more](#)

**Data Visualizations Tool**

**Public Use Databases**

**Other Tools**

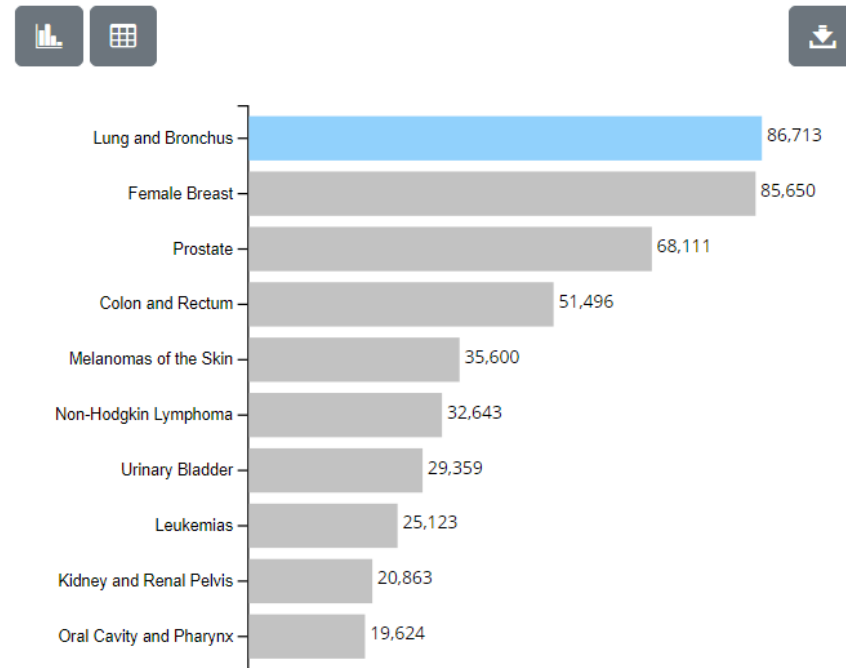
**Publications**

<https://www.cdc.gov/cancer/uscs/index.htm>

# United States Cancer Statistics (USCS)

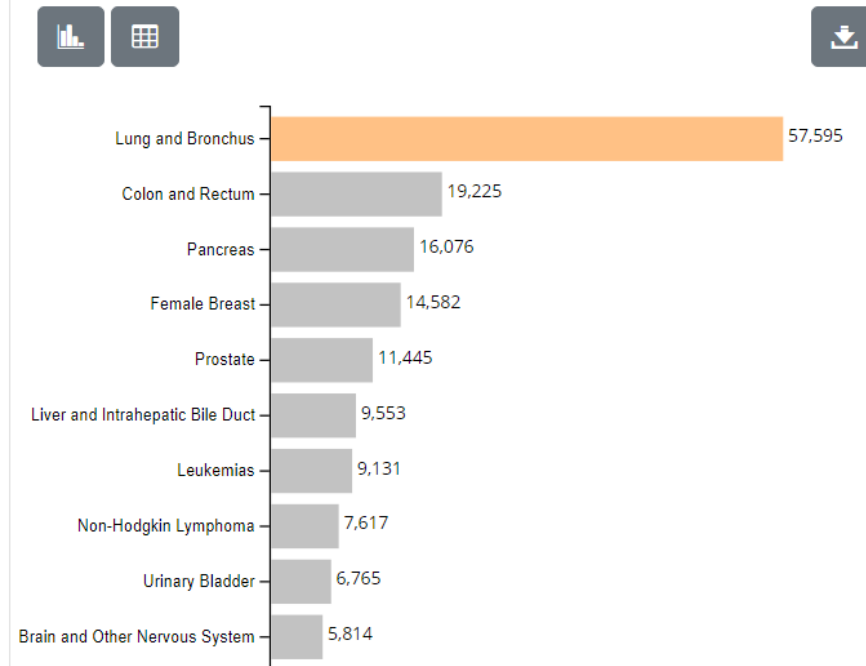
## Top 10 Cancers by Number of New Cancer Cases

Florida, 2014-2018, All Races and Ethnicities, Male and Female  
Number of New Cancers

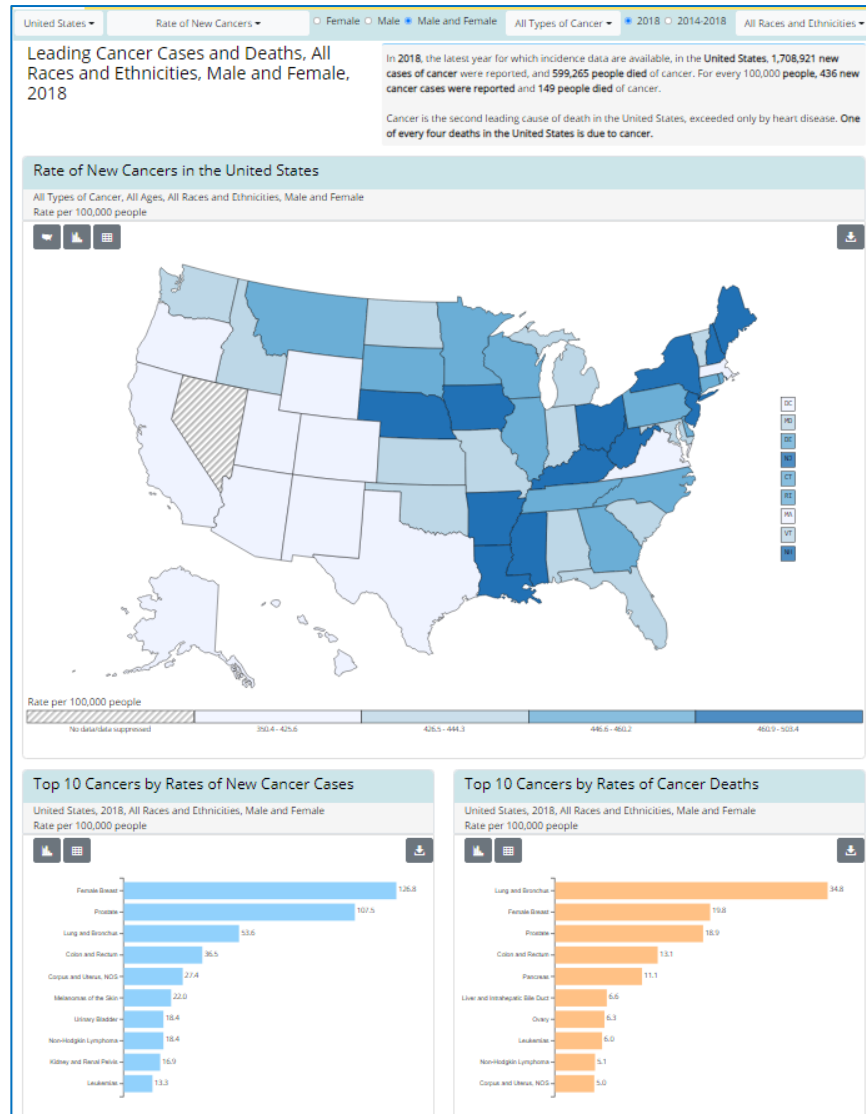


## Top 10 Cancers by Number of Cancer Deaths

Florida, 2014-2018, All Races and Ethnicities, Male and Female  
Number of Cancer Deaths



# United States Cancer Statistics (USCS)



# Other Educational Resources

- NCRA – Becoming a CTR – <http://www.cancerregistryeducation.org/become-a-cancer-registrar/>
- NCRA offers basic courses, webinars, and CTR Exam Prep – <http://www.ncra-usa.org>
- CoC has limited Training for Registrars – most are designed for specific events or new programs
- AJCC has limited AJCC TNM Training – updates to 8<sup>th</sup>/9<sup>th</sup> ed - <https://cancerstaging.org/>
- American Cancer Society - Cancer A-Z Series - <https://www.cancer.org/cancer.html>
- National Cancer Institute – About Cancer Series – A-Z Cancer Types, PDQ Summaries - [www.cancer.gov](http://www.cancer.gov)
- NCCN Guidelines – for diagnosis, workup, testing, treatment, and follow-up
- CAP Guidelines – pathology guidelines and checklists plus Tumor Marker/Genetics
- Registry Software Vendors provide training on their products and on cancer registration

# Questions

