

2021 CANCER REGISTRY MANUALS & INSTRUCTIONS WHAT'S NEW & HOW TO



FCDS Virtual Annual Conference

9/2/2021

Steven Peace, CTR



1

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.

2

2021 Outline

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

2021-2022 FCDS Annual Educational Webcast Series

Date	FCDS Webcast Topic	CEUs
9/16/2021	FCDS Annual Conference Wrap Up & Review – 2021 Requirements	2
10/21/2021	2021 FCDS DAM – A Grand Tour – Where to Find What You Need	2
11/18/2021	Using the Grade, SSDI, Solid Tumors, ICD-O and Other 2021 Manuals	2
12/16/2021	Colon and Rectum – 2021 Updates and How to Use New Resources for Cases	2
1/20/2022	Lung – 2021 Updates and How to Use New Resources for Cases	2
2/17/2022	Prostate – 2021 Updates and How to Use New Resources for Cases	2

3

- 2021 FCDS Website & FCDS Resources
 - 2021 FCDS DAM & Appendix A-5, July 1, 2021
 - 2021 FCDS EDITS Metafile (current)
- 2021 SEER Coding and Staging Manual, September 2020
- 2021 Standards for Oncology Registry Entry Manual, February 2021 Update
- 2021 SEER Complete ICD-10-CM Codes for Casefinding
- 2018 Solid Tumor Manual, December 2020
- 2021 Guidelines for ICD-O-3.2 Histology
- Grade Coding Manual, v2.01 – January 2021
- SSDI Manual, v2.0 – September 2020
- SS2018 – September 2020
- 2021 Updates to SEER Hematopoietic Database & Manual
- SEER*Rx Website – Updated Monthly
- SEER*RSA for 2021 Staging (and earlier)
- AJCC Cancer Staging – 8th edition and 9th edition – rolling updates
- 2021 CTR Exam Handbook / CTR Exam Resources
- Questions

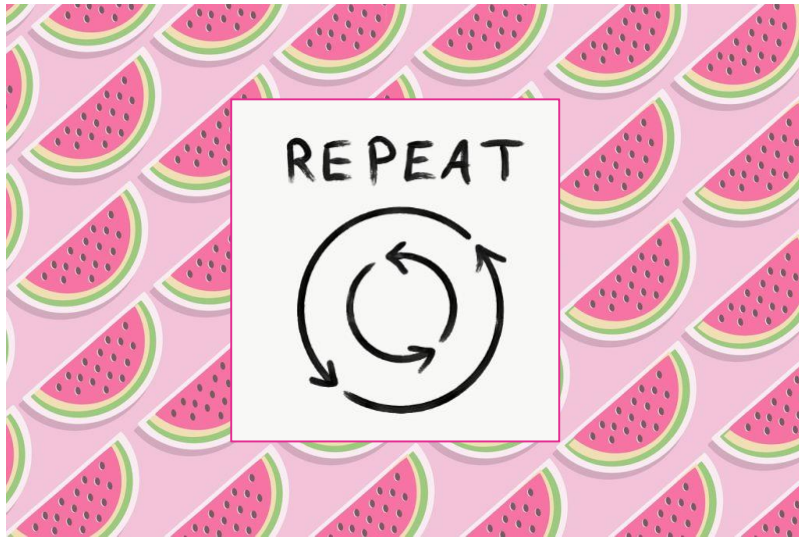
2021 Outline



LOTS of Updates to Key Manuals !!!

4

2021 Outline – We Will Repeat Instructions Over and Over and Over



5

NAACCR, SEER and NCRA have Provided Webinars FCDS Plans to Repeat & Record Trainings

- 2021 FCDS DAM Includes Lots of Resources
- 2021 Updates to ICD-O-3.2
- 2021 Updates to Solid Tumor Rules
- 2021 New Melanoma Solid Tumor Rules
- 2021 Updates to Schema ID Criteria and New Schema ID's
- 2021 Updates to Grade Coding Rules – New Schema and Table Updates
- 2021 Updates to Summary Stage 2018 Rules and Criteria
- 2021 Updates to SSDIs – All FCDS-Required SSDIs and a Sample of CoC-Required
- 3 Webinars Geared for Integrating All New Resources and References and Manuals
 - Colon and Rectum
 - Lung
 - Prostate

6

Goofy Naming Conventions for Updates

- Many of the 2021 Updated Manuals Still are Entitled 2018 xyz Rules/Manual
- ALL have 2021 Updates – but no change to the 2018 Title
- So, you have to be very careful you are using the 2021 version
- They all have different months and years and version numbers
- It is VERY confusing to EVERYBODY – and we have complained LOUDLY
- Hopefully, in Future SEER and CoC and AJCC will get their act together for naming
- The Community as a Whole has Voiced Complaints about this regularly and loudly
- Even the Excel File I shared with folks in these webinars have been updated, already
- So, your frustration has been voiced and hopefully heard by the Standard Setters
- Some Registrars Have Just STOPPED Using Manuals Period Because it is so Confusing

7

FCDS Website & FCDS Resources



8

2021 SEER Coding & Staging Manual, Sept 2020

SEER Program Coding and Staging Manual 2021

Released September 1, 2020

Reporting Guidelines

Casefinding Lists

2021 SEER Coding Manual

—

Appendix C for 2021 Manual

Hematopoietic Project

+

ICD-O-3 Coding Materials

2018 Solid Tumor Rules

+

Historical Staging and Coding Manuals

+

The 2021 manual is to be used for cases diagnosed January 1, 2021 and

- [SEER Program Coding and Staging Manual 2021](#) (PDF, 1.7 MB)
- [Appendix A - County Codes](#) (PDF, 170 KB)
- [Appendix B - Country and State Codes](#) (PDF, 288 KB)
- [Appendix C - Site Specific Coding Modules](#)
- [Appendix D - Race and Nationality Descriptions from the 2000](#)
- [Appendix E - Reportable and Non-reportable Examples: PDF](#) (PDF, 1.7 MB)
- [Summary of Changes](#) (PDF, 328 KB) - provides the list of changes

Other Manuals

- [Staging Resources](#)

SEER Program Coding and Staging Manual 2021

Effective with Cases Diagnosed January 1, 2021 and Forward

Published September 2020



Data Quality, Analysis, and Interpretation Branch
Surveillance Research Program
Division of Cancer Control and Population Sciences
National Institutes of Health
Public Health Service
U.S. Department of Health and Human Services

Suggested citation: Adams M, Groves C, Decker L, Fink J (September 2020). SEER Program Coding and Staging Manual 2021. National Cancer Institute, Bethesda, MD 20895.
U.S. Department of Health and Human Services National Institutes of Health National Cancer Institute

11

2021 SEER Coding & Staging Manual, Sept 2020

Appendix C: Site Specific Coding Modules

2021 SEER Coding and Staging Manual

Reporting Guidelines

Casefinding Lists

2021 SEER Coding Manual

—

Appendix C for 2021 Manual

Hematopoietic Project

+

ICD-O-3 Coding Materials

2018 Solid Tumor Rules

+

Historical Staging and Coding Manuals

+

Grade Coding Instructions 2014

SEER Data Submission Requirements

COVID-19 Abstraction Guidance

+

Appendix C brings together the site-specific instructions needed to abstract a case, facilitating efficiency and accuracy. The site-specific coding modules include SEER Coding Guidelines, Extent of Disease, and Surgery of Primary Site codes.¹

New for 2021 are the Site-Specific Neoadjuvant Therapy Effect coding documents. Links to the applicable coding document(s) have been added to each site in Appendix C.

General instructions in the main manual are applicable in the absence of site-specific instructions. All modules include the extent of disease and surgery codes, and solid tumor coding rules. Some modules include site-specific coding guidelines. Additional site-specific coding instructions are found in SEER*RSA, the SSDI manual [\(PDF\)](#), and the Grade manual [\(PDF\)](#).

[Expand All](#) [Collapse All](#)

Oral Cavity, Tonsil, Oropharynx

+

Parotid, Other and Unspecified Glands

+

Pharynx, Hypopharynx, Nasopharynx, Pyriform Sinus

+

Esophagus

+

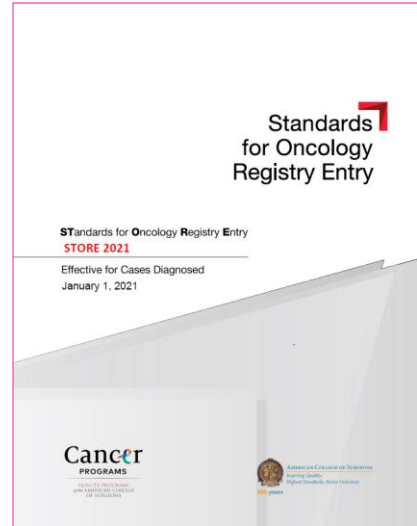
Stomach

+

12

2021 Standards for Oncology Registry Entry, Feb 2021

The screenshot shows the ACS website with the 'Registry Manuals' section. The 'Download STORE' link is circled in red. The page includes the ACS logo, navigation menu, and a search bar. The 'Registry Manuals' section is titled 'Current Data Standards' and 'Standards for Oncology Registry Entry (STORE)'. It includes a link to 'Download STORE' and a list of documents: 'CTR Guide to Coding Radiation Therapy Treatment in the STORE' and 'STORE Addendum'.



13

2021 SEER Complete ICD-10-CM Codes Casefinding

Casefinding Lists

Reporting Guidelines	
Casefinding Lists	
2021 SEER Coding Manual	+
Hematopoietic Project	+
ICD-O-3 Coding Materials	
2018 Solid Tumor Rules	+
Historical Staging and Coding Manuals	+
Grade Coding Instructions 2014	
SEER Data Submission Requirements	
COVID-19 Abstraction Guidance	+

Use the casefinding lists to screen prospective cases and identify cancer cases for inclusion in the registry. A casefinding list is **not** the same as a reportable list. Casefinding lists are intended for searching a variety of cases so as not to miss any reportable cases.

Definition of **Casefinding** (case ascertainment): Process of identifying all reportable cases through review of source documents and case listings. Casefinding covers a range of cases that need to be assessed to determine whether or not they are reportable.

Cancer registries and cancer surveillance programs typically describe the reportable neoplasms as any neoplasm with a behavior code (fifth digit in a complete six-digit morphology code) of '/2' (in situ) or '/3' (invasive). Some registries also collect and report the benign ('/0') and borderline ('/1') neoplasms.

Expanded versions of the casefinding lists include additional reportable terms, notes, and explanations. Short versions are provided for use in IT programming.

Current Lists

FY2021 ICD-10-CM Casefinding List [PDF Format (PDF, 321 KB)] [Excel Format (XLSX, 83 KB)]
Effective dates: 10/1/2020 - 9/30/2021

14

2018 Solid Tumor Manual, December 2020

2018 Solid Tumor Rules
Updated December 9, 2020 (view Revision History)

Reporting Guidelines

Casefinding Lists

2021 SEER Coding Manual +

Hematopoietic Project +

ICD-O-3 Coding Materials

2018 Solid Tumor Rules -

2020 Revision History

Revision Archive

Histology Coding Clarifications

Historical Staging and Coding Manuals

Grade Coding Instructions 2014

SEER Data Submission Requirements

COVID-19 Attribution Guidance +

2021 Cutaneous Melanoma Rules

Use the 2021 Solid Tumor Cutaneous Melanoma rules to determine the number of primaries to abstract and the histology to code for cases diagnosed 1/1/2021 forward. The Solid Tumor Cutaneous Melanoma coding rules and the 2018 General Instructions replace the 2007 Multiple Primary & Histology (MPH) Rules for the following sites **ONLY**:

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

Revision status for remaining 2007 Multiple Primary and Histology site rules:

We are currently working on revisions to the Other Sites MPH module. Release date has not yet been determined. The 2007 MPH and 2007 General Instructions are to be used, with a few exceptions, for cases for the following site groups until instructed to do otherwise:

Other Sites:

The following primary sites are excluded for 1/1/2018 forward:

- Rectosigmoid and rectum which are included in 2018 Colon rules
- Peripheral nerves which are included in the 2018 Malignant CNS rules

We have identified the need to separate select sites into individual modules. These site-specific rules may be individual sections within the Other sites rules, or free-standing modules. The following sites have been determined to need additional rules: OTH, GI (excluding colorectal), Thyroid, Soft tissue/bone, and Male genital.

Download the Solid Tumor Modules

All sections were updated on December 9, 2020.

- Complete 2018 Solid Tumor Manual (PDF, 7.0 MB)

Solid Tumor Rules

Effective with Cases Diagnosed 1/1/2018 and Forward

Updated December 2020

SEER

Editors:

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

Suggested citation: Dickie, L., Johnson, C.H., Adams, S., Negoita, S. (December 2020). Solid Tumor Rules. National Cancer Institute, Rockville, MD 20850.

15

2021 Guidelines for ICD-O-3.2 Histology

ICD-O-3 Coding Materials

Reporting Guidelines

Casefinding Lists

2021 SEER Coding Manual +

Hematopoietic Project +

ICD-O-3 Coding Materials

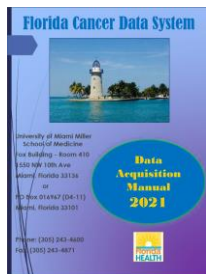
2018 Solid Tumor Rules +

ICD-O-3 Guidelines

The revised 2021 Guidelines for ICD-O-3.2 Histology Code and Behavior Update for cases diagnosed 1/1/2021 forward are now available on the NAACCR website. The update includes links to tables listing new codes and other changes in two formats: PDF and Excel. Also available are the 2021 ICD-O-3.2 Update Guidelines.

The NAACCR ICD-O-3 Implementation Work Group highly recommends all users read the guidelines with important coding information related to the 2021 update.

ICD-O-3 SEER Site/Histology Validation Lists



Appendix R

ICDs ADOPTED ICD-O-3.2 in 2018
NAACCR ADOPTED ICD-O-3.2 in 2020

Included in this Appendix are the Histology Code Updates for 2021.

The WHO is the organization responsible for the structure, format, coding rules and guidelines as well as the anatomical topography (primary site), histology, and behavior codes as published in the *International Classification of Diseases for Oncology*.

The printed ICD-O-3 purple book is very much out of date. However, the Introduction and Basic Instructions as well as all Topography Codes are Still Valid and Can Be Used.

However, you should not use the ICD-O-3 purple book for coding Histology.

Please use the ICD-O-3.2 Master Histology List and the Solid Tumor Rules (current edition) and the Hematopoietic Database from SEER (online interactive) to correctly assign histology and behavior codes for all cancers – do not rely on the codes in the printed ICD-O-3 Manual.

Guidelines for ICD-O-3.2 Update Implementation NAACCR, Inc.

North American Association of Central Registries, Inc.

GUIDELINES FOR ICD-O-3.2 HISTOLOGY CODE AND BEHAVIOR UPDATE IMPLEMENTATION
Effective January 1, 2021

Prepared by:

NAACCR ICD-O-3 Update Implementation Work Group

2021 ICD-O-3 Update to be used jointly with ICD-O-3.2, Solid Tumor Rules, and Hematopoietic and Lymphoid Neoplasm Database

December 1, 2020

1

16

Solid Tumor Rules - 2021

Solid Tumor Rules

Effective with Cases Diagnosed 1/1/2018 and Forward

Updated December 2020



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

Suggested citation: Dickie, L., Johnson, CH., Adams, S., Negoita, S. (December 2020). Solid Tumor Rules. National Cancer Institute, Rockville, MD 20850.

Cutaneous Melanoma Equivalent Terms and Definitions
C440-C445 with Histology #720 - #780 (Excludes melanoma of any other site)
Rules Apply to Cases Diagnosed 1/1/2021 Forward

Introduction

- Note 1:** Tables and rules refer to ICD-O rather than ICD-O-3. The version is not specified to allow for updates. Use the currently approved version of ICD-O.
- Note 2:** 2007 MPH Rules and 2021 Solid Tumor Rules are used based on date of diagnosis
- Tumors diagnosed 01/01/2007 through 12/31/2020: Use 2007 MPH Rules and 2007 General Instructions
 - Tumors diagnosed 01/01/2021 and later: Use 2021 Solid Tumor Rules and Solid Tumor General Instructions
 - The original tumor diagnosed before 01/01/2021 and a subsequent tumor diagnosed 01/01/2021 or later in the same primary site: Use the 2021 Solid Tumor Rules and Solid Tumor General Instructions
- Note 3:** Melanoma can also start in the mucous membranes of the mouth, anus and vagina, in the eye or other places in the body where melanocytes are found. This scheme is used *only* for melanomas that occur on the skin.
- Note 4:** The WHO Classification of Skin Tumors 4th Ed does not include ICD-O codes for tumors with mixed melanoma subtypes/variants.
- Note 5:** Cutaneous melanoma starts in the melanocytes of the skin. Melanocytes lie in the epidermis, the outermost layer of the skin. Melanocytes often cluster together and form moles (nevi). Most moles are benign, but some may become malignant melanomas. Melanomas are divided into 5 main types, depending on their location, shape, and whether they grow outward or downward into the dermis:
- Acral melanoma: occurs on the palms of the hand, soles of the feet, or nail beds
 - Desmoplastic melanoma: is a rare malignant melanoma marked by non-pigmented lesions on sun-exposed areas of the body
 - Lentigo maligna: usually occur on the faces of elderly people
 - Superficial spreading or flat melanoma: grows outward at first to form an irregular pattern on the skin with an uneven color
 - Nodular melanoma: are lumpy and often blue-black in color and may grow faster and spread downwards

[Jump to Multiple Primary Rules](#)
[Jump to Histology Rules](#)

Solid Tumor Rules
December 2020 Update

348

19

Solid Tumor Rules - 2021

Casefinding Lists		Changes Across All Site Modules
2021 SEER Coding Manual	+	
Hematopoietic Project	+	
ICD-O-3 Coding Materials		
2018 Solid Tumor Rules	-	
2020 Revision History		
Revision Archive		
Histology Coding Clarifications		
Historical Staging and Coding Manuals	+	
Grade Coding Instructions 2014		
SEER Data Submission Requirements		
COVID-19 Abstraction Guidance	+	

Changes to Site-Specific Modules

Expand All Collapse All

- Urinary +
- Colon +
- Head and Neck +
- Malignant CNS +
- Non-Malignant CNS +
- Breast +

20

Solid Tumor Rules - 2021

Changes to Site-Specific Modules

Expand All	Collapse All
Urinary	—
<ul style="list-style-type: none"> Table 1: ICD-O Primary Site Codes <ul style="list-style-type: none"> "Urachal remnant" added as synonym for C677 	
Colon	—
<ul style="list-style-type: none"> GIST reportability updated for cases diagnosed 2021+ Colon wall illustrations added, which correspond with the anastomosis M Rules. Table 1: Specific Histologies, NOS/ NST, and Subtypes/Variants <ul style="list-style-type: none"> ICD-O 8244 Row: <ul style="list-style-type: none"> "Adenocarcinoma ex-goblet cell" added as a synonym "Goblet cell adenocarcinoma" added to 8243 (updated terminology) GIST 8936 Row: <ul style="list-style-type: none"> "GIST, NOS" and "Gastrointestinal stromal sarcoma" added as synonyms Multiple Primary Rules <ul style="list-style-type: none"> Note added to anastomotic site rules: "A rectal stump is an anastomotic site" Histology Coding Rules <ul style="list-style-type: none"> H5 Invasive mucinous adenocarcinoma rule: Sub-bullet added <ul style="list-style-type: none"> Mucinous carcinoma must meet a percentage requirement in order to be coded. Do not use majority of tumor, predominantly, or predominant part of the tumor to code mucinous 8480. Rule H6 added: NEW RULE <ul style="list-style-type: none"> Code invasive signet ring cell adenocarcinoma 8490 when the diagnosis is any of the following... Rule H7 Code adenocarcinoma NOS when the final diagnosis is... <ul style="list-style-type: none"> Percentage requirement clarified as less than or equal to 50% 	
Head and Neck	—
<ul style="list-style-type: none"> C442 removed from H&N module. C442 with reportable histologies other than melanoma fall into "Other Sites" rules. Equivalent or Equal Terms: <ul style="list-style-type: none"> "Hemangiosarcoma; angiosarcoma" added "Malignant hemangioendothelioma; angiosarcoma" deleted 	

Non-Malignant CNS	+
Breast	—
<ul style="list-style-type: none"> Table 2: Histology Combination Codes <ul style="list-style-type: none"> Invasive carcinoma NST/duct carcinoma and invasive lobular carcinoma 8522 row <ul style="list-style-type: none"> Note 2 added "This is the exception to the instruction features are not coded." New row added for metaplastic carcinoma AND ductal or lobular Table 3: Specific Histologies, NOS/ NST, and Subtypes/Variants <ul style="list-style-type: none"> Medullary Carcinoma 8510 row: <ul style="list-style-type: none"> "Medullary carcinoma with lymphoid stroma 8512" added as a subtype/variants Metaplastic Carcinoma 8575 row: <ul style="list-style-type: none"> Note 2 added Periductal Stromal Tumor, low grade 9020 row: <ul style="list-style-type: none"> Terminology updated to "Phyllodes tumor, malignant" "Periductal stromal tumor, low grade" added as a synonym "Cystosarcoma phyllodes, malignant" added as a synonym Sarcoma 8600 row: <ul style="list-style-type: none"> Histology code 9130/3 added to Malignant hemangioendothelioma Note 2 added regarding Angiosarcoma subtypes Ductal carcinoma 8500 row: <ul style="list-style-type: none"> "Intraductal carcinoma 8500/2" added as a synonym "Carcinoma, NOS" added as a synonym Paget disease of the nipple with no underlying tumor 8540 row: <ul style="list-style-type: none"> Behavior code removed Papillary carcinoma 8503 row: <ul style="list-style-type: none"> "Intraductal papilloma with ductal carcinoma in situ 8503/2" added as a synonym Multiple Primary Rules <ul style="list-style-type: none"> New notes before Multiple Tumors MP module: <ul style="list-style-type: none"> "ER, PR, and/or HER2 are not used to determine multiple primaries" "A Subsequent tumor in the chest wall or surgical scar without evidence of residual breast tissue are regional metastasis" Rule M10 Abstract a single primary when multiple tumors of the same behavior are carcinoma NST/duct and lobular. <ul style="list-style-type: none"> Same behavior requirement re-added. Histology Coding Rules <ul style="list-style-type: none"> New H rule: H6 Coding pleomorphic lobular carcinoma in situ New H rule: H13 Coding metaplastic carcinoma when invasive carcinoma NST is present 	
Lung	—
<ul style="list-style-type: none"> Table 2: Combination/Mixed Histology Codes <ul style="list-style-type: none"> Combined large cell neuroendocrine carcinoma 8013 row added Table 3: Specific Histologies, NOS, and Subtype/Variants 	

21

Grade Coding Manual, v2.01 – January 2021

Grade Coding Instructions and Tables

Effective with Cases Diagnosed 1/1/2018 and forward
Published January 2021
Version 2.01

Editors: Jennifer Ruhl, MSHCA, RHIT, CCS, CTR, NO SEER
Jim Hofferkamp, CTR, NAACCR
Elizabeth Ward, PhD, Consultant to NAACCR

Suggested Citation: Ruhl J, Ward E, Hofferkamp J, et al. (November 2020). Grade Manual. NAACCR, Springfield, IL 62704-4194

Funding for this project was made possible in part by a contract with Federal funds from the National Cancer Institute, National Institutes of Health and Department of Health & Human Services under Contract number HHSN261201600004R / HHSN26120002. Additionally, funding for this project was made possible in part by a cooperative agreement with Federal funds from the Centers for Disease Control and Prevention Cooperative Agreement number 5N01CE0004927. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the NCI and CDC. The NAACCR Board of Directors adopted these standards in February 2018.

DO NOT JUST
PICK A CODE
FROM YOUR
SOFTWARE

PLEASE
READ AND
UNDERSTAND
HOW TO USE
THE GENERAL
INSTRUCTIONS

THEY GO WITH
THE SCHEMA-
SPECIFIC
INSTRUCTIONS
AND ARE NOT
IN YOUR DROP
DOWN PICK
LIST OPTIONS

General Grade Coding Instructions for Solid Tumors

GENERAL

Listed below are general guidelines for coding all four new grade data items.

- Code the grade from the primary tumor only
 - Do NOT code grade based on metastatic tumor or recurrence. In the rare instance that tumor tissue extends contiguously to an adjacent site and tissue from the primary site is not available, code grade from the contiguous site
 - If primary site is unknown, code grade to 9.
- If there is more than one grade available for an individual grade data item (i.e. within the same time frame)
 - Priority goes to the recommended AJCC grade listed in the applicable AJCC chapter
 - If none of the specified grades are from the recommended AJCC grade system, record the highest grade per applicable alternate grade categories for that site.
 - If there is no recommended AJCC grade for a particular site, code the highest grade per the applicable grade categories for that site.
- In situ and/or combined in situ/invasive components:
 - If a grade is given for an in situ tumor, code it. Do NOT code grade for dysplasia such as high-grade dysplasia.
 - If there are both in situ and invasive components, code only the grade for the invasive portion even if its grade is unknown.
- Systemic treatment and radiation can alter a tumor's grade. Therefore, it is important to code clinical grade based on information prior to neoadjuvant therapy even if grade is unknown during the clinical timeframe. Grade can now be collected in grade post therapy clinical (yc) when grade is available after neoadjuvant therapy and prior to surgical resection and grade post therapy pathological (yp) cases when grade is available from post neoadjuvant surgery.
- If a case is sent out for consult and the grade results are different than the original case, record the results from the consult
 - Example 1: Patient had biopsy done at a facility which showed a moderately differentiated tumor. Slides were sent out for consult and their review showed a well differentiated tumor.
 - Record the well differentiated grade based on the consult

General Instructions for the Time Frames for Grade

TIMING

The four new grade data items reflect the points in time in the patient's care when grade may be assessed. These are similar to the time frames used for assigning AJCC TNM staging.

Grade Clinical

For the Grade Clinical data item, record the grade of a solid primary tumor before any treatment. Treatment may include surgical resection, systemic therapy, radiation therapy, or neoadjuvant therapy. All surgical procedures are not treatment, e.g. TURB and endoscopic biopsies.

SSDI Manual, v2.0 – September 2020

Site-Specific Data Item (SSDI) Manual

Effective with Cases Diagnosed 1/1/2018 and Forward

Published (September 2020)

Version 2.0

Editors: Jennifer Ruhl, MSHCA, RHT, CCS, CTR, NCI SEER
Jim Hofferkamp, CTR, NAACCR
Elizabeth Ward, PhD, Consultant to NAACCR

Suggested Citation: Ruhl J, Ward E, Hofferkamp J, et al. (September 2020). Site-Specific Data Item (SSDI) Manual. NAACCR, Springfield, IL 62704-4194

Funding for this project was made possible in part by a contract with Federal funds from the National Cancer Institute, National Institutes of Health and Department of Health & Human Services under Contract number HHSN261201400004 / HHSN26100002. Additionally, funding for this project was made possible in part by a cooperative agreement with Federal funds from the Centers for Disease Control and Prevention Cooperative Agreement number 5NUS0004937. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the NCI and CDC. The NAACCR Board of Directors adopted these standards in February 2018.

New SSDIs for FCDS Starting 2021

- HER2 for Esophagus and Stomach Schemas (Schema IDs: 00161, 00169, 00170)
- Gleason Pattern Clinical (Schema ID: 00580)
- Gleason Pattern Pathological (Schema ID: 00580)
- Gleason Score Clinical (Schema ID: 00580)
- Gleason Score Pathological (Schema ID: 00580)
- Gleason Tertiary Pattern (Schema ID: 00580)

New Required SSDIs for CoC/AJCC Starting 2021

- ALK Rearrangement
- EGFR Mutational Analysis
- BRAF Mutational Analysis
- NRAS Mutational Analysis
- CA 19-9 PreTX Lab Value
- NCDB--SARSCoV2--Test
- NCDB--SARSCoV2--Pos
- NCDB--SARSCoV2--Pos Date
- NCDB--COVID19--Tx Impact

SEE LIST OF SSDIs REQUIRED TO STAGE on page 33
REVISIONS for v2.0 Document is Available – 37 pages
REVISIONS to Existing SSDIs Starting 2021 – see manual

25

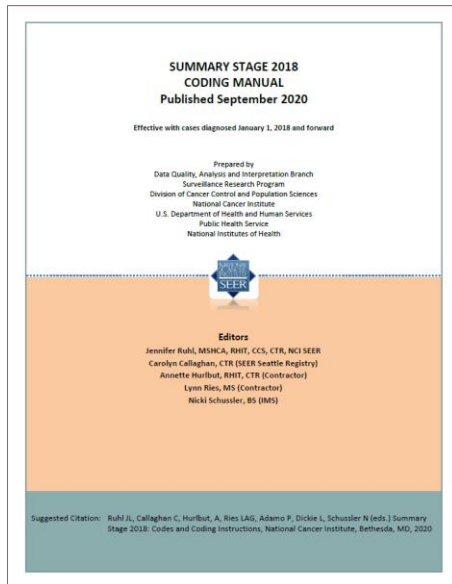
SSDI Manual, v2.0 – September 2020

CoC/AJCC/NCDB - Required SSDIs

COMPLETE SSDI-REQUIRED BY CoC/AJCC/NCDB	COMPLETE SSDI-REQUIRED BY CoC/AJCC/NCDB	COMPLETE SSDI-REQUIRED BY CoC/AJCC/NCDB	COMPLETE SSDI-REQUIRED BY CoC/AJCC/NCDB
Chromosome 1p: Loss of Heterozygosity (LOH)	Gleason Patterns Clinical	LN Distant: Mediastinal, Scalene	Pleural Effusion
Chromosome 19q: Loss of Heterozygosity (LOH)	Gleason Patterns Pathological	LN Head and Neck Levels I-III	Progesterone Receptor Percent Positive or Range
Adenoid Cystic Basaloid Pattern	Gleason Score Clinical	LN Head and Neck Levels IV-V	Progesterone Receptor Summary
Adenopathy	Gleason Score Pathological	LN Head and Neck Levels VI-VII	Progesterone Receptor Total Allred Score
AFP Post-Orchiectomy Lab Value	Gleason Tertiary Pattern	LN Head and Neck Other	Primary Sclerosing Cholangitis
AFP Post-Orchiectomy Range	Grade Clinical	LN Isolated Tumor Cells (ITC)	Profound Immune Suppression
AFP Pre-Orchiectomy Lab Value	Grade Pathological	LN Laterality	ECG Prostate Pathologic Extension
AFP Pre-Orchiectomy Range	Grade Post-Therapy Path (yp)	LN Positive Axillary Level I-II	PSA (Prostatic-Specific Antigen) Lab Value
AFP Pretreatment Interpretation	hCG Post-Orchiectomy Lab Value	LN Size	Residual Tumor Volume Post Cytoreduction
AFP Pretreatment Lab Value	hCG Post-Orchiectomy Range	LN Status Femoral-Inguinal, Para-Aortic, Pelvic	Response to Neoadjuvant Therapy
Anemia	hCG Pre-Orchiectomy Lab Value	Lymphocytosis	S Category Clinical
B symptoms	hCG Pre-Orchiectomy Range	Major Vein Involvement	S Category Pathological
Bilirubin Pretreatment Total Lab Value	HER2 IHC Summary	Measured Basal Diameter	Sarcomatoid Features
Bilirubin Pretreatment Unit of Measure	HER2 ISH Dual Probe Copy Number	Measured Thickness	Schema Discriminator 1
Bone Invasion	HER2 ISH Dual Probe Ratio	Methylation of O6-Methylguanine-Methyltransferase	Schema Discriminator 2
Brain Molecular Markers	HER2 ISH Single Probe Copy Number	Microsatellite Instability (MSI)	Schema Discriminator 3
Breslow Tumor Thickness	HER2 ISH Summary	Microvascular Density	Separate Tumor Nodules
CA-125 Pretreatment Interpretation	HER2 Overall Summary	Mitotic Count Uveal Melanoma	Serum Albumin Pretreatment Level
CEA Pretreatment Interpretation	Heritable Trait	Mitotic Rate Melanoma	Serum Beta-2 Microglobulin Pretreatment Level
CEA Pretreatment Lab Value	High Risk Cytogenetics	Multigene Signature Method	LDH Lab Value
Chromosome 3 Status	High Risk Histologic Features	Multigene Signature Results	Thrombocytopenia
Chromosome 8q Status	HIV Status	NCIN International Prognostic Index (IPI)	Tumor Deposits
Circumferential Resection Margin (CRM)	International Normalized Ratio Prothrombin Time	Number of Cores Examined	Tumor Growth Pattern
Creatinine Pretreatment Lab Value	Ipsilateral Adrenal Gland Involvement	Number of Cores Positive	Ulceration
Creatinine Pretreatment Unit of Measure	IAK2	Number of Examined Para-Aortic Nodes	Visceral and Parietal Pleural Invasion
Estrogen Receptor Percent Positive or Range	Ki-67	Number of Examined Pelvic Nodes	ALK Rearrangement
Estrogen Receptor Summary	Invasion Beyond Capsule	Number of Positive Para-Aortic Nodes	EGFR Mutational Analysis
Estrogen Receptor Total Allred Score	KIT Gene Immunohistochemistry	Number of Positive Pelvic Nodes	BRAF Mutational Analysis
Esophagus and EGJ Tumor Epicenter	KRAS	Oncotype Dx Recurrence Score-DCIS	NRAS Mutational Analysis
Extranodal Extension Clin (non-Head and Neck)	LDH Post-Orchiectomy Range	Oncotype Dx Recurrence Score-Invasive	CA 19-9 PreTX Lab Value
Extranodal Extension Head and Neck Clinical	LDH Pre-Orchiectomy Range	Oncotype Dx Risk Level-DCIS	NCDB--SARSCoV2--Test
Extranodal Extension Head and Neck Pathological	LDH Level	Oncotype Dx Risk Level-Invasive	NCDB--SARSCoV2--Pos
Extranodal Extension Path (non-Head and Neck)	LDH Upper Limits of Normal	Organomegaly	NCDB--SARSCoV2--Pos Date
Extravascular Matrix Patterns	LN Assessment Method Femoral-Inguinal	Percent Necrosis Post Neoadjuvant	NCDB--COVID19--Tx Impact
Fibrosis Score	LN Assessment Method Para-Aortic	Perineural Invasion	
FIGO Stage	LN Assessment Method Pelvic	Peripheral Blood Involvement	
Gestational Trophoblastic Prognostic Scoring Index	LN Distant Assessment Method	Peritoneal Cytology	

26

SS2018 – September 2020



- SS2018 Continues to Try to Align Staging with AJCC TNM as Needed/Appropriate
- Sometimes AJCC TNM and SS2018 are just out of alignment due to foundation
- Each is Anatomical Staging – but, the Basis of Staging Foundation Varies
- Every Site/Every Histology/Every Behavior MUST and CAN be Staged in SS2018
- Not Every Site/Histology/Behavior is included in AJCC TNM Staging Chapters
- There are notes at end of each SS2018 Chapter explaining the changes for each

27

2021 Updates to SEER Hematopoietic Database & Manual

- The SEER Hematopoietic Database and Manual has been updated several times without anybody being told of the updates or specifics of changes.
- So, it is with mild trepidation that we refer everybody to this database and manual
- But, it is the only reference we have to use – so, we have to use it
- We hope the changes will be produced in a more structured and transparent fashion in the coming months and years – this has been extremely frustrating with changes to the multiple primary rules and tables as well as histology codes and years for use and what to use or not to use in the database – it has become unstructured and unreliable – but, is still our primary source – it is better than 2020
- Please don't forget there is a PDF of the MPH Rules for lymphoma and leukemia and plasma cell neoplasms on the Heme DB Website – need to look for the link

28

SEER*RX – Updated Monthly

- SEER*RX Continues to be the Primary and Most Reliable Source for Look-Up for Anti-Neoplastic Agents and the Most Current Classification of Agents.
- Sometimes an agent looks like a BRM but is classified as a Chemo
- Sometimes an agent looks like a Chemo but is classified as a BRM
- Immunotherapy is being given more often – check for these agents
- And, always look for new targeted therapies
- SEER has an intricate crosswalk available for the NSC Codes to Text and Tx Codes
- SEER also has a PharmD on staff to review new agents much like April Fritz used to do to ensure they are classified according to mechanism of action and not just the composition of the drug or drugs – rather their action against the tumor.

29

SEER*RSA for 2021 Staging (and earlier)

- We will repeat demonstrations for using SEER*RSA for Staging Throughout Year

SEER*RSA – Schema ID & Discriminators

AJCC Chapter Calculation

Collapsed Table | Full Table

	AJCC ID	Description	AJCC Version Number
	36.3	Esophagus and Esophagogastric Junction, Other Histologies	08
	36.2	Esophagus and Esophagogastric Junction, Adenocarcinoma	08
	36.3	Esophagus and Esophagogastric Junction, Other Histologies	08
	PS-0076, 31, 0243, 01-0760	Other Esophagus and Esophagogastric Junction	08
	XX	Other Esophagus and Esophagogastric Junction	08

30

AJCC Cancer Staging Manual, 8th edition

- FCDS DOES NOT REQUIRE AJCC TNM ANY EDITION ANY YEARS
- AJCC Cancer Staging is NOT the Only Cancer Staging Criteria
- You MUST Include SS2018 Criteria in Your Text to Explain Your SS2018 Staging
- AJCC 8th ed currently has 3 Printings – know which you have and what is missing
- AJCC Cancer Staging Manual – 9th edition chapters coming out – rolling updates
- AJCC TNM is still Anatomy-Based Staging – but, now with many additional factors
- SSDIs Required to Assign Stage – 16 AJCC Site Chapters – p30-31 of SSDI Manual
- Grade Required to Assign Stage – 8 AJCC Site Chapters – p19 of Grade Manual
- Voiced Concerns Over Rolling Updates to Director at NCRA – she listened – we'll see
- Registrars Support Simplifying, Modernizing and Minimizing ALL Requirements

31

AJCC Cancer Staging – Rolling Updates, AJCC Cancer Staging, 9th edition

Cancer Programs News: June 17

From the Director's Desk

Reflections on the National Cancer Registrars Association Meeting and "Rolling Updates"

Heidi Nelson, MD, FACS

Medical Director, ACS Cancer Programs

As the recent National Cancer Registrars Association (NCRA) meeting came to a close, it was clear that despite being virtual it was a great success. There were many informative presentations, and the chats were full of questions that encouraged rich dialogue. A recurring theme for the American College of Surgeons (ACS) Cancer Programs is the challenges of rolling updates.

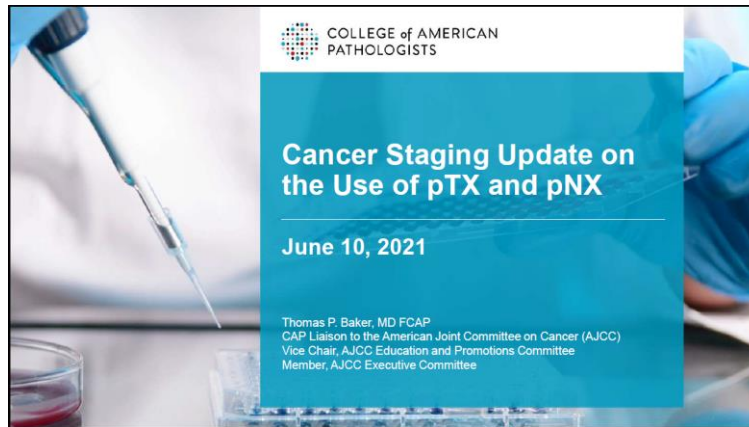
There can be no doubt that changing cancer staging, standards, and data fields is disruptive to the work of many and to the stability and consistency of longitudinal data. The good news is that most of the changes reflect the fact that cancer care is positively evolving with better diagnostics and therapeutics, and the patients are the beneficiaries of these advancements. Keeping cancer data relevant to current practices is an important goal but difficult to achieve.

The ACS Cancer Programs intends to facilitate a more deliberate and less disruptive approach toward predictable, annual releases of standards and data field updates by more consistently harmonizing our internal efforts to coordinate our work within the larger cancer data ecosystem, which includes many diverse groups. We appreciate hearing from all of you who took time to express your concerns and submit your questions. We heard you and will work harder to design a predictable approach to annual updates that we can all accept.



32

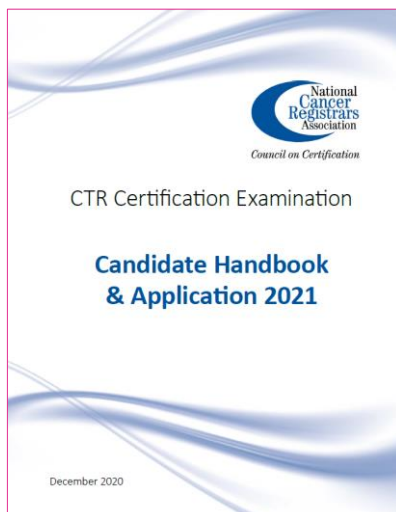
CAP/AJCC Cancer Staging – pTX and pNX



CAP will be including this update to the protocols in the June 30, 2021 release of the Cancer Protocols.
pTX and pNX will no longer be used by the pathologist when staging tumors at the time of definitive tumor resection
pTX and pNX will continue to be used by the managing physician and may be assigned at the time of final pathologic staging

33

2021 CTR Exam Handbook / CTR Exam Resources



References for CTR Examinations in 2021

Downloads (PDF) from NCRA are the correct version for each testable resource.

REFERENCES REQUIRED FOR OPEN-BOOK SECTION OF EXAMINATION

- AJCC Cancer Staging Manual 8th edition (3rd printing)
<https://www.springer.com/us/book/9781496312122> NOTE: Errata are not necessary with 3rd printing
- 2018 Solid Tumor Rules, National Cancer Institute/SEER, JULY 2019
▼ Download @ https://www.ncra.org/Portals/0/NCRA/NCRA%20Certification%20PDFs/STORM_2018.pdf
- Summary Stage 2018: Codes and Coding Instructions, NCI/SEER, SEPTEMBER 2019
▼ Download @ http://www.cdc.gov/nchs/data/ncr/ncr_2018/Summary_Stage_Manual_2019.pdf
- International Classification of Diseases for Oncology, 3rd Edition (ICD-O-3) World Health Organization, WHO, 2000. ISBN: 92 4 154534 9
▼ Download @ https://www.ncra.org/Portals/0/NCRA/NCRA%20Certification%20PDFs/ICDO3_20141545349.pdf
NOTE: No errata, lists or updates are necessary
- Appendix B: Site Specific Surgery Codes of 2018 Standards for Oncology Registry Entry (STORE) Manual (Pages 438-488), American College of Surgeons, Commission on Cancer
▼ Download @ https://www.ncra.org/Portals/0/NCRA/NCRA%20Certification%20PDFs/STORE_Manual_2018.pdf
- Radiation Chapter: 2018 Standards for Oncology Registry Entry (STORE) Manual (Pages 271-344)
▼ Download @ https://www.ncra.org/Portals/0/NCRA/NCRA%20Certification%20PDFs/STORE_radiation2018.pdf
NOTE: STORE ADDENDUM is not necessary
NEW for 2021
- Grade Manual: Grade Coding Instructions and Tables v1.7 (August 2019), Ruth J. Ward E, Hoffmann J, et al. NACCR
▼ Download @ https://www.ncra.org/Portals/0/NCRA/NCRA%20Certification%20PDFs/Grade-Manual_AUG19.pdf
NEW for 2021

PRIMARY REFERENCES (Not allowed in the open-book section)

- Optimal Resources for Cancer Care (2020 Standards), ACOS Commission on Cancer
<https://www.aacr.org/Portals/0/Standards/2020Standards/2020Standards.pdf>
UPDATED from 2019
- Cancer Registry Management Principles & Practices for Hospitals and Central Registries, 3rd Edition, <https://www.aacr.org/Portals/0/Standards/Cancer/RegistryManagementBook>
- CIC 2018 Standards for Oncology Registry Entry (STORE) Manual, ACOS Commission on Cancer
▼ Download @ https://www.ncra.org/Portals/0/NCRA/NCRA%20Certification%20PDFs/STORE_Manual_2018.pdf
- SEER Book 7 Statistics and Epidemiology for Cancer Registries
<https://www.cancer.gov/research/publications/seer>

©NCRA | Determined by NCRA's Council on Certification | 11/03/2020

34

Questions

Now do you understand why I used these rather unusual anatomic drawings of mythical creatures on the first slide of today's presentation?

The further and faster we move forward in time, the less our work is going to look like what it used to...

In some cases it will be like we are trying to capture data for a whole new type of animal as we go deeper and deeper into the fields of molecular genetics, super advanced technologies, genetic & environmental epidemiology, advanced diagnostics and advanced therapies. We must move forward with a plan that includes gaining knowledge in specific research areas so that we will be prepared for drastic changes in everything we do.



Expect a Lot of Repetition in Training and Education as We Move Forward into these New Frontiers of Cancer Registration and Cancer Epidemiology