INTRODUCTION TO CSV02.03.02

2011 FCDS Educational Webcast Series

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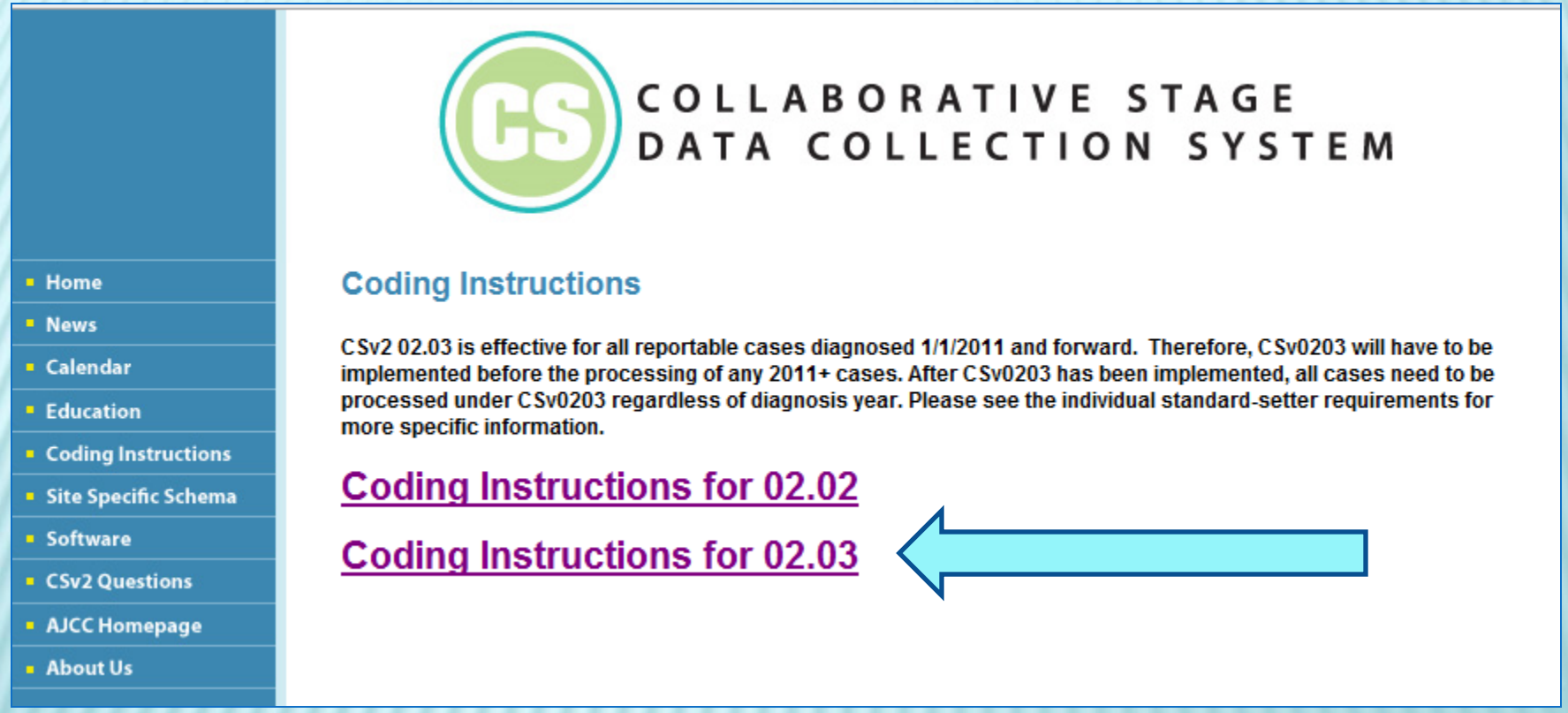
floridashealth
THE FLORIDA DEPARTMENT OF HEALTH

FCDS Florida Cancer Data System
A Joint Project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health

UMSylvester
Comprehensive Cancer Center

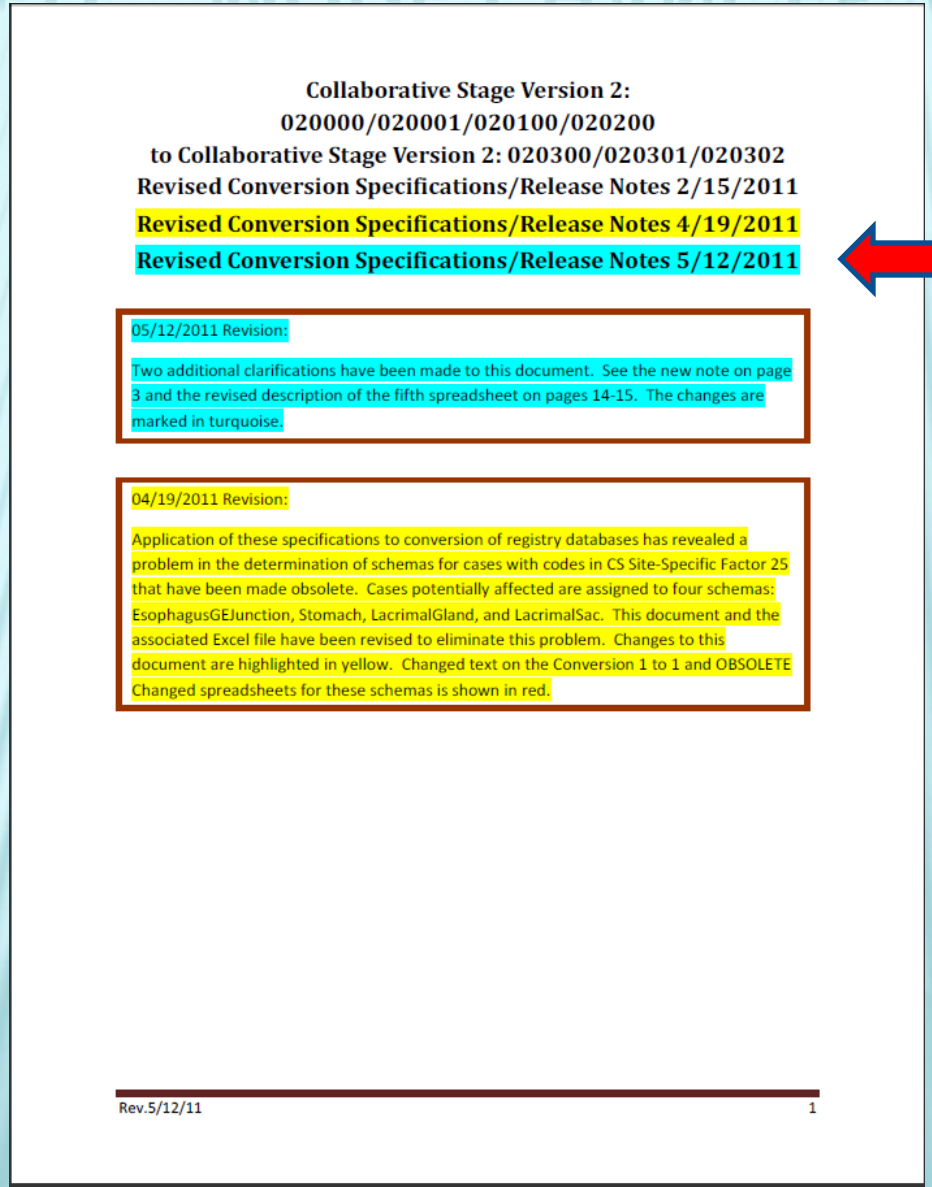
NEW CODING INSTRUCTIONS



NEW TO COLLABORATIVE STAGE

- New codes
- New schema
- Huge conversion
- Many corrections
- More obsolete codes
- Manual review required
- Use for all 2011 Cases forward
- Not just an update – a new version of CS

STAY TUNED – MORE CHANGES TO COME



Collaborative Stage Version 2:
020000/020001/020100/020200
to Collaborative Stage Version 2: 020300/020301/020302
Revised Conversion Specifications/Release Notes 2/15/2011
Revised Conversion Specifications/Release Notes 4/19/2011
Revised Conversion Specifications/Release Notes 5/12/2011

05/12/2011 Revision:

Two additional clarifications have been made to this document. See the new note on page 3 and the revised description of the fifth spreadsheet on pages 14-15. The changes are marked in turquoise.

04/19/2011 Revision:

Application of these specifications to conversion of registry databases has revealed a problem in the determination of schemas for cases with codes in CS Site-Specific Factor 25 that have been made obsolete. Cases potentially affected are assigned to four schemas: EsophagusGEJunction, Stomach, LacrimalGland, and LacrimalSac. This document and the associated Excel file have been revised to eliminate this problem. Changes to this document are highlighted in yellow. Changed text on the Conversion 1 to 1 and OBSOLETE Changed spreadsheets for these schemas is shown in red.

Rev.5/12/11 1

Latest C-Stage Release Update
DATE: 5/12/2011

ON-LINE RESOURCES ALWAYS BEST

Coding Instructions v.02.03

Hyperlinked CS Coding Instructions

The Collaborative Stage (CS) Team has created Hyperlinked Coding Instructions to make coding CS easier and quicker for the cancer registrars. We have created a base installation program to hyperlink version 02.03 of the CS Coding Instructions and Schemas to make navigation through the Coding Instructions and voluminous schema tables much quicker and easier.

UPDATE - June 13, 2011

Two small issues with the initial Hyperlinks Coding Instructions have been fixed with a new version. The ability to add highlights and sticky notes has been enabled to all parts of the Coding Instructions and the link to Open Site Specific Notes has been repaired. Please download the latest version here and be sure to read the updated Download Instructions for Hyperlinked Coding Instructions below for further details.

NEW !!!

- Download the Hyperlinked CS Coding Instructions Program here (23,395K EXE) - Updated June 13, 2011

Users should refer to these instructions, which are also included in the download, for detailed instructions of how to use the Hyperlinked Coding Instruction.

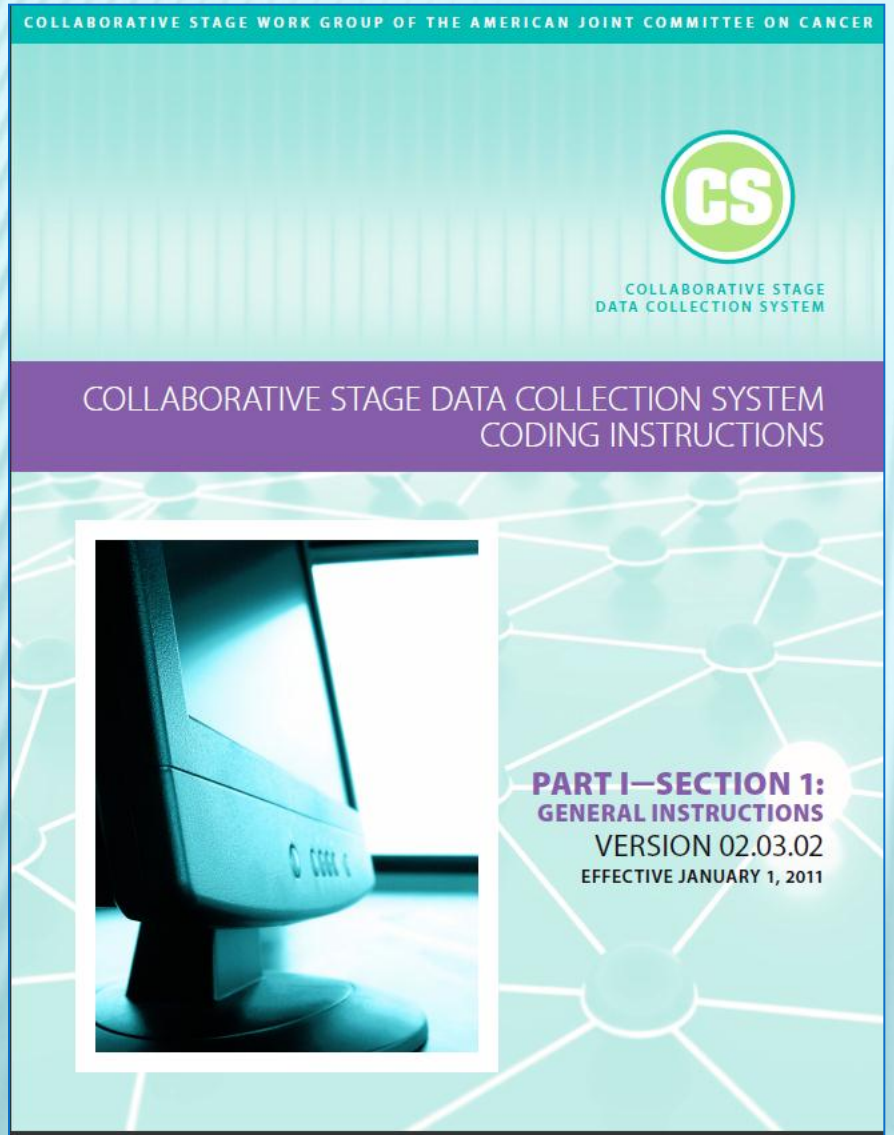
- Download Instructions for Hyperlinked CS Coding Instructions here (5K TXT) - Updated June 13, 2011
- Instructions with Screenshots (735K PDF)

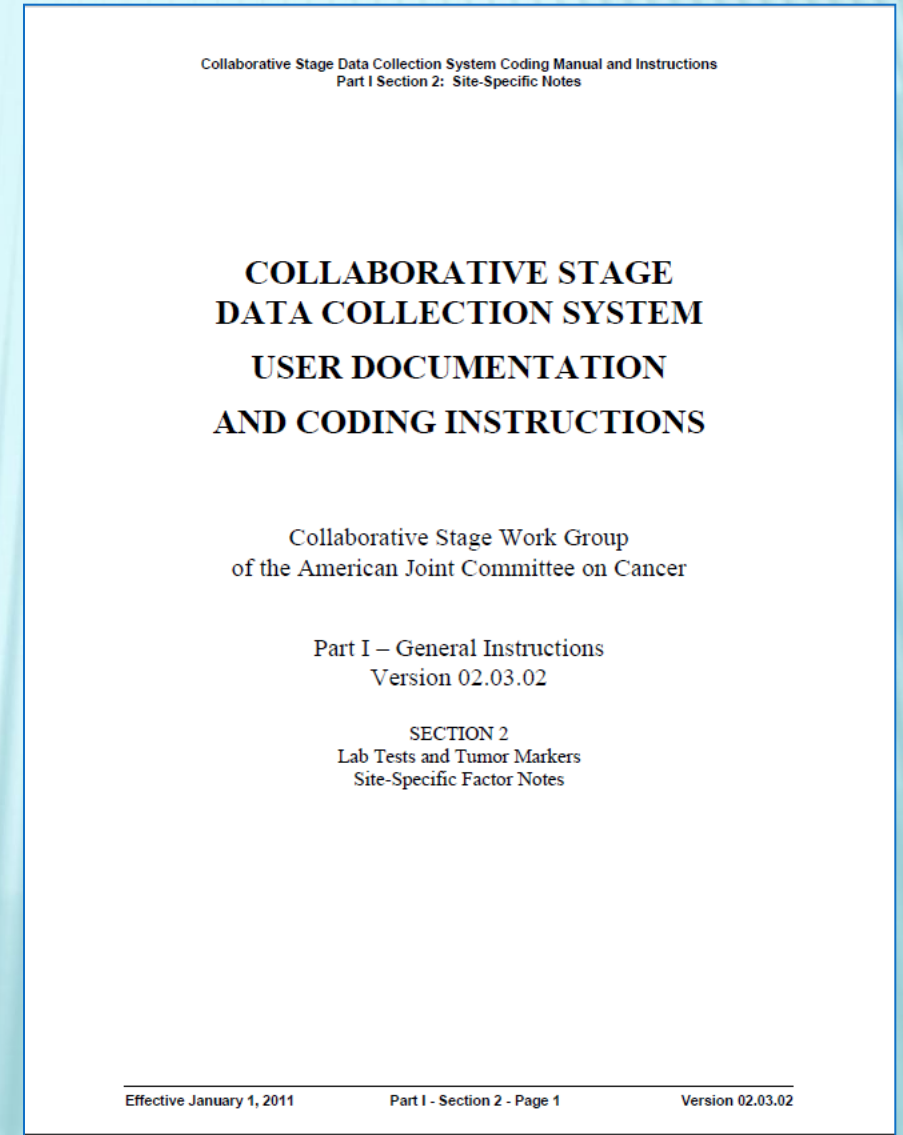
NEW !!!

- **General Rules (Part I, Section 1) (1695K PDF)**
- **Lab Tests, Tumor Markers, and Site-Specific Factor Notes (Part 1, Section 2) (1390K PDF)**
- **Part II:** Collaborative Staging and Coding Manual, Part II, version 02.03 (April 2011)

Instructions for highlighting and adding notes to PDF (940K PDF)

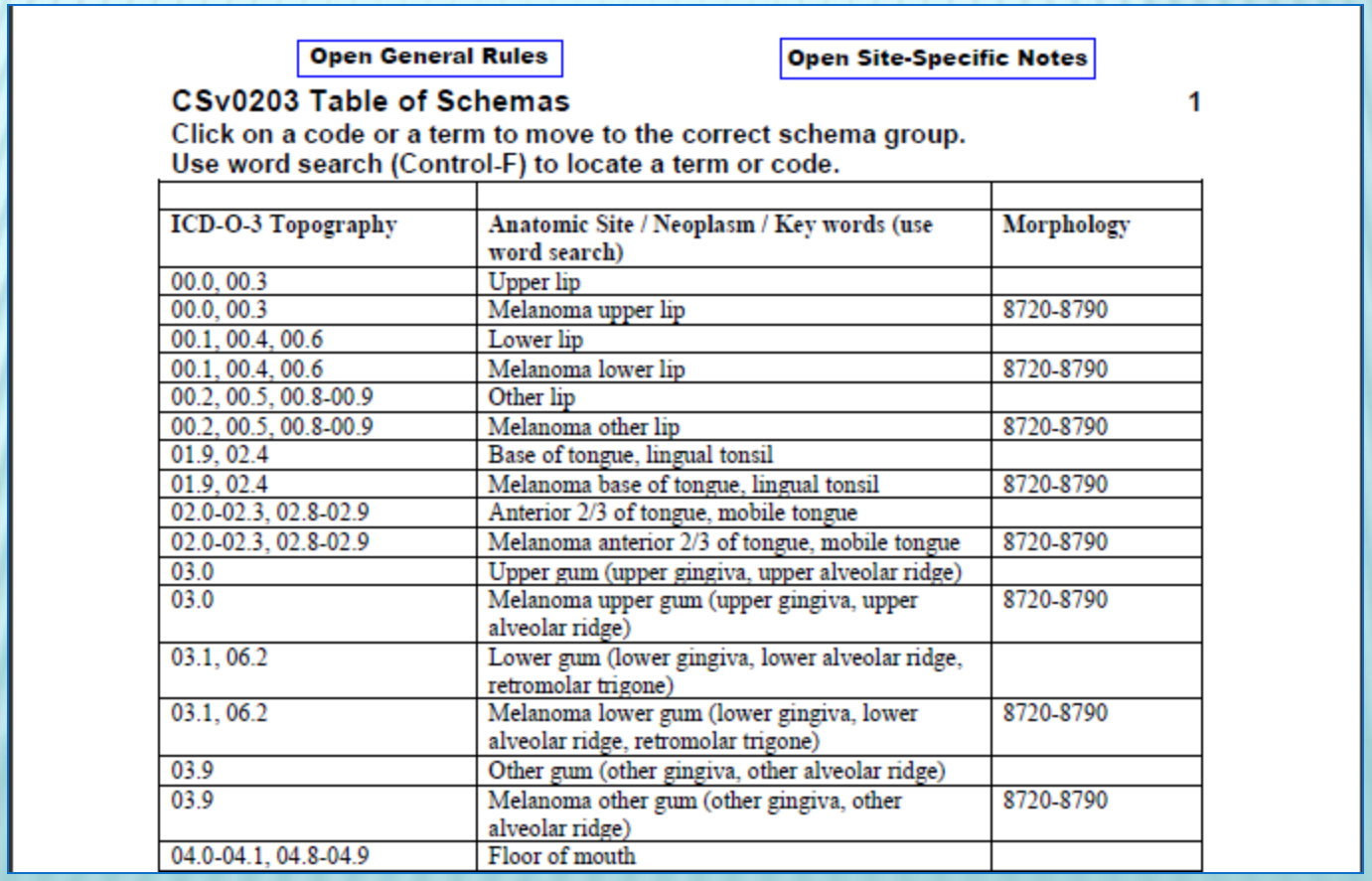
UPDATES TO PART I – SECTION 1 & 2





HYPERLINKED CS CODING INSTRUCTIONS

- Demo Hyperlinked Manual



Open General Rules Open Site-Specific Notes

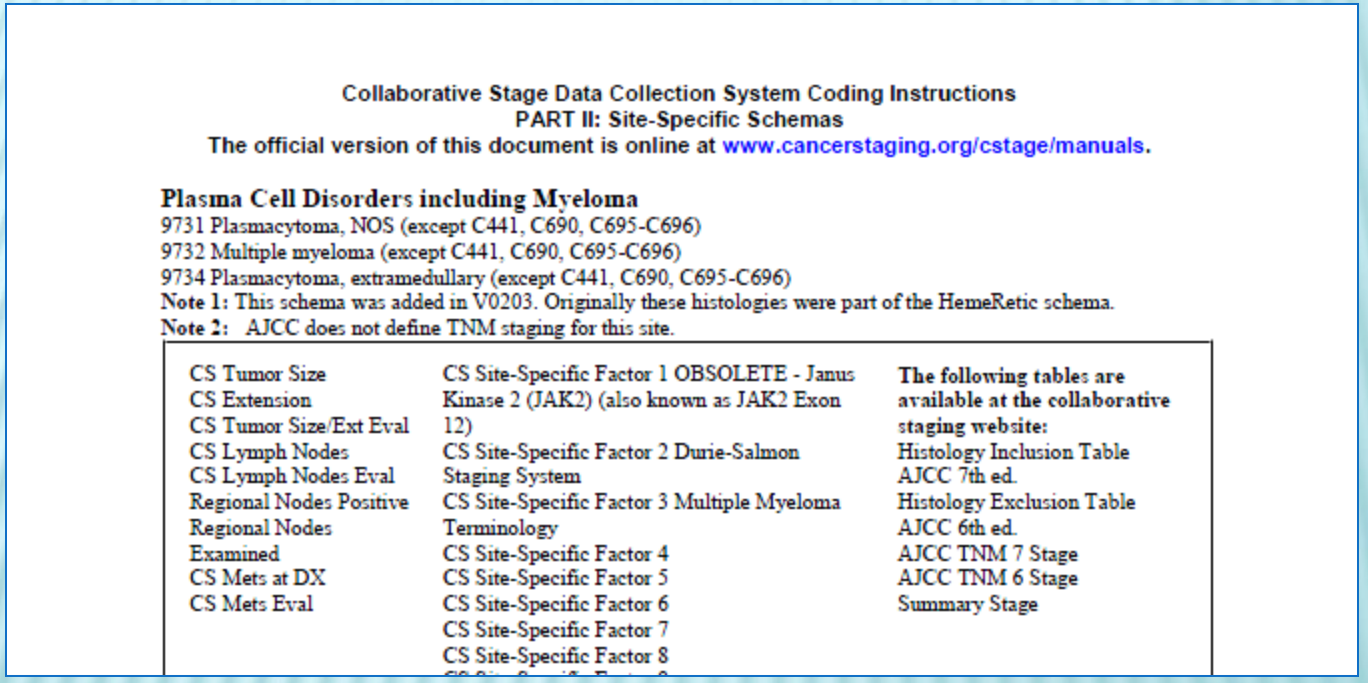
CSv0203 Table of Schemas 1

Click on a code or a term to move to the correct schema group.
Use word search (Control-F) to locate a term or code.

ICD-O-3 Topography	Anatomic Site / Neoplasm / Key words (use word search)	Morphology
00.0, 00.3	Upper lip	
00.0, 00.3	Melanoma upper lip	8720-8790
00.1, 00.4, 00.6	Lower lip	
00.1, 00.4, 00.6	Melanoma lower lip	8720-8790
00.2, 00.5, 00.8-00.9	Other lip	
00.2, 00.5, 00.8-00.9	Melanoma other lip	8720-8790
01.9, 02.4	Base of tongue, lingual tonsil	
01.9, 02.4	Melanoma base of tongue, lingual tonsil	8720-8790
02.0-02.3, 02.8-02.9	Anterior 2/3 of tongue, mobile tongue	
02.0-02.3, 02.8-02.9	Melanoma anterior 2/3 of tongue, mobile tongue	8720-8790
03.0	Upper gum (upper gingiva, upper alveolar ridge)	
03.0	Melanoma upper gum (upper gingiva, upper alveolar ridge)	8720-8790
03.1, 06.2	Lower gum (lower gingiva, lower alveolar ridge, retromolar trigone)	
03.1, 06.2	Melanoma lower gum (lower gingiva, lower alveolar ridge, retromolar trigone)	8720-8790
03.9	Other gum (other gingiva, other alveolar ridge)	
03.9	Melanoma other gum (other gingiva, other alveolar ridge)	8720-8790
04.0-04.1, 04.8-04.9	Floor of mouth	

NEW SCHEMA & SITES WITH MAJOR CHANGES

- Plasma Cell Disorders including Myeloma



Collaborative Stage Data Collection System Coding Instructions
PART II: Site-Specific Schemas
The official version of this document is online at www.cancerstaging.org/cstage/manuals.

Plasma Cell Disorders including Myeloma
9731 Plasmacytoma, NOS (except C441, C690, C695-C696)
9732 Multiple myeloma (except C441, C690, C695-C696)
9734 Plasmacytoma, extramedullary (except C441, C690, C695-C696)
Note 1: This schema was added in V0203. Originally these histologies were part of the HemeRetic schema.
Note 2: AJCC does not define TNM staging for this site.

CS Tumor Size	CS Site-Specific Factor 1 OBSOLETE - Janus	**The following tables are available at the collaborative staging website:**
CS Extension	Kinase 2 (JAK2) (also known as JAK2 Exon	
CS Tumor Size/Ext Eval	12)	
CS Lymph Nodes	CS Site-Specific Factor 2 Durie-Salmon	
CS Lymph Nodes Eval	Staging System	Histology Inclusion Table
Regional Nodes Positive	CS Site-Specific Factor 3 Multiple Myeloma	AJCC 7th ed.
Regional Nodes	Terminology	Histology Exclusion Table
Examined	CS Site-Specific Factor 4	AJCC 6th ed.
CS Mets at DX	CS Site-Specific Factor 5	AJCC TNM 7 Stage
CS Mets Eval	CS Site-Specific Factor 6	AJCC TNM 6 Stage
	CS Site-Specific Factor 7	Summary Stage
	CS Site-Specific Factor 8	

SITES WITH MAJOR CHANGES

- Esophagus & Stomach – Major Revision
- Biliary Tract – Major Revision
- Peritoneum – Major Revision
- Lung, GIST, Skin Melanoma, Corpus Uteri – Major Revisions
- Kaposi Sarcoma – Revised Schema and New SSFs
- Testis – New Post-Orchiectomy Lab Tests – manual reviews
- CHECK FCDS SSF Required Table in DAM

FCDS DAM – APPENDIX G – SSF REQUIRED

Appendix G: 2011 FCDS SSF Required Table

Schema Number	Schema Name	TNM/SS Required	FCDS Required
116	AdnexaUterineOther	None	None
147	AdrenalGland	None	None
66	AmpullaVater	None	None
59	Anus	None	None
50	Appendix	2,11	2,11
65	BileDuctsDistal	25	25
61	BileDuctsIntraHepat	10	10
63	BileDuctsPerihilar	25	25
68	BiliaryOther	None	None
128	Bladder	2	2
95	Bone	None	None
143	Brain	None	1
106	Breast	3,4,5	1,2,3,4,5,8,9,10,11,12,13,14,15,16,21,22,23
25	BuccalMucosa	1	1
51	CarcinoidAppendix	2	2
110	Cervix	None	None
144	CNSOther	None	1
53	Colon	2	2,7,9,10
131	Conjunctiva	1	1
112	CorpusAdenosarcoma	2	2

WHEN TO USE "STATED AS" CODES

12. **Statement of T, N, or M only.** The extent of disease may be described by the clinician only in terms of T (tumor), N (node), and M (metastasis) categories. In CSv2, many codes have been added to allow coding of T, N, or M information when there is no additional information available in the medical record. Examples include "Stated as T1, NOS," "Stated as T1a, NOS." or "Stated as N2b, NOS."
    a. When there is no information available to use a more specific code, assign the code in the appropriate field that corresponds to the TNM information. For example, if the clinician reports that the tumor is T3 with no more specific information, use the code for "Stated as T3, NOS." If there is a discrepancy between documentation in the medical record and the physician's assignment of TNM, the documentation takes precedence. Cases of this type should be discussed with the physician who assigned the TNM.
    b. There will be occasions where there is no information in the medical record to code a specific subcategory of T, N, or M. In such cases, the registrar may use the "Stated as T1, NOS" code if there is not enough information to code T1a or T1b.

TIPS

- Pay attention to non-invasive CS Ext Codes with behavior coded to /3. This is part of new edits.
  - Polyps in colon
  - Urinary system
  - Other
- DO NOT USE OBSOLETE CODES – ERROR!!!
- CS Evaluation Codes not in a hierarchy
  - General Rules and Codes
  - Site Specific Instructions and Codes

INACCESSIBLE LYMPH NODES RULE

The Collaborative Stage Data Collection System allows data collectors to record regional lymph nodes as code 00 negative (based on clinical evaluation) rather than 99 unknown when three conditions are met:

- There is no mention of regional lymph node involvement in the physical examination, pre-treatment diagnostic testing or surgical exploration.
- The patient has clinically low stage (T1, T2, or localized) disease.
- The patient receives what would be usual treatment to the primary site (treatment appropriate to the stage of disease as determined by the physician) (or patient is offered usual treatment but refuses it).

These guidelines apply primarily to localized or early (T1, T2) stage in the TNM system for inaccessible lymph nodes. When there is reasonable doubt that the tumor is no longer localized, the code(s) for unknown information can and should be used. For example, when there is clinical evidence that a prostate cancer has penetrated through the capsule into the surrounding tissues (T3a/regional direct extension) and regional lymph node involvement is not mentioned, it would be correct to code lymph node involvement as unknown in the absence of any specific information regarding regional nodes.

For "accessible" lymph nodes that can be observed, palpated or examined without instruments, such as the regional nodes for the breast, oral cavity, skin, salivary gland, thyroid, and other organs, the abstractor should look for some description of the regional lymph nodes. A statement such as "remainder of examination negative" is sufficient to code regional lymph nodes as clinically negative (code 000). If there is no documentation regarding accessible lymph nodes, code as 999.

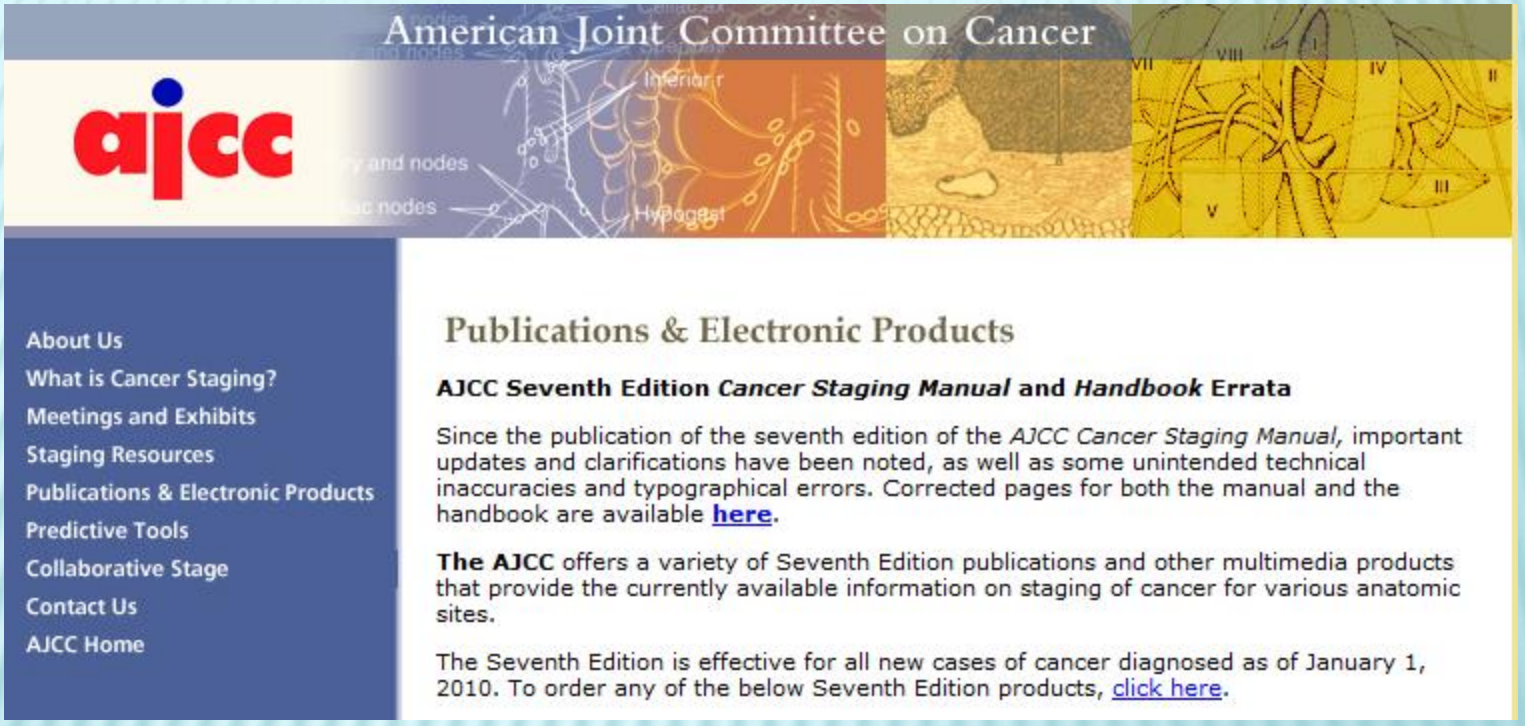
CS EVALUATION FIELDS

- Code these items as clinical or pathologic based on intent of procedure and assessment of T, N, or M to greatest extent of involvement noted
- Use a Pathologic Eval Code (usually 2, 3 or 6) if a biopsy documents the highest T, N, or M without a resection
- May not be numerically highest code

CS EVALUATION FIELDS

- When a procedure is part of diagnostic confirmation or workup, evaluation is clinical
  - + Codes 0, 1, 5, 9 or Site-Specific Codes
- When a procedure is part of treatment, evaluation is pathologic
  - + Codes 2, 3, 6 or Site-Specific Codes
- Code 8 is used for Autopsy Only cases

AJCC CANCER STAGING MANUAL ERRATA



http://www.cancerstaging.org/products/ajccproducts.html

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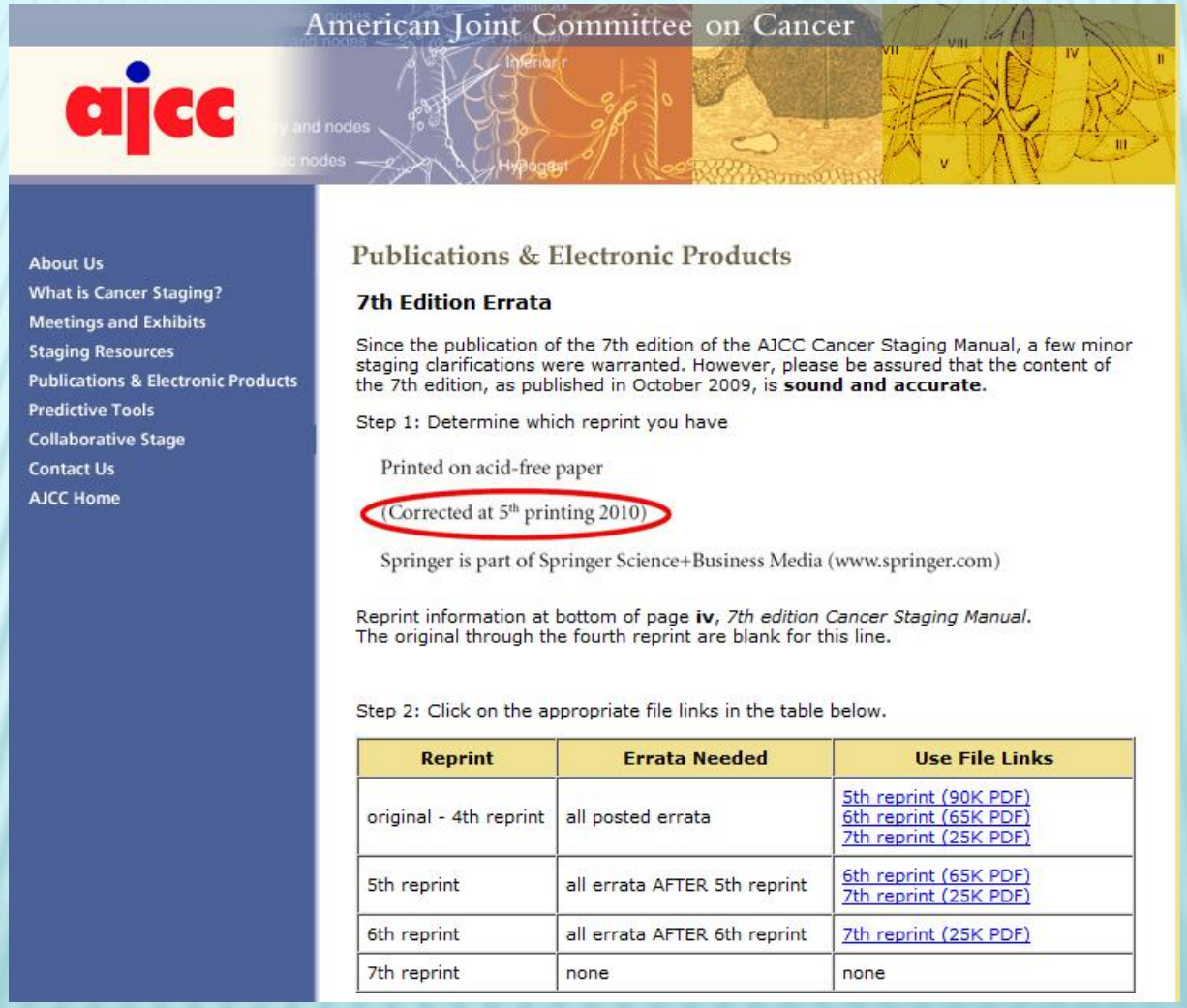

QUESTIONS??