TRANSITIONS

Delaware Cancer Registry Newsletter - May 2016

Upcoming Changes in CoC and DCR requirements, useful resources and reminders are summarized in this newsletter. Please call or email DCR staff with any questions!

<u>RESOURCES</u> – **for guidance when abstracting 2016 cases**:

*FORDS for 2016 complete manual is downloadable to your desktop-- go to: https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals/fordsmanual

*CS Version 02.05 for **SSFs for 2016 cases**; and for **all CS data items for 2004-2015 cases**

*AJCC 7th Edition

*MP/H Rules - http://seer.cancer.gov/tools/mphrules/

*Hematopoietic rules –SEER - http://seer.cancer.gov/seertools/hemelymph/

*SEER*RX systemic therapy - http://seer.cancer.gov/seertools/seerrx/

*SEER Summary Staging Manual 2000

*CAnswer Forum of the CoC- http://cancerbulletin.facs.org/forums/   **See below for new protocol for AJCC Staging ?s**

    <u>**CAnswer Forum – New Protocol**</u> **from the standard setters-** Designed to streamline the process **–For AJCC STAGING questions only-***Beginning with cases diagnosed 1/1/2016*

1. Send question to Colleen Ferber (Colleen.Ferber@state.de.us)—Please be specific
2. Colleen will research the question, and if not found on CAnswer Forum will submit
3. Donna Gress from CDC will respond with answer to Colleen
4. Colleen will forward the response to the requestor

STAGING TRANSITION

Moving Away from Collaborative Staging

- Collaborative Staging fields that **will not be required** for 2016 cases and forward:
  - CS Tumor Size [2800]
  - CS Extension [2810]
  - CS Tumor Size/Ext Eval [2820]
  - CS Lymph Nodes [2830]
  - CS Lymph Nodes Eval [2840]
  - CS Mets at DX Data Items [2850-2854]
  - CS Mets Eval [2860]

- Fields that **will continue to be required** for 2016 cases and forward-

  - Regional Nodes Positive
  - Regional Nodes Examined
  - Lymph-Vascular Invasion
  - CS SSFs

Please Note: CS Data Collection System Version 02.05 will continue to be used for cases diagnosed 2004-2015.

Moving Toward: Directly Assigned SEER Summary Stage and AJCC TNM Clinical and Pathologic Stage

- The DCR strongly recommends that registrars review the **Preface of FORDS for 2016**. The Preface contains instruction, explanation and clarification of the changes, new data fields, and processes for abstracting 2016 cases.
- The responsibility of the hospital cancer registrar is clarified in the **Preface of FORDS for 2016** with regards to documenting clinical and pathologic AJCC stage in the registry database.
- Revision of TNM Staged by data items—The **Preface of FORDS for 2016** notes that the length of the TNM Path Staged By and TNM Clin Staged By data items has been expanded to 2 digits.
- Directly assigned AJCC clinical and pathologic stage are required for 2016 cases and enforced via edits.
- Includes the addition of clinical and pathologic indicators to the AJCC T, N, and M data items, using the prefixes "c" and "p"
- **Self Study**: AJCC has developed cancer staging education for cancer registrars and the surveillance community through the support of the CDC. This education will assist registrars with the transition to directly assigning AJCC TNM stage. Please visit the following site: https://cancerstaging.org/CSE/Registrar/Pages/Presentations.aspx for a presentation entitled "AJCC T, N, and M Category Options for Registry Data Items in 2016**"**.
  Other presentations that are available and that the DCR recommends: "Explaining Blanks and X, Ambiguous Terminology and Support for AJCC Staging", and "Registrars Guide to Chapter 1, AJCC Seventh Edition."

Staging Data Items

The following 8 data items are new for 2016:

- **SEER Summary Stage**
- **Tumor Size Summary** - *Very* detailed instructions can be found on pp 142-144 in FORDS for 2016, Section 2: Coding Instructions

Mets at Diagnosis- Metastatic Sites
- **Mets at Diagnosis – Bone**
- **Mets at Diagnosis-Brain**
- **Mets at Diagnosis-Distant Lymph Nodes**
- **Mets at Diagnosis-Liver**
- **Mets at Diagnosis-Lung**
- **Mets at Diagnosis-Other** – Examples include adrenal gland, pleura, peritoneum and skin.

Check <u>FORDS for 2016</u>, Section 2: Coding Instructions pp. 145-156 for details on these new data items!

Newly-reportable Conditions/Tumors for 2016

The CoC is requiring these:

1. Non-invasive mucinous cystic neoplasm of the pancreas with high-grade dysplasia replaces mucinous cystadenocarcinoma, non-invasive (8470/2).

2. Solid pseudopapillary neoplasm of pancreas (8452/3) is synonymous with solid pseudopapillary carcinoma (C25._).

3. Cystic pancreatic endocrine neoplasm (CPEN). Assign 8150/3 unless specified as a neuroendocrine tumor, Grade 1 (8240/3) or neuroendocrine tumor, Grade 2 (8249/3).

4. Mature teratoma of the testes in adults is malignant (assign 9080/3), but continues to be non-reportable in prepubescent children (9080/0). Report only if pubescence is explicitly stated in the medical record. **Do not report if there is no mention of pubescence in the medical record**.

The DCR and NPCR are requiring these in addition to those listed above:

1. Laryngeal intraepithelial neoplasia, grade III (LINIII) (8077/2), C320-C329

2. Squamous intraepithelial neoplasia, grade III (SINIII) (8077/2), except Cervix and Skin

***Please add these new reportable histology terms to your ICD-0-3 manual and casefinding process.**

NAACCR v16 Software Upgrade – Delay

From the **CoC Source**:   NAACCR v16 software upgrades will be delayed this year, so the National Cancer Data Base (NCDB) strongly encourages registrars to begin abstraction of cases diagnosed in 2016 within their current NAACCR v15-compliant software. For 2016 cases, the CoC advises registrars to abstract only the CS data items required to determine case eligibility for the RQRS quality measures, which are the CS data items with continuing requirement: Regional nodes positive, regional nodes examined, lymph-vascular invasion and CS SSFs. Be sure to record thorough textual documentation for the 8 *new* staging data items listed in the section above that will need to be abstracted for 2016 cases after the software upgrade. Also for 2016 cases, the T, N and M categories should be clearly documented via text, because after the software upgrade registrars will have to accurately reassign the new T, N and M categories that include the c and p designations. **IMPORTANT*!   Registrars are to ignore any CS edits generated for cases diagnosed in 2016 that are being abstracted in v15 compliant software. CS fields, with the exception of those noted above that continue to be required, should be left blank.

Education and Training

Registrars and abstractors should attend education and training provided by regional, state, or national programs. In particular, registrars should plan on reviewing and completing the AJCC Curriculum for Registrars found at: https://cancerstaging.org/CSE/Registrar/Pages/AJCC-Curriculum.aspx.

Other resources that may be helpful:

https://educate.fhcrc.org/LandingPage.aspx

https://www.facs.org/quality-programs/cancer

http://www.cdc.gov/cancer/npcr/index.htm

http://www.naaccr.org

http://www.ncra-usa.org/i4a/pages/index.cfm?pageid=1

FROM THE DCR FOR ALL YOU DO TO IMPROVE CANCER CARE