

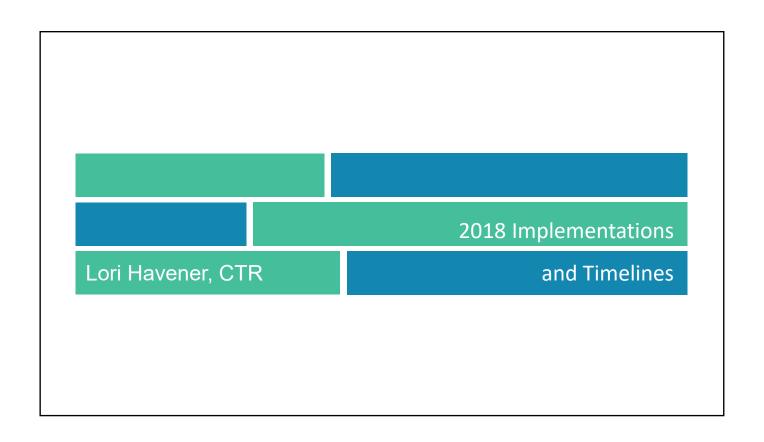
••• Q&A

- Please submit all questions concerning webinar content through the Q&A panel.
- A recording of today's session, the Q&A, and a copy of the slides will be posted to the NAACCR website in about one week.

••• Agenda

- 2018 Timeline
 - Lori Havener-NAACCR Program Manager of Standards
- Update on the NAACCR Site-Specific Data Item (SSDI) Taskforce
 - Jennifer Ruhl-Co Chair of the SSDI Task Force
- Q&A
 - Liz Ward- Co Chair of the SSDI Task Force
 - Jim Hofferkamp NAACCR Program Manager of Education and Training





- AJCC 8th Edition Chapter Updates to Histologies (Release 8/31/17)
 - Collaborative effort to develop recommendations on eligible histology types for each chapter
 - Completion of this work will impact:
 - Release of a TNM DLL
 - Cancer registry software updates
 - Release of EDITS
 - Solid tumor rules (MP/H rules)
 - Data collection by hospital and central cancer registries



••• 2018 Implementations and Timelines

- ICD-O-3 Histology Revisions (Release 8/1/17)
 - Collaborative effort to identify new terms used for current codes, new codes, and codes with changes in behavior
 - Completion of this work will impact:
 - Standards Volume II, Chapter 3, standard setter's reportability table
 - SEER site/histology validation list
 - Release of EDITS
 - Cancer registry software
 - Data collection by hospital and central cancer registries

- New and Revised Prognostic Data Items (Submit to UDS by 9/1/17)
 - Collaborative effort to develop new site-specific data items
 and revise existing site-specific data items
 - Completion of this work will impact:
 - Standards Volume II
 - Release of EDITS
 - Cancer registry software
 - · Data collection by hospital and central cancer registries



••• 2018 Implementations and Timelines

- MP/H Rules (Release by 11/1/17)
 - New rules for solid tumors (determining multiple primaries and histologies)
 - Completion of this work will impact:
 - Data collection by hospital and central cancer registries

- SEER Hematopoietic and Lymphoid Database (Release by 11/1/17)
 - Updates based on
 - clarifications received from AJCC 8th Edition hematologic chapter authors
 - Revised WHO Hematopoietic book
 - Completion of this work will impact:
 - Data collection by hospital and central cancer registries



••• 2018 Implementations and Timelines

- SEER Summary Stage 2018 and SEER EOD (Release by 11/1/17)
 - Reflects the changes in AJCC 8th Edition
 - SEER Summary Stage 2018 will be derived from SEER EOD 2018
 - Directly assigned Summary Stage 2018 will be available for registries that do not collect SEER EOD
 - Completion of this work will impact:
 - Data collection by hospital and central cancer registries



- Standards Volume II (Release by 12/1/17)
 - Data standards and data dictionary
 - Standard setter requirements
 - Completion of this work will impact:
 - Release of EDITS
 - Release of 2018 Implementations and Guidelines document
 - Cancer registry software
 - Data collection by hospital and central cancer registries



••• 2018 Implementations and Timelines

- CoC STORE Manual (Release by 1/1/18)
 - New CoC manual
 - Completion of this work will impact:
 - Data collection by hospital cancer registries

- EDITS (Release by 1/1/18)
 - Develop edits for new data items, update edit-related tables to accommodate changes to site/histologies, and revisions to T, N, M edits.
 - Completion of this work will impact:
 - Cancer registry software
 - Data collection by hospital and central cancer registries

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••• 2018 Implementations and Timelines

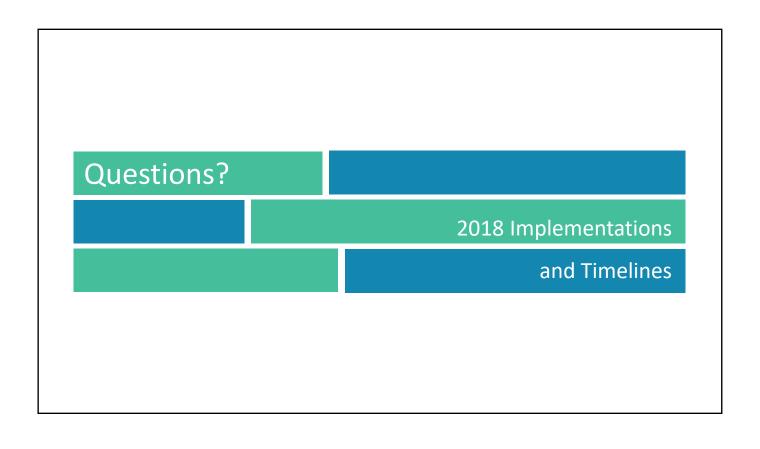
- 2018 Implementation Guidelines (Release by 3/1/18)
 - Collaborative effort to develop guidelines and recommendations for 2018 implementations.
 - Completion of this work will impact:
 - Cancer registry software
 - Data collection by hospital and central cancer registries

- Other Activities
 - Cancer registry software
 - CDC NPCR TNM DLL
 - NCI SEER RSA
 - Hospital and central cancer registry software updates
 - -EDITS
 - Conversions
 - -Labeling and documentation
 - -Test phase
 - Data conversions

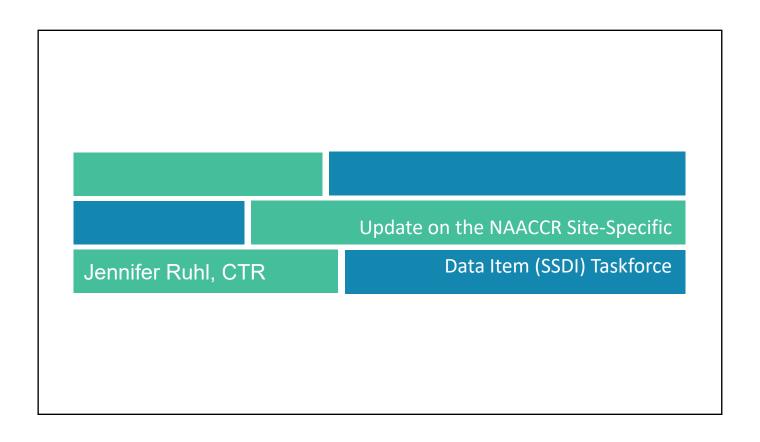


••• 2018 Implementations and Timelines

- Other Activities
 - Central Registry
 - Update cancer registry software
 - · Revise central registry manuals
 - Update manuals for reporting facilities
 - Develop and provide education/training
 - Education/training for hospital and central cancer registries.







••• Purpose of Group

- Evaluate current structure off Site Specific Factors (SSFs)
- Make recommendations for changes
- Revise codes and coding instructions (as needed)

••• Members

Jennifer Ruhl (SEER) Co-Chair	Liz Ward (NAACCR) Co-Chair	Jenna Mazreku (California) Co-Chair (first six months)
Donna Gress (AJCC)	Laura Meyer (AJCC)	Kathleen Thoburn (CoC)
Mary Brant (California)	Donna Hansen (California)	Marilyn Soccozza (California)
Sheila Fukumara (Canada)	Iris Chilton (Canada)	Richard Moldwin (CAP)
Annette Hurlbut (Elekta)	Jim Hofferkamp (NAACCR)	Lori Havener (NAACCR)
Sandy Jones (NPCR)	Jennifer Seiffert (NPCR)	Michelle Esterly (NPCR)
Serban Negoita (SEER)	Nicki Schussler (SEER/IMS)	

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••• NAACCR Taskforce Decision

- Discontinue with current SSF approach
- Develop discrete data items
 - More flexibility
 - Different data item lengths
 - Coding actual data item
 - Easier for programmers
 - Easier to retrieve data

••• Site Specific Factor Data Review

- Priority review
 - Schema discriminators
 - Required for staging
 - Currently required by at least one standard setter
 - Listed in 8th edition as data collection item
 - Not listed in 8th edition



••• Site Specific Factor Data Review-by the numbers

- Approximately 260 unique CS SSFs
 - 101 discontinued
 - 12 obsolete
 - 147 required
 - Of these, 27 are not required for 1/1/2018+
- Only 120 SSFs brought over from CSv0205

••• 2018 Data Collection

- ALL SSF's retired
 - Current SSFs and requirements still in effect for all cases diagnosed through 12/31/2017
- Discrete data items go into effect 1/1/2018+
- SSFs being combined when possible
 - Example: Perineural Invasion
 - Collected in several different schemas, not always the same SSF. Will be one data item



••• General Changes Made

- · Data items different lengths
- Data items can include decimal points
- Different coding conventions used to document
 - Recording of actual values, percentages, ranges
 - Recording different definitions of unknown

••• Example of Different Coding Values

Code	Description
000	Sarcomatoid features not present/not identified
.1-100.0	Sarcomatoid features .1-100.0%
R00.1	Sarcomatoid features stated as less than 10%
R00.2	Sarcomatoid features stated as 10-30% present
R00.3	Sarcomatoid features stated as greater than 30% to 50% present
R00.4	Sarcomatoid features stated as greater than 50% to 80% present
R00.5	Sarcomatoid features stated as greater than 80%
XXX.6	Sarcomatoid features present, percentage unknown
XXX.7	Not applicable: Not a renal cell carcinoma morphology
XXX.8	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code XXX.8 may result in an edit error.)
XXX.9	Unknown or no information Sarcomatoid features not assessed or unknown if assessed

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••• Example of Different Coding Values

Code	Description	
0.1	0.1 or less nanograms/milliliter (ng/ml)	
	(Exact value to nearest tenth of ng/ml)	
0.2-999.9	0.2 –999.9 ng/ml	
	(Exact value to nearest tenth of ng/ml)	
XXX.1	1,000 ng/ml or greater	
XXX.8	Test ordered, results not in chart	
XXX.9	Not documented in medical record	
	PSA lab value not assessed or unknown if assessed	

••• Example of Using New Data Items

- Prostate Specific Antigen (PSA)
 - Value of 5.2
- In CS, would have to code 052
- Now, code _ _5.2



••• Updating the SSFs to Discrete Data Items

- Harmonize with AJCC 8th edition
 - Donna Gress: liaison between SSDI & AJCC
- Harmonize with updated CAP guidelines
 - Richard Moldwin: liaison between SSDI & CAP
 - Data items developed using CAP guidelines checklist
 - Codes and coding instructions align with CAP checklists (as much as possible)

••• Current Status

- ~150 data items developed for 2018
 - All reviewed and approved by SSDI for the following (information needed for NAACCR Volume II):
 - Name
 - Rationale/description of data item
 - Codes/code descriptions
 - Approximately 140 approved and 10 pending review/approval by UDS

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••• New Data Items for 2018

- Required for Staging-14 new data items
 - Breast (1)
 - CLL/SLL (5)
 - Esophagus (1)
 - Melanoma Skin (1)
 - Plasma cell myeloma/multiple myeloma (4)
 - Testis (2)

••• New Data Items for 2018

- Schema Discriminators
 - Schema discriminator 1
 - Schema discriminator 2
 - Schema discriminator 3

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••• New Schema Discriminators

- Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck (Chapter 6)
- HPV-p16 (Chapters 10 and 11)
- Esophagus (Chapter 16)
- Urethra/Prostatic Urethra (Chapter 63)
- Thyroid/Thyroglossal Duct (Chapters 73 and 74)

••• Other New Data Items

- Breast (14)
 - Current SSFs 8-16 being retired (HER2 SSFs)
 - ER/PR (4 new data items)
 - HER2 (5 new data items)
 - Ki-67 (1 new data item)
 - Oncotype Dx (4 new data items-one required for staging)
- Note: At this time, standard setter requirements for these data items are not known

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••• Grade

- Current SSFs that collect chapter specific grades (e.g., Breast, Prostate, Soft Tissue, Appendix) will be retired
- Three new grade data items (effective 1/1/2018)
 - Grade Clinical
 - Grade Pathological
 - Grade Post-neoadjuvant

••• Grade

- New grade data items will
 - Incorporate chapter specific grading systems (when applicable)
 - Allow for coding of grade at different points of patient care
 - Historical/standard definitions when specific grading systems not available or not applicable
- Note: The new grade data items are still being developed. New general grade coding instructions PLUS chapter specific grading instructions will be included

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••• Grade-Breast

G	G Definition	
1	G1: Low combined histologic grade (favorable), SBR score of 3–5 points	
2	G2: Intermediate combined histologic grade (moderately favorable); SBR score of 6–7 points	
3	G3: High combined histologic grade (unfavorable); SBR score of 8–9 points	
Α	Well differentiated	
В	Moderately differentiated	
С	Poorly differentiated	
D	Undifferentiated, anaplastic	
9	Grade cannot be assessed; Unknown (GX)	
		NAACO

••• Grade:

 Standard grade table now used for AJCC chapters that have no grading system listed AND for those primary site/histologies combinations not covered in 8th edition

Code	Grade/Cell Type Description
Α	Well differentiated
В	Moderately differentiated
С	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed; Unknown



••• Other SSDI tasks

- Assisted AJCC with new/updated AJCC data items
 - Post-neoadjuvant T, N, M, Stage Group, Grade
 - T & N Suffixes (multiple, fna, sentinel node biopsy)
 - Clinical and Pathological descriptors no longer collected for cases diagnosed 1/1/2018+
 - T, N, M, Stage Group (both clin and path) data items: expanded data lengths
- Note: AJCC will be providing information/guidelines on these data items



••• Pending for 2018 Data Collection

- Finalize coding instructions for ALL data items
- Standard setter requirements for 2018 TO BE DETERMINED
 - Standard setter requirements required by 10/1/2017



••• Pending for 2019 Data Collection

- Prioritize and develop
 - Review data items listed in 8th edition
 - Other new data items for 2019
- Update/expand data items released in 2018 (when applicable)
- Update/revise/rename CS Part I Section II (extended information on SSFs/discrete data items)

Questions?

Update on the NAACCR

Site-Specific Data Item (SSDI)

••• Perspective

- AJCC 8th edition
- Summary stage
- EOD
- SSDI's
- ICD O 3
- Solid Tumor Rules
- Hematopoietic Rules
- Volume II
- Edits



