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Not the Same Old EOD: the New and Improved SEER EOD for 2018 and Beyond

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Objectives

- Evolution of EOD
- Crosswalk with TNM
- Structure of EOD 2018
- General Guidelines for EOD 2018
- Data Items for EOD 2018
- Site Specific Guidelines

What is EOD?- Per the 1976 SEER Code Manual

EOD schemes provide for especially detailed description of

- the primary tumor
- direct extensions
- involvement of regional lymph nodes or
- distant metastases.

Extent of disease is based on a combined clinical and operative/pathological assessment.

Evolution of EOD

EOD was developed and used by

NCI-SEER between 1977 and 2003

It was replaced by Collaborative Stage in 2004.

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Evolution of EOD

Pre- Collaborative Stage Extent of Disease Staging Manuals are found in the Historical Staging and Coding Manuals section of the SEER website.

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Evolution of EOD

There are several historical EOD manuals, each applies to a specific time period, determined by year of diagnosis

The manuals are available so that the manual applicable for the year of diagnosis can be selected and used.

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Pre-Collaborative Stage EOD

Extension: the most extensive disease is all that is coded in the extension field,

the extent of the tumor within the primary site is lost if the tumor extended to neighboring organs, and extension to neighboring organs is lost if there were distant metastasis.

EOD and TNM

Over the years, standard setters attempted to line up EOD and TNM staging.

It appeared to be an elusive goal, however, because the core purposes for each staging system differed.

EOD and TNM

AJCC Staging is used as a clinical tool and, as such, is continually undergoing changes and adjustments to reflect the most current medical knowledge.

Each TNM edition includes sections on how the new improved edition reflects a better understanding of tumor characteristics and factors that are prognostically related.

EOD and TNM

SEER EOD has been an epidemiological tool used to track cancer incidence, particularly in specified populations. SEER EOD was carefully developed and remained constant so that studies can look at data over time, and tumor characteristics could be compared over time.

EOD and TNM

It remained a goal to create a crosswalk between SEER EOD/SEER Summary Staging and AJCC staging.

EOD and TNM

Collaborative Staging (CS) was the result of concerted efforts to create that elusive crosswalk between TNM and SEER EOD/Stage

- EOD coding schemes were built into CS
- In Collaborative Stage complex algorithms derived the values for each of the two staging systems

EOD and Collaborative Stage

SEER EOD was used as the foundation for CSv1 and discontinued in 2004 with the implementation of CS.

EOD and Collaborative Stage

Collaborative Stage was applicable for diagnosis years 2004 through 2015.

It was discontinued after 2015 largely due to the fact that maintenance was not sustainable.

EOD and Collaborative Stage

For the diagnosis years 2016 and 2017, most registries collected directly-coded TNM and SEER Summary Stage.

Some registries continued to use Collaborative Stage (CSv2) for the diagnosis years 2016 and 2017.

EOD and Collaborative Stage

SEER EOD 2018 will replace CSv2.05 in 2018

- The building blocks from CS are being brought over into EOD.

EOD 2018

SEER EOD 2018 will be used for cases diagnosed January 1, 2018 and later.

Do not use this system for any cases diagnosed prior to January 1, 2018.

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Structure of EOD 2018

Determination of Extent of Disease 2018 stage involves three core data items of EOD :

EOD Primary Tumor

EOD Regional Lymph Nodes

EOD Metastases

Structure of EOD 2018

The structure of SEER EOD 2018 is similar to Collaborative Stage

Except

The following data elements are recorded in separate fields and are not part of EOD 2018:

Clinical Tumor Size

Pathological Tumor Size

Summary Tumor Size

Number of Regional Lymph Nodes Positive

Number of Regional Lymph Nodes Examined

EOD 2018

Extent of Disease (EOD) 2018 is a new version of EOD with a different structure from previous versions.

Example: In previous versions of EOD, information on direct tumor extension was lost if the tumor was metastatic at the time of diagnosis.

EOD 2018, similar to Collaborative Stage, includes a separate variable for distant metastases.

Structure of EOD of EOD

SEER EOD 2018 is built on criteria found in:

Historical Schemes

AJCC Staging, 8th Edition

SEER Summary Stage

Structure of EOD

At first glance, SEER EOD may be viewed as a cleaned -up replacement for CSv2.

Example: there are no more obsolete codes

However

Although SEER EOD 2018 shares many similarities with CSv2, the abstractor must read the schemas carefully. There are differences. EOD 2018 codes cannot be assigned from memory of CSv2.

Non- Definitive Ambiguous Terminology

Determination of cancer stage is both a subjective and objective assessment by the physician of how far the cancer has spread

When definitive terminology is not available,
a list of ambiguous terms is provided to assist the abstractor in determining how far the cancer has spread.

Non- Definitive Ambiguous Terminology

It can be tempting to head directly to the list of ambiguous terms in unclear circumstances.

However, general guidelines provide us with instructions we should follow first.

Non- Definitive Ambiguous Terminology

If possible look at physician documentation that (s)he used to make informed decisions on how to treat the patient when you are unable to determine the extent of involvement due to the use of non-definitive terminology.

For example, assign the EOD fields based on involvement when the patient was treated as though adjacent organs or lymph nodes are involved.

Non- Definitive Ambiguous Terminology

Use the ambiguous terminology list to interpret the intent of clinician only when documentation is not available and/or there is no specific statement of involvement in the medical record.

Non- Definitive Ambiguous Terminology

The clinician's definitions/descriptions and choice of treatment have priority over terms found on the terminology list because individual clinicians may use these terms differently.

Use of ambiguous terminology should be the last resort!

Non- Definitive Ambiguous Terminology

Terminology in the site-specific schema takes priority over the ambiguous terminology list in the general guidelines.

Some schemes interpret certain words as involvement, such as “encasing” the carotid artery for a head and neck site.

Non- Definitive Ambiguous Terminology

The ambiguous terminology list is ***not*** the same list used for determining reportability as published in the SEER manual or in Section One of the STORE (Standards for Oncology Registry Entry) manual.

This is ***not*** the same list of ambiguous terminology provided for the MP/H (soon to morph into the Solid Tumor) Rules published and maintained by the SEER Program.

Non- Definitive Ambiguous Terminology

Use the Ambiguous Terminology list in the EOD 2018 manual only for EOD 2018.

Ambiguous terminology cannot be used to assign stage using the 8th Edition of AJCC Staging.

General Guidelines for EOD 2018

EOD General Guidelines

EOD is based on combined clinical and operative/pathologic findings.

Use the highest applicable code whether determination was clinical or pathologic.

Unless pathology disproves clinical findings.

EOD 2018 Timing Rules

EOD should include all information available
within 4 months of diagnosis
 in the absence of disease progression
 or through completion of surgeries in first course
of treatment,
whichever is longer.

Mets known to have developed after EOD was established should be excluded.

EOD Timing Rules

EOD Timing Rules do not necessarily line up with the rules for first course of treatment.

First course of therapy is coded independently of EOD/Staging. Different guidelines apply.

Planned treatment is counted as first course therapy, even if the disease progresses before the planned therapy is completed.

EOD Timing Rules and First Course of Therapy

Example: Breast cancer case was staged as confined to breast at the time EOD was established in July 2017 and radiation therapy to chest wall was planned. Subsequently, brain metastasis was found in August. Radiation therapy to the chest wall was administered in October.

EOD Timing Rules and First Course of Therapy

The chest wall irradiation carried out in October is counted as first course treatment because it was planned.

If radiation therapy to the brain mets is administered, that would be a change in the therapy plan and the radiation therapy would be counted as second course of therapy.

EOD General Guidelines

EOD schemas apply to ALL primary sites and specified histologies.

- Most schemas are based on primary site.
- Some schemas are based on histology alone.

EOD General Guidelines

Gross observations at surgery are particularly important when all malignant tissue is not removed.

In the event of a discrepancy between path and op report findings concerning excised tissue, priority is given to path report.

EOD General Guidelines

Gross observations at surgery are particularly important when all malignant tissue is not removed.

For example, a colon cancer resection may transect the tumor. It is important to observe any tumor tissue that may still be remaining at the end of the procedure, for example, tumor tissue adherent to the abdominal wall.

EOD Extension is coded accordingly.

EOD General Guidelines

EOD information obtained after neoadjuvant treatment has started may be used, but would only be used if it was greater than pre-treatment clinical findings.

EOD General Guidelines

Clinical information, such as description of skin involvement for breast cancer and distant lymph nodes for any site, can change the EOD stage.

EOD General Guidelines

Be sure to review the clinical information carefully to accurately determine the extent of disease.

Example: Include clinical information such as description of skin involvement for breast and distant lymph nodes for any site.

If the op/path information disproves the clinical information, use the op/path information.

Non- Definitive Ambiguous Terminology

TNM Staging information can be used to code EOD 2018 when it is the **only** information available.

Use the medical record documentation to assign EOD when there is a discrepancy between TNM information and the documentation in the medical record.

Non- Definitive Ambiguous Terminology

EOD 2018, unlike Collaborative Stage, does not offer the TNM, NOS, options for coding. For example, there is no option for:

“Stated as T2 with no other information on extension.”

EOD General Guidelines

EOD Schema-Specific guidelines take precedence over general guidelines

(just as in SEER Summary Stage and TNM Staging)

EOD Data Items

EOD Primary Tumor

EOD Primary tumor is part of the EOD 2018 data collection system and is used to classify contiguous growth (extension) of the primary tumor within the organ of origin or its direct extension into neighboring organs.

EOD Primary Tumor

Assign the farthest documented extension of the primary tumor. Code the farthest documented extension of tumor away from the primary site.

EOD Primary Tumor

EOD Primary tumor is used to calculate

- Derived EOD 2018 T (when applicable)
- Derived Summary Stage 2018

Derivation will occur at the level of the central registry.

EOD Primary Tumor

A “localized, NOS” code is provided for those cases in which the only description is “localized with no further information.” “NOS” codes should be used only after an exhaustive search for more specific information.

EOD Primary Tumor

In situ : Assign code 000

Exception: For some schemas , e.g., breast, there may be multiple categories of in situ codes.

EOD Primary Tumor

Example:

Breast Primary Tumor

000 In situ : noninfiltrating; intraductal

050 Paget disease of nipple without underlying tumor

070 Paget disease of nipple with underlying DCIS

EOD Primary Tumor

In the past, if only in situ tumor was identified in the primary site, but there was met involvement, we assumed that the area of invasion had been missed and we assigned a code that represented localized disease.

SEER EOD 2018:

In the case of an in-situ primary tumor with met involvement – assign EOD primary tumor as in situ and code EOD Mets appropriately

EOD Primary Tumor

For cases in which no primary tumor is found:

Use code 800: No evidence of primary tumor

EOD Regional Lymph Node

EOD Regional Nodes is part of the EOD 2018 data collection system and is used to classify the regional lymph nodes involved with cancer at the time of diagnosis.

EOD Regional Lymph Node

Record the specific involved regional lymph node chain(s) farthest from the primary site. Regional lymph nodes are listed for each schema.

EOD Regional Lymph Node

EOD Regional Nodes is used to calculate

- Derived EOD 2018 N (when applicable)
- Derived Summary Stage 2018

Derivation will occur at the level of the central registry.

EOD Regional Lymph Node

Lymph node chains categorized as regional lymph nodes in EOD 2018 match the categories described by AJCC Staging.

Lymph nodes categorized as regional in EOD 2018 do not necessarily match the regional lymph node groups described in previous versions of EOD (1977-2003).

They also do not match the site-specific regional lymph node groups described in SEER Summary Stage 2000.

EOD Regional Lymph Node

Example: For breast cancer cases,

In EOD 2018, supraclavicular lymph nodes are counted as regional lymph nodes.

In SEER Summary Stage 2000 and previous SEER EOD schemes, supraclavicular lymph nodes are not counted as regional lymph nodes. They are categorized as distant lymph nodes.

EOD Regional Lymph Node

Isolated Tumor cells (ITCs):

For some schemas, ITCs are counted as positive regional nodes, while other schemas count them as negative.

See the individual schemas to determine how to code ITCs.

EOD Metastases

EOD Metastases is part of the EOD 2018 data collection system and is used to classify the distant site(s) of metastatic involvement at time of diagnosis.

EOD Metastases

EOD Mets is used to calculate

- Derived EOD 2018 M (when applicable)
- Derived Summary Stage 2018

Derivation will occur at the level of the central registry.

EOD Metastases

Determination of EOD Mets requires only a History and Physical Exam. Imaging of distant organs is not required. In other words, the registrar can infer that there are no distant metastases based solely on PE documentation.

EOD Metastases

For a few schemas such as Breast, Lung, Kidney, and Ovary, the EOD Mets category may include direct extension of the primary tumor into distant organs or tissues.

If the structure involved by direct extension is not listed in EOD Primary Tumor, look for the structure in EOD Mets.

EOD Metastases

Example: Breast

SEER EOD Mets:

70 Skin over axilla

Contralateral breast

Sternum

Upper abdomen

Site Specific EOD

Some of the data elements included in the previous versions of SEER EOD were pulled out and recorded as Site Specific Factors in Collaborative Stage.

They have been added back and are now included in EOD fields.

Site Specific EOD

Example: Lung

In Collaborative Stage:

CS Site Specific Factor 1 described

Separate Tumor Nodules in the Ipsilateral Lung

Site Specific EOD

In EOD 2018:

Separate tumor nodules in the ipsilateral lung are coded under Primary Tumor Extension

EOD Primary Tumor Note 4: Separate ipsilateral tumor nodules are coded either 500 (same lobe) or 700 (different ipsilateral lobe)

History of EOD

"Ask a SEER CTR" will provide answers to questions about EOD and SEER SS2018


Thank you