




Boot Camp
2023

NANCY ETZOLD, CTR
ELAINE BOMBERGER-SCHMOTZER, CTR
JIM HOFFERKAMP, CTR

3/02/2023

1



Q&A

Please submit all questions concerning the webinar content through the Q&A panel.

If you have participants watching this webinar at your site, please collect their names and emails.

We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.

2

Fabulous Prizes








3

3

Guest Presenter



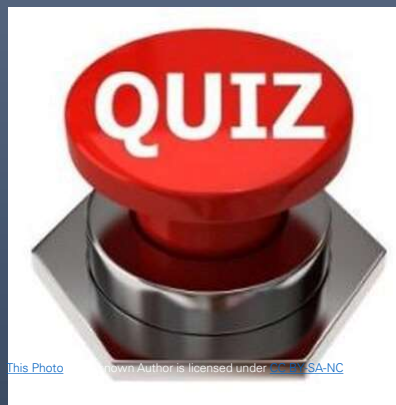
- **Nancy Etzold, CTR**
 - Director Cancer Registry, OU Health
- **Elaine Bomberger-Schmotzer, CTR**
 - Breast Cancer Program Manager, OU Health

4

4

Agenda

- Class of Case
- Terminology
- Casefinding
- Break
- Manuals-Who, What, When, and where
- SSDI Colorectal
- SSDI Uterus



5



Class of Case

6

		Code	Label
<h2>Two Groups: Analytic (codes 00-22)</h2>		Analytic Classes of Case (Required by CoC to be abstracted by accredited programs)	
		<i>Initial diagnosis at reporting facility or in a staff physician's office</i>	
		00	Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
		10	Initial diagnosis at the reporting facility or in an office of a physician with admitting privileges AND part or all of first course treatment or a decision not to treat was at the reporting facility, NOS
		11	Initial diagnosis in an office of a physician with admitting privileges AND part of first course treatment was done at the reporting facility
		12	Initial diagnosis in an office of a physician with admitting privileges AND all first course treatment or a decision not to treat was done at the reporting facility
		13	Initial diagnosis at the reporting facility AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere
		14	Initial diagnosis at the reporting facility AND all first course treatment or a decision not to treat was done at the reporting facility
		<i>Initial diagnosis elsewhere</i>	
		20	Initial diagnosis elsewhere AND all or part of first course treatment was done at the reporting facility, NOS
		21	Initial diagnosis elsewhere AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere.
		22	Initial diagnosis elsewhere AND all first course treatment or a decision not to treat was done at the reporting facility

7


<h2>Nonanalytic (codes 30-49 & 99)</h2>		Classes of Case not required by CoC to be abstracted (May be required by Cancer Committee, state or regional registry, or other entity)	
		<i>Patient appears in person at reporting facility</i>	
		30	Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only, treatment plan only, staging workup after initial diagnosis elsewhere)
		31	Initial diagnosis and all first course treatment elsewhere AND reporting facility provided in-transit care; or hospital provided care that facilitated treatment elsewhere (for example, stent placement)
		32	Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease recurrence or persistence (active disease)
		33	Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease history only (disease not active)
		34	Type of case not required by CoC to be accessioned (for example, a benign colon tumor) AND initial diagnosis AND part or all of first course treatment by reporting facility
		35	Case diagnosed before program's Reference Date AND initial diagnosis AND all or part of first course treatment by reporting facility
		36	Type of case not required by CoC to be accessioned (for example, a benign colon tumor) AND initial diagnosis elsewhere AND all or part of first course treatment by reporting facility
		37	Case diagnosed before program's Reference Date AND initial diagnosis elsewhere AND all or part of first course treatment by facility
		38	Initial diagnosis established by autopsy at the reporting facility, cancer not suspected prior to death
		<i>Patient does not appear in person at reporting facility</i>	
		40	Diagnosis AND all first course treatment given at the same staff physician's office
		41	Diagnosis and all first course treatment given in two or more different offices of physicians with admitting privileges
		42	Nonstaff physician or non-CoC accredited clinic or other facility, not part of reporting facility, accessioned by reporting facility for diagnosis and/or treatment by that entity (for example, hospital abstracts cases from an independent radiation facility)
		43	Pathology or other lab specimens only
		49	Death certificate only
		99	Nonanalytic case of unknown relationship to facility (not for use by CoC accredited cancer programs for analytic cases).

8

NAACCR

Coding Instructions:

- ❖ Code the class of case that most precisely describes the patient's relationship to the facility
- ❖ Code 00
- ❖ Code 10
- ❖ Can class of case change?
- ❖ Codes 10-12 and 41



9

9

NAACCR




Reportable-by-agreement Cases

- ❖ Request from Cancer Committee for Class of case 30
- ❖ State Central Registry Request path-only cases

10

10



NAACCR

Quiz 1 - Class of Case

Good luck!

11



NAACCR

Terminology

12

NAACCR Recommended Abbreviations for Abstractors

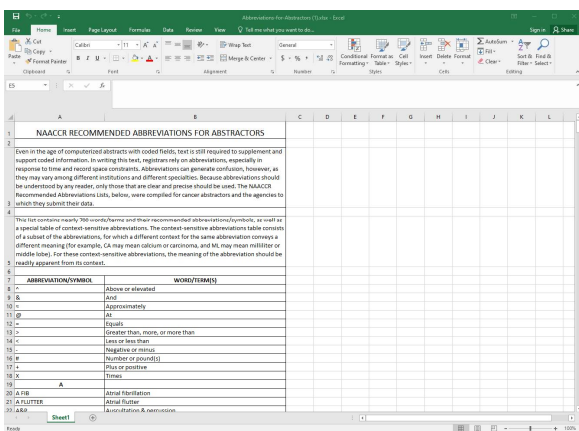


Located under Data Standards & data Dictionary

<https://www.naacr.org/data-standards-data-dictionary/>

13

NAACCR Recommended Abbreviations for Abstractors



G	
GB	Gallbladder
GE	Gastroesophageal
GEN	General/Generalized
GERD	Gastroesophageal reflux disease
GI	Gastrointestinal
GIST	Gastrointestinal stromal tumors
GR	Grade
GU	Genitourinary
GY	Gray
GYN	Gynecology
H	
H&E	Hematoxylin and Eosin
H&P	History and physical
H/H	Hemoglobin and hematocrit
H/O	History of
HAV	Hepatitis A (virus)
HBV	Hepatitis B (virus)
HCG	Human chorionic gonadotropin
HCT	Hematocrit
HCV	Hepatitis C (virus)
HCVD	Hypertensive cardiovascular disease
HDR	High dose rate
HDV	Hepatitis D (virus)
HEM/ONC	Hematology/Oncology (ist)
HEP A	Hepatitis A (virus)
HEP B	Hepatitis B (virus)
HEP C	Hepatitis C (virus)
HEP D	Hepatitis D (virus)
HER2	Human epidermal growth factor receptor 2
HF	Hispanic female

14



NAACCR

Quiz 2 - Terminology

15



NAACCR

Casefinding

16

Casefinding

- Requirements
- Eligibility
- Reportable
- Non-Reportable

ICD-10-CM Casefinding List, 2023
Based on the International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, FY 2023

NOTE: Cases with the codes in the Supplemental list below should be screened as registry time allows. Experience in the SEER registries has shown that using the supplemental lists increases casefinding for benign brain and CNS, hematopoietic neoplasms, other reportable diseases and treatment related information

- The codes included in this supplemental have been changed. During a major review, many of the codes previously included were found to not be necessary and were removed
 - All codes previously included can be found in the ICD-10-CM Casefinding List, 2022

SUPPLEMENTAL LIST (PART I) ICD-10-CM (EFFECTIVE DATES: 10/1/2022-9/30/2023)	
Please refer to your standard setter(s) for specific reporting requirements before using the Casefinding List	
ICD-10-CM Code	Explanation of Code
D06.-	Carcinoma in situ of the cervix
D13.7	Benign neoplasm of endocrine pancreas <i>Note: Effective 1/1/2021: Review this code to look for the following which were previously a benign tumor of the pancreas, but is now malignant per ICD-O-3.2</i> <ul style="list-style-type: none"> • Islet cell adenoma • Nesidioblastoma • Islet cell adenomatosis • Insulinoma • Beta cell adenoma
D21.4	Benign neoplasm of connective and other soft tissue of abdomen <i>Note: Effective 1/1/2021: Review this code to look for the following which were previously a benign tumor of the pancreas, but is now malignant per ICD-O-3.2</i> Gastrointestinal stromal tumor, NOS/GIST, NOS/Gastrointestinal autonomic nerve tumor/GANT/Gastrointestinal pacemaker cell tumor (8936/1, now 8936/3)
D23.9	Other benign neoplasm of skin Benign carcinoid tumors of other sites <i>Note: Effective 1/1/2021: Review these code to look for the following which were previously benign and borderline tumors, but are now malignant per ICD-O-3.2</i> <ul style="list-style-type: none"> • Aggressive digital papillary adenoma (c44_) (8408/1, but now 8408/3)
D35.0-	Benign neoplasm of adrenal gland <i>Note: Effective 1/1/2021: Review this code to look for the following which was previously a benign (8700/0) tumor of the adrenal gland, but is now malignant per ICD-O-3.2 (8700/3)</i> <ul style="list-style-type: none"> • Pheochromocytoma • Adrenal medullary paraganglioma • Chromaffin paraganglioma • Chromaffin tumor • Chromaffinoma


17

Casefinding Methods

- Active
 - Thorough
 - Accurate
- Passive
 - Other departments
 - Potential misses




18



Casefinding Sources

- Reports
 - Disease Indices
 - Pathology
 - Cytology
 - Clinic Visits
- Schedules
 - Surgery
 - Imaging
 - Lab
 - Radiation Oncology
 - Medical Oncology



19

ICD-O-3.2 Guidelines

- Where do I find the update?
- <https://seer.cancer.gov/tools/casefinding/icd-10-cm-casefinding-list.20230124.pdf>
- When do the new rules go into effect?
- What are the major changes?
 - Pilocytic Astrocytoma / Juvenile Pilocytic Astrocytoma
- Are there data conversions with this update?

ICD-O-3 IMPLEMENTATION GUIDELINES

ICD O 2023
Previous Guidelines

These documents address the implementation of ICD-O-3 for cases diagnosed on or after January 1, 2023.

ICD O 3.2 Implementation Documents for implementation in 2023

- 2023 ICD O 3.2 Coding Guidelines 9/28/22
- 2023 ICD O 3.2 Table 1 Numeric 9/28/22
- 2023 ICD O 3.2 Table 2 Alpha Table 9/28/22
- Addendum to 2022 ICD-O-3.2 9/13/22

20

ICD-O-3.2 Implementation

- Table 1 Numeric

ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
8044/3	Thoracic SMARCA4-deficient undifferentiated tumor (C34.)	Y	Y	Y	Y	New term
8077/2	Moderate <u>squamous dysplasia</u> Severe squamous dysplasia	N See remarks*	N See remarks*	N See remarks*	N See remarks*	New term. *Note: moderate and severe squamous dysplasia are incidental findings on bronchoscopy. Considered precursor to squamous carcinoma in situ (SCIS). Reportability has not yet been determined.
8140/0	Bronchiolar adenoma/ciliated <u>muconodular papillary tumor</u>	N	N	N	N	New terms/Not reportable
8260/3	Low-grade papillary adenocarcinoma	Y	Y	Y	Y	New term
8272/3	Pituitary adenoma/pituitary neuroendocrine tumor (<u>PitNET</u>) (C75.1)	Y	Y	Y	Y	New term. Per WHO, both terms may be used in the diagnosis or pituitary neuroendocrine tumor, or <u>PitNET</u> . All are coded 8272/3. Pituitary adenoma, NOS is coded 8272/0
8310/3	Hyalinizing clear cell carcinoma	Y	Y	Y	Y	New term
8693/3	Cauda equina neuroendocrine tumor (cranial and paraspinal nerves)	Y	Y	Y	Y	New related term
8820/0	Papillary fibroelastoma	N	N	N	N	New term/not reportable
8821/1	Desmoid fibromatosis	N	N	N	N	New term/not reportable
9050/2	Mesothelioma in situ	Y	Y	Y	Y	New code/behavior. Reportable 1/1/2023
9050/3	Localized pleural mesothelioma (C38.4)	Y	Y	Y	Y	New term
	Diffuse pleural mesothelioma (C38.4)	Y	Y	Y	Y	New term

21

ICD O 3.2 Implementation

- Table 2 Alpha Table


Table 2: 2023 ICD-O-3.2 Update (Alphabetic)


- Codes/terms listed alphabetically by term
- Only new terminology to existing ICD-O-3.2 codes are included in the 2023 ICD-O Implementation Guidelines and documentation. Terms are those listed in WHO Blue Books
- Update based on the following 5th Ed Classification of Tumors books: Thoracic and CNS


ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
9430/3	Astroblastoma, MN1-altered	Y	Y	Y	Y	New term
9400/3	Astrocytoma, IDH-mutant, grade 2	Y	Y	Y	Y	New term
9401/3	Astrocytoma, IDH-mutant, grade 3	Y	Y	Y	Y	New term
9445/3	Astrocytoma, IDH-mutant, grade 4	Y	Y	Y	Y	New term
8140/0	Bronchiolar adenoma/ciliated <u>muconodular papillary tumor</u>	N	N	N	N	New terms/Not reportable
8693/3	Cauda equina neuroendocrine tumor (cranial and paraspinal nerves)	Y	Y	Y	Y	New related term
9473/3	CNS embryonal tumor, NEC/NOS	Y	Y	Y	Y	New term
9500/3	CNS tumor with BCCR internal tandem duplication	Y	Y	Y	Y	New term
9500/3	CNS neuroblastoma, FOXR2-activated	Y	Y	Y	Y	New term
8821/1	Desmoid fibromatosis	N	N	N	N	New term/not reportable
9421/1	Diffuse astrocytoma, MYB- or MYBL1-altered	Y	Y	Y	Y	New preferred term for

22

ICD-O-3.2 Revision Morphology








ICD-O- Third Edition, Second Revision Morphology

ICD03.2	Level	Term	Code reference	obs	See also
8480/3	Synonym	Mucinous carcinoma			
8480/3	Synonym	Mucoid adenocarcinoma			
8480/3	Synonym	Mucoid carcinoma			
8480/3	Synonym	Mucous adenocarcinoma		[obs]	
8480/3	Synonym	Mucous carcinoma		[obs]	
8480/3	Related	Pseudomyxoma peritonei with unknown primary site	(C80.9)		
8480/3	Related	Mucinous tubular and spindle cell carcinoma	(C64.9)		
8480/6	Preferred	Pseudomyxoma peritonei			
8481/3	Preferred	Mucin-producing adenocarcinoma			
8481/3	Synonym	Mucin-producing carcinoma			
8481/3	Synonym	Mucin-secreting adenocarcinoma			
8481/3	Synonym	Mucin-secreting carcinoma			
8482/3	Preferred	Mucinous carcinoma, gastric type			
8482/3	Synonym	Mucinous adenocarcinoma, endocervical type	(C53._)	[obs]	
8490/3	Preferred	Signet ring cell carcinoma			
8490/3	Synonym	Signet ring cell adenocarcinoma			
8490/3	Synonym	Acinar adenocarcinoma, signet ring-like variant			
8490/3	Synonym	Mucinous carcinoma, signet ring cell type			

23



Quality Control


Sample Casefinding Completeness Log by Site and Year of Diagnosis

Casefinding Completeness Log by Site and Year of Diagnosis

Site	2000	2001
Breast	91	104
Prostate	85	61
Melanoma	26	11
Lymphoma	25	24
Cervix	18	2


24

24




Standards for Oncology Registry Entry (STORE)

Who	CoC accredited facilities
What	Reporting requirements and data item definitions for data items required by NCDB
When	The version of STORE is based on diagnosis year
Where	https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-call-for-data/




27

27




SEER Program Coding and Staging Manual (SPCSM)

Who	SEER Central Registries
What	Reporting requirements and data item definitions for data items required by SEER.
When	The version of SPCSM is based on diagnosis year
Where	SEER Manual and appendixes- https://seer.cancer.gov/tools/codingmanuals/ SEER*Educate module on the SEER manual https://educate.fredhutch.org/LandingPage.aspx




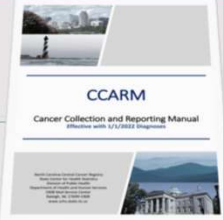
28

28




State/Regional/Provincial/Territorial Registry Manual

Who	Anyone within the catchment area reporting cases to the central registry
What	Reporting requirements and data item definitions for data items required by the central registry. Will reflect requirement from funding agency as well as State/Regional/Provincial/Territorial requirements.
When	May vary, but typically based on diagnosis year
Where	Central Registry Website

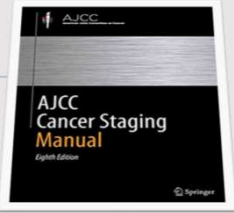

28

29




AJCC Cancer Staging System


Who	Anyone assigning AJCC Stage information
What	Instructions for assigning AJCC Stage
When	The AJCC Cancer Staging Manual used to assign stage is based on diagnosis year.
Where	https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/cancer-staging-systems/cancer-staging-system-products/

30




Summary Stage



Who	Anyone assigning Summary Stage
What	Codes, code definitions, coding instructions for assigning Summary Stage
When	The most current version of the rules apply to all years covered by the manual (i.e. Summary Stage 2018 applies to diagnosis years 2018 forward).
Where	https://seer.cancer.gov/tools/ssm/ https://staging.seer.cancer.gov/eod_public/list/3.0/

31

31




Solid Tumor Rules

Who	Anyone abstracting a reportable solid tumor (rules do not apply to hematopoietic malignancies).
What	Instructions for determining multiple primaries and assigning histology and tips for assigning primary site.
When	The most current version of the rules that apply to the site/histology should be applied to all years covered in the manual.
Where	https://seer.cancer.gov/tools/solidtumor/

32

32




ICD O

Who Anyone with questions about reportability of a histology
Anyone abstracting a case and the histology can not be assigned using the solid tumor rules

What Instructions for determining multiple primaries and assigning histology and tips for assigning primary site.


When The most current version of the rules that apply to the site/histology should be applied to all years covered in the manual.

Where <https://www.naaccr.org/icdo3//>



33

33



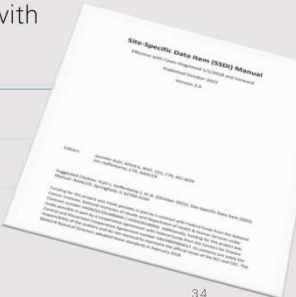
SSDI/Grade

Who Anyone assigning values for Site Specific Data Items or Grade Data items

What Codes, code definitions, coding instructions for assigning SSDIs and Grade data items

When The most current version of the rules apply to all years with diagnosis year of 2018 forward.


Where <https://apps.naaccr.org/ssdi/list/>
https://staging.seer.cancer.gov/eod_public/list/3.0/



34

34


Hematopoietic and Lymphoid Neoplasm Database and Manual




Who	Anyone determining multiple primaries or assigning histology for hematopoietic diseases.
What	Multiple primary rules, histology coding instructions, histology codes, background information.
When	The most current version of the database applies to all years 2010 forward. Note: database includes field to indicate year of diagnosis. The database will show rules that applied for year of diagnosis.
Where	https://apps.naaccr.org/ssdi/list/ https://staging.seer.cancer.gov/eod_public/list/3.0/

35

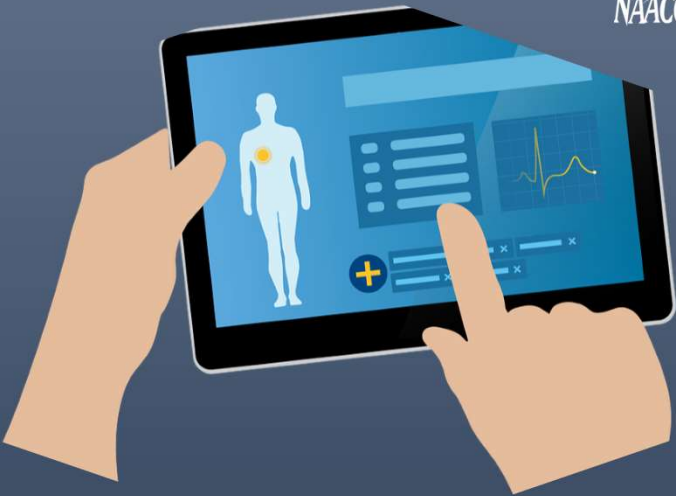
35



Questions?



36



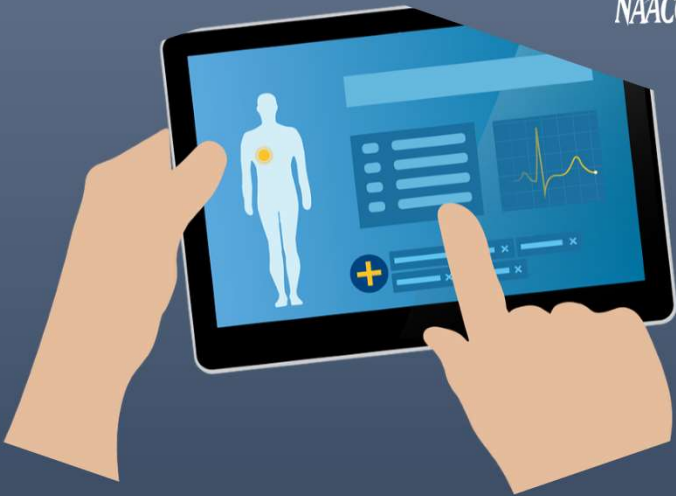
NAACCR

Colon & Rectum Site-Specific Data Items

- Resources: NAACCR SSDI Manual
- Colon and Rectum Chapters

37

37



NAACCR

Site-Specific Data Items (SSDI)

- NAACCR SSDI Manual
https://www.naaccr.org/wp-content/uploads/2022/10/Site-Specific-Data-Item-SSDI-Manual-v3_printed.pdf?v=1675864549
- STORE Pages 211-212
- Cancer Registry Software

Code	Description
0.0	No regional lymph node involvement Non-invasive neoplasm (behavior /2)
0.1-99.9	0.1 – 99.9 millimeters (mm) (Exact size of lymph node to nearest tenth of a mm)
XX.1	100 millimeters (mm) or greater
XX.2	Microscopic focus or foci only and no size of focus given
XX.3	Described as "less than 1 centimeter (cm)" or "subcentimeter"
XX.4	Described as "at least" 2 cm
XX.5	Described as "at least" 3 cm
XX.6	Described as "at least" 4 cm
XX.7	Described as greater than 5 cm
XX.8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code XX.8 will result in an edit error)
XX.9	Not documented in medical record Regional lymph node(s) involved, size not stated Lymph Nodes Size not assessed, or unknown if assessed

38

38

CEA Pretreatment Lab Value and Interpretation

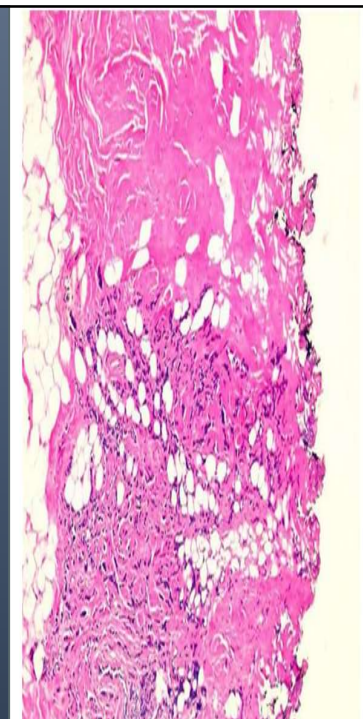
- Information location
- Two data items record information on CEA
- Record the highest value prior to treatment
- Use text to support coding
- Normal reference range and indicate if patient is smoker or non-smoker
- Physician statement



39

Circumferential or Radial Resection Margin

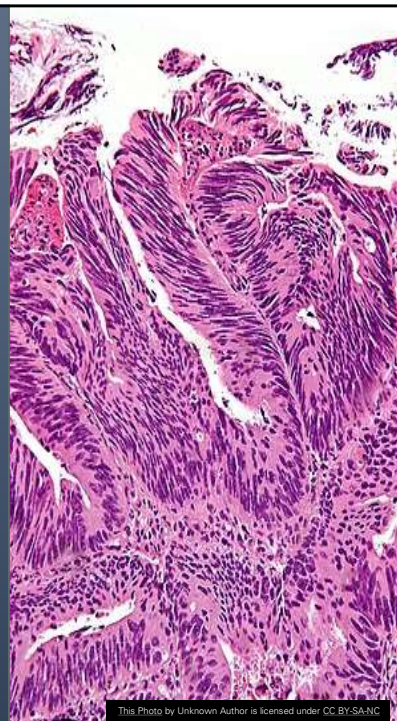
- Also known as the radial margin
- Predictor of local/regional recurrence and survival
- Measurement from deepest invasion of the tumor to margin of resection
- Recorded in millimeters
- Physician Statement



40

Guidelines for Coding Surgery – Circumferential Resection Margin

- Colon Primaries
 - Surgery = 30-80
 - Surgery = 00-29, CRM must be coded xx.7
- Rectal Primaries
 - Surgery = 27, 30-80
 - Surgery = 00-26, 28, CRM must be coded xx.7
- Margins
 - Positive/Involved * Exact Measurement
 - Not Assessed * In situ tumor only



41

KRAS



- Oncogene
- Testing done for patients with metastatic disease
- Pathology or clinical laboratory report
- 4 KRAS codons
- Physician Statement
- Record KRAS results from initial workup

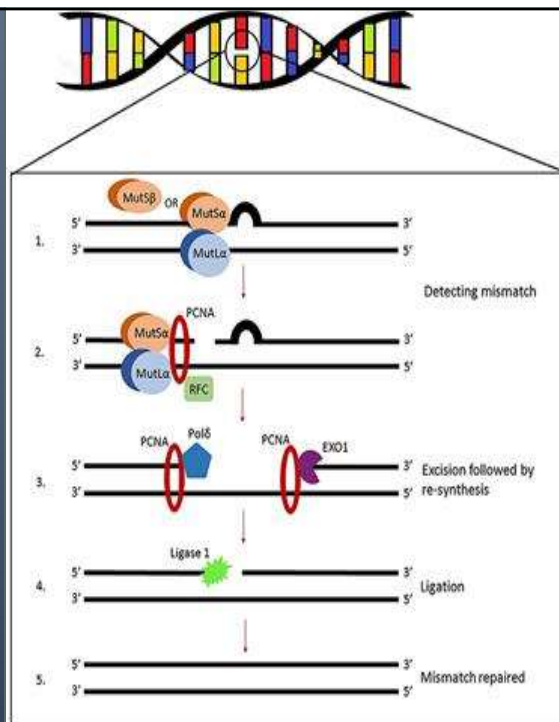
	Predicted KRAS mutation +	Predicted KRAS mutation -
Actual KRAS mutation +	131	25
Actual KRAS mutation -	10	3572
MCC = 0.879	Sensitivity = 0.840	Specificity = 0.997

42

42

Microsatellite Instability (MSI)

- Form of genetic instability
- Found in approximately 15% of colorectal carcinomas
- Adverse prognostic factor
- Lynch syndrome



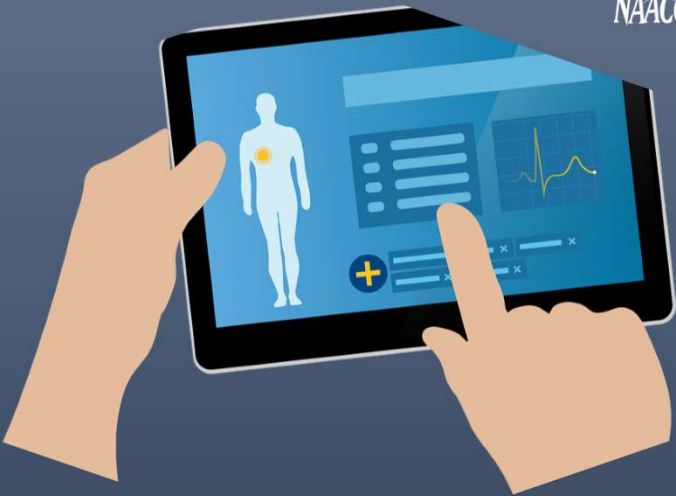
43

Colorectal SSDI Quiz



This Photo by Unknown Author is licensed under CC BY-SANC

44



Corpus Uteri Site-Specific Data Items

- Resources: NAACCR SSDI Manual
- Uterus Chapter

45

45

FIGO Stage

- Highest FIGO Stage
- Code Not Based on AJCC
- If FIGO is Not Documented
- Stage Group Only
- Multiple FIGO stage recorded
- No definitions for In Site
- EIN

46

46

Regional & Common Distant Lymph Nodes for GYN Cancers

- Para-aortic Nodes

- Aortic
- Lateral aortic
- Lumbar aortic
- Para-aortic, NOS
- Periaortic

- Pelvic Nodes

- Iliac
- Paracervical
- Parametrial
- Pelvis, NOS
- Sacral

47

47

Lymph Nodes Positive & Examined

- Para-Aortic & Pelvic
- Based on nodal dissection
- Source Documents
- Physician Statement
- Aspiration and Core BX
- It's Math

Code	Description
00	No para-aortic nodes examined
01-99	1 - 99 para-aortic nodes examined (Exact number of para-aortic lymph nodes examined)
X1	100 or more para-aortic nodes examined
X2	Para-aortic nodes examined, number unknown
X6	No para-aortic lymph nodes removed, but aspiration or core biopsy of para-aortic node(s) only
X8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code X8 will result in an edit error.)
X9	Not documented in medical record Cannot be determined, indeterminate if examined para-aortic nodes present No lymph node dissection performed Para-aortic lymph nodes not assessed or unknown if assessed

48

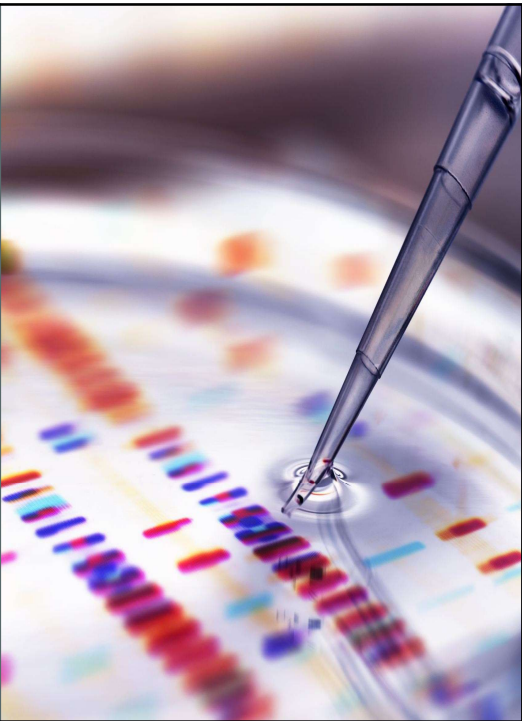
Peritoneal Cytology

- Results of cytologic examination
- Ascites
- Source Documents

49

Corpus Uteri Site-Specific Data Items Test

Good luck!



50



51



52

CE Certificate Quiz/Survey

CE Phrase

Link

- <https://survey.alchemer.com/s3/7032803/Boot-Camp-2023>

53

Coming UP...

Prostate 2023

- Guest Hosts:
 - Gillian Howell, CTR
 - Amy Bramburg, CTR
- 4/06/2023

Lower GI Part 1

- Guest Host: Denise Harrison, CTR
- 5/4/23

54

Thank you!

NAACCR

jhofferkamp@naaccr.org
amartin@naaccr.org

55