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2018 IMPLEMENTATION UPDATE: WHAT'S NEW IN STAGING FOR 2018?

SESSION 2 10/20/17

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.

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AGENDA

- Updates to the 2018 Timeline
 - Lori Havener-NAACCR Program Manager of Standards
- AJCC New Data Items
 - Donna M. Gress, RHIT, CTR
- EOD, Summary Stage, SSDI
 - Jennifer Ruhl, SEER, Co-Chair SSDI Task Force
- Standard Setter Updates
 - CoC
 - NCI-SEER
 - CDC-NPCR
 - Canada

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2018 IMPLEMENTATIONS AND TIMELINES V1.3

LORI HAVENER, NAACCR

2018 IMPLEMENTATIONS AND TIMELINES

- AJCC 8th Edition Chapter Updates to Histologies (Release 10/13/17)
- New and Revised Prognostic Data Items (Submit to UDS 12/15/17)
- ICD-O-3 Histology Revisions (Release 12/22/17)
- Solid Tumor (MP/H) Rules (Release 12/22/17)
- SEER Hematopoietic and Lymphoid Neoplasm Database (Release 12/22/17)
- SEER Summary Stage 2018 and SEER EOD 2018 (Release 12/22/17)

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2018 IMPLEMENTATIONS AND TIMELINES

- Standards Volume II, Version 18 (Release 1/1/18)
- CoC 2018 STORE Manual (Release 1/1/18)
- EDITS (Release 1/1/18)
- 2018 Implementation Guidelines (Release 3/1/18)

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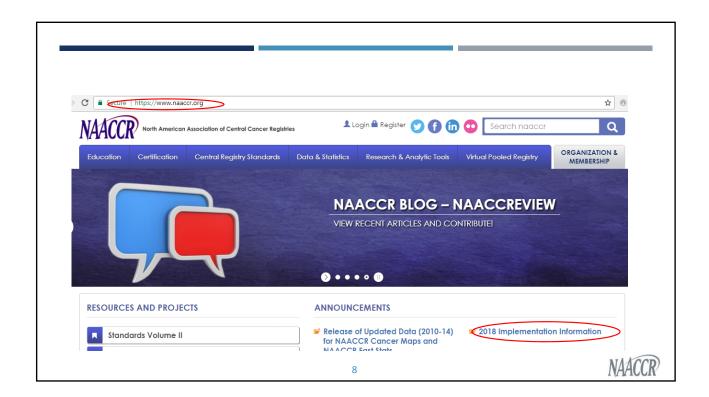
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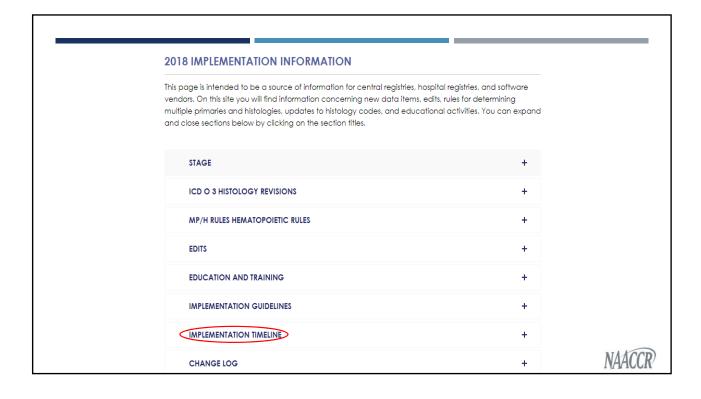
2018 IMPLEMENTATIONS AND TIMELINES

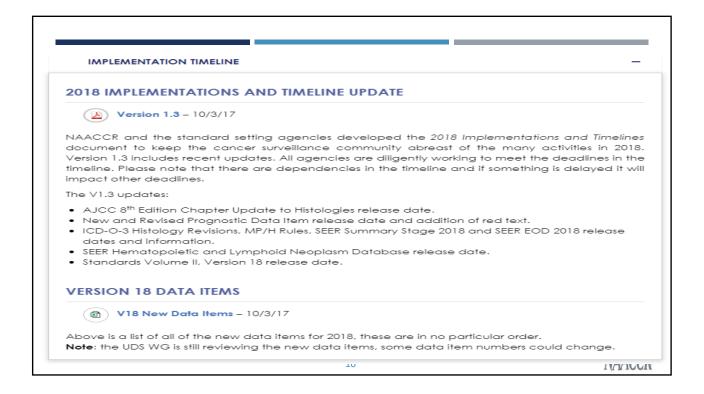
- Other Activities for 2018:
 - · Cancer registry software development
 - CDC NPCR TNM DLL
 - NCI SEER*RSA (will cover EOD and SS 2018)
 - Hospital and central cancer registry software updates.
- Central Registry Modifications to Manuals
- Education and Training

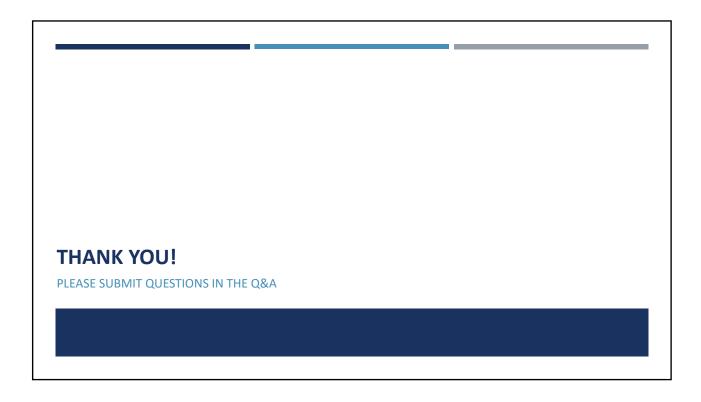
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AJCC NEW DATA ITEMS DONNA M. GRESS, RHIT, CTR

NEW AJCC STAGE DATA ITEMS

- All new AJCC 8th edition stage data items
 - · Separate from pre-2018 clinical and pathologic stage items
 - Three sets of stage items
 - Clinical
 - Pathological
 - Posttherapy
- Different data items for AJCC 7th and 8th
 - No conversions between 7th and 8th will take place
 - Abstracting 2018 cases before software release
 - 8th edition may not be entered into 7th data items
 - Must note 8th stage in comments until new software received

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FORMAT FOR T, N, M, AND STAGE GROUP

- Facilitates communication with physicians & researchers
 - Use same language as AJCC
 - No more registry shorthand and storage codes
 - Examples from registrar questions & physicians
 - c2 c2a c0
 - Tc2 Nc2a Mc0
 - cTc2 cNc2a cMc0
- Length changed from 4 to 15 characters
- Use format specified in AJCC staging manual
 - ypTis(DCIS)
 - pN0(mol+)
 - cM1b(0)
 - 3C

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SEPARATE STAGE CLASSIFICATIONS

- Collect clinical, pathological, posttherapy staging separately
- Emphasizes differences between p and yp stage
 - Timing and criteria
 - Staging rules
- Cannot easily determine whether p or yp in pre-2018 data
 - Descriptor y not always coded
 - Cannot depend on systemic therapy codes
 - All coded therapy is NOT neoadjuvant
- Pathological stage ONLY in Path T, N, M, stage group
- Postneoadjuvant therapy stage ONLY in NEW Post Therapy items



POSTNEOADJUVANT THERAPY STAGE CLASSIFICATION

- Timeframe Postneoadjuvant therapy / posttherapy staging
 - Starts after completion of systemic/radiation therapy
 - Does not use any information from clinical staging
 - Evaluates residual or remaining tumor after neoadjuvant therapy
 - · Documents response to treatment
- Criteria Postneoadjuvant therapy / posttherapy staging
 - Must meet standard neoadjuvant therapy guidelines
 - Not all radiation and/or systemic therapy meets this criteria
 - Not all surgical procedures qualify as definitive surgical resection

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POSTNEOADJUVANT THERAPY STAGE CLASSIFICATION

- Post Therapy T ypT
 - Evaluates primary tumor
 - Reflects remaining tumor size and/or extension
- Post Therapy N ypN
 - · Identifies absence or presence of node metastasis
 - Describes extent of nodal involvement
- Post Therapy M cM or pM
 - · Remains same as that assigned in clinical stage
 - May be cM or pM
- Post Therapy Stage Group
 - Assigned according to ypT ypN and c/pM



DESCRIPTOR DATA ITEM

- Descriptor data item prior to 2018
 - Category suffix: (m)
 - · Stage prefix: y
 - Stage group info for lymphoma: E, S
- Identified issues with descriptor data item
 - · Confusing to mix disparate concepts in one data item
 - · Poor compliance and inconsistent usage
 - · Alter for 2018 by creating new items or merging into existing
- Transformation for 2018
 - Developed new suffix data items for T and N
 - Shifted stage prefix to new yp stage data items
 - Incorporated E into stage group, S no longer used

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NEW DATA ITEMS FOR DESCRIPTOR – T SUFFIX

- T suffix 3 new data items
 - cT suffix
 - pT suffix
 - ypT suffix
- T suffix coding

code	label	description
m	(m)	Multiple synchronous tumors OR For thyroid differentiated and anaplastic only, Multifocal tumor
S	(s)	For thyroid differentiated and anaplastic only, Solitary tumor
blank	blank	No information available; not recorded

NEW DATA ITEMS FOR DESCRIPTOR – N SUFFIX

- N suffix 3 new data items
 - cN suffix
 - pN suffix
 - ypN suffix
- N suffix coding

code	label	description
sn	(sn)	Sentinel node procedure without resection of nodal basin
f (f) FNA or core needle biopsy without resection of nodal		FNA or core needle biopsy without resection of nodal basin
blank	blank	No suffix needed or appropriate; not recorded

Stage Updates 10

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GRADE

- Grade data unusable in many sites by AJCC experts
 - · Inconsistent grading systems used
 - · Data coding rules conflicted with physician guidance
- AJCC specifies grading system for each disease site
- Three new grade data items
 - · Grade data item for each stage classification
 - Incorporates both AJCC and standard registry coding
 - Prioritizes AJCC specified grade
 - Provides standard registry grade when AJCC is not applicable
 - Grade tables specific for each disease site
 - · Replaces SSF grade data items



GRADE FOR EACH STAGE CLASSIFICATION

- Grade needed for each stage classification
 - Document even if grade not needed for stage group
 - Critical to provide information for each, not always the same
 - Follows same timeframe and criteria rules as stage
- Grade data items
 - Grade clinical all patients if cancer known prior to treatment
 - Grade pathological primary treatment is surgical resection
 - Grade posttherapy neoadjuvant followed by surgical resection
- Patients will have only 1 or 2 grades coded, never all 3

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G Definition			
G1: Well differentiated			
G2: Moderately differentiated			
G3: Poorly differentiated, undifferentiated			
Grade cannot be assessed (GX); Unknown			
Not applicable	G	G Definition	
	1	G1: Well differentiated	
	2	G2: Moderately differentiated	
	3	G3: Poorly differentiated	
	4	G4: Undifferentiated	
	9	Grade cannot be assessed (GX); Unknown	

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ÞΚ	EAST GRADE
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
L	Nuclear Grade I (Low) (in situ only)
М	Nuclear Grade II (interMediate) (in situ only)
Н	Nuclear Grade III (High) (in situ only)
Α	Well differentiated
В	Moderately differentiated
С	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

NEW STAGE ITEMS

- CLINICAL STAGE
 - Clin T Clin T suffix
 - Clin N Clin N suffix
 - Clin M
 - Clin Grade
 - Clin Stage Group
 - Staged by
- PATHOLOGICAL STAGE
 - Path T Path T suffix
 - Path N Path N suffix
 - Path M
 - Path Grade
 - Path Stage Group
 - Staged by

- POSTTHERAPY STAGE
 - Post Therapy T Post T suffix
 - Post Therapy N Post N suffix
 - Post Therapy M
 - Post Therapy Grade
 - Post Therapy Stage Group
 - Staged by



THANK YOU!

PLEASE SUBMIT QUESTIONS IN THE Q&A

EXTENT OF DISEASE (EOD) 2018

EXTENT OF DISEASE (EOD) 2018

- EOD is a data collection system
 - EOD Primary Tumor
 - EOD Regional Nodes
 - EOD Mets
- EOD schemas available in SEER*RSA (~120)
 - Note: There will not be a separate EOD manual. EOD schemas only available in SEER*RSA

EOD general coding instructions will be included in the SEER Coding Manual

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EXTENT OF DISEASE (EOD) 2018

- The following EOD data items will be derived:
 - Derived EOD 2018 T
 - Derived EOD 2018 N
 - Derived EOD 2018 M
 - Derived EOD 2018 Stage Group
- Note: These derivations will only be available at the central registry level

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SUMMARY STAGE 2018

SUMMARY STAGE 2018

- Summary Stage 2000 updated based on changes in AJCC editions: 6, 7, 8
- Same code structure
- New/revised schemas
- General coding instructions available on SEER website
- Will be available in two formats:
 - SEER*RSA (individual schemas)
 - Stand alone document (coding instructions and schemas)



SUMMARY STAGE 2018

- Derived from EOD OR manually assigned
 - Derived SS2018 (from EOD)
 - Directly Assigned SS2018

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SITE-SPECIFIC DATA ITEMS (SSDI's)

WHAT IS AN SSDI?

- Site-Specific Data Item
 - Previously called site-specific factors
 - Now have own data item/data number
 - NAACCR "custodian" of these data items
 - Site-Specific Data Item (SSDI) taskforce responsible for:
 - Developing/updating data items

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TYPES OF SSDI'S

- Schema Discriminators: used when primary site and/or histology are not enough to get to right schema
- Required for Staging: Used in addition to T, N, or M to get a stage group
- Other types of data items



SCHEMA ID

- Automatically assigned (no registrar input)
 - Based on primary site/histology/schema discriminators (when needed)
- Schema ID determines
 - Summary Stage chapter
 - SSDIs appropriate for that chapter
 - AJCC ID (which defines cases eligible for TNM staging)

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THANK YOU!!!

PLEASE SUBMIT QUESTIONS IN THE Q&A



im Hofferkamp jhofferkamp@naaccr.org

STANDARD SETTER UPDATES

- Commission on Cancer
 - Kathleen Thoburn
 - Manager, Information & Data Standards National Cancer Data Base
- NCI-SEER
 - · Serban Negoita
 - Chief of the Data Quality, Analysis, and Interpretation Branch (DQAIB).
- CDC-NPCR
 - Mary Lewis
 - Public Health Advisor Centers for Disease Control and Prevention, National Program of Cancer Registries
- Canada
 - Mary Jane King

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COMMISSION ON CANCER 2018 STAGING REQUIREMENTS

For cases diagnosed January 1, 2018 and later, CoC will be requiring:

- Required Stage Groups
 - The new 8th Edition-based AJCC TNM Clin Stage Group [# 1004] AND
 - The new 8th Edition-based AJCC TNM Path Stage Group [# 1014] OR the new 8th Edition-based AJCC TNM Post Therapy Stage Group [# 1024]
- Newly collected when appropriate for the tumor being abstracted:
 - AJCC TNM Clin T Suffix [# 1030]
 - AJCC TNM Path T Suffix [# 1032]
 - AJCC TNM Post Therapy T Suffix [# 1033]
 - AJCC TNM Clin N Suffix [# 1034]
 - AJCC TNM Path N Suffix [# 1035]
 - AJCC TNM Post Therapy N Suffix [# 1036]



COMMISSION ON CANCER 2018 STAGING REQUIREMENTS

For cases diagnosed January 1, 2018 and later, CoC will be requiring:

- Other New Stage-associated Data Items
 - RX Date Regional LN Resection [# 682]
 - RX Date Regional LN Resection Flag [# 683]
 - Date SLN Biopsy (for breast and melanoma only) [# 832]
 - Date SLN Biopsy Flag (for breast and melanoma only) [# 833]
 - SLN Examined (for breast and melanoma only) [# 834]
 - SLN Positive (for breast and melanoma only) [# 835]

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COMMISSION ON CANCER STAGING DATA ITEMS NO LONGER COLLECTED

For cases diagnosed January 1, 2018 and later, CoC will no longer be collecting:

- TNM Path T [# 880]
- TNM Path N [# 890]
- TNM Path M [# 900]
- TNM Path Stage Group [# 910]
- TNM Path Descriptor [# 920]
- TNM Path Staged By [# 930]

- TNM Clin T [# 940]
- TNM Clin N [# 950]
- TNM Clin M [# 960]
- TNM Clin Stage Group [# 970]
- TNM Clin Descriptor [# 980]
- TNM Clin Staged By [# 990]



COMMISSION ON CANCER STAGING DATA ITEMS NO LONGER COLLECTED

For cases diagnosed January 1, 2018 and later, CoC will no longer be collecting:

- CS Site-Specific Factors [# 2861-2880, 2890-2930]
- CS Version Input Original
- CS Version Derived
- CS Version Input Current
- NO COLLABORATIVE STAGE DATA ITEMS SHOULD HAVE VALUES

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NCI SEER Staging Requirements

October 20, 2017



Need for Extent of Disease (EOD) Stage for Cancer Surveillance

- NCI SEER mandates the collection of cancer stage data in the population to:
 - report and monitor trends in cancer incidence and outcomes;
 - · support and promote research for all types of cancer;
 - support DHHS-wide cancer control initiatives, including Healthy People 2020;
 - · Public Health Surveillance must maintain a system that will:
 - enable and ensure ongoing continuity of staging trends over time reflecting the combination of clinical and pathologic information;
 - permit staging of the most comprehensive set of patients for all cancer sites;
 - AJCC TNM must be modified routinely to appropriately support clinical care of cancer patients;
 - Patients, researchers and the public will benefit the most if the two system are harmonized and work synergistically;

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Significant Differences Between AJCC 8 and EOD & SS 2018

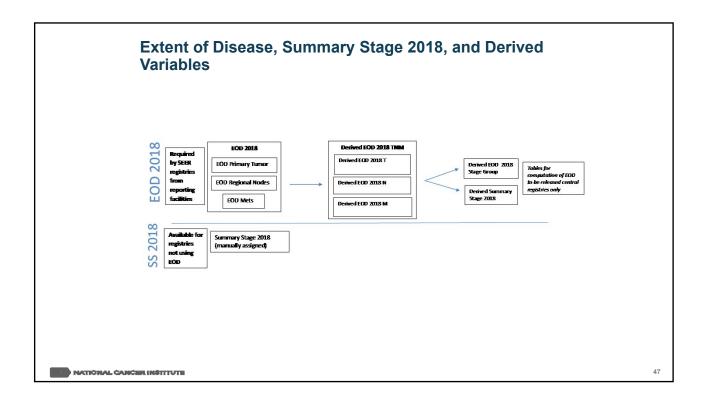
AJCC TNM 8	EOD & SS 2018
Uses patient eligibility criteria based on primary site, histology, tumor behavior, age, etc.	Covers all reportable cancer cases
Requires separate reporting of clinical and pathological stage; requires eligibility rules for clinical and pathological staging	Does not use the concepts of clinical and pathological stage but rather focuses on the concept of combined stage
Specific categories for post therapy and post neoadjuvant therapy	Does not record separately stage pre/post therapy
Categorizes patients using 91 schemas (chapters)	Categorizes patients using approximately 120 schemas
Definitions of T,N,M categories	Frequently uses similar but more granular (specific) definitions than AJCC TNM

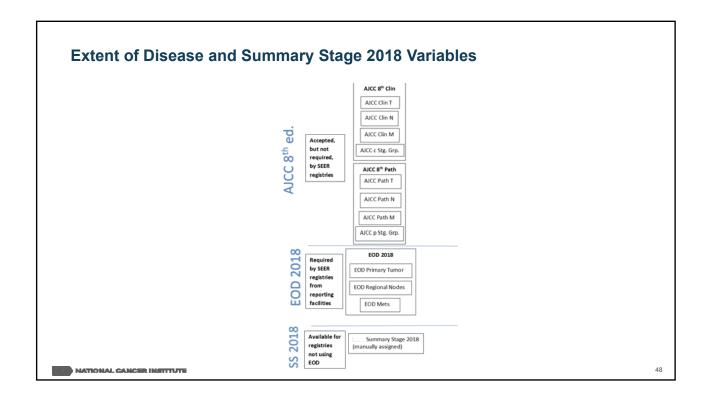
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Stage and Prognostic Factors Data Collection Requirements for Cases Diagnosed Year 2018

Data Items	NCI-Funded Central Registry			
	Reporting facility accredited by CoC	Reporting facility not accredited by CoC		
EOD 2018	Required;	Required;		
Summary Stage - manually assigned	No recommendation; accepted if available in the exchange record;	No recommendation; accepted if available in the exchange record;		
AJCC New Data Items	No recommendation; accepted if available in the exchange record;	No recommendation; accepted if available in the exchange record;		
Schema Discriminators and Site Specific Data Items - required for staging	Required;	Required;		
Site Specific Data Items - not required for staging	Required by SEER from CoC-accredited hospitals;	All items accepted if available in the exchange record; certain items will be required for special surveillance projects;		





NPCR 2018 Staging Requirements

Mary Lewis, CTR
Cancer Surveillance Branch

NAACCR Webinar October 20, 2017



Division of Cancer Prevention and Control

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Proposed Staging Requirements for 2018 Diagnoses

	Central Registry Funding				
	NPCR Only	Full State Dual Funded	Part State Dual Funded		
SS2018 (directly coded)	Required for all cases	Required for all cases	Required for all cases		
AJCC TNM 8 th ed. Clin and Path T, N, M, and Stage Groups (directly coded) and NPCR Derived Clin and Path Stage Groups	Required from CoC facilities only	Required from CoC facilities only, as available from others	Required from CoC facilities only, as available from others		
EOD and Derived TNM Items and Derived SS2018	Voluntary	Required	Voluntary		

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Description of changes: AJCC TNM 8th Edition

- Directly-coded AJCC TNM 8th Edition stage for **ALL cases**:
 - CoC Accredited Facilities
 - As available from other sources e.g. hospitals, radiation/medical oncology treatment centers, laboratories, physicians, outpatient centers, etc
 - CoC Facility Indicator on summary record to indicate reported from a CoC facility

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Description of changes: Extent of Disease 2018

- Extent of Disease 2018 (EOD), Derived EOD TNM 8th T, N, M and Derived Stage Group and Derived Summary Stage 2018:
 - Dually-funded Registries
 Entire State Mandatory to report EOD Ex: Louisiana
 Specific Geographic Regions Voluntary to report EOD Ex: Michigan

Voluntary for NPCR-only funded registries

 Evaluate ease of data collection, quality of data and usefulness of variables

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Rationale for changes: AJCC TNM 8th Edition

- Data collection issue for non-CoC accredited facilities
- States can concentrate on CoC-accredited facilities and voluntary reporting by non-CoC facilities
- Anticipate higher quality of complete stage data meeting needs of data users

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Rationale for changes: Extent of Disease 2018

- · Ease of use
- Potential implementation in variety of registry settings
- Use 2018 as trial period from dual-funded registries and other volunteers
- Valuable experience/information for NPCR data collection beyond 2018

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Go to the official federal source of cancer prevention information: www.cdc.gov/cancer



The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



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Q&A

PLEASE SUBMIT QUESTIONS THROUGH THE Q&A OR
THE 2018 IMPLEMENTATION FORUM HTTPS://WWW.NAACCR.ORG/2018-IMPLEMENTATION/

