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NAACCR 2018 IMPLEMENTATION WEBINAR

NAACCR 2018 IMPLEMENTATION WG

DECEMBER 18, 2017

HOUSEKEEPING

- We will address all questions at the end of the webinar.
- Please type questions in the Questions panel
 - Include speaker you would like to address the question.
- A recording of the session and a .pdf of the slides will be posted to the NAACCR 2018 Implementation page.

QUESTIONS

Questions

☒ Show Answered Questions

X	Question	Asker	Rec'd	Answer

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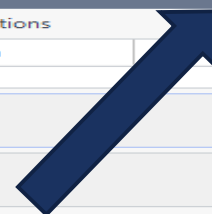
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Handouts: 0 of 5 Chat

Sample Webinar
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AGENDA

- Update on Implementation Timeline - Lori Havener, NAACCR
- AJCC Chapter-specific histologies - Laura Vega, AJCC
- ICD O 3 Workgroup Update-Lois Dickie, Chair
- Concurrent abstracting
 - Guidance from 2018 Implementation Task Force-Winny Roshala
 - Comments from Standard Setters
 - Commission on Cancer-Kathleen Thoburn
 - CDC-NPCR-Linda Douglas
 - NCI-SEER-Peggy Adamo

2018 IMPLEMENTATIONS AND TIMELINES

- CoC 2018 STORE Manual (Release 2/18)
- EDITS (Release 2/1/18)
- Standards Volume II, Version 18 (Release 3/1/18)
- 2018 Implementation Guidelines (Release 3/1/18)

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.
 - Conversions/Crosswalks
 - Radiation data items
 - Vital status

2018 IMPLEMENTATIONS AND TIMELINES

- Other Activities for 2018:
 - Central Registry Modifications to Manuals
 - Education and Training

EOD Solid Tumor Hematopoietic
Histologies **2018** Edits
8th Edition SSDI
Summary Stage ICD03
Radiation

2018 Implementation

Source of information for central/hospital registries and software vendors. You will find information on new data items, edits, rules for determining multiple primaries and histologies, updates to histology codes & educational activities.



RESOURCES AND PROJECTS

- Standards Volume II
- Resources for International Registries
- Cancer Surveillance Timeline
- NAACCR Education and Training
- Cancer Data & Maps (interactive)

ANNOUNCEMENTS

- 2018 Annual Conference Call for Abstracts
- NAACCR Plan to Implement XML
- Release of Updated Data (2010-14) for NAACCR Cancer Maps and NAACCR Fast Stats
- 2018 Implementation Information**
- Fall 2017 NAACCR Narrative
- Call for Nominations - NAACCR Board
- What you Need to Know for 2017

2018 Implementation

**Last Update:**

12/15/17 at 09:40AM CT

**Recent Changes:**

– Added [Concurrent Abstracting Statement](#) and [Timeline Update Version 1.5](#)

2018 IMPLEMENTATION INFORMATION

This page is intended to be a source of information for central registries, hospital registries, and software vendors. On this site you will find information concerning new data items, edits, rules for determining multiple primaries and histologies, updates to histology codes, and educational activities. You can expand and close sections below by clicking on the section titles.

STAGE	+
ICD O 3 HISTOLOGY REVISIONS	+
MP/H RULES HEMATOPOIETIC RULES	+
EDITS	+
EDUCATION AND TRAINING	+
IMPLEMENTATION GUIDELINES	+
IMPLEMENTATION TIMELINE	+
CONCURRENT ABSTRACTING STATEMENT	+
CHANGE LOG	+

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VENDOR WEBINAR

Session recorded on 11/1/17



[2018 Vendor Update](#)

WHAT'S NEW IN STAGING FOR 2018?

This webinar on 10/20/17 featured presentations by AJCC and SEER. Standard setters also discussed their stage data collection requirements.



[2018 Implementation Update: Session 2](#)



[Slides](#)

2018 IMPLEMENTATION WEBINAR

During this webinar on 8/8/17 the timeline and SSDI's were discussed.



[2018 Implementation Timeline and SSDI Overview: Session 1](#)



[Slides](#)



THANK YOU!



AJCC HISTOLOGY UPDATE

LAURA MEYER VEGA, PMP | MANAGING EDITOR, *AJCC CANCER STAGING MANUAL, EIGHTH EDITION*

OVERVIEW

- Histology Codes in the Eighth Edition
- Histology Codes for Software Vendors
- AJCC ID
- Additional Resources

HISTOLOGY CODES IN THE 8TH EDITION

- WHO Classification of Tumours
 - “Blue Books” used by oncologists and pathologists
 - Includes established and new ICD-O codes as well as diagnostic criteria, pathology and genetics of specific diseases.
 - Chosen as primary resource by AJCC for its clinical relevance

HISTOLOGY CODES IN THE 8TH EDITION

- ICD-O-3(.1)
 - Derived from Blue Books
 - Not updated online since 2011
 - Does not include new codes/terms published by WHO/IARC since 2011 (Breast, GYN, GU, Soft Tissue, Head and Neck, Endocrine, Heme, Thorax)

HISTOLOGY CODES IN THE 8TH EDITION

- Bridging the delta between clinical practice and surveillance requirements:
 - Establish that WHO Classification of Tumors is primary clinical resource for 8th Edition.
 - Compare list of “ineligible” codes generated by CDC-NPCR and NCI SEER with WHO Classification of Tumors.

HISTOLOGY CODES IN THE 8TH EDITION

- Bridging the delta between clinical practice and surveillance requirements:
 - Compare “ineligible” codes with WHO Classification of Tumors and determine what should be added or revised.
 - Seek pathology subject matter expertise in decision-making
 - Acknowledge that there are grey zones – NOS and other generic codes can be included for surveillance purposes, but should be avoided by clinicians

OUTCOME

- WHO Classification of Tumors section now titled “Histology Codes” as it contains codes from both WHO CoT and ICD-O-3.1
- Codes sorted in numerical order
- Certain codes included with caveat:
 - “Histology is not ideal for clinical use in patient care, as it describes an unspecified or outdated diagnosis. Data collectors may use this code only if there is not enough information in the medical record to document a more specific diagnosis.”

HISTOLOGY CODES IN TEXT

Histology Codes

This list includes histology codes and preferred terms from the *WHO Classification of Tumors* and the *International Classification of Diseases for Oncology* (ICD-O). Most of the terms in this list represent malignant behavior. For cancer reporting purposes, behavior codes /3 (denoting malignant neoplasms), /2 (denoting *in situ* neoplasms), and in some cases /1 (denoting neoplasms with uncertain and unknown behavior) may be appended to the 4-digit histology codes to create a complete morphology code.

Code	Description
8010	Carcinoma, NOS
8020	Undifferentiated carcinoma
8070	Squamous cell carcinoma
8070	Squamous cell carcinoma <i>in situ</i>
8071	Keratinizing squamous cell carcinoma
8072	Non-keratinizing squamous cell carcinoma
8073	Squamous cell carcinoma, small cell, nonkeratinizing
8083	Basaloid squamous cell carcinoma

8140	Adenocarcinoma, NOS
8200	Adenoid cystic carcinoma
8000*	Neoplasm, malignant
8052*	Papillary squamous cell carcinoma

* Histology is not ideal for clinical use in patient care, as it describes an unspecified or outdated diagnosis. Data collectors may use this code only if there is not enough information in the medical record to document a more specific diagnosis.

El-Naggar AK, Chan JKC, Grandis JR, Takata T, Slootweg PJ, eds. World Health Organization Classification of Head and Neck Tumours. Lyon: IARC; 2017. Used with permission.

International Agency for Research on Cancer, World Health Organization. International Classification of Diseases for Oncology. ICD-O-3-Online. <http://codes.iarc.fr/home>. Accessed August 16, 2017. Used with permission.

HISTOLOGY CODES FOR SOFTWARE DEVELOPERS

- Codes/Descriptions tagged with surveillance and clinical output class to distinguish relevance

```
<histology>
  <p>This list includes histology codes and preferred terms from the WHO Cla
  <histologytable>
    <sthead>
      <stentry>Code</stentry>
      <stentry>Description</stentry>
    </sthead>
    <strow outputclass="surveillance">
      <stentry>8000</stentry>
      <stentry>Neoplasm, malignant</stentry>
    </strow>
    <strow outputclass="surveillance">
      <stentry>8010</stentry>
      <stentry>Carcinoma, NOS </stentry>
    </strow>
    <strow outputclass="clinical">
      <stentry>8013</stentry>
      <stentry>Large cell neuroendocrine carcinoma </stentry>
    </strow>
```

HISTOLOGY CODES FOR SOFTWARE DEVELOPERS

- NAACCR SSDI Task Force has spreadsheet of histology and codes sortable by Chapter and AJCC ID:

Chapt	Disease I	Chapter Title	Disease Title	Disease ID	Code	Description
11	11.1	Oropharynx (p16-) and Hypopha	Oropharynx (p16-)	HAN-PHA-ORO	8070	Conventional squamous cell carcinoma
11	11.1	Oropharynx (p16-) and Hypopha	Oropharynx (p16-)	HAN-PHA-ORO	8074	Spindle cell squamous cell carcinoma
11	11.1	Oropharynx (p16-) and Hypopha	Oropharynx (p16-)	HAN-PHA-ORO	8075	Acantholytic squamous cell carcinoma
11	11.1	Oropharynx (p16-) and Hypopha	Oropharynx (p16-)	HAN-PHA-ORO	8082	Lymphoepithelial carcinoma
11	11.1	Oropharynx (p16-) and Hypopha	Oropharynx (p16-)	HAN-PHA-ORO	8083	Basaloid squamous cell carcinoma
11	11.1	Oropharynx (p16-) and Hypopha	Oropharynx (p16-)	HAN-PHA-ORO	8086	Squamous cell carcinoma, HPV-negative
11	11.1	Oropharynx (p16-) and Hypopha	Oropharynx (p16-)	HAN-PHA-ORO	8560	Adenosquamous carcinoma
11	11.2	Oropharynx (p16-) and Hypopha	Hypopharynx	HAN-PHA-HYP	8051	Verrucous squamous cell carcinoma
11	11.2	Oropharynx (p16-) and Hypopha	Hypopharynx	HAN-PHA-HYP	8052	Papillary squamous cell carcinoma
11	11.2	Oropharynx (p16-) and Hypopha	Hypopharynx	HAN-PHA-HYP	8070	Conventional squamous cell carcinoma
11	11.2	Oropharynx (p16-) and Hypopha	Hypopharynx	HAN-PHA-HYP	8074	Spindle cell squamous cell carcinoma
11	11.2	Oropharynx (p16-) and Hypopha	Hypopharynx	HAN-PHA-HYP	8075	Acantholytic squamous cell carcinoma
11	11.2	Oropharynx (p16-) and Hypopha	Hypopharynx	HAN-PHA-HYP	8082	Lymphoepithelial carcinoma
11	11.2	Oropharynx (p16-) and Hypopha	Hypopharynx	HAN-PHA-HYP	8083	Basaloid squamous cell carcinoma
11	11.2	Oropharynx (p16-) and Hypopha	Hypopharynx	HAN-PHA-HYP	8086	Squamous cell carcinoma, HPV-negative
11	11.2	Oropharynx (p16-) and Hypopha	Hypopharynx	HAN-PHA-HYP	8560	Adenosquamous carcinoma

TOPOGRAPHY CODES FOR SOFTWARE DEVELOPERS

- NAACCR SSDI Task Force has spreadsheet of topography sortable by Chapter and AJCC ID:

Chapter	Disease Number	Disease ID	Code	Description	Notes
54	54.2	GYN-CUS-ADE	C54.0	Isthmus uteri	
54	54.2	GYN-CUS-ADE	C54.1	Endometrium	
54	54.2	GYN-CUS-ADE	C54.2	Myometrium	
54	54.2	GYN-CUS-ADE	C54.3	Fundus uteri	
54	54.2	GYN-CUS-ADE	C54.8	Overlapping lesion of corpus uteri	
54	54.2	GYN-CUS-ADE	C54.9	Corpus uteri	
54	54.2	GYN-CUS-ADE	C55.9	Uterus, NOS	
55	55	GYN-OVA	C48.1	Specified parts of peritoneum	excluding 8810, 8815, 8825, 8890, 8936
55	55	GYN-OVA	C48.2	Peritoneum (female only)	excluding 8810, 8815, 8825, 8890, 8936
55	55	GYN-OVA	C48.8	Overlapping lesion of retroperitoneum and peritoneum (female only)	excluding 8810, 8815, 8825, 8890, 8936
55	55	GYN-OVA	C56.9	Ovary	
55	55	GYN-OVA	C57.0	Fallopian tube	
56	56	GYN-GTN	C58.9	Placenta	

AJCC ID

- AJCC ID's distinguish singular staging “pathways” in AJCC chapters
- Allow for distinct topography and histology combinations to be associated with the correct staging pathway.
- Created by AJCC with the API output in mind
- NAACCR uses numerical AJCC ID, API licensees use alpha Disease ID

AJCC ID

- Examples of AJCC ID used by NAACCR:
 - Chapter 11 Oropharynx (p16-) and Hypopharynx
 - 11.1 Oropharynx (p16-)
 - 11.2 Hypopharynx
 - Chapter 12 Nasal Cavity and Paranasal Sinuses
 - 12.1 Maxillary Sinus
 - 12.2 Nasal Cavity and Ethmoid Sinus

AJCC ID

- Examples of AJCC ID used by NAACCR:
 - Chapter 61 Renal Pelvis and Ureter
 - 61.1 Renal Pelvis and Ureter: Urothelial Carcinomas
 - 61.2 Renal Pelvis and Ureter: Squamous Cell Carcinoma and Adenocarcinoma

DISEASE ID

- Examples of Disease ID in API:
 - Chapter 11 Oropharynx (p16-) and Hypopharynx
 - HAN-PHA-ORO Oropharynx (p16-)
 - HAN-PHA-HYP Hypopharynx
 - Chapter 12 Nasal Cavity and Paranasal Sinuses
 - HAN-NAS-MAX Maxillary Sinus
 - HAN-NAS-NCE Nasal Cavity and Ethmoid Sinus

DISEASE ID

- Examples of Disease ID in API:
 - Chapter 61 Renal Pelvis and Ureter
 - KUT-RPU-URO Renal Pelvis and Ureter: Urothelial Carcinomas
 - KUT-RPU-SQU Renal Pelvis and Ureter: Squamous Cell Carcinoma and Adenocarcinoma

ADDITIONAL RESOURCES

- Revised Breast Chapter – released 11/10
- Basic Staging Forms – coming week of 12/18
- Histology and Topography Lists – coming week of 12/18
- API
- Updated errata list with page reprints – coming January
- Educational webinars – ongoing releases
- www.cancerstaging.org



2018 ICD-O-3 Histology Code & Behavior Update Implementation

NAACCR 2018 Implementation Webinar
December 18, 2017

Lois A. Dickie, CTR
Chair, NAACCR ICD-O-3 Implementation Work Group



Agenda

- Background
- Issues
- What's new for 2018



Important Reminder

- Registrars are to use ICD-O-3 and not ICD-O-3.1 (in either print or electronic form). While there are minimal differences between ICD-O-3 and ICD-O-3.1, the standard setters have not approved ICD-O-3.1 for use in the United States and Canada



Important Reminder #2

- Guidelines for the 2018 ICD-O-3 Update have been created and will include important information concerning this update. Once the guidelines are published, notice will be sent out via standard setter listservs. Links to tables listing the new codes and terms will be included. This guideline is a valuable resource and should be used in conjunction with ICD-O-3, Hematopoietic & Lymphoid DB, and Solid Tumor (MP/H) rules



Background

- ICD-O-3 Codes: where do they come from?
 - World Health Organization (WHO)
 - International Histology Classification of Tumors (BLUE BOOKS)
 - International Agency for Research on Cancer (IARC)
 - IARC/ICD-O Committee



Background

- Since the 2011 update to ICD-O-3 codes, WHO has continued publishing updates to the WHO Blue Book series
- As part of each new edition, subject matter experts (SME's) review current literature pertaining to the organ or body system covered in the WHO Classification and make recommendations regarding revised histologic terminology and diagnostic testing
- Revisions reviewed by WHO/IARC ICD-O committee to make sure recommended code changes and additions are appropriate



Background

- When a new Blue Book edition is published, the terminology and codes are introduced into contemporary pathology terminology to be used in pathology reports. Malignant diagnoses from these books that find their way into cancer registries may not be listed in ICD-O-3, the standard reference for reportable conditions. This becomes an issue if there are no histology codes available to register the case
- In some cases, a new code can be cross-walked to an existing code until the new code is implemented
- Otherwise, the case remains unreportable until the new code is adopted



Background

- North American Association of Central Cancer Registries (NAACCR) formed the ICD-O-3 Implementation Work Group
- Representatives from Standard Setters, Canada, and central registries
- Review and proved recommendations to adopt changes from 4th Ed Blue Books released between 2010 and 2017
 - Digestive Organs*
 - Hematopoietic*
 - CNS*
 - Breast
 - Female Reproductive Organs
 - Head & Neck
 - Lung
 - Soft Tissue
 - Urinary



Issues

- No WHO/IARC ICD-O committee overview of changes
- No change summary provided by WHO 4th Ed editors
- ICD-O-4 not expected anytime soon
- New codes and terms are site specific
- Some ICD-O-3 codes have more than one new term
- No old terms made obsolete even though they are no longer in WHO BB
- How to reinforce correct coding
- Create user-friendly coding tables

Important Reminder

- Check the 2018 ICD-O-3 Update Table **first** to determine if the histology is listed. If the histology is not included in the update, then review ICD-O-3 and/or Hematopoietic & Lymphoid Database and/or Solid Tumor (MP/H) rules

What's New for 2018

- New ICD-O codes/terms
 - 36 New codes and associated terms
 - 11 previously approved but not implemented (2014 Update cross-walk)

What's New for 2018

Behavior code changes & associated terms

19 existing ICD-O-3 codes have had a change in behavior codes
New associated terms



What's New for 2018

- Behavior code changes & associated terms
 - 19 existing ICD-O-3 codes have had a change in behavior codes
 - New associated terms



What's New for 2018

- New terms for existing ICD-O-3 codes
 - 114 new associated terms
 - Some ICD-O-3 codes have more than one new term
 - Some new terms are site specific
 - No old terms made obsolete



What's New for 2018

- Guidelines & formats
- PDF and Excel
 - ALL changes will be consolidated into a single table
 - Numerical order by ICD-O-3 code
 - Previously approved but never implemented ICD-O-3 codes will be included in the table

2018 ICD-O-3 PDF Doc

- Five columns
 - Status: New term/code, new behavior code/term, new term
 - ICD-O-3 Morphology Code: lists code and behavior
 - Term: Histology name per WHO. Preferred terms are indicated in **BOLD** font. If the code or term is specific to a site for sites, the topographical site code will be listed in **BOLD** font after the term
 - Reportability (Y or N): notes if histology is reportable or not
 - Comments: Provides specific coding instructions if applicable

2018 ICD-O-3 Excel Doc

- Six columns:
 - Histology value: ICD-O-3 code
 - Behavior: behavior code
 - Preferred term: TRUE= preferred name. FALSE= alternate name
 - Label: histologic term
 - Status: new code/term, new behavior code/term, and new term
 - Comments: Provides specific coding instructions if applicable



Example: Previously Approved Codes/Terms

Status	ICD-O-3 Code	Term	Report Y/N	Comments
New code/term	8552/3	Mixed acinar ductal carcinoma	Y	Cases diagnosed prior to 1/1/2018 use code 8523/3
New code/term	9425/3	Pilomyxoid astrocytoma	Y	Cases diagnosed prior to 1/1/2018 use code 9421/3

Example: New ICD-O-3 Codes with Special Instructions

Status	ICD-O-3 Code	Term	Report Y/N	Comments
New code/term	8054/3	Warty carcinoma	Y	Cases diagnosed prior to 1/1/2018 use code 8051/3
New code/term	8519/2	Pleomorphic lobular carcinoma in situ	Y	ICD-O-3 rule F DOES NOT APPLY to code 8519. Invasive pleomorphic carcinoma is coded 8520/3

Example:

Behavior code/term change

Status	ICD-O-3 Code	Term	Report Y/N	Comments
New behavior/ Term	8250/ 2	Minimally invasive adenocarcinoma, non- mucinous (C34._)	Y	Code behavior as /2. DO NOT CODE as/3

Example: Behavior code/term change

Status	ICD-O-3 Code	Term	Report Y/N	Comments
New behavior/ Term	8253/2	Adenocarcinoma in situ, mucinous (34._)	Y	Lung primaries ONLY: For cases diagnosed 1/1/2018 forward, DO NOT use code 8480 (mucinous adenocarcinoma) for in situ adenocarcinoma, mucinous or invasive mucinous adenocarcinoma

Example: New Terms

- **8250/3**
 - Lepidic adenocarcinoma (C34._)
 - Lepidic predominant adenocarcinoma (C34._)
- **8253/3**
 - Invasive mucinous adenocarcinoma (C34._) (DX prior to 1/1/2018 use code 8480)
- **8254/3**
 - Mixed invasive mucinous and non-mucinous adenocarcinoma (C34._)

WHO 4th Ed Lung: Proposed discontinuing the terms bronchioloalveolar carcinoma or BAC



Example: New Terms

- **8551/3 Acinar adenocarcinoma (LUNG PRIMARIES ONLY)**
 - Who 4th Ed Lung has proposed code 8551/3 for acinar adenocarcinoma of the lung rather than use the existing code 8550/3 which is also acinar adenocarcinoma
 - Specific criteria are needed for diagnosis of acinar in lung
 - Cases diagnosed prior to 1/1/2018 use code 8550/3



Example: New Terms

- 8140/3 Acinar adenocarcinoma of prostate (C61.9)
- WHO 4th Ed Tumors of Male Genital Organs has proposed the term “acinar adenocarcinoma” for primary prostate tumors added as alternate term for 8140/3 adenocarcinoma, NOS



Future ICD-O Projects

- Work group will address changes proposed in future blue book updates
- Work toward solutions for a consolidated ICD-O manual



Registrar & Vendor Support

- Questions concerning the 2018 ICD-O-3 Update can be submitted through Ask A SEER Registrar:
<https://seer.cancer.gov/registrars/contact.html>
beginning in January 2018



Questions?

Lois Dickie
dickielo@mail.nih.gov

2018 CONCURRENT ABSTRACTING OVERVIEW STATEMENT HIGHLIGHTS

DEVELOPED BY THE NAACCR 2018 IMPLEMENTATION AND GUIDELINES TASK FORCE AND

APPROVED BY THE NAACCR STANDARDIZATION AND REGISTRY DEVELOPMENT STEERING COMMITTEE

BACKGROUND INFORMATION

- Due to the large volume of new and changed data items being implemented for 2018, the updated cancer reporting software required for 2018 case reporting will not be available for those who practice concurrent abstracting.
- Major 2018 data changes affect stage, grade, site-specific data items, histology coding, and radiation treatment data collection.
- A database conversion will also be required.

RECOMMENDATIONS

- Cases diagnosed January 1, 2018 and later may be started in NAACCR Version 16 (v16) but **must be completed** using NAACCR Version 18 (v18)-based software.
- Reporting facilities must install their v18 reporting software before completing 2018 diagnosed cases.
- If abstraction of a 2018 case is started in current v16 software, include as much text documentation as possible.
- Text documentation will facilitate completion of the new and revised data items once the registry software has been updated to v18.

DO NOT COMPLETE THE FOLLOWING DATA ITEMS, AS NEW DATA ITEMS WILL BE REQUIRED TO COLLECT THE INFORMATION

- Grade
 - Three separate data items will be collected for grade assessed during the clinical and pathological timeframes or for cases that had neoadjuvant therapy administered.
- AJCC T, N, M, Stage Groups and Descriptors
 - AJCC 8th Edition includes additional and revised categories and a new way to code descriptors.

DO NOT COMPLETE THE FOLLOWING DATA ITEMS, AS NEW DATA ITEMS WILL BE REQUIRED TO COLLECT THE INFORMATION

- CS Site-Specific Factors 1-25
 - CS SSF's are obsolete for 2018 and later diagnoses
 - Replaced by distinct data items, defined by the specific information being collected
 - Some completely new site-specific information is being collected
 - Many of the formats were revised to align with CAP protocols and AJCC 8th Edition
- Radiation Treatment
 - New data items were added to capture data on the separate phases of radiation treatment and different treatment target volumes

OTHER CHANGES FOR 2018

- Site-Specific Data Items (SSDI's)
- Revised Solid Tumor Rules (formerly known as the Multiple Primary and Histology Coding Rules)
- Revised Hematopoietic and Lymphoid Neoplasm Database
- New histology codes
- 2018 Summary Stage
- 2018 Extent of Disease
- Commission on Cancer's new STORE Manual

REMINDERS WHEN PERFORMING CONCURRENT ABSTRACTING OF 2018 CASES

- Complete as many data items as possible (including text fields) except for the data items mentioned on the previous slides.
- New histology codes have been added, thus some cases may need to be revisited to abstract the appropriate histology codes.

EDITS IMPLICATIONS

- Edits – Since hospital registry software systems are currently running v16 compliant edits, no attempt should be made to resolve edit errors generated on the data items mentioned on the previous two slides for cases diagnosed in 2018.
- Do not assign codes for any of the previously mentioned data items with the purpose of passing v16 edits.

TRANSMISSION OF CASES DIAGNOSED IN 2018 BEGUN IN v16 SOFTWARE

- 2018 diagnosed cases for which abstraction was started in current v16 software will **not** be considered complete until:
 - All new required data items have been completed
 - The case is fully processed using v18-compliant software, including conversion where appropriate
 - v18 edits have been applied

COMMUNICATION IS KEY!

- Each reporter should be in close communication with their central registry, the CoC, and their hospital registry software vendor to ascertain how to best move forward with the transmission of concurrent abstracts.
- Central registries will be in close communication with their reporting facilities to provide instructions specific to their state or provincial registry.

REPORTING FROM NON-HOSPITAL SOURCES

- Central registries will have to decide on their optimal plan, taking state and standard-setter requirements as well as practical considerations into account.
- Accepting submissions from these facilities in v16 will maintain their timeliness of reporting but may result in data errors and omissions.

ADDITIONAL INFORMATION FROM STANDARD SETTING AGENCIES

- Separate statements from the CDC/NPCR, the Commission on Cancer, and NCI SEER are also included in the document.
- The entire document can be found at the following link on the NAACCR web site:

<https://www.naaccr.org/2018-implementation/#Guidelines>



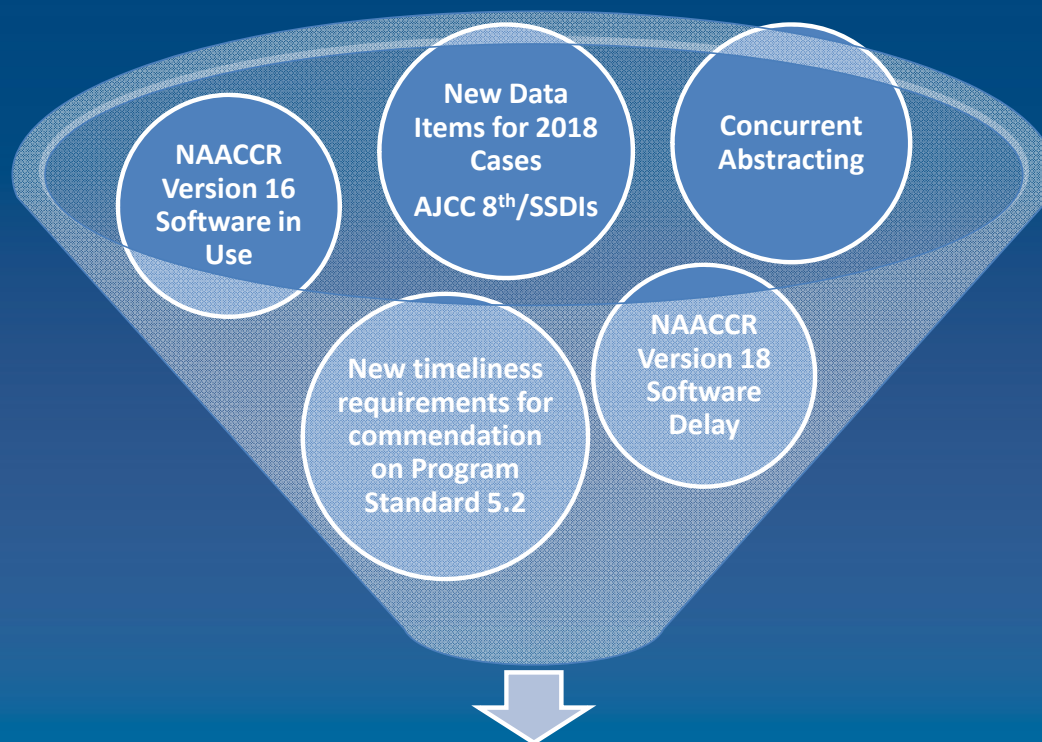
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The Rapid Quality Reporting System Submission of Cases Diagnosed in 2018 Using the NAACCR Version 16.0 Record Layout

*Kathleen K. Thoburn, CTR
Manager of Information and Data Standards, NCDB*

The 2018 RQRS Quandary



**RQRS Prospective Treatment Alerts
for Cases Diagnosed in 2018**



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The 2018 RQRS (Interim) Solution 1

- RQRS will be accepting cases diagnosed in 2018 in v16 format
- To meet new CoC Program Standard 5.2 timeliness requirements, submit 2018 cases with data items that can be abstracted within your current NAACCR Version 16.0-compliant software
- **DO NOT abstract** old Grade [#440], AJCC 7th Edition T, N, M and Stage Groups, or CS SSFs for 2018 cases!!



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The 2018 RQRS (Interim) Solution 2

- To have RQRS appropriately run measure algorithms and send prospective treatment alerts, CoC is working in conjunction with the CDC Registry Plus group on configuring a customized version of the NAACCR Version 16-compliant CDC Abstract Plus Software
- Will include data items needed for abstraction of 2018 cases
- Will include data items needed for 2018 cases within the State/Requestor Area of the v16 NAACCR Record Layout
- RQRS Data Submission and Processing System will be configured to read these data items for 2018 cases and feed them into the Quality Measure Algorithms



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The 2018 RQRS (Interim) Solution 2

- Top 5 solid tumor sites: Breast, Colorectal, Lung, Melanoma, Bladder
- Grade: 3 separate grade data items; clinical and (pathologic OR post neoadjuvant therapy)
- AJCC 8th Edition expanded T, M, N, and Stage Groups
- Associated Site-Specific Data Items (SSDIs)
- New Histologies...Radiation Treatment ?!?
- Data entry will be manual, no .dll-guided software interfaces
 - e.g., will need to rely heavily on the AJCC 8th Edition Manual
- Available, select, NAACCR Version 18 data quality edits will be included to ensure accurately abstracted data



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The 2018 RQRS (Interim) Solution 2

1. Begin abstraction of 2018 cases within your current v16 vendor software
2. Abstract as many data items as you can
 - **DO NOT abstract** old Grade [#440], AJCC 7th Edition T, N, M and Stage Groups, or CS SSFs for 2018 cases!!
3. Export 2018 abstracts out of your current vendor software
4. Import 2018 abstracts into CoC-customized Abstract Plus
5. Abstract additionally required 2018 (v18) data items
6. Export 2018 abstracts out of CoC-customized Abstract Plus
7. Submit file of 2018 abstracts to RQRS
8. Quality measure algorithms will run, EPRs will be generated and prospective treatment alerts will be issued



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The 2018 RQRS (Interim) Solution 2

- Because Abstract Plus stores data within an Access database, you may be able to work with your hospital software vendor to integrate the abstracted data
- Extract the abstracted data for 2018 cases out of Abstract Plus and update your hospital registry database after your upgrade to NAACCR Version 18.0-compliant software
- At a minimum, abstracts can be printed with accurate values to be entered



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Thank You!



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2018 Implementation

Lynda Douglas



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

2014 -- 2017

Diagnosis Year	Collection of Directly Coded Stage	Summary Report of Abstracts with Directly Coded Stage	Transmit to CDC
2014	ACoS Facilities-AJCC CS collection continues	November 2015	November 2015— (CS consolidated)
2015	Non-ACoS Facilities—AJCC as available Summary Stage-all facilities, CS continues	November 2016	November 2016- (CS and Directly Coded SS consolidated records)
2016	All Facilities—AJCC and Summary Stage, CS no longer collected		November 2017-- (AJCC and SS consolidated records)

Required Data Item Status Table

- Sent out in October but will be revised and sent out the first part of January 2018.
- Major changes made for 2018 have delayed process
- Concurrent abstracting section of Implementation Guide for CDC/NPCR



Peggy Adamo

NCI SEER

NAACCR 2018 Implementation Webinar
December 18, 2017



- Acknowledge complex changes & additional effort required from central & hospital registries to implement NAACCR v18 Standards
- Support general recommendations for concurrent abstracting developed by the NAACCR 2018 Implementation & Guidelines Task Force
 - No additional requirements for NCI-funded registries
- Central registries & reporting facilities in SEER areas are in best position to determine most effective use of concurrent abstracting & timing of version updates



- Updated version of SEER Registrar Staging Assistant (SEER*RSA) will be released in early 2018
- SEER abstracting tool (SEER*Abs) and SEER*DMS system will be updated soon after SEER*RSA release



- All cases diagnosed in year 2018 & thereafter will be
 - Staged using Extent of Disease 2018
 - Transmitted by central registries to NCI in NAACCR version 18

Thank You!



- Peggy Adamo
- adamom@mail.nih.gov

National Cancer Institute





QUESTIONS?

PLEASE TYPE QUESTIONS INTO THE QUESTIONS PANEL



THANK YOU!

[HTTPS://WWW.NAACCR.ORG/2018-IMPLEMENTATION/](https://www.naaccr.org/2018-implementation/)