

Remarkable progress has been achieved toward developing NAACCR v18 standards that are coordinated with clinical guidelines, and therefore highly relevant for all of us who support the fight against cancer. However, because of the many complex changes required to meet these clinical standards, implementation of the v18 standards has not been completed in an ideal timeline. NCI recognizes the challenges this delay represents for registrars, particularly in the hospital setting where software vendors are dependent on the standard setters for implementation. Most registrars at hospitals are still awaiting updates to tools so necessary for their profession.

As a standard setting organization, NCI SEER feels that the data we collect must be as closely aligned as possible with the guidelines used in the clinical setting. These include CAP cancer protocols, NCCN guidelines, WHO classifications, and the AJCC 8th ed. standards. We therefore concluded that the implementation of v18 is necessary at the earliest possible time.

Thus, for cases diagnosed in 2018, NCI SEER is requiring registries to collect Extent of Disease (EOD), Summary Stage 2018, and the Site-Specific Data Items (SSDI) (see [https://staging.seer.cancer.gov/eod\\_public/list/latest/](https://staging.seer.cancer.gov/eod_public/list/latest/)). All data items are closely aligned with the AJCC 8th ed. and clinical guidelines mentioned above. Although the EOD is a new cancer stage data collection system, it is closely harmonized with the AJCC 8th ed., requires collection of only three additional items, and replaces seven Collaborative Staging items and all TNM 7th ed. items. The EOD system provides an opportunity to monitor trends over time in a consistent manner, while meeting the needs of the clinical community to capture key elements that represent the AJCC TNM 8th ed. staging system. Further, Summary Stage 2018 can be automatically calculated from EOD, eliminating the need for manual assignment of this required variable. The SSDIs align closely with the CoC-required variables that a CoC-certified hospital must collect and report, again minimizing additional work for registrars while maintaining data collection at current clinical standards.

We believe that most registrars are already familiar with the three EOD data items, since these items have been structured very similarly to the CS Extension, CS Lymph Nodes, and CS Mets at Dx. These three easy data elements and the related prognostic factors (i.e., SSDIs) can be abstracted directly into the SEER Abstracting Tool (SEER\*Abs). The SEER\*Registrar Staging Assistant (SEER\*RSA) is available to help with staging decisions, and EOD data elements require no derivations and therefore no editing of derived stage by hospital registrars.

NCI SEER completed the development of new manuals (i.e., the EOD manuals, Summary Stage 2018 manual, NAACCR SSDI manual) and updated the NCI-supported systems and applications to NAACCR v18 in May 2018. These updates include SEER\*Abs, which is easy to download on a personal computer (<https://seer.cancer.gov/seerabs/>). This tool can be used to abstract cases directly in the v18 NAACCR layout and is freely available to any registrar. It allows registrars to abstract data elements required by central registries (SEER, NPCR, dual SEER-NPCR). In addition, it enables collection of data elements potentially required by the CoC. SEER\*Abs could be used temporarily to allow registrars to start collecting 2018 cases until their preferred abstracting tools are updated.

Moreover, NCI SEER is taking additional steps to decrease the workload of registries. The November 2018 submission (which includes cases diagnosed **in 2016 and earlier**) will be performed in NAACCR v16. NCI SEER requires neither AJCC TNM staging nor hospital-level conversions of the radiation data items. NCI SEER and all other standard setters achieved consensus on a relatively limited set of edits, and the SEER Program does not plan for collection of any additional new data elements in 2019.

In summary, the NCI SEER Program is requiring the following actions for **cases diagnosed in 2018**:

If you are a hospital registrar in a SEER area:

- You are required to collect EOD Primary Tumor, EOD Regional Nodes, and EOD Mets.
- You are required to collect Tumor Size (Clinical, Pathological) and Grade (Clinical, Pathological, Post Therapy).
- As in the past, you will continue to collect Regional Nodes (Positive, Examined) and Rx Summ Sequence (Surgery/Radiation; Systemic/Surgery).
- If you report for a CoC-accredited facility, you are required to transmit to your SEER registry the same SSDIs that are required by CoC (lists available at [https://staging.seer.cancer.gov/eod\\_public/list/latest/](https://staging.seer.cancer.gov/eod_public/list/latest/)).
- For all other facilities, you can check the exact set of SSDIs required by SEER at [https://staging.seer.cancer.gov/eod\\_public/list/latest/](https://staging.seer.cancer.gov/eod_public/list/latest/).
- SEER does not require you to assign Summary Stage 2018 or AJCC TNM 8, but please check with your central registry concerning the requirements of other standard setters for your facility.
- Your cancer system vendor is expected to update your software so that you will be presented with the required and appropriate stage and SSDI variables only. Based on our most recent estimate, the vendors will roll out updates to v18 in late October.
- You can use SEER\*Abs to conduct cases abstracted in v18 until your hospital software is updated.
- You are not required to collect Collaborative Stage, Summary Stage 2000 or any AJCC TNM 7 data items.
- We strongly suggest that you edit the data using NAACCR metafile v18, which will become available around August 15. Your state registry may require a state-specific edits set, which will be based on the v18 metafile.
- SEER will require the collection of several new radiation therapy items:
  - Phase I Radiation Treatment Modality [1506]
  - Phase II Radiation Treatment Modality [1516]
  - Phase III Radiation Treatment Modality [1526]
- Old radiation data items will be discontinued for cases diagnosed in 2018. Please note that Rx Summ-Radiation [1360] will continue to be collected for cases abstracted in 2018 but diagnosed in 2017 and earlier. This will enable consistent collection and analysis of data for patients diagnosed before 2018. (*Continues next page*)

- Collect and transmit other required data elements per the STORE and SEER Program Coding Manuals.
- SEER will not require collection of the following radiation planning techniques, but will accept them from the CoC facilities:
  - Phase I External Beam Radiation Planning Technique [1502]
  - Phase II External Beam Radiation Planning Technique [1512]
  - Phase III External Beam Radiation Planning Technique [1522]

If you are a registrar in a SEER central registry:

- You are required to follow the rules for hospital registrars.
- In addition, SEER\*API and SEER\*DMS have been updated to enable automated derivation of EOD T, EOD N, EOD M, EOD Stage Group, and Derived Summary Stage 2018. The consolidated (CTC) values should include these five data elements.
- SEER edits have been updated to reflect NAACCR v18 standards.
- SEER will update the SEER API to perform conversions and derivations of radiation data items (to comply with the conversion algorithms posted on NAACCR website on August 3, 2018).
- Collect and transmit other required data elements per the SEER Program Coding Manual.

We very much appreciate all your hard work and dedication to capturing the most clinically relevant data to support our understanding of cancer trends over time and other key cancer research areas.

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