# V18D Summary of Updates

Updates in the v18D NAACCR metafile correct some errors in the v18C metafile, but they also reflect a growing understanding of all the changes that occurred in cancer data standards in 2018. As registrars are abstracting 2018 and 2019 cases, testing the edits and seeking coding instructions for special case situations, interpretations of rules are advanced and edit logic correspondingly refined.

There are four new edits in v18D, discussed below with the other changes.

## Cancer Identification

Changes to tables or edits in this group apply to all standard setters and reporting registries. Some of the changes affect rare site/histology combinations, but other combinations may be encountered more frequently.

The table used in the edits on primary site and morphology, IF-25, was updated by SEER with new site/histology combinations that will no longer require over-rides. The SEER Morph edit was also updated to allow code 9421/1 with C72.3 (optic glioma), starting with 2018; previously 9421/1, Pilocytic astrocytoma, was required to be coded as 9421/3 to be a reportable entity. The edit enforcing site/histology combinations based on Solid Tumor Rules was relaxed to allow 8010, Carcinoma NOS, with C500-C509, Breast, and 8054, Warty carcinoma, with C600-C609, Penis; 8255, Adenocarcinoma with mixed subtypes, was replaced by 8257, Mucinous adenocarcinoma minimally invasive, as a code to be used only for C340-C349, Lung. The table for the edit that checks Schema ID assignment was corrected to include C755, Aortic body and other paraganglia, in Schema ID 00770, NET Adrenal.

## Cancer Staging

The Tumor Size edits are new and included in edit sets for all standard setters. The Mets at DX, AJCC TNM M edits are only in the CoC edit sets used by hospital registries. The Summary Stage 2018 edits are used by all standard setters except CCCR. EOD edits are used by SEER registries. Updates do include some corrections for pre-2018 CS and EOD data items.

The Tumor Size edits allow 988 and require 999 for some Schema IDs. The Mets at DX, AJCC TNM M edits were modified to allow the coding of metastasis in the AJCC TNM Post Therapy M field when not discovered before neoadjuvant treatment. The Summary Stage 2018, Behavior Code edit was modified to include a condition that had been missed: if Behavior Code ICD-O-3 = 3, Summary Stage 2018 must not = 0. As Summary Stage 2018 is the stage variable for NPCR registries, NPCR agreed that the edit, first written for 2019 cases, could be applied to 2018 cases as well. Two EOD edits were refined, involving Breast Regional Nodes codes and Summary Stage 2018/Primary Tumor codes for Appendix, Colorectal, and Breast cases.

## Site-Specific Data Items

Corrections were made to very few SSDI items. A change in the v18 NAACCR layout was required, as two fields were reversed in position (Number of Examined Para-Aortic Nodes and Number of Positive Pelvic Nodes). An additional pass condition for an edit on Circumferential Resection Margin will affect CoC and SEER registries. Updates to Estrogen and Progesterone Percent Positive or Range, DX Date edits, add one (ER) or two (PR) additional valid values; these edits are included in all standard setter edit sets, though the data items themselves may not be collected by all reporting registries.

Edits on Gleason Score Pathological or Gleason Patterns Pathological and Grade Pathological were failing when Grade Pathological was correctly coded to match Grade Clinical; edit logic was corrected for these edits, used by CoC, SEER, and CCCR. Grade Clin, Grade Path was another edit that was corrected to allow a code 9 in certain conditions and also corrected to skip for CNS tumors. Both of the changes to this edit were based on coding questions raised by registrars. The Grade Clin, Grade Path edit is used by all standard setters.

## Treatment

Treatment items are collected by all standard setters except CCCR. Changes to the edits primarily involve the new data items for Sentinel Nodes and Regional Node Dissection, as coding instructions for these items is resolved with coding for existing treatment items. Changes also relate to accommodating differences between SEER and CoC coding instructions for some existing items, with SEER using Schema ID for 2019 and CoC continuing to use site/histology.

Two edits for Date Regional LN Dissection and RX Summ—Scope Reg LN Sur were deleted based on a conflict with CoC coding instructions. Two edits for Sentinel Lymph Nodes Ex, Regional Nodes Ex, Date Regional LN Dissection, and another edit for Date of Sentinel Lymph Node Biopsy Flag, RX Summ—Scope Reg LN Surgery were refined, based on questions from registrars about certain coding scenarios.

The edit RX Summ—Surg Prim Site, Schema ID, Primary Site had been previously modified to require code 98 by Schema ID (00060 Cervical Primary, 00821 Plasma Cell Myeloma, 00822 Plasma Cell Disorders, 00830 HemeRetic, 99999 Unknown and Ill-Defined). Because SEER includes all primary site codes within Schema IDs 00821, 00822, and 00830, the edit as modified created problems for registrars, primarily because they were used to coding surgery by primary site for some site/histology combinations that now fall within those three schemas (most notably 00822, 9731/3, C400-C419, Plasmacytoma of Bone). The edit was modified to allow but not require 98 for these three schemas.

Changes were also made to the table SchemaSurg19 used by the edit. (The edit checks that a primary site is included in a Schema ID, then that the site belongs to a group with the same valid surgery codes, and then that the assigned code is valid for the group.) All primary site codes, excluding C420-C421, C423-C424 (HemeRetic Systems), were added to the table for Schema IDs 00821, 00822. In other corrections, C609, Penis NOS, was added as a site code for Schema IDs 00460 and 00470 (Merkel Cell and Melanoma of Skin); C740-C749 (Adrenal Gland) was moved from group 30 to group 27

Related to the problem with surgery of primary site for Schema IDs 00821, 00822, and 00830, SEER coding instructions for 2019 specify code 9 for Scope of Reg LN Sur and RX Summ—Surgical Margins by Schema ID, while CoC continues to specify code 9 by site/histology. RX Summ—Scope Reg LN Sur, Schema ID and RX Summ—Surgical Margins, Schema ID had also been previously modified to require code 9 for these data items by Schema ID. Both edits have been modified to not require code 9 for these three schemas. The edit Autopsy Only, RX, Schema ID, used by NPCR, was updated to allow 0 or 9 in RX Summ--Scope Reg LN Sur.

Finally, the RX Summ—Treatment Status, Treatment edits, different versions used by CoC, NPCR, and SEER, have been updated to require that if Treatment Status is coded 1, treatment given, at least one of the treatment fields must indicate treatment given. This part of these edits does check for RX Summ—Scope Reg LN Sur indicating treatment; otherwise none of these edits check for treatment status based on a code in the RX Summ—Scope Reg LN Sur field.

## System Edits

One update has been made to the edit that determines AJCC ID. One new edit has been added to the Schema Discriminator edits.

One change that may only apply to CoC and SEER registries is the assignment of an AJCC ID to a benign histology that is not staged by AJCC (probably for a "reportable by agreement" case). Previously the edit, \_SYS AJCC ID, Primary Site, Histology, Behavior, required an AJCC ID of XX for such a case. The TNM.DLL will assign an AJCC ID other than XX based on histology without regard to behavior, and this will no longer fail.

The existing Schema Discriminator edits require that a Schema Discriminator be coded in all cases where defined. There are four Schema IDs where Schema Discriminator 1 is used to identify whether a case is stageable by AJCC, rather than to determine the Schema ID (00430 GIST, 00730 Thyroid, 00740 Thyroid Medullary, 00821 Plasma Cell Myeloma). A new edit, based on modifying an existing edit, was created to allow Schema Discriminator 1 in these instances to be blank; this edit, Schema ID, Site, Histo, Schema Discriminator 1 (NPCR) is used only in the NPCR edit sets.

## Other NPCR Changes

NPCR made changes to NPCR edit sets for Laterality and Regional Nodes Examined/Regional Nodes Positive. NPCR replaced the Laterality, Primary Site (COC) edit, which requires laterality for C090 and C091, with Laterality, Primary Site, Date of Diag (SEER) edit, which does not require laterality for these sites as of 2018. NPCR replaced Regional Nodes Examined (NAACCR) and Regional Nodes Positive (NAACCR), with Regional Nodes Examined (SEER), Regional Nodes Examined, Date of DX (SEER), Regional Nodes Positive (SEER), and Regional Nodes Positive, Date of DX (SEER). The NAACCR edits allow blanks; the SEER edits do not allow blanks as of 2004. The edit on Regional Nodes Examined/Positive used by NPCR only required these fields through 2017; the SEER edits will cover the gap in required reporting of these fields for 2018/2019.

## Other SEER Changes

The data item Prostate Pathological Extension has been redefined as an EOD item rather than an SSDI item. The field was removed from the edit SSDI for Prostate, Blank for Other Schemas (NAACCR) and put into a new edit, Prostate Pathological Extension, Blank for Other Schemas (SEER). This edit performs the same function for the single data item, enforcing that it is blank for all schemas other than Prostate.

SEER requested changes to a number of pre-2018 edits involving reporting requirements for certain central registries. The central registry for New York is excluded from reporting in most cases, but changes were also made in various edits for Alaska, California, Idaho, Massachusetts, New Jersey, and Wisconsin.

SEER made a number of changes to the SEER Vs18 Transmit Edits edit set. Edits on data items that SEER no longer collects have been removed from the edit set. SEER also exchanged some CoC or SEER treatment edits with NPCR versions. Generally the CoC or SEER edits do not allow blanks in the data items, while the NPCR edits do allow blanks.