1. Has any quantification of the overall number of cases that will need to be manually reviewed?
   A: With respect to the conversions, we have tried to look at the SEER*DMS world (14 registries) as representative and the counts for each of these situations have been very low. However, we recognize this varies by group so are providing logic so you can use to identify such cases, and in most cases, start making these adjustments if you desire.

   Changes:
   a) *Oral Cavity/Head-Neck EOD PT=800 being dropped (if there is no evidence of a tumor for these schemas, the site should be C760)*
      So only if you collect EOD fields
         If Schema ID in ('00112', '00118', '00119', '00121', '00122', '00128')
         AND EOD Primary Tumor = 800
         Change Primary Site = C760
         Will need to set Schema Discriminator 1
         Will change schema to (likely) Cervical Lymph Nodes Unknown Primary of Head & Neck, so needs to be reviewed.
         Could do this now.

   b) *Cervical Lymph Nodes, Unknown Primary of Head and Neck EOD RN = 000 being dropped (if you do not have Lymph Nodes, Schema Discriminator 1 should be set to 1)*
      So only if you collect EOD fields
         If Schema ID = '00060' and EOD Regional Nodes = 000
                Change Schema Discriminator 1 = 1
                Will change schema to Ill-defined, so needs to be reviewed.
                Could do this now.

   c) *Cervical Lymph Nodes, Unknown Primary of Head and Neck, Tumor Size Summary is not 000 or 999 (This schema implies the primary tumor can't be identified, so you shouldn't have a measurement here)*
      ALL: changing the preference to be tumor size = 000, but 999 will be accepted. Regardless, it should never have been something other than 000 or 999
         If Schema ID = '00060' and Tumor Size Summary is not in ('000', '999')
          (You should look to see if any of the 3 Tumor Size fields are other than 000 or 999, depends on what fields you use)
         If C760 and NOT occult, Schema Discriminator 1 should be 0, would change the schema to Ill Defined.
         If C760 and IS occult, fix Tumor Size fields.
         Could do this now.

   d) *Fallopian Tube EOD PT =050 and 070 being added for 8441/2 (This is being included in the AJCC chapter)*
      So only if you collect EOD fields
         If Schema ID = '00553' and Histology ICDO3 = 8441 and Behavior ICDO3 = 2
                Need to choose between 050 and 070, both new codes.
                Cannot be done now, but could determine counts.

e) *Fallopian Tube EOD PT = 200 is being dropped (code doesn't really apply to this schema)*
   So only if you collect EOD fields
   If Schema ID = '00553' and EOD Primary Tumor = 200
   Either correct Primary Site to be C569 (will change the schema to Ovary and it will have to be reviewed) OR correct EOD Primary Tumor.
   Could do this now.

f) *Plasma Cell Disorders EOD PT = 500 being dropped (this is really multiple myeloma)*
   So only if you collect EOD fields
   If Schema ID = 00822 and EOD Primary Tumor = 500 and Histology ICDO3 in ('9731', '9734')
   Change Histology ICDO3 = '9732'
   Will change schema to Plasma Cell Myeloma.
   Could do this now.

2. Has anyone given thought to not requiring manual review, and just have the codes that were the codes for 2018 and 2020?
   A: This was discussed; however, it was felt with the low case counts, that this would be reasonable to review.

3. For 00530 and 00553, will manual review be required?
   A: Manual review will be required for 00553. Manual review is NOT required for 00530.

4. For 00290, is manual review required? Will a standard setter be generating the referred to data quality edit enforcing review?
   A: This is an automatic conversion, no manual review needed.

5. Other Changes General: 7 new SSDIs (these each may affect multiple schemas); is there a list of schemas affected?
   A: Lung, Colon, Stomach, Pancreas, Esophagus (both Esophagus schemas) and the Neuroendocrine Tumors (7schemas)
   (13 total schemas)

6. Will all of the mentioned conversions be included in the NorthCon software?
   A: Detailed conversion specs on the changes will be included in the implementation guidelines and will be included in Northcon.

7. Will there be preferred terms bolded in the ICD-O-3 Supplement?
   A: Yes, preferred terms (PT) will be bolded as will sites that apply to that histology only.

8. Is AJCC planning on the continued use of TNM Edition Number data item # [1060]?
   A: Yes, but the value will now be returned via a function call to the AJCC Cancer Surveillance API based on the diagnosis year, primary site, and histologic type. This will facilitate accommodation of AJCC's planned rolling updates of their 8th ed. staging system to their version 9. Vendors using the surveillance API should not set a default value for TNM Edition Number data item # [1060].

9. Will guidance be issued to vendors regarding the implementation of Version Original and Current for AJCC TNM and AJCC Cancer Surveillance? As well as the difference between the 2?
    A: Detailed instructions will be included in the implementation guidelines.

10. Can we get the STORE manual updates earlier than November as projected now per the NAACCR timeline?
    A: The publication date is November 2020. Changes will be established by June 1, 2020. These changes will be communicated on a vendor call prior to November.

11. Will there be an NCDB Call for Data for Dx Years 2004-2019 or will the new RQRS system be in place this year?
    A: There will not be a NCDB Call for Data in 2021. RCRS pilot program will be launched in May 2020.

12. Will the standard setters be adding instructions for coding level system fields? SEER, ICD-O-3, and CoC coding system (current and original)
    A: The UDS WG will address the updates to these coding system data items.

13. State-Specific changes to the XML layout – NAACCR encouraging by 9/15 – how will XML instruction be shared with the states to encourage this activity?
    A: The [XML Data Exchange Standard website](#) provides information on the XML implementation guide, software tools, XML dictionaries, etc. The XML Data Exchange Work Group is planning a webinar in July/August that will include presentations on user-defined dictionaries, XML software tools, NPCR informatics tools for XML, and SEER File*Pro XML.

    For edits, detailed instructions on how registries will handle editing .xml files will be included in the implementation guidelines. We also plan on presenting a 2-part training for state edit metafile administrators to help them develop a state-specific edits metafile that will accommodate .xml files.

14. Does NAACCR foresee issue with cancer registration timelines impacted by covid19 virus? (registry staff being pulled to assist in covid19 patient-related activities)
    A: It is too early to know the level of impact COVID-19 will have on cancer registration. NAACCR is currently developing a survey regarding the impact of COVID-19 on cancer registries. This survey will be released this week.

15. Has AJCC addressed licensing (continued for 8th, new for 9th, or…)?
    A: License agreements will be updated with language to show that licensee has right to the "AJCC Cancer Staging System" rather than "8th Edition Cancer Staging Manual."

16. Will there be an 9th edition manual? If not, how will the 9th edition changes be distributed to registrars and vendors?
    A: AJCC Version 9 Cervix digital content will become available to purchase by users by the 4th quarter of 2020. The AJCC is still exploring print options for version 9 Cervix content in 2020 and for a complete manual of version 9 content in the future.

17. Will there be a Vendor webinar in prep for RCRS? If so, when?
    A: We will be scheduling this when we have a firmer release date to share. In the meantime, vendors have been included in our RCRS communication plan as recipients and should be receiving all information their customers are receiving at the same time.

18. When will specifications for the .DAT file to available?
    A: No anticipated changes to specifications. The *.dat requirement was not in our original plan as we attempted to avoid a software rollout mid-year. Theoretically, and I hesitate to include this, a registrar could rename an RQRS or C4D file with a .dat extension and it will work in RCRS 2020.

19. Will RCRS require flat file format into 2021 or XML format coming?
    A: We will support XML format in 2021.

20. How soon will the edits metafile for RCRS and NCDB (treatment) be available?
    A: As soon after the master NAACCR file is released as possible.

21. No NCDB Call for Data in 2021?
    A: Correct