

# Washington State Reporting Requirements for 2021

Guidance for CoC Hospitals and Registrars January 25, 2021

#### General

The most important change is that effective with 2021, data transmission using column-designated flat files will no longer be supported by NAACCR. In addition to this major change in the structure of the transmission file, the 2021 standards include a number of additions and updates, described below.

## **New Data Items**

A total of 26 new data items have been implemented.

#### SSDI Data Items

New SSDIs have been added to capture information related to prognosis and/or treatment planning and reflect changes in clinical guidelines. Two existing SSDIs, [3855] and [3863], will be collected for additional schemas, Schema Discriminator 2 [3927] will be required for soft tissue sarcomas, and 5 completely new SSDIs have been created. Only Schema Discriminator 2 [3927] for soft tissue sarcomas is required for staging. New SSDIs are applicable to cases diagnosed January 1, 2021 forward. With the exception of Schema Discriminator 2, the value for these SSDI's should be blank for cases diagnosed prior to January 1, 2021.

#### **Neoadjuvant Data Items**

There are three new neoadjuvant data items.

- Neoadjuvant Therapy [1632]
- Neoadjuvant Therapy-Clinical Response [1633]
- Neoadjuvant Therapy-Treatment Effect [1634]

These data items can be found in the SEER Program and Coding Manual and are applicable for cases diagnosed January 1, 2021 forward only. These fields must be blank for cases diagnosed prior to 2021.



### yc Data Items

The AJCC Post Therapy Clin (yc) stage classification has been added. The yc staging will be used for cases receiving neoadjuvant therapy with the planned surgery cancelled for various reasons. AJCC will provide education on the appropriate use of the yc TNM data items which go into effect with cases diagnosed January 1, 2021 forward. A new grade data item, Grade Post Therapy Clin (yc), has been added to the Grade Manual (<a href="https://www.naaccr.org/SSDI/Grade-Manual.pdf">https://www.naaccr.org/SSDI/Grade-Manual.pdf</a> and is also applicable for cases diagnosed January 1, 2021 forward.

- AJCC TNM Post Therapy Clin (yc) T [1062]
- AJCC TNM Post Therapy Clin (yc) T Suffix [1063]
- AJCC TNM Post Therapy Clin (yc) N [1064]
- AJCC TNM Post Therapy Clin (yc) N Suffix [1065]
- AJCC TNM Post Therapy Clin (yc) M [1066]
- AJCC TNM Post Therapy Clin (yc) Stage Group [1067] (\*Not yet available in v21)
- Grade Post Therapy Clin (yc) [1068]

These data items have the same valid value lists as the corresponding Post Therapy Path (yp) data items for each site. The notes associated with the lookups indicate when they should be left blank. These data items can be found in STORE v2.

## Name-Birth Surname

The last name (surname) of patients at birth, regardless of gender or marital status, this data item is introduced in 2021 as a gender-neutral replacement for the NAACCR data item Name—Maiden [2390]. Allowable values for Name—Birth Surname [2232] are identical to those used for Name—Maiden, and the Registry Plus Program will move values that have been in Name—Maiden. Other alternate names should continue to be recorded in the data item Name—Alias. The Name-Birth Surname can be used to link reports on a person whose surname might be different on different documents. It is also useful when using a Spanish surname algorithm to categorize ethnicity. Although Name—Maiden has not been retired, it is expected that it will be retired with the subsequent update. Name-Maiden will not be used effective with this implementation.



## NCDB COVID-related Data Items

COVID-related data items have been added to evaluate the impact of SARSCoV2 diagnosis on cancer patients and can be found in STORE v2. The first three data items denote patient status for the SARSCoV2 virus, and the fourth item denotes any treatment effects from hospital services disruptions related to the COVID19 pandemic (for diagnosis effective January 1, 2020 through December 31, 2021):

- NCDB\_SARSCoV2\_Test [3943]
- NCDB\_SARSCoV2\_Pos\_Date [3945]
- NCDB SARSCoV2 Pos [3944]
- NCDB\_COVID19\_Tx\_Impact [3946]

### **Changed Data Items**

## Name- Alias

The description of this data item has been updated to refer to Name—Birth Surname in place of Name— Maiden as an alternate name that should not be entered in Name—Alias.

## **Radiation Treatment Modality**

When the data item Phase I Radiation Treatment Modality [1506] was implemented in v18 a code indicating that radiation was given but type of radiation unknown was not included. Currently patients that receive radiation, but the modality is not known, are assigned a code 99. Code 99 is also used when it is unknown if radiation is given. This makes it difficult to distinguish patients who did receive radiation from those where it is unknown if radiation was given. Code 98 is added to the data item Phase I Radiation Treatment Modality for cases where it is known radiation was given, but modality is unknown. Code 99 is now only used when it is unknown if radiation was given. The new code and changed code may be used for all cases abstracted after the v21 implementation regardless of diagnosis year.

# Name Changes

The AJCC Post Therapy (yp) stage classifications have been renamed to Post Therapy Path (yp) to distinguish them from the Post Therapy Clin (yc) stage classification. Grade Post Therapy [3845] has been changed to Grade Post Therapy Path (yp) due to the addition of Grade Post Therapy Clin (yc) [1068]. Two SSDIs collected for Schema ID 00470 (Melanoma Skin) have been renamed. LDH Pretreatment Level [3869] was renamed to LDH Level, and LDH Pretreatment Lab Value [3932] was renamed to LDH Lab Value. These changes were made to clarify that LDH may be measured before or after surgical resection. Prostate Pathological Extension [3919] has been renamed to EOD Prostate Pathological Extension in order to clarify that this field is part of EOD 2018.



### Site-Specific Data Items

Some SSDI codes and code descriptions were changed to reflect changes in clinical management and/or staging and to improve clarity or to address questions that were raised in the various forums. Code changes for SSDIs are applicable to cases diagnosed January 1, 2018 forward, but registrars will not be required to update previously coded information.

Codes for the following SSDIs were changed:

- Visceral and Parietal Pleural Invasion [3937], used in the Lung schema, has been modified. Codes 1, 2 and 3 are being removed and code 5 has been added. Codes 1 (PL1) and 2 (PL2) are now collapsed into Code 4 (PL1 or PL2) as they are treated similarly clinically. Code 3 has been moved to Code 5.
- FIGO Stage [3836], used by the Female Genital Schemas, needed a new value and it was decided that switching from a coded value (i.e., 10 means IC2, 11 means IC3, etc) to simply storing the stage would be more sustainable long term. Accordingly, the valid values for this field have all been changed to be the actual stage values and the field lengthened to 5 characters.
- Residual Tumor Volume Post Cytoreduction [3921], used by Ovary, Primary Peritoneal Carcinoma and Fallopian Tube, has been modified. Codes 10-40, 90-93 have been removed and Codes 50-80 have been added. The distinction of "neoadjuvant chemotherapy not given or unknown if given" has been removed, and codes have thus been collapsed. Codes 10 and 20 are now Code 50; Codes 30 and 40 are now code 60; Codes 90 and 91 are now Code 70; and Codes 92 and 93 are now Code 80.

In addition to these changes, which require conversion, some SSDIs had new codes added which would be available for newly collected cases but do not require changes to existing cases. Some code descriptions were modified to improve clarity. There have also been revisions to notes and additional notes for many SSDIs; due to the addition of new notes, many of the note numbers have changed. See the SSDI Manual, Version 2.0 (https://apps.naaccr.org/ssdi/list/) for changes to existing codes and code descriptions.

### Grade

In addition to the new Grade Post Therapy Clin (yc) [1068] data item and renaming Grade Post Therapy [3845] to Grade Post Therapy Path (yp) for clarity, changes were made to several grade fields that will require conversion.

The Grade fields for Lacrimal Gland have had Codes A-D removed, and Code 4
has been added. Since Code 1 and Code A both meant Well Differentiated, and
similarly for codes 2 and B, codes 3 and C, it was decided to streamline the
available codes. Code 4 was added to capture the Undifferentiated, anaplastic
cases.



• The Grade fields for Lymphoma Ocular Adnexa have been modified. Codes 5 and L have been removed, and the text of Codes 3 and 4 have been revised. Code 3 is now G3, more than 15 centroblasts per 10 HPF but with admixed centrocytes. Cases that used to have Code 4 should be changed to Code 3. Code 4 is now G4, more than 15 centroblasts per 10 HPF but without centrocytes. Cases that used to have Code 5 should be changed to Code 4. Code L, Low Grade (1 or 2) was determined to be a variation of Unknown, so cases that used to have L should be changed to Code 9.

Notes have been added to all the Grade tables in response to questions from registrars. Due to the addition of new notes, many of the note numbers have changed. These updates can be applied to cases diagnosed January 1, 2018 forward; however, registrars are not required to update previously coded grade information based on the new notes.

## Scope of Lymph Node Surgery

There are revised instructions related to Scope of Lymph Node Surgery code 1 (Biopsy or aspiration of regional lymph node, NOS). Do not count Scope of Lymph Node Surgery code 1 as surgery for the purpose of coding these data items:

- Date Therapy Initiated [SEER]
- Date First Course Treatment [CoC]
- Treatment Status
- Date of First Surgical Procedure
- Radiation Sequence with Surgery
- Systemic Sequence with Surgery

#### ICD-O-3

The 2021 ICD-O-3 histology code and behavior update includes comprehensive tables listing all changes made after the 2018 update and is effective for cases diagnosed January 1, 2021 and forward.

The 2021 guidelines include specific tables listing histologies which have changed behavior codes. These new behavior codes resulted in a change to reportability. Along with changes to behavior codes, several histology terms that were previously non-reportable are now reportable. A table listing these terms is also included in the guidelines. The Work Group strongly recommends users read the guidelines in order to efficiently use ICD-O-3.2 and the 2021 Update tables. Note: Use of these guidelines is required for determining reportability and accurate coding. https://www.naaccr.org/icdo3/



#### **Solid Tumor Rules**

The 2018 Solid Tumor Coding Rules were a comprehensive revision to the 2007 site-specific Multiple Primary and Histology Rules (MP/H), which were developed to promote consistent and standardized coding for cancer surveillance. In 2018, eight site groups were revised: Malignant and Benign CNS, Breast, Colon, Head & Neck, Kidney, Lung, and Urinary. Minor revisions have been made to these eight site groups for 2021. Additionally, the Cutaneous Melanoma Solid Tumor Rules have been revised for 2021. Continue to use the 2007 Other Sites MP/H rules for cases diagnosed in 2021.

## 2021 Updates to 2018 Site-Specific Instructions

The eight site groups which were updated in 2018 will include minor updates\* for 2021:

- New histologies, codes, and terms from ICD-O-3.2 and the 2021 ICD-O Update added to tables
- Corrections to histology tables
- Additional H rules to enforce correct histology coding
- Clarification of coding histology prior to neo-adjuvant therapy
- Clarification to Malignant and Benign CNS Terms & Definitions: WHO Grade II and behavior
- Additional notes and examples

#### 2021 Cutaneous Melanoma Solid Tumor Rules

Site specific instructions for Cutaneous Melanoma have been updated for cases diagnosed January 1, 2021 forward. What to expect in the 2021 Cutaneous Melanoma rules:

- Solid Tumor Rules available in text format only
- Terms and Definitions are now included with the M-rules and H-rules
- New table for coding primary site and laterality
- Reportable and non-reportable histology tables
- Histology table updated to include WHO 4th Ed Skin Tumors, 2021 ICD-O update, and ICD-O-3.2

### **Solid Tumor Revision History**

The Solid Tumor download page includes a section for revision history which includes comprehensive change logs for each update. The change logs are for reference only and should not be used in place of the solid tumor rules.

<sup>\*</sup>Updates will not require review of previously abstracted cases.



## SEER Hematopoietic and Lymphoid Neoplasm Database

The updated SEER Hematopoietic and Lymphoid Neoplasm Database will continue to be applicable for cases diagnosed 2010 and forward. There are a few minor changes to the database along with some NAACCR 2021 Implementation Guidelines,16 new histology codes and some histologies that are no longer reportable (effective with cases diagnosed January 1, 2021). A change log will be made available for the database revisions.

## Summary Stage 2018 and EOD 2018

Summary Stage 2018 and EOD 2018 staging systems will continue to be used for cases diagnosed on or after January 1, 2021. See the Data Standards and Data Dictionary, Version 21, Chapter VIII Required Status Table to determine which staging data items are required to be collected by the various standard setters.

### **AJCC Edition**

AJCC 8th Edition and AJCC 9th version (in 2021, only for cervix) will continue to be used for most cases diagnosed on or after January 1, 2021. The AJCC has started rolling updates with the release of Cervix 9th version. As warranted by medical practice, additional disease sites will be updated in the future, while the other disease sites will remain unchanged and the 8th Edition will be used. There will no longer be a single edition or version number applicable to every disease site for the diagnosis year. While references will be made to the 9th version, the registry data item will continue to reference TNM Edition Number [1060].

## Reportability

Reportability for cases diagnosed in 2021 is based on the ICD-O-Third Edition, Second Revision Morphology (ICD-O-3.2). The following changes are also applicable for cases diagnosed in 2021.

- Early or evolving melanoma, in situ and invasive: As of 01/01/2021, early or evolving melanoma in situ, or any other early or evolving melanoma, is reportable.
- As of 01/01/2021, all GIST tumors are reportable and classified as 8936/3 in ICD-O-3.2.
- As of 01/01/2021, nearly all thymomas are reportable; the exceptions are microscopic thymoma or thymoma benign (8580/0), micronodular thymoma with lymphoid stroma (8580/1), and ectopic hamartomatous thymoma (8587/0).



## **New data items**

## **SSDI Fields**

Item #	Item Name	Source of Standard	Schema
3855*	HER Overall Summary	NAACCR	Esophagus Squamous (00161) Esophagus (00169) Stomach (00170)
3863*	Ki-67	NAACCR	NET Ampulla of Vater (00302)  NET Appendix (00320)  NET Colon and Rectum (00330)  NET Duodenum (00301)  NET Jejunum and Ileum (00310)  NET Pancreas (00340)  NET Stomach (00290)
3927*	Schema Discriminator 2**	NAACCR	Soft Tissue Abdomen and Thoracic (00421) Soft Tissue Trunk and Extremities (00410) Soft Tissue Other (00450)
3938	ALK Rearrangement	NAACCR	Lung (00360)
3939	EGFR Mutational Analysis	NAACCR	Lung (00360)
3940	BRAF Mutational Analysis	NAACCR	Colon and Rectum (00200)
3941	NRAS Mutational Analysis	NAACCR	Colon and Rectum (00200)
3942	CA 19-9 PreTx Lab Value	NAACCR	Pancreas (00280)

## **Neoadjuvant Therapy Fields**

I	Item #	Item Name	Source of Standard
I	1632	Neoadjuvant Therapy	SEER
	1633	Neoadjuvant Therapy- Clinical Response	SEER
	1634	Neoadjuvant Therapy- Treatment Effect	SEER

# Post Therapy Clinical (yc) Fields



16 #	Item Name	Source of	
Item #	item name	Standard Standard	Comments
1062	AJCC TNM Post Therapy Clin (yc) T	AJCC	
1063	AJCC TNM Post Therapy Clin (yc) T Suffix	AJCC	
1064	AJCC TNM Post Therapy Clin (yc) N	AJCC	
1065	AJCC TNM Post Therapy Clin (yc) N Suffix	AJCC	
1066	AJCC TNM Post Therapy Clin (yc) M	AJCC	
1067	AJCC TNM Post Therapy Clin (yc) Stage Group	AJCC	*Not yet available in v21
1068	Grade Post Therapy Clin (yc)	NAACCR	
SARSC	oV2 fields		
Item #	Item Name	Source of Standard	Comments
3943	NCDB_SARSCoV2_Test	CoC	
3944	NCDB_SARSCoV2_Pos	СоС	
3945	NCDB_SARSCoV2_Pos_Date	СоС	
3946	NCDB_COVID19_Tx_Impact	CoC	
	" " "		Comments
Item #	Item Name	Source of Standard	Comments
2117	Schema ID Version Current	SEER	Vendor software populates
2118	Schema ID Version Original	SEER	Vendor software populates
2156	AJCC API Version Current	AJCC	Vendor software populates
2157	AJCC API Version Original	AJCC	Vendor software populates
2158	AJCC Cancer Surveillance API	AJCC	Vendor software populates

2159	AJCC Cancer Surveillance API Version Original	AJCC	Vendor software populates				
2232	Name- Birth Surname	NAACCR	Replaces NAACCR data item 2390 Name- Maiden (item not yet retired)				
Char	Changed data items						
Item #	Item Name		Comments				
	Name- Alias		Description updated to indicated that Name- Birth Surname should not be entered in this				
1506	Phase 1 Radiation Treatment Modality		Updated to add code 98 – known that radiation was given but modality unknown				
Field n	ame changes						
	AJCC Post Therapy (yp) fields		Renamed Post Therapy Path				
3845	Grade Post Therapy		Renamed Grade Post Therapy Path				
3869	LDH Pretreatment Level		Renamed LDH Level (LDH may be measured before or after surgical resection)				
3932	LDH Pretreatment Lab Value		Renamed LDH Lab Value (LDH may be measured before or after surgical resection)				
3919	Prostate Pathological Extension		Renamed EOD Prostate Pathological Extension				
SSDI cl	changes						
3937	Visceral and Pleural Invasion		Modified: codes 1,2 collapsed into 4; code 3 moved to new code 5				
3836	FIGO Stage		Values changed to actual stage values; field lengthened to 5 characters				
3921	Residual Tumor Volume Post Cytoreduction		Modified: codes 10, 20 collapsed into new code 50; codes 30, 40 collapsed into new code 60; codes 90, 91 collapsed into new code 70; codes 92, 93 collapsed into new code 80				



These SSDIs exist in other schemas but are new to the schemas listed. The valid values and meanings in the new schemas differ from the existing definition. \*\* Schema Discriminator 2 [3927] is now required for C473, C475, C493-C495 with respect to Soft Tissue Abdomen and Thoracic or Soft Tissue Trunk and Extremities. These sites can be an external structure or internal viscera, and correct classification within a schema depends on this distinction. For those cases diagnosed in 2018-2020 and already collected, the value '8' should be automatically assigned to indicate the distinction was not captured and these cases will remain in Soft Tissue Abdomen and Thoracic. Registrars have the option of reviewing such cases and assigning a 1, 2, or 9 if they choose, but no standard setter

is requesting or expecting this to be done. If it is done, then the schema may change, and the registrar would have to reassign the TNM and EOD fields; Summary Stage would not be affected. Cases diagnosed in 2018-2020 but collected after implementation may also be coded as '8' or may be specifically coded. Code '8' may not be used for cases diagnosed in 2021 or later. Please see Appendix B, section 12.1 for additional information.

New SSDIs are applicable to cases diagnosed January 1, 2021 forward. With the exception of Schema Discriminator 2, the value for these SSDI's should be blank for cases diagnosed prior to January 1, 2021.

Please refer to the <u>NAACCR Data Standards and Data Dictionary V18</u>, AJCC 8<sup>th</sup> Edition Cancer Staging Manual, and <u>SEER EOD Coding Manual</u> for descriptions and instructions on how to code these fields.

#### Additional Resources for 2018 and Beyond:

- SSDI and Grade Questions/Answers CAnswer Forum
   (http://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018)
- AJCC Cancer Staging Questions CAnswer Forum (<a href="http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition">http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition</a>)
- Solid Tumor Rules 2018/Multiple Primary and Histology Ask a SEER Registrar (<a href="https://seer.cancer.gov/registrars/contact.html">https://seer.cancer.gov/registrars/contact.html</a>)
   and/or SINQ (<a href="https://seer.cancer.gov/seerinquiry/index.php">https://seer.cancer.gov/seerinquiry/index.php</a>)
- ICD-03 Histology Coding Rules Ask a SEER Registrar (<a href="https://seer.cancer.gov/registrars/contact.html">https://seer.cancer.gov/registrars/contact.html</a>) and/or SINQ (<a href="https://seer.cancer.gov/seerinquiry/index.php">https://seer.cancer.gov/seerinquiry/index.php</a>)
- Summary Stage and EOD 2018 Ask a SEER Registrar (<a href="https://seer.cancer.gov/registrars/contact.html">https://seer.cancer.gov/registrars/contact.html</a>) and/or SINQ (<a href="https://seer.cancer.gov/seerinquiry/index.php">https://seer.cancer.gov/seerinquiry/index.php</a>)



## Washington State Timeline for Version 18 Implementation:

#### **WSCR Catchment Area**

WSCR will not begin accepting any 2018 diagnosis year cases until all hospitals are fully converted and NPCR has released its central registry software and tools to process V18 cases. We anticipate being able to accept V18 cases in June or July of 2018 and will send a blast email when facilities in the WSCR catchment area can begin transmitting.

# **SEER CSS (SEER Reporting Area)**

CSS will not accept any 2018 diagnosis year cases until a hospital registry is fully converted to NAACCR Version 18-compliant software and the cases have been finalized with all required data items completed. Some hospital registry vendors are releasing interim updates enabling registrars to record the new 2018 data items, but the full NAACCR Version 18 state reporting functionality is not complete.

#### **Edits Metafile**

A beta version of the NAACCR standard Edits Metafile will not be available until Mid-April. When the beta version is released from NAACCR Washington will review it and determine if a custom Edits Metafile for Washington State is needed, or whether we can use the standard NAACCR Edits Metafile. We will communicate this in a timely manner to our vendors so that they can incorporate it into registry software as soon as possible.

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