



## *January 2015 Update*

### ***Due Dates for MCSP Submission of Data~***

Please note the submission of data reminders for 2015 listed below!

- **All reportable conditions diagnosed in 2014 are due to the MCSP by July 1, 2015.**
- Any missed reports for reportable conditions for *diagnosis years prior to 2014* must be submitted to the MCSP **by March 31, 2015.**

Don't forget! Facilities submitting cases electronically are required to submit in the most recent version of the data exchange format and code structure as specified by NAACCR. For diagnosis year 2014, the NAACCR format version is 14.0.

The MCSP strongly encourages monthly submission of data. For example, cases abstracted in January should be submitted to the MCSP in February.

For information on Labeling of Electronic Submission Files and/or Submission of Data, please refer to the MCSP Cancer Program Manual at [http://michigan.gov/mdch/0,1607,7-132-2945\\_5221-16586--,00.html](http://michigan.gov/mdch/0,1607,7-132-2945_5221-16586--,00.html).

***Facilities non-compliant with the Michigan cancer reporting requirements will be addressed and corrective action taken if necessary.***

***NOTE:*** If your registry is in the SEER area (Wayne, Oakland or Macomb County) and you have questions regarding submission of data, please contact your SEER-State Coordinator, Jeanne Whitlock at 313.578.4219 or [whitlock@med.wayne.edu](mailto:whitlock@med.wayne.edu).

### ***Transition to Directly Coded TNM Stage~***

The transition from Collaborative Staging to AJCC TNM staging standard begins with 2016 incidence data. This includes continued collection of information regarding related biomarkers and prognostic factors. As a reminder, the initial change in 2016 for CDC and NCI registries is focused on the transition to directly assigned TNM stage; however, it will NOT eliminate all CS variables. In particular, most site-specific factors will continue to be required as they are either considered a critical component to assignment of stage, or essential to understanding the cancer (predictive or prognostic factors).

### ***Directly Coded TNM Stage & SEER Summary Stage~***

Directly coded TNM Stage and SEER Summary Stage *is required* by the Michigan Cancer Surveillance Program *beginning with cases diagnosed January 1, 2015 and forward, for Hospitals with a Registry and Hospitals without a Registry*. Please note that this is a change in reporting requirements for a hospital categorized by the MCSP as a Hospital without a Registry. The MCSP Cancer Program Manual and the MCSP Reporting Requirements by Item and Facility Type document will be revised to reflect the changes in reporting requirements and the revised documents will be posted on the MCSP website at [http://michigan.gov/mdch/0,4612,7-132-2945\\_5221-16586--,00.html](http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html) on Friday, February 13<sup>th</sup>.

Directly coded TNM and SEER Summary Stage means that information recorded for TNM Stage and SEER Summary Stage will not be recorded from the derived Collaborative Stage, but rather will be based upon information available in the patient's medical record. For example, Summary Staging uses all information available in the medical record; in other words, it is a combination of the most precise clinical and pathological documentation of the extent of disease.

To obtain the current edition of the AJCC Cancer Staging Manual or the AJCC Cancer Staging Handbook, go to <https://cancerstaging.org/references-tools/desreferences/Pages/default.aspx>. For a copy of the SEER Summary Staging Manual 2000, go to <http://seer.cancer.gov/tools/ssm/>.

### ***Facility Oncology Registry Data Standards (FORDS): Revised for 2015~***

The Facility Oncology Registry Data Standards (FORDS) manual has been revised for 2015. Please note that this version of FORDS replaces ALL previous versions. As changes in coding rules and coding categories were incorporated in the revision of FORDS for 2015, registrars should read the Preface and review Appendix C for an overview of the 2015 changes.

Some of the changes in changes in coding rules and coding categories in FORDS revised for 2015 are listed below. For a complete list, please refer to FORDS revised for 2015 at <https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals/fordsmanual>

- **Required Staging:** BOTH Clinical and pathologic AJCC T, N, M and Stage Group, as well as, Collaborative Staging **is required** for Class of Case codes 10-22.
- **Rules for Coding Grade/Differentiation:** New rules for coding Grade/Differentiation were implemented by all U.S. cancer registry standard setters *beginning with cases diagnosed in 2014*, with the new rules now available in FORDS revised for 2015.
- **New Sex Codes:** New codes 5 (Transsexual, natal male) and 6 (Transsexual, natal female) were introduced for use in 2015, and may be used for historic cases if desired. Code 4 (formerly "Transsexual") is now "Transsexual, NOS."
- **New Code for RX Data-Other Flag:** Code 15 was added to be used when treatment coded as Other Therapy was planned, but had not been administered at the last time of follow-up. Code 15 may be assigned for cases diagnosed prior to 2015, if applicable.
- **Discontinued Items:**
  - Grade Path System and Grade Path Value *are required for cases 2010 through 2013*, but are discontinued under the Grade/Differentiation coding rules.

- The ICD Revision Secondary Diagnosis is no longer required for any diagnosis year as the separate fields for ICD-9-CM and ICD-10-CM eliminated the need for this data item.

*NOTE:* All items in FORDS are required for CoC-accredited cancer programs. The MCSP Cancer Program Manual and the MCSP Reporting Requirements by Item and Type document will be updated to reflect the changes in coding rules and coding categories and revised copies will be posted on the MCSP webpage at [http://michigan.gov/mdch/0,4612,7-132-2945\\_5221-16586--,00.html](http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html) on Friday, February 13.

### ***AJCC Curriculum for Registrars~***

The American Joint Commission on Cancer (AJCC) will be releasing curriculum for registrars in 2015, with Module 1 of the AJCC Curriculum for Registrars now posted. The curriculum is designed to provide education in a step-wise learning environment complete with additional resources to reinforce the information and webinars with interactive quizzes to prompt discussion and also serve as a self-assessment of the information learned. The modules are free to anyone and can be accessed at <https://cancerstaging.org/CSE/Registrar/Pages/AJCC-Curriculum.aspx>.

An outline of module 1 is listed below.

#### ***Module 1 Introduction***

- Overview of staging
- High level explanation of why and how
- For staff that does not assign stage (many central registry staff, statisticians, researchers)
  - Basic principle of stage
  - Understand terminology use
  - Only lesson they will need
- For staff assigning stage
  - Foundation of why AJCC staging is different from CS and summary stage
  - How it is used

*NOTE:* The MCSP strongly encourages registrars to review the AJCC Curriculum for Registrar Modules to ensure accurate coding of the new reporting requirements for directly coded AJCC TNM Stage.

### ***ICD-O-3 Changes Effective January 2015~***

A list of the ICD-O-3 changes effective January 2015, is included in the MCSP Cancer Program Manual. Use the new terms, synonyms, and related terms for existing ICD-O-3 codes. Please note that revision of the 2016 Multiple Primary and Histology Coding Manual will be available in 2016. To ensure accurate coding of histology codes, please refer to the MCSP Cancer Program Manual and the MP/H manual. The MP/H Manual is available at <http://seer.cancer.gov/tools/mphrules/>. For non-solid tumors (Hematopoietic and Lymphoid Neoplasms), refer to the 2015 Hematopoietic and Lymphoid Neoplasm Database and Coding Manual at <http://seer.cancer.gov/tools/heme/>.

### ***Hematopoietic & Lymphoid Neoplasm & Coding Manual – Updated January 14, 2015~***

The Hematopoietic and Lymphoid Neoplasm and Coding Manual was updated on January 14, 2015. This manual and the corresponding database is to be used for coding cases diagnosed January 1, 2010 and forward. Please note that the changes do NOT require registrars to recode old cases.

A revision history for the Hematopoietic Project has been posted. The list provides a brief summary of the major changes in the revised Hematopoietic and Lymphoid Neoplasm Coding Manual and Database that was released in 2015. To access the 2015 Hematopoietic and Lymphoid Neoplasm Database and Coding Manual, along with the revision history, go to <http://seer.cancer.gov/tools/heme/>

The list below contains the categories of the major changes in the revised Hematopoietic and Lymphoid Neoplasm Database and Coding Manual released in January 2015.

- Diagnostic Confirmation
- M Instructions and Rules
- PH Instructions and Rules
  - Primary Site Coding Instructions
  - Histology Coding Instructions
- Appendix F: Non-Reportable terms
- Glossary

*NOTE:* It is important that registrars review the revision history to ensure accurate and complete coding of Hematopoietic and Lymphoid Neoplasms.

### ***Hematopoietic Conversions for 2015~***

FYI - A conversion program has been written to convert some of the Hematopoietic data as part of the Hematopoietic and Lymphoid project update for 2015. Two documents have been posted on the SEER website that outlines the specifics and rationale for these conversions. Links for both documents are available on the Hematopoietic Project webpage at <http://seer.cancer.gov/tools/heme/>.

### ***SEER\*RX – Interactive Antineoplastic Drugs Database – New Releases in 2014~***

New releases for software and the web version and data were posted in 2014. Software was released in October 2014 and Web Version and Data in September 2014. SEER now has the ability to update the web-based SEER\*RX tool in real-time and have added a similar feature to the software. How the software works – each time the user's computer has an internet connection, it will automatically check to see if there is a new SEER\*RX data, and if there is new data, it will download it. For those who use the software, you will now have access to published data without having to download a new version of SEER\*RX.

As SEER\*RX was developed as a one-step lookup for coding oncology drug and regimen treatment categories in cancer registries, it is important that registrars use the SEER\*RX database for assistance in proper coding of oncology drug and treatment regimens.

For more information and/or to access the SEER\*RX – Interactive Antineoplastic Drugs Database, go to <http://seer.cancer.gov/tools/seerrx/>

### ***Version 15: NAACCR Standards Volume II, Data Standards & Data Dictionary~***

The NAACCR Standards Volume II, Data Standards and Data Dictionary, Version 15, effective with cases diagnosed on or after January 1, 2015 is available on the NAACCR website at <http://www.naacr.org/StandardsandRegistryOperations/VolumeII.aspx#>.

Effective with Version 15, there are 7 new survival-related data items, additional codes for four data items, and conversions for country code values and for glucagonomas. Version 15 includes multiple conversions of site, histology, and a few Collaborative Stage data items (necessitating re-derivation) for some hematopoietic malignancies, whose histology code conversions will be retroactive to 2010 diagnoses. There are also 16 terms that are new to ICD-O-3, ten of which are reportable.

The Implementation Guidelines and Recommendations for Version 15 are available on the NAACCR website at <http://www.naacr.org/StandardsandRegistryOperations/ImplementationGuidelines.aspx>. It includes changes to the country codes and hematopoietic conversion sections (including Appendix B). Please note that the revisions are marked by using Track Changes; however, since Appendix B was completely replaced there are not Track Changes.

As a reminder, the Recommended Abbreviations for Abstractors is included in Volume II of the NAACCR Data Standards and Data Dictionary in Appendix G. The use of abbreviations is often used by cancer abstractors to shorten the written narrative entered into required text fields to facilitate the electronic storage and transmission of required information. Since abbreviations can generate confusion, because abbreviations may vary among different institutions and even between different specialties within the same institution, it is critical that **ONLY** the recommended abbreviations for abstractors as provided in Appendix G are used by registrars to record written text documentation.

### ***Patient's Usual Occupation & Industry Prior to Retirement~***

We are still receiving reports that contain non-descriptive terms when recording 'Patient's Usual Occupation Prior to Retirement' and 'Patient's Usual Industry Prior to Retirement.' The rationale for the collection of information for these data items is **NOT** to determine whether the patient is receiving social security benefits, but rather the fact that accurate recording of occupation and industry of workers can reveal the national cancer burden by industry and occupation. Such information can also be used to help discover jobs that may have a high risk for cancer or other diseases and for which prevention efforts can be concentrated (or targeted). Please review the coding instructions listed below regarding non-descriptive terms, self-employed and disability.

- Descriptive terms such as “longest,” “current,” “previously,” “prior history unknown, now working at,” “last 5 years,” “retired,” “not applicable (N/A),” “disabled,” etc. should **NOT** be recorded in these data fields.
- “Self-employed” by itself is **incomplete**. The kind of work must be determined. The entry for business/industry should include both the proper business/industry and the entry “self-employed.”
- Do **NOT** use “retired.” If the patient has retired from his or her usual occupation, the “usual occupation and business/industry” of the patient must be specified. If not specified, record as “Unknown.”
- If the patient is on disability do **NOT** record “not employed” unless there is documentation that the patient was never employed.” If the patient’s employment history prior to disability is not known, record as “unknown.”

For more information on coding instructions, refer to the *A Cancer Registrar's Guide to Collecting Industry and Occupation*, which is provided by CDC and can be downloaded at <http://www.cdc.gov/niosh/docs/2011-173/pdfs/2011-173.pdf>.

## *MCSP Staff ~*

If you have any questions regarding cancer reporting, or would like more information about workshops, please feel free to give one of us a call.

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