



The Sentinel

The Newsletter for the Association of North Carolina Cancer Registrars

Fall 2019

Message from the President: Paige Tedder, RHIT, CTR



Happy Fall ANCCR Members!!!

I hope everyone was able to attend the NC/SC Regional Meeting at Embassy Suites in Concord from September 18-20. We had some great education sessions and enjoyed a social Thursday evening celebrating Deborah Carruthers retirement from Program Director of our annual meetings. The discussion topic “Registry Jeopardy” led by Dr. Rick Greene was a huge hit and will be repeated again next year. We also enjoyed presentations from some of our own ANCCR members: Melanie Rogan gave a great presentation on Data Usage, Theresa Vallerand on Quality Assessment and Amy Arnold on the NAPRC accreditation process. Ways and Means did awesome this year with the silent auction. We were able to raise over \$1,100 for ANCCR! Thanks everyone for the donations! The meeting received high evaluation scores and was a great success. Plans are already being made for next year’s meeting to be held at Carolina Beach in October of 2020.

Looking back on 2019, the recent changes in data collection with the new STORE and AJCC 8th edition proved to be a challenge. Delays in data reporting were stressful. Our work is sometimes overlooked but the data that we collect and report are vital for an accurate “picture” on how the fight against cancer is going. I want to thank each of you for all the work you do to report the most accurate data possible.

Lastly, I want to thank you for the opportunity to serve as your ANCCR President. I look forward to working with the other elected officers: Angela Rodriguez, Vice President; Christine Smith, Treasurer; Amy Arnold, Secretary in 2020. The other board members are listed on the ANCCR website www.ncregistrars.com. If anyone is interested in volunteering, please let me know.

If you have any questions or concerns, please feel free to email me at Paige.tedder@atriumhealth.org.

I hope everyone has a Happy Halloween and Thanksgiving!

ANCCR's Executive Board 2020

Office	Name	Email
President	Paige Tedder, RHIT, CTR	paige.tedder@atriumhealth.org
Immediate Past President	Kelly Lowrance, RHIT, CTR	kalowrance@novanthealth.org
Vice President	Angela Rodriguez, CTR	arodriguez@certicoderegistry.com
Secretary	Amy Arnold, CTR	amyarnold@registrypartners.com
Treasurer	Christine Smith, CTR	csmith@mycrstar.com
Committee	Name	Email
Bylaws	Adaline Brown, RHIT, CCS, CTR	abrown@certicoderegistry.com
Education	Kimberly Swing, CTR	kimberly.swing@duke.edu
	Karen Knight, CTR	karen.knight@duke.edu
Educational Scholarship	Inez Inman, BS, RHIT, CTR	iinman@wakehealth.edu
New Registrar Training	Melissa Pearson, CTR	melissa.pearson@dhhs.nc.gov
ANCCR Resource Manual	Ruth Maranda, CTR	ruth.maranda@dhhs.nc.gov
Facebook Administrator	Angela Rodriguez, CTR	arodriguez@certicoderegistry.com
Grants & Vendors	Melanie Rogan, CTR	mrogan@mycrstar.com
	Allison Shelor, CTR	allison.shelor@unchealth.unc.edu
Historian	Deborah Poovey, CTR	dpoovey7@gmail.com
Membership	Jenean Burris, RHIT, CTR	jburris@wakehealth.edu
Nominating	Isaiah Zipple, CTR	isaiah.zipple@unchealth.unc.edu
Program Director	Kelly Lowrance, RHIT, CTR	kalowrance@novanthealth.org
Publications	Inez Inman, BS, RHIT, CTR	iinman@wakehealth.edu
Web Site Coordinator	Cathy Rimmer, BA, MDiv, CTR	ccrimmer@novanthealth.org
Ways & Means	Kisha Raynor, CTR	kisha.raynor@carolinashealthcare.org
	Kim Maloney Bobbitt, BS, CTR	kmaloney-bobbitt@novanthealth.org
Liaisons	Name	Email
A4C Liaison	Kathleen Foote, CTR	kathleen.foote@unchealth.unc.edu
NCRA Liaison	Angela Rodriguez, CTR	arodriguez@certicoderegistry.com
NC CCR Liaison	Melissa Pearson, CTR	melissa.pearson@dhhs.nc.gov



Upcoming Annual Educational Conferences

ANCCR Educational Fall Meeting
2020 – October, Carolina Beach, NC – tentatively

NCRA Educational Conference
2020 - May 31-June 3, Orlando, FL
2021 - April 14-17, Indianapolis, IN
2022 - April 6-9, Washington, DC



TREASURER REPORT
Christine Smith, CTR

ANCCR 2019 Second Quarter Report

Beginning Balance 04/01/2019:

Checking:	\$13,927.06
Money Market:	\$21,597.50
Total:	\$35,524.56

Deposits:

April:	\$2,890.00
May:	\$3,935.00
June:	\$2,300.00

Membership dues income: April-June	\$815.00
Fall Meeting Registration Online	\$3,750.00
Fall Meeting Registration Mail	\$4,000.00

Expenses:

NCRA Educational Fund Donation	\$100.00
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Bank Statement Charges	\$15.00
Deposit Correction Fee	\$6.00

Total Deposits	\$9,125.00
Total Expenses	\$361.00

(Diff)	(\$8,764.00)
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Ending Balance 06/30/19:

Checking:	\$22,681.06
Money Market:	\$21,594.24



MEMBERSHIP

Jenean Burris, RHIT, CTR

There are 161 ANCCR members as of 9/30/19.

Reminder: 2020 membership dues deadline is 12/31/19.

EDUCATION REPORT

Kimberly Swing, CTR

Karen Knight, CTR

Educational Opportunities:

NCRA Center for Cancer Registry Education - <http://www.cancerregistryeducation.org/>

Access to high-quality educational programming to support both seasoned professionals and those new to the field, included are programs related to AJCC 8th Edition. Most are fee based.

NCRA Registry Resources - <http://www.cancerregistryeducation.org/rr>

A series of informational abstracts and presentations that show registrars how to use these important resources, these site-specific abstracts provide an outline to follow when determining what text to include. FREE

SEER Educate - <https://educate.fredhutch.org/LandingPage.aspx>

Improve technical skills through applied testing on the latest coding guidelines and concepts. Complete practice abstracts and earn up to 20 CE credits per cycle. FREE, Casefinding and Grade exercises are now available as well.

NCRA's Mini-Learning Shorts- Great guide for new registrars-

<http://www.cancerregistryeducation.org/best-practices?fbclid=IwAR1bfhzNf844uTRZKbheIHvKOG2MSBumIIQH0o4K1hYqe46BmmmXPrnIVfY> and

<http://www.cancerregistryeducation.org/introduction-to-the-cancer-registry>

<https://education.naaccr.org/freewebinars> - NAACCR Talks are free webinars on topics of concern to the NAACCR membership. View recordings of the live webinars for no charge.

Cancer Forum Live: <https://www.facs.org/quality-programs/cancer/news/canswer-forum-live>

60-minute webinar open to staff at current and prospective CoC, National Accreditation Program for Breast Centers (NAPBC) and NAPRC programs. The next webinar will take place on September 25, 2019 at 12:00 Noon, Central time.

AJCC:

View recordings of the live webinars for no charge.

7th Edition Webinars - <https://cancerstaging.org/CSE/Registrar/Pages/Seventh-Edition-Webinars.aspx>

8th Edition Webinars- <https://cancerstaging.org/CSE/Registrar/Pages/8thEditionWebinars.aspx>

Disease Site Webinars - <https://cancerstaging.org/CSE/Registrar/Pages/Disease-Site-Webinars.aspx>

AJCC Curriculum - <https://cancerstaging.org/CSE/Registrar/Pages/AJCC-Curriculum.aspx>

Registrar's Guide to Chapter - <https://cancerstaging.org/CSE/Registrar/Pages/Presentations.aspx>

AJCC TNM Category Options - <https://cancerstaging.org/CSE/Registrar/Pages/Presentations.aspx>



<http://www.ncregistrars.com/>

ANCCR purchased subscriptions to the NAACCR Cancer Registry & Surveillance Webinar Series.

Each webinar is three hours (3 CE's) and will be presented on the first Thursday of each month. After the LIVE version, a link to the webinar will be available to ANCCR members on the ANCCR website, as soon as it is available each month. The sessions are 9:00 am – 12:00 pm.

Host sites:

- Wake Forest Baptist Medical Center, Winston-Salem, NC
Contact: Jenean Burris: jbarris@wakehealth.edu
- Carolinas Medical Center, Charlotte, NC
Contact: Paige Tedder paige.tedder@carolinashealthcare.org
- UNC Rex Hospital, Raleigh, NC
Contact: Kathleen Foote Kathleen.foote@unchealth.unc.edu
- Vidant Medical Center, Greenville, NC
Contact: Merrill Bright Merrill.bright@vidanthealth.com

NAACCR webinar schedule:

10/3/19	Breast
11/7/19	Bladder
12/5/19	Base of Tongue/Head and Neck
1/9/20	Prostate
2/6/20	SSDI's: An In-Depth Look
3/5/20	Abstracting and Coding Boot Camp
4/2/20	Melanoma
5/7/20	Central Nervous System
6/11/20	Esophagus
7/9/20	Navigating the 2020 Survey Application Record (SAR)
8/6/20	Corpus Uteri
9/3/20	Coding Pitfalls

Coding, Staging and Abstracting Resources:

*Online version of IDC-O-3

http://www.iacr.com.fr/index.php?option=com_content&view=category&layout=blog&id=100&Itemid=577 The new version, ICD-O-3.2, is recommended for use from 2020.

SEER 2018 updated case finding list- <https://seer.cancer.gov/tools/casefinding/>

*SEER RX- <https://seer.cancer.gov/seertools/seerrx/>

*SEER*RSA- <https://staging.seer.cancer.gov/>

*Ask a SEER Registrar- <https://seer.cancer.gov/registrars/contact.html>

*CAncer Forum- <http://cancerbulletin.facs.org/forums/help>

*Hematopoietic and Lymphoid Neoplasm Database-
<https://seer.cancer.gov/seertools/hemelymph/>

*Solid Tumor Rules- <https://seer.cancer.gov/tools/solidtumor/>
*NAACCR- Site specific data items (SSDI/GRADE)- <https://apps.naaccr.org/ssdi/list/>
*STORE-
https://www.facs.org/~media/files/quality%20programs/cancer/ncdb/store_manual_2018.ashx
*AJCC- Errata for 8th edition AJCC <https://cancerstaging.org/references-tools/deskreferences/Pages/default.aspx>
*Informational Abstracts- <http://www.cancerregistryeducation.org/rr>
*NCI Cancer Types- <https://www.cancer.gov/types>
* RQRS User Guide-
https://www.facs.org/~media/files/quality%20programs/cancer/ncdb/rqrs_userguide.ashx
*CTR Guide to Coding XRT-
https://www.facs.org/~media/files/quality%20programs/cancer/ncdb/case_studies_coding_radiation_treatment.ashx
*NCDB- The Corner Store- <https://www.facs.org/quality-programs/cancer/news>
*American College of Surgeons- Subscribe to the newsletter *The Brief* at <http://multibriefs.com/optin.php?ACSORG> or view articles at <http://multibriefs.com/briefs/ACSORG/index.php>



Tips to Reduce Skin-Related Toxicities Associated With Cancer Treatment
<https://www.oncnursingnews.com/web-exclusives/tips-to-reduce-skin-related-toxicities-associated-with-cancer-treatment>

Cancer hospital affiliation tied to lower cancer surgery mortality rates
<https://www.physiciansweekly.com/cancer-hospital-affiliation-tied/>

Why Dogs Now Play a Big Role in Human Cancer Research
<https://www.wired.com/story/why-dogs-now-play-a-big-role-in-human-cancer-research/>

WAYS AND MEANS
Kisha Raynor, CTR
Kim Maloney Bobbitt, BS, CTR

THANK YOU EVERYONE FOR THE DONATIONS!

Our Ways and Means silent auction was awesome with our South Carolina Registrar neighbors at the regional meeting.



NOMINATING
Isaiah Zipple, CTR

Newly elected officers:

President	Paige Tedder, RHIT, CTR
Vice President	Angela Rodriguez, CTR
Secretary	Amy Arnold, CTR
Treasurer	Christine Smith, CTR

CONGRATULATIONS!

BYLAWS
Adaline Brown, RHIT, CCS, CTR

Proposed Bylaw Amendments - Passed
Amendments were voted on at the Annual Business Meeting on 9/18/2019

The ANCCR Executive and Bylaws Committee met several times over the last several months to review and propose amendments to the bylaws to bring us more in line with NCRA and what is currently happening within our association.

All Proposed Bylaws Amendments were voted on at the Annual Business Meeting and passed. All members have access to the complete set of bylaws under the members section on the ANCCR website at: <https://ncregistrars.com/content/bylaws>.

REPORT FROM THE NC CENTRAL CANCER REGISTRY
Melissa Pearson, CTR

With great sadness...

As I was reading through past issues of The Sentinel, I saw where we announced and welcomed Wenwen Guo to our statistician team in the Fall 2018 issue...just one year ago. What a year... A year seems like a long time in some ways, but in others is way too short. It is with great sadness that I share with you that Wenwen passed away on June 22nd at the very young age of 26 after a long battle with ovarian cancer. It is always a stark reminder of the importance of the work we do when someone we know is diagnosed with cancer. While she only worked with us for a short time, she was a wonderful part of our team and will be greatly missed.



Call for Data:

It is time to start thinking about getting back to the normal data submission routine. We have spoken with every hospital (that would return our call ☐) about where they are with completing 2018 cases. Most hope to be able to submit the majority of 2018 cases by end of October. A few are already working on 2019! With that information in mind, we are implementing the following call for data schedule for 2019. The revisions for 2019 allow for a slight delay but will result in all 2019 cases being submitted by

July 1. Of course, if you are able to get caught up earlier than the revised schedule, please go ahead and submit those completed cases! If you see that you will have difficulty in meeting the revised schedule, please work with your CCR Rep to discuss the circumstances and the possible need for an extension.

Revised Quarterly Call for Data/Minimum Reporting Schedule for 2019 Data:

Cases Diagnosed/1st Seen in the:	Standard Schedule	Revised Schedule for 2019 Data
2018 (all remaining cases)	July 1	November 1
First quarter of 2019 (January – March)	October 1	January 1
Second quarter of 2019 (April – June)	January 1	March 1
Third quarter of 2019 (July – September)	April 1	May 1
Fourth quarter of 2019 (October – December)	July 1	July 1

A Note about Submitting 2018 Cases:

The NC CCR submits its data to NPCR and NAACCR in November of each year. This year will be no exception as the deadlines and submission requirements have not been revised – even with the severe delays. We are prepared to meet every requirement except for case counts. We are expected to report 90% of 2018 cases. That’s roughly 70,000 abstracts that have to be consolidated down to about 50,000 unique cases! The

NC CCR has a long history of achieving the highest submission standards possible from both NPCR and NAACCR. And we want our submission of 2018 data to be no exception. That means we need every case possible! Every case we receive up through the point of submission may make the difference in being able to meet the highest level of submission standards.

Please continue to send 2018 cases frequently (such as weekly) as you complete them.

New Edits Metafile (v18D):

A new Edits Metafile (v18D) was included in the September 4 release of updates. This metafile will be sent to vendors and posted on the NC CCR in late September. Some of the updates in the new Edits Metafile correct errors in the v18C edits metafile that would result in cases with valid codes being rejected. **Installing and using the new metafile as soon as possible will reduce the number of valid cases failing edits and implicitly help with lowering the number of cases reviewed for edits corrections.**

Edit requirements for submission to the NC CCR:

Beginning November 1, all cases must pass all edits contained in the v18D Edit Metafile. Files submitted prior to November 1 must continue to pass all edits contained in the v18C Edits Metafile (or v18D if installed). As mentioned above, the sooner you can use v18D, the better.

Helpful tips for clearing the following TNM edit:

Edit: TNM Edition Number, AJCC ID (COC) [N3987] [COC]

Error: TNM Edition Number must = 88 for AJCC ID: XX

Do not automatically change the TNM Edition number to 88.

There are many different coding combinations that can cause this edit.

Review the site and histology codes first and compare it to the 2018 Solid Tumor Manual.

There are changes for 2018 that affect TNM!

Example:

Colon (C18.2) with a histology of 8210/3

AJCC ID = XX

All TNM fields = 88's

TNM edition number = 08

Beginning with 2018 diagnoses, the new Solid Tumor Manual rules for colon tell us that polyps are now disregarded when coding histology. For example, adenocarcinoma in an adenomatous polyp is now coded to 8140/3 (Adenocarcinoma, NOS). Code 8210 does not have an applicable TNM schema; therefore, the abstract derived an AJCC ID of XX. Once the histology was corrected to 8140/3, the AJCC ID correctly populated with code 20. Now that the histology code is correct based on the rules, and with the correct AJCC ID populated, the above edit message cleared. And, the TNM fields can now be completed.



Ruth Maranda, LPN, CTR
NC CCR Education and Training Coordinator

Below is a summary on a few different topics gathered over the past few months. Much of this information is from the American College of Surgeons newsletter, The Brief. You may subscribe to the newsletter at this link:

<http://multibriefs.com/optin.php?ACSORG>. The NAACCR

Webinars are also one of the most useful resources for the

latest information. Making every effort to attend these webinars is highly recommended!

Coordinated Release of Updates: September 4, 2019

In April 2019, cancer surveillance leadership decided to delay changes to the NAACCR data exchange layout until 2021 in order to allow the registry community to focus on collection and processing of 2018 cases.

While this decision minimizes software changes, over the last few months it has become clear that registries will benefit from updating some of the existing software routines, coding manuals and edit sets to address errors and clarify coding instructions. These updates will help registries to collect and report high quality cancer data.



The majority of changes are clarifications to general coding instructions and data item-specific coding instructions based on the SEER Reliability Studies and the CAForum. These clarifications will synchronize coding instructions between the CANSWER forum, AJCC Staging, SSDI and Grade coding manuals and registry software. Some of the code definitions were modified to provide clarification; however, the overall meaning of the codes has not changed.

Updates released on September 4, 2019, included:

1. Clarifications to SSDI coding instructions: apps.naacr.org/ssdi/list
2. EOD and Summary Stage Updates: seer.cancer.gov/tools/staging
3. Solid Tumor Rules: seer.cancer.gov/tools/solidtumor
 - On July 17, 2019, SEER posted an update to the Solid Tumor Rules. Most changes are minor, such as changes in terminology, additional definitions, and new notes and examples. Review the July 2019 Change Log to understand what changes were made. **There were MAJOR CHANGES related to the Lung H and the Lung M rules:**

Lung H rule:

We identified an issue with lung histology reporting by pathologists and after consulting with our expert lung pathologist, determined that a rule should be added to specifically address this issue.

The new lung H rule address tumors with multiple types of adenocarcinoma and percentages of each type listed in the diagnosis. The original H rule instructed registrars

to code adenocarcinoma, mixed types (8255/3). Per our lung expert, ICD-O code 8255/3 is strongly discouraged. The new H rule provides instructions on coding the histology comprising the greatest percentage of tumor. Lung Table 2 (Combination histology codes) has been updated to reinforce the new H rule.

Lung M rule:

A rule was added to address separate non-contiguous tumors, one with a combination code from Table 2 and one with a single histology from Table 3.

DOWNLOAD AND BEGIN USING THESE UPDATED MANUALS ASAP!

Registrars are not required to change previously abstracted cases based on revised coding instructions and/or code definitions for SSDIs, EOD data items and updated Solid Tumor Rules.

Audit Recommendation:

Although updates are not required, the NC CCR strongly recommends reviewing lung cases diagnosed 1/1/2018 forward with code 8255/3 to determine if a specific histology code can be assigned based on the new H rule. By coding a specific histology rather than the mixed histology, you will also be able to assign stage.

Next Release of Updates: NAACCR v21 in 2020 for implementation in 2021

SSDI:

Updated instructions for ER, PR, HER2 (IHC, ISH, Overall) Summary, 7/17/19

The SSDI work group has finalized the updated coding instructions for ER, PR, and HER2. These changes were based on questions received in CAnswer Forum and consultation with AJCC physicians.

For ER Summary, PR Summary, HER2 IHC Summary, HER2 ISH Summary and HER2

Overall Summary, the following notes were either updated/added. These updated instructions are applicable for cases diagnosed 1/1/2018+. Registrars are **not** required to go back, and review cases already abstracted for 1/1/2018+. Posts in CAnswer Forum related to these data items will be reviewed and updated.

The note numbers are for ER Summary (may be different for the others), but each of the data items listed above have these same notes.

Note 4: In cases where there are invasive and in situ components and ER is done on both, ignore the in situ results

Clarifications



- If ER is positive on an in situ component and ER is negative on all tested invasive components, code ER as negative (code 0)
- If in situ and invasive components present and ER only done on the in situ component, code unknown (code 9)

Note 5: In cases where there is a single tumor with multiple biopsies and/or surgical resection with different ER results.

- Use the highest (positive versus negative)

Note 6: In cases where there are multiple tumors with different ER results, code the results from the largest tumor size (determined either clinically or pathologically) when multiple tumors are present.

- Do not use specimen size to determine the largest tumor size

Registry Partners “CTR Coding Break” webinar series:

The Registry Partners Quality Team is very excited to announce the new series of educational videos called: “CTR Coding Break”. The CTR Coding Breaks will be a 5-10 minute presentation that is published monthly on “hot topics” within the industry to help CTRs interpret, understand and apply the coding rules.

The first video for the September CTR Coding Break focuses on one of the new Breast SSDIs – Breast Allred Score. The presentation reviews the purpose and application of the Allred system. The presenter will walk through the components required and how to calculate the Allred Score through case examples using the Allred Score for ER/PR evaluation table. The coding break concludes with updated instructions for Breast SSDIs – ER, PR, HER2 (IHC, ISH, Overall) summary sourced from the Cancer Forum.

<https://www.registypartners.com/introducing-the-ctr-coding-break/>

STORE:

NCDB Clarification - Coding Tumor Size Summary When No Size Is Given

Question: When a patient has surgery and no size is reported on the path report, how is the tumor size coded?

Answer: Record the most accurate measurement of a solid primary tumor based on the rules in STORE:

- Tumor size code 999 is coded when size is unknown or not applicable. The sites/morphologies where tumor size is not applicable are listed on page 176 of the STORE manual.
- When a patient has neoadjuvant therapy followed by surgery, do not record the size from the pathologic specimen. Code the largest size of the tumor prior to neoadjuvant treatment. If it is unknown, code the size as 999.
- If no surgical resection is performed, then code the largest measurement of the tumor from the physical exam, imaging, or other diagnostic procedures in this order of priority prior to any form of treatment (see Coding Rules, page 174 of the STORE manual).

Data Item Clarification - Cancer Status:

Coding examples and rationale for the new STORE Data items, Cancer Status, Date of Last Cancer (tumor) Status, and Date of Last Cancer (tumor) Status Flag, have been created to assist the registrar in the coding of these new data items. The rationale for the development of the new data items is to track recurrence **after** the completion of

first course of treatment. The use of the Date of Last Cancer (tumor) Status Flag should be infrequent, as there should always be a relevant date from the medical information which is used to assign the cancer status. Review the examples on how to code these data items on the [Cancer Programs News](#) page.

1) Never disease-free: Cancer Status = 2 (cancer)

- Date of First Recurrence = BLANK, as per existing STORE instructions because it records date of recurrence after disease-free period which in this scenario there never was a disease-free period)
- Recurrence Date 1st Flag = code 11 “patient never disease free” (STORE code 11 presently combines disease free after treatment and never disease free)
- Date of Last Cancer (tumor) Status = record date of the last note stating the patient status (not disease free). In cases when the only information is a diagnosis, use the date of diagnosis.

2) Patient receiving treatment: Cancer Status = 2 (cancer)

- Date of First Recurrence = BLANK, as per existing STORE instructions because it records date of recurrence after disease-free period which in this scenario is unknown.
- Recurrence Date 1st Flag = 10 (unknown if patient was never disease free or had first recurrence-patient receiving treatment)
- Date of Last Cancer (tumor) Status = record date of last note stating patient has disease and undergoing treatment.

3) Disease-free: Cancer Status = 1 (no cancer)

- Date of First Recurrence = BLANK (as per existing STORE instructions because it records date of recurrence after disease-free period)
- Recurrence Date 1st Flag = code 11 to “patient disease free” (STORE code 11 presently combines disease free after treatment and never disease free)
- Date of Last Cancer (tumor) Status = record date of last note stating patient is disease-free.

4) Not disease-free after a period of being disease-free: Cancer Status = 2 (cancer) changed from 1 (patient initially disease free)

- Date of First Recurrence = valid date entered for first recurrence date, or if no date see Recurrence Date 1st Flag
- Recurrence Date 1st Flag = 12 (a proper value is applicable but not known)
- Date of Last Cancer (tumor) Status = record date of last note stating patient has disease.

Surgery coding for breast revised:

The surgery coding instructions for the breast primary site will be updated in the next STORE 2018 revision to reflect the following:

- A total (simple) mastectomy removes all breast tissue, the nipple, and areolar complex. An axillary dissection is not done, but sentinel lymph nodes may be removed.
- For single primaries involving both breasts use code 76.

- If the contralateral breast reveals a second primary, each breast is abstracted separately. The surgical procedure is coded 41 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

The prior instruction in FORDS/STORE for single primaries only: “Code removal of the contralateral breast under the data item Surgical Procedure/Other Site and/or Surgical Procedure/Other Site at This Facility” will be removed. It is not applicable.

ICD-O-3 SEER Site/Histology Validation List:

The site/type list has been updated and is provided in both PDF and Excel format and can be accessed at the following site: <https://seer.cancer.gov/icd-o-3/>

2018 Guidelines for ICD-O-3 Histology Code and Behavior Update:

The revised [2018 Guidelines for ICD-O-3 Histology Code and Behavior Update](#) for cases diagnosed 1/1/2018 forward are now available on the NAACCR website. The update includes links to tables listing new codes and other changes and is available in two formats: PDF and Excel. Also available are the 2018 ICD-O-3 Update Guidelines and 1/10/2018 Errata/Change document. *The NAACCR ICD-O-3 Implementation Work Group highly recommends all users read the guidelines which contain important coding information related to the 2018 update.*

Resources needed to code Histology:

- ICD-O-3 Manual (purple book)
- Solid Tumor Rules
- Hematopoietic Database and Manual
- NAACCR ICD-O-3 Histology Revisions and Implementation Guidelines
 - <https://www.naacr.org/2018-implementation/#Histology>
 - <https://www.naacr.org/implementation-guidelines/#ICDO3>
- **IARC ICD-O-3.2 TABLES**
 - http://www.iacr.com.fr/index.php?option=com_content&view=category&layout=blog&id=100&Itemid=577
 - **A LISTING OF ALL ADDITIONS, CHANGES AND REVISIONS TO THE ICD-O-3, 1ST REVISION (ICDO-O-3.1) FOR ICD-O-3.2**
 - **ICDO- THIRD EDITION, SECOND REVISION MORPHOLOGY**

FREE WEBINARS ON CODING HISTOLOGY USING THESE RESOURCES!

Steve Peace with the Florida Cancer Data System recently presented 2 webinars on coding histology for 2018 and shows how to use these resources together to code histology. He has allowed us to share the links to his recorded webinars to our registrars. You may access the webinars and handouts by clicking on the following links. It is suggested that you listen to the webinars in the order listed below. As we are not sure how long these webinars will be available, it is recommended that you view them as soon as possible.

[ICD-O-3 Histology and Behavior Codes Used to Be Easy](#), Steve Peace, BS, CTR, [Recording 9/19/2019](#), FCDS Educational Webcast Series - ICD-O-3 Coding Intensive, [Slides](#), [Blank Answer Sheet](#), [Recording](#)

The resources above must be used together to code histology and determine reportability. Below is a brief outline/summary from Steve's webinar on how to use these manuals together:

1. Know and understand the rules at the beginning of the **ICD-O-3 manual (purple book)**. When coding histology, keep in mind that regardless of the manual you are using, the general rules still apply. Use the ICD-O-3 manual to familiarize yourself with its contents and how histologies are grouped (squamous cell, adenocarcinoma, melanoma, sarcoma, lymphoma, leukemia, etc.). The ICD-O-3 is still used to assign the C code (the topography code).

2. Check the **NAACCR and IARC 2018 Updates Tables** to determine if the histology/term/code is one that has undergone some sort of change for 2018. This serves as a flag to pay particular attention when coding this term. Do not code based on what is in this table (yet). Use the Solid Tumor Rules manual first.

3. For solid tumors, follow the **2018 Solid Tumor (MP/H) rules** to determine the histology code. For hematopoietic cases, follow the **Hematopoietic and Lymphoid Manual and Database rules**.

4. If the Solid Tumor/Heme Database Rules do not provide the code that should be used, look up the term on **NAACCR and IARC 2018 Updates Tables**. If there, use the code provided.

Specific coding instructions, if applicable, are noted in the Comments column. Instructions include coding pre-2018 cases per 2014 histology crosswalk and most importantly, specific coding instructions for selected histologies and codes with major changes.

For example, the ICD-O-3 Matrix rule does not apply to *pleomorphic* lobular carcinoma in situ which has a new code (8519/2). Invasive pleomorphic lobular carcinoma is coded 8520/3. Assigning malignant (/3) behavior to 8519 is incorrect and will result in an edit.

5. If not in the **NAACCR and IARC 2018 Updates Tables**, then look up the term on the **IARC ICD-O-3.2 Morphology Table**. Hopefully, most of the site-specific issues were addressed by the Solid Tumor Manual and Heme Database.

CRT Radiation Coding Guide:

NCDB clarification to coding SAVI equipment for brachytherapy.

On page 22 of the CTR Radiation Coding Guide, the modality code for SAVI is coded (11), Brachytherapy, Interstitial, HDR, which is incorrect. The correct modality code is (09), Brachytherapy, Intracavitary, HDR. The code will change from 11 to 09. This change will be reflected in the updated v2.0 release.

CoC Standards Revisions:

At its annual meetings last month in Washington, DC, the [CoC](#) approved revisions to its accreditation standards. The approval followed a public feedback period in May after which issues raised were considered by the CoC Accreditation Committee. Based on this feedback, the committee made additional edits and subsequently approved the revised standards to move forward with the publication process. Next steps include a legal review, copy editing, manual design and development of educational content. Anticipated publication is slated for Fall 2019. Updates will continue to be provided as they develop.

From The Brief:

October is Breast Cancer Awareness Month. [The National Accreditation Program for Breast Centers \(NAPBC\)](#) and the [Commission on Cancer \(CoC\)](#) encourage your program to promote Breast Cancer Awareness Month and use it as an opportunity to display and publicize your accreditation status. To help you promote this event within your program, to your patients, and to your community, the NAPBC and CoC have created a poster that you can download and print to display.

Let your patients and community know of your commitment to the delivery of high-quality care by accessing your poster (and other materials) as follows:

Centers solely accredited by the NAPBC

- Log in to the [NAPBC Portal](#).
- Open the Resources Tab.
- Scroll to the bottom of the page and click on the NAPBC Marketing Resources link.
- Download and print the Breast Cancer Awareness Month Poster.
- Download the artwork for a poster and banner stand to help you promote your NAPBC accreditation.

Programs that are accredited by the CoC solely and/or by both the CoC and NAPBC:

- Log in to [CoC Datalinks](#).
- Click on the CoC-Accredited Cancer Program Marketing Materials link.
- Download and print the Breast Cancer Awareness Month Poster.

Download the artwork for a poster and banner stand to help you promote your CoC accreditation.



CAnswer Forum LIVE recording now available:

If you missed the June 26 CAnswer Forum LIVE, you can access the [webinar recording](#), [PowerPoint presentation](#) and [NAPBC Clarifications, Reminders and Frequently Asked Questions](#) online. These 60-minute webinars are scheduled throughout the year. Next [CAnswer Forum LIVE](#) webinars: September 25 and December 11.

2018 SEER Solid Tumor Rules: General Instructions & Other Site Rules, Part II
Webinar: <http://www.cancerregistryeducation.org/seer>. There are several free webinars at this URL.

The following consistent coding errors have been noted during case consolidation at the CCR:



1. Coding to Unknown site (C809) when histology is Melanoma (8720-8790)

CCARM 2018 page 134 and STORE 2018 page 22:
Code to Skin, NOS (C44.9) if a patient is diagnosed with metastatic melanoma and the primary site is not identified.

2. Clinical stage colon cancer

- AJCC 8th Edition: “T Category” is based on depth of invasion into the colon wall.
- Per AJCC Colorectum Webinar, 9/28/2016: A colonoscopy usually is not sufficient to assign a clinical stage. This has not changed for the 8th Edition, CAnswer Forum. Therefore, many clinical stage groups will be 99, unknown.
- If you can determine the depth of invasion from the path report of the colonoscopy, then you may code the Clinical T.
- **EXCEPTION:** Radiologic examinations designed to demonstrate the presence of extra rectal or extracolonic metastasis may include chest radiographs, CT abdomen/pelvis/chest), MRI, PET, or fused PET/CT scans. Clinical stage (cTNM) then may be assigned.

T Category Criteria:

TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
Tis	Carcinoma <i>in situ</i> , intramucosal carcinoma (involvement of lamina propria with no extension through muscularis mucosae)
T1	Tumor invades the submucosa (through the muscularis mucosa but not into the muscularis propria)
T2	Tumor invades the muscularis propria
T3	Tumor invades through the muscularis propria into pericolorectal tissues
T4	Tumor invades* the visceral peritoneum or invades or adheres** to adjacent organ or structure

3. TEXT, TEXT, TEXT!

With so many changes, detailed text to validate coded data items are critical. Always document your findings in the text fields!



