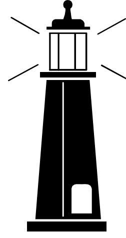


The Sentinel

The Newsletter for the Association of North Carolina Cancer Registrars

Winter 2022

Message from the President:
Amy Arnold, CTR

Happy New Year ANCCR members!

I am excited to be serving as president of such a wonderful organization of Cancer Registrars. With the cold setting in and more cold fronts coming this week I hope you are bundled up and staying warm. As the holidays come to a close, I hope each of you was able to spend time with the ones you love.

It has been quite some time since we have been able to gather together to learn and network. The ANCCR board is hopeful that this year we will be able to meet in person this fall. However, with the new Covid variant and the uncertainty of whether our hospitals will allow for such travel, we do want to ensure there are affordable education opportunities for our members. We will be looking into the feasibility of offering a virtual conference should we be prevented from gathering together this year. More to come as the board has the opportunity to do some review.

Also, ANCCR will be joining with NCRA to offer group discounts for the NCRA 2022 annual conference at the Gaylord National Resort in National Harbor, MD in the DC Metropolitan Area. NCRA has decided to offer State group discounts for their April 2022 Conference. The dates for the conference are Thursday, April 7th through Saturday, April 9th. In order to participate registrations will need to be sent to Laura Alberti (lsalberti@novanthealth.org). Registration (Name, NCRA # and email) and payment should be received by Laura no later than January 26th. If you have concerns that your organization will not be able to have payment ready that quickly please reach out to Laura so that we can discuss options with you. We want to ensure that anyone who wants to take advantage of this great opportunity is able to. This discount is available only to NCRA members at this time.

Rates:

- In- Person - Super Early (15% discount) $416.50
- Virtual – Super Early (15% discount) $246.50

I look forward to seeing some of you live at the conference!

Amy Arnold, BA, CTR

AArnold@mycrstar.com

ANCCR's Executive Board 2021-2022

Office	Name	Email
President	Amy Arnold, BA, CTR	aarnold@mycrstar.com
Immediate Past President	Paige Tedder, RHIT, CTR	paige.tedder@atriumhealth.org
Vice President	Cathy Rimmer, BA, MDiv, CTR	ccrimmer@novanthealth.org
Secretary	Carol Brown, CTR	carol.brown@pardeehospital.org
Treasurer	Laura Alberti	lsalberti@novanthealth.org
Committee	**Name**	**Email**
Bylaws	Adaline Brown, RHIT, CCS, CTR	abrown@q-centrix.com
Education	Kimberly Swing, CTR	kimberly.swing@duke.edu
Educational Scholarship	Inez Inman, BS, RHIT, CTR	iinman@wakehealth.edu
ANCCR Resource Manual	Ruth Maranda, LPN, CTR	ruth.maranda@dhhs.nc.gov
Facebook Administrator	Angela Rodriguez, CTR	angela.rodriguez@adventhealth.com
Grants & Vendors	Melanie Rogan, CTR	mrogan@mycrstar.com
	Jonathon Rakestraw, BS, CTR	jrakestraw@mycrstar.com
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-Shaw, 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	angela.rodriguez@adventhealth.com
NC CCR Liaison	Melissa Pearson, CTR	melissa.pearson@dhhs.nc.gov

Upcoming Annual Educational Conferences

ANCCR Educational Fall Meeting

2022 – In-person or Virtual – stay tuned

NCRA Educational Conference

2022 - April 6-9, Washington, DC
Hybrid (In-person and virtual conference)
Super early bird by 1/31/22
To ANCCR's Laura Alberti by 1/26/22
Early bird by 3/1/22

TREASURER REPORT
Laura Alberti

ANCCR 2021 Fourth Quarter Treasurer Report

Beginning Balance 09/30/2021:		
	Checking	21,644.81
	Money Market	21,615.32
	Total	43,260.13
Deposits:		
Membership dues income Oct-Dec		1,265.00
ANCCR Registration Rebate		1,675.00
Bank Interest Earned		1.63
	Total	2,941.63
Expenses:		
Bank Statement Charges		60.00
Extern Insurance		76.10
	Total	136.10
Ending Balance 12/31/2021:		
	Checking	24,448.71
	Money Market	21,616.95
	Total	46,065.66

MEMBERSHIP
Jenean Burris, RHIT, CTR

As of 7/19/21, ANCCR has 160 ANCCR members!

WEBSITE REPORT
Cathy Rimmer, BA, CTR

We continue to post jobs for NC hospitals for free. Vendors and Outsource companies must pay $50 to post a job.
New Members must be verified before gaining access to the Members Only section.

A4C Liaison
Kathleen Foote, CTR

A4C Committee Meeting met virtually on Friday, November 19, 2021

2020-2025 Cancer Plan Goals and Strategic Actions

Goal 1 Reduce cancer risks by supporting health behavior change in North Carolinians.

Goal 2 Increase cancer screening and early detection of cancer.

Goal 3 Improve access to cancer care, enhance care coordination and quality treatment.

Goal 4 Improve the knowledge and understanding of cancer, cancer care and the relationship between cancer and other chronic disease among health-care professional and the general public.

Priority Cancer Sites

Lung, Colorectal, Female Breast, Prostate, Cervical and Melanoma

DHHS Secretary's Report – Susan Kansagra, Section Chief, Chronic Injury and Disease Section, Acting Sr Deputy Director

1. Advance health equity by reducing disparities in opportunity and outcomes for historically marginalized populations across the state.
2. Help North Carolinians end the pandemic, control the spread of COVID.
3. Build innovative, coordinated, and whole-person – physical, mental and social health – centered system.
4. Support individuals with disabilities and older adults in leading safe, healthy and fulfilling lives.

New Office Health Equity – Child & Family Wellness

National Challenge – drop off standard cancer screenings during COVID; expectation wave in future & delayed care. Goal to educate thru national media campaigns.

Data/Evaluation Ad Hoc Group

- Monitor public health surveillance data to help prioritize interventions and priority populations for subcommittees to work with.
- Review and monitor the effectiveness of Advisory Committee projects in meeting the goals and objective of the State Cancer Plan
- Provide technical assistance and consultation to evaluate strategies implemented by Subcommittees

Toward Achieving Lung Cancer Health Equity – Dr. Jennifer Freedman, Assoc. Professor of Medicine, DCI

Cancer Branch Updates – Debi Nelson, Branch Head, NC Cancer Prevention and Contol

NC Central Registry Report – Chandrika Rao, Director, NCCCR

Care & Treatment Subcommittee met virtually on Friday, November 19, 2021

1. Palliative Care Workgroup
2. Oral Health and Cancer Care
3. 2020 Cancer Survivorship Summit
4. Community Cancer Networks

News Flash – December 2021

2025 Cancer Plan Goals and Strategic

ACCCC December 2021_News Flash.pd

EDUCATION REPORT
Kimberly Swing, 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

NCRA's Mini-Learning Shorts- Great guide for new registrars-
http://www.cancerregistryeducation.org/best-practices?fbclid=IwAR1bfhzNf844uTRZKbhelHvK0G2MSBumIlQH0o4K1hYqe46BmmmxPrnIVfY 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.

Tumor Talk- sign up to receive webinar invitations presented by Himagine Solutions at https://himaginesolutions.com/himagine-tumor-talk-webinar/ view previously recorded webinars at https://himaginesolutions.com/previous-webinars/ check out Tumor Tips at Insights: Registry - himagine Solutions

Registry Partner's Coding Break- Educational presentations on YouTube created by Registry Partners https://www.youtube.com/channel/UCFePdWVva8gfosv7jL11tyQ

American College of Surgeon's Commission on Cancer Webinars- https://www.facs.org/quality-programs/cancer/events , Free courses: Courses | American College of Surgeons | Online Learning (facs.org), Registrar's guide to Updating Radiation Data items- Registrar's Guide to Updating Radiation Data Items | American College of Surgeons | Online Learning (facs.org)

AJCC:

View recordings of the live webinars for no charge.

8th Edition Webinars- AJCC 8th Edition Webinars (facs.org)
AJCC Version 9 Webinar- AJCC Version 9 Webinars (facs.org)
AJCC Curriculum for Registrars- AJCC Curriculum for Registrars (facs.org)

http://www.ncregistrars.com/

NC State Cancer Registry purchased a subscription to the NAACCR Cancer Registry & Surveillance Webinar Series. Each webinar is three hours (3 CE's) and 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.

NAACCR webinar schedule:

2/3/22 Data Item Relationships
3/3/22 Abstracting and Coding Boot Camp
4/4/22 Hematopoietic and Lymphocytic Neoplasms
5/5/22 Colon
6/2/22 Central Nervous System
7/7/22 Back to The Future: What year is it and What did I miss?
8/4/22 Tumor Rules
9/1/22 Coding Pitfalls

Coding, Staging and Abstracting Resources:

*__Online version of IDC-O-3__ -ICD O 3 Coding Updates (naaccr.org)
*__SEER 2022 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/
* __EOD General Coding Instructions__- Schemas | SSDI Data | (naaccr.org)
*__Ask a SEER Registrar__- https://seer.cancer.gov/registrars/contact.html
*__CAncer Forum__- http://cancerbulletin.facs.org/forums/help, also see ask the pathologist Cancer Forum
*__Hematopoietic and Lymphoid Neoplasm Database__- Hematopoietic Project - SEER Registrars (cancer.gov)
*__Solid Tumor Rules__- https://seer.cancer.gov/tools/solidtumor/ Revision History- sept 2021 September 2021 Revision History for the Solid Tumor Rules (cancer.gov)
*__NAACCR- Site specific data items (SSDI/GRADE)__- Schemas | SSDI Data | (naaccr.org)
*__NAACCR- Version 22 Reference page__- Version 22 Reference Page (naaccr.org)
*__STORE__- Updated, effective for cases dx 1/1/22 STandards for Oncology Registry Entry (STORE v2022) (facs.org)
AJCC- Errata for 8th edition AJCC Updates and Corrections (facs.org) Paperback version of Cervix Uteri Protocol (version 9) is now available for purchase on Amazon for $9.99 Amazon.com: AJCC Cancer Staging System: Cervix Uteri (Version 9 of the AJCC Cancer Staging System) eBook: Olawaiye, Alexander B., Mutch, David G., Bhosale, Priya, Gress, Donna M., Vandenberg, Jana, Rous, Brian A. , Hagemann, Ian, Otis, Christopher , Sullivan, Daniel C., Washington, Mary Kay: Kindle Store

*__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__- Revised Guide 2021- https://www.facs.org/-/media/files/quality-programs/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
*__SEER Program Coding and Staging Manual 2022__- SEER Program Coding and Staging Manual (cancer.gov)
* __SEER Abstracting Tool__- https://seer.cancer.gov/seerabs/
*__SEER COVID 19 Abstraction Guideline__- https://seer.cancer.gov/tools/covid-19/COVID-19-Abstraction-Guidance.pdf
*__NCCN Guidelines__- https://www.nccn.org/guidelines/category_1
*__2020 COC Standards- effective 1/1/21__- https://www.facs.org/-/media/files/quality-programs/cancer/coc/optimal_resources_for_cancer_care_2020_standards.ashx
*__US Cancer Statistics Data Visulizations tool__- USCS Data Visualizations - CDC
*__Summary stage 2018- version 2.1__- Summary Stage 2018 - SEER (cancer.gov)

Test May Show Whether to Treat Prostate Cancer with Hormones - National Cancer Institute

Asbestos Exposure and Cancer Risk Fact Sheet - National Cancer Institute

Pembrolizumab to Prevent Early-Stage Melanoma Recurrence - National Cancer Institute

---

REPORT FROM THE NC CENTRAL CANCER REGISTRY

Melissa Pearson, CTR

Submission of NC CCR data to NPCR and NAACCR:

The CCR submitted 1995-2020 data to NAACCR & NPCR on November 22nd – 1 1/2 weeks before the deadline! Given the conversions necessary in every step of the process to v21 and XML and the delays waiting on the necessary utilities to do these conversions, this was quite an accomplishment. Below are some key variables used for certification. Despite the continued challenges in 2021 with v21, everyone's hard work is reflected in the completeness of our 24-month and 12-month data. Thank you for making cancer reporting a priority during a time that has impacted everyone in some way!

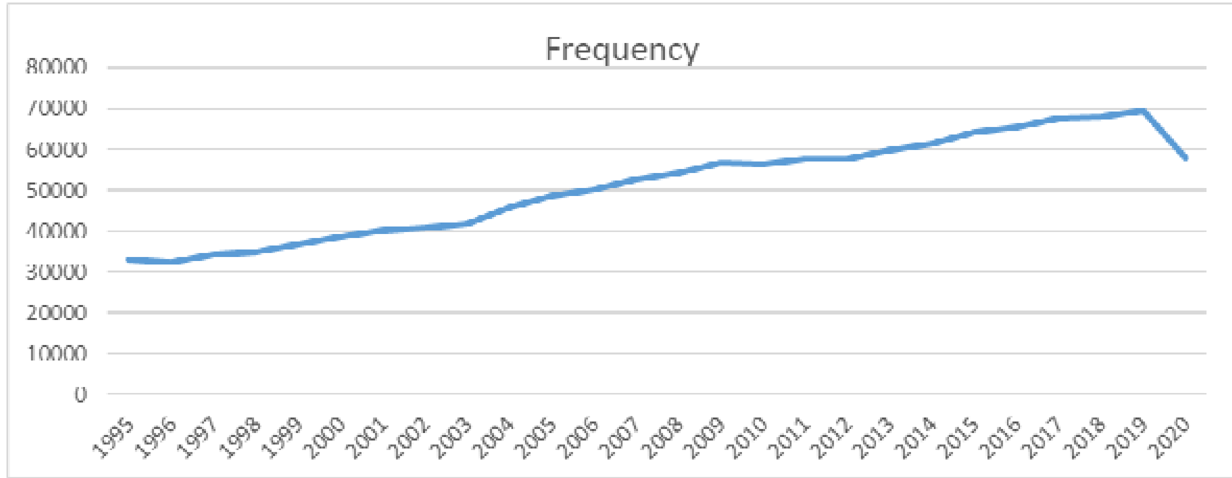
A few important findings:
You can definitely see the effect of COVID-19 on 2020 data. 12-month data is the lowest completeness percentage (83%) we have had in a very long time. We won't know for sure the total effect until we receive all 2020 cases and if 2021 case counts make up for that deficit or continue to be low. There is still a lot to be learned. 90% completeness of 2020 data is required at the time of submission for Gold certification and how NAACCR will be handling nationwide decreases in case counts when it comes to awarding certification remains to be seen.

Last year, we reported that our % of unknown race was rising (2.2%) and encroaching too close to the 3% threshold. Over the past year, we linked with a few resources, including death data and hospital discharge data, specifically looking for better race data. And, while we were able to bring the % of unknown race down a little (to 1.95%), it is still higher than we would like to see. Please continue to make every effort to locate race data in your source documents and include that in the abstract.

2019 Cases (N=69,539)			
Key Variables	**# Of Missing Cases**	**Percent**	**Grant Requirement**
Missing County at Dx Analysis	53	0.08%	<=2%
Missing Gender	16	0.02%	<=2%
Missing Age	1	0.00%	<=2%
Missing Race	1,355	1.95%	<=3%
Cases Derived from Death Certificates	498	0.72%	3% or fewer cases
Duplicates	0	0.00%	<-1/1,000

1995-2020 Cases (N=1,326,209)			
Key Variables	**# Of Missing Cases**	**Percent**	**Grant Requirement**
Missing County at Dx Analysis	1,517	0.11%	<=2%
Missing Gender	87	0.01%	<=2%
Missing Age	17	0.00%	<=2%
Missing Race	6,768	0.51%	<=3%
Duplicates	0	0.0%	<-1/1,000

Completeness for 12-month & 24-month data			**Grant Requirement**
24-month data (2018 Dx Year)	69,539	102%	95%
12-month data (2019 Dx Year)	57,825	83%	90%



And…the CCR has surpassed the 2 MILLION mark for the number of abstract records in our database, representing 1.32 million unique cases for 1995-2020. 2 MILLION abstracts reported…that's staggering! This is not the type of statistic that we like to brag about but provides a valuable measurement of the incredible work of the cancer registry reporting system and all cancer registrars in NC in trying to understand this disease.

COVID-19 STILL REQUIRED FOR 2022!

Due to the interest in COVID data for cancer patients in NC, the NC CCR will continue to require that the 4 NCDB COVID data items be collected for 2022 cases as well. The NC CCR along with the Arkansas CCR will be presenting the findings from our linkages to the COVID test results database at NCRA in Washington, DC in April. Of course, we will be sharing these findings with you as well. So please continue to collect this data to the best of your ability.

Make sure all text related to COVID-19 specifically includes the word "COVID-19"!

The CCR relies heavily on **TEXT**. The standard use of "COVID-19" in the text will allow us to isolate these cases for further evaluation. As we are continually learning about testing, it is better to document it and not need it than to need it and not have it! Below is the CCR's guidance on how to standardize this documentation in the text.

Lab Text	Record the test type, date and results of ALL tests documented (positive and negative). **All tests (PCR/RT-PCR/viral RNA, antigen/rapid and antibody) should be documented along with the keyword "COVID-19.**

	If a test is repeated, document the repeated test date and results as well.
Treatment Text	If treatment is delayed, modified, or not given due to the COVID-19 pandemic, add that detail to the corresponding treatment text field.
Remarks Text	Record COVID-19 related ICD-10 codes specified in the medical record.

FAQ's:

1. What if the SARSCoV2 data items are modified after the case was submitted to the CCR?
   Answer: Instructions were included in our v21 requirements to vendors to trigger a modified record if any one of the new data items was modified. The CCR should receive these updates through the modified record file. Text remains a critical component of the documentation. Continue to document all test types and results in the Lab Text Field along with the keyword "COVID-19". When uploading, be sure to upload your Modified Record file in addition to your New Case file.

2. If treatment is delayed, when do I submit the case to the CCR?
   Answer: Please wait until ALL first course of treatment data items can be coded before submitting the case to the CCR. Keep in mind that the treatment does not need to be completed. Only the start date and type of treatment needs to be known to complete the required data items in the abstract.

Ruth Maranda CTR
NC CCR Education and Training Coordinator

Happy New Year!
A new year means new manuals. The list below is where to find the manuals and instructions for use online**.**

The **CCARM 2022** is now available on the CCR website. Fortunately, the changes are minor. But there are changes. Cancer Collection and Reporting Manual (CCARM) - 2022

The two sections to be sure to read are:

- Summary of 2022 Changes
- Differences in Reporting Requirements between the NC CCR and the CoC

It is critical that you use the CCARM for reporting to the NC CCR as there are differences between CCR and CoC requirements. Three differences related to 2022 changes that I want to specifically point out are:

New Data items

Two new data items have been added to the CCARM:

Item #	Item Name	Requirement
344	Tobacco Use Smoking Status	Required for all cases diagnosed 1/1/2022 and after. The following 6 data items have been retired and are no longer require for any cases: Height (9960) Weight (9961) Tobacco Use Cigarettes (9965) Tobacco Use Other Smoke (9966) Tobacco Use Smokeless (9967) Tobacco Use NOS (9968)

2315	Medicare Beneficiary Identifier	Added to the CCARM in 2022 but required for ALL new cases abstracted (where the patient has an MBI), regardless of diagnosis year. The MBI can be added to older cases if available during abstract review and updates but is not required.

High grade dysplasia 8210/2

Effective 1/1/2022: 8210/2 Adenomatous polyp, high grade dysplasia for stomach and small intestines ONLY (C16- & C17-) **IS** reportable to the CCR even though it is NOT reportable to the CoC.

There are other new high grade dysplasia terms that are required by all standard setters. However, this one term is required by all standard setters except the CoC. The reason for the difference is unclear but hopefully more information will be forthcoming. Reference: https://www.naaccr.org/wp-content/uploads/2021/12/2022-Implementation-Guidelines_20211129-1.pdf

ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
8210/2	Adenomatous polyp, high grade dysplasia **(C160 – C166, C168-C169, C170-C173, C178-**	Y **See remarks**	Y **See remarks**	N	Y **See Remarks***	Term is reportable for stomach and small intestines **ONLY beginning 1/1/2022**

Manual Updates:

- ICD-O-3.2 (second revision morphology): ICD O 3 Coding Updates (naaccr.org) http://www.iacr.com.fr/index.php?option=com_content&view=category&layout=blog&id=100&Itemid=577

These documents address the implementation of ICD-O-3 for cases diagnosed on or after 1/1/2022:

- 2022 ICD O 3.2 Coding Guidelines 7/29/21
- 2022 ICD O 3.2 Table 1 Numeric 12/14/21
- 2022 ICD O 3.2 Table 2 Alpha Table 9/22/21
- ICD O 3.2 Coding Table Excel (Official List of ICD 3.2 histology codes. Does not include codes new for 2022) 7/29/21

- AJCC Cancer Staging Manual, Eighth Edition (plus Chapter revisions): http://sxc.cancerstaging.org/references-tools/deskreferences/Pages/default.aspx
- Site-Specific Data Items (SSDIs): https://apps.naaccr.org/ssdi/list/
  - Read the change log – this has the changes as of 8/1/2021 (they apply for cases dx 2022)
- Grade: https://www.naaccr.org/SSDI/Grade-Manual.pdf (Published 8/2021; Version 2.1)
- SSDI and Grade Manual: the changes that were made to the SSDI and Grade Manual
  - https://apps.naaccr.org/ssdi/list/; https://www.naaccr.org/wp-content/uploads/2020/09/Version-2.0-Changes-for-SSDI-and-Grade-Manuals.5.18-1.pdf?v=1618504654
- STORE 2022: https://www.facs.org/-/media/files/quality-programs/cancer/ncdb/store-2022-12102021-final.ashx
- STORE ADDENDUM – FEBRUARY 13, 2020: https://www.facs.org/-/media/files/quality-programs/cancer/ncdb/ncdb_store_addendum.ashx
- SEER Solid Tumor Coding Rules: 2022 Solid Tumor Rules; updated 9/17/2021 (view Revision History)
  - https://seer.cancer.gov/tools/solidtumor/
  - Use the Cutaneous Melanoma Solid Tumor Rules to determine the number of primaries to abstract and the histology to code for cases diagnosed 1/1/2021 and forward. The Solid Tumor Cutaneous Melanoma Rules and General Instructions replace the 2007 Multiple Primary & Histology (MP/H) Rules beginning 1/1/2021.
- SEER Hematopoietic and Lymphoid Neoplasm Database: https://seer.cancer.gov/tools/heme/
  - Updated August 11, 2021 (view Revision History)
- SEER Summary Stage 2018: https://seer.cancer.gov/tools/ssm/
- SEER*Rx – Interactive Drug Database: http://seer.cancer.gov/tools/seerrx

• SEER ICD-10-CM Casefinding Lists: https://seer.cancer.gov/tools/casefinding/
• CTR Guide to Coding Radiation Therapy Treatment: https://www.facs.org/quality-programs/cancer/ncdb/call-for-data/cocmanuals

North Carolina Central Cancer Registry
Cheryl Biagiarelli, CTR
NC CCR Quality Management Specialist

Re-Coding Audit: Renal Cell Carcinoma for Kidney

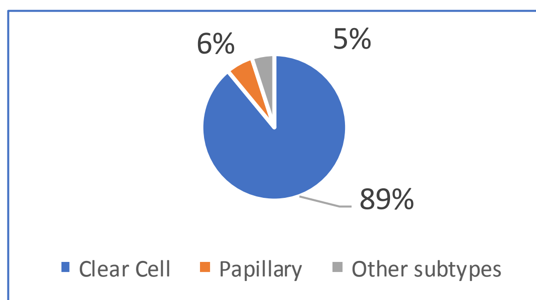
This audit was based on the 2018 Solid Tumor Rule H3 for Kidney, which states: If there is a renal cell carcinoma, NOS 8312 and a **single subtype/variant** of renal cell carcinoma, **code the specific type.**

Purpose: To determine if Renal Cell Carcinoma could be recoded to a more specific subtype/variant
Criteria: Primary site Kidney (C64.9) with a histology of Renal Cell Carcinoma, NOS (8312)
Study Period: Year of diagnosis 2018–2019

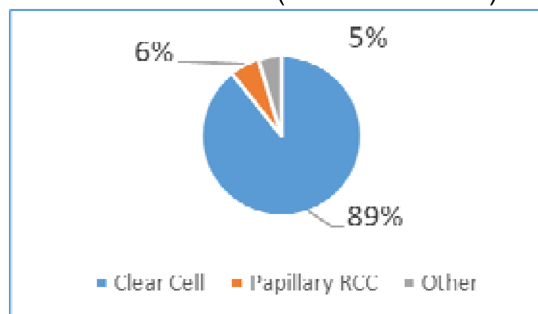
Results:

- 1,446 cases with the above criteria were reported and manually reviewed.
- 216 cases (15%) were recoded to a more specific subtype/variant based on text documentation.
- 276 cases (19%) may have had a more specific subtype/variant, but due to **conflicting text documentation**, the histology code was left as is.
- The pie chart on the right below shows the recoded subtype ratio. 216 cases (89%) were recoded to Clear Cell Carcinoma (8310).

2015-2017 Cases (Audited in 2018)



2018-2019 Cases (Audited in 2021)



This same audit was done in 2018 on 2015-2017 cases, and the results are identical! In the 2018 STR manual, this rule was restructured and reworded to make this rule clearer.
That means…this rule is still NOT being applied correctly!!

Renal Cell Carcinoma is considered a non-specific term. Even though Renal Cell Carcinoma (8312) has a higher ICD-O histology code than Clear Cell Carcinoma (8310), Rule H3 clearly states that the
histologies listed in Table 1 have priority over Renal Cell Carcinoma, NOS.

Rule H3 Code the **subtype/variant** when a **NOS** and a **single subtype/variant** of that NOS are present.

- Renal cell carcinoma NOS **8312** and a subtype/variant of RCC
- Rhabdomyosarcoma **8900** and a subtype/variant of rhabdomyosarcoma
- Well differentiated neuroendocrine tumor **8240** and subtype/variant of well differentiated neuroendocrine tumor

Note: Use **Table 1** in the Equivalent Terms and Definitions to determine NOS and subtype/variant.

For Kidney…LOOK FOR THAT SUBTYPE!

Now let's put the 2018 STR manual to good use. ☺
First, make sure you are using the correct manual. The September 2021 Update includes changes that apply to cases diagnosed 1/1/2022 and after. Until these changes are implemented, continue using the current Solid Tumor Rules updated December 2020 for cases diagnosed 1/1/2018 - 12/31/2021.

How would you code the following for 2018-2021 diagnoses?

1. LT PARTIAL NEPHRECTOMY: RENAL CELL CARCINOMA, CLEAR CELL PAPILLARY
   Answer: 8323
   Rational: H3 - Renal Cell Carcinoma NOS and a subtype/variant of RCC. Use Table 1 to determine the subtypes and variants of RCC. Clear Cell Papillary is a subtype listed in Table 1. Assign the subtype.

Rule H3 Code the **subtype/variant** when a **NOS** and a **single subtype/variant** of that NOS are present.

- Renal cell carcinoma NOS **8312** and a subtype/variant of RCC
- Rhabdomyosarcoma **8900** and a subtype/variant of rhabdomyosarcoma
- Well differentiated neuroendocrine tumor **8240** and subtype/variant of well differentiated neuroendocrine tumor

Note: Use **Table 1** in the Equivalent Terms and Definitions to determine NOS and subtype/variant.

2. LT RADICAL NEPHRECTOMY: 3.5 CM UNIFOCAL RCC, PAPILLARY TYPE
   Answer: 8260
   Rational: H3 - Renal Cell Carcinoma NOS and a subtype/variant of RCC. Use Table 1 to determine the subtypes and variants of RCC. Papillary is a subtype of RCC listed in Table 1. Assign the subtype.

3. TOTAL NEPHRECTOMY, RT LOWER POLE KIDNEY: RENAL CELL CARCINOMA, CLEAR CELL TYPE WITH SARCOMATOID AND RHABDOID FEATURES
   Answer: 8310
   Rational: We can't forget about the general rules for coding histology. These are provided right before the H rules begin on page 161. Coding Histology, #1. Note 2 says if the most specific histology is described as differentiation or features, see #2.

Note 2: When the most specific histology is described as differentiation or features, see #2.

2. Code the histology described as **differentiation** or **features/features of ONLY** when there is a specific ICD-O code for the "NOS with ____ features" or "NOS with ____ differentiation".

Note: Do not code differentiation or features when there is no specific ICD-O code.

Therefore, H3 is the first rule that applies. H3 - Renal Cell Carcinoma NOS and a subtype/variant of RCC. Use Table 1 to determine the subtypes and variants of RCC. Clear Cell is a subtype listed in Table 1. We ignore the "sarcomatoid and rhabdoid features" since there is not a specific ICD-O code for the RCC NOS with _____ features.

4. RIGHT RENAL MASS BIOPSIES: SMALL FRAGMENTS OF RENAL CELL CARCINOMA, FAVOR CLEAR CELL TYPE. NO FURTHER SURGERY OR TREATMENT.
   Answer: 8312
   Rational: Again, we must first apply the Coding Histology rules that start on page 161. The use of the word 'favor' is a red flag and we should stop and investigate this further. Per Coding Histology, #3, "favor" is an ambiguous term. And, without the required documentation stated in 3.B., we cannot use terms described with ambiguous terminology in this case because there was a NOS term and the more specific term was described with ambiguous terminology. Therefore, we must ignore the "clear cell type". The only histology that can be considered is "renal cell carcinoma". The first rule that applies is H1 - code the histology when only 1 histology is present.

3. Code the specific histology described by **ambiguous terminology** (list follows) **ONLY** when A or B is true:
   A. The only diagnosis available is **one histology** term described by ambiguous terminology
      - CoC and SEER require reporting of cases diagnosed only by ambiguous terminology
      - Case is accessioned (added to your database) based on ambiguous terminology and no other histology information is available/documented

      Example: Outpatient biopsy says probably papillary renal cell carcinoma. The case is accessioned (entered into the database) as required by both SEER and COC. No further information is available. Code the histology papillary renal cell carcinoma. The case meets the criteria in #**3A.**

   B. There is a **NOS histology and a more specific** (subtype/variant) described by ambiguous terminology
      - Specific histology is clinically confirmed by a physician (attending, pathologist, oncologist, etc.) **OR**
      - Patient is receiving treatment based on the specific histology described by ambiguous term

      Example 1: The pathology diagnosis is renal cell carcinoma consistent with chromophobe renal cell carcinoma. The oncology consult says the patient has chromophobe renal cell carcinoma of the right kidney. This is clinical confirmation of the diagnosis, code chromophobe renal cell carcinoma. The case meets the criteria in **bullet 1**.

      Example 2: The pathology diagnosis is neuroendocrine tumor consistent with large cell neuroendocrine tumor. The treatment plan says the patient will receive treatment for large cell neuroendocrine tumor. Treatment plan confirms large cell neuroendocrine tumor; code large cell neuroendocrine tumor. The case meets the criteria in **bullet 2**.

Rule H1	Code the histology when only **one histology** is present. ***Note 1:*** Use Table 1 to code histology. New codes, terms, and synonyms are included in **Table 1** and coding errors may occur if the table is not used. ***Note 2:*** When the histology is **not listed** in **Table 1** use the **ICD-O** and all **updates**. ***Note 3:*** Submit a question to Ask a SEER Registrar when the histology code is not found in Table 1, ICD-O or all updates.

Key Abstracting Points:

- It is crucial that text accurately validates coding. 276 cases had insufficient text, or the coded histology, path text, and histology text were conflicting making it impossible to validate the correct code. Text should include wording exactly as stated on the pathology report so that the minute rules related to ambiguous terminology and subtypes can be validated. If the path report used ambiguous terms (which was applied when deciding the code) but the text did not reflect that ambiguous term, the text and the code will not match! **Consistent, detailed, and accurate TEXT is KEY**!!!!
- We must remember to apply the **Coding Histology rules.** They work with the H rules and without applying those instructions, you can be easily misled when reviewing the H rules.
- We must be aware of the **words that should trigger a red flag.** For kidney, histology subtypes, ambiguous terms, and the terms *differentiation or features* should be a red flag.

While we may not remember the exact instruction, it should be enough to send you searching the ENTIRE manual, including the general rules. **Don't assume!**

- **Use the manual!** Follow the rules in order and stop at the ***FIRST*** rule that applies. Each site has its own set of rules and it can be tedious and time consuming to repeatedly read the rules. But, if the proper codes are not used, data could be skewed for research. It is reading these manuals repeatedly that will instill those trigger words to prompt you to dig deeper!

The North Carolina Central Cancer Registry appreciates all that you do to help us achieve the highest standard for accuracy! We hope these audit summaries inspire ideas for your own quality assurance reviews in your facility!