South Carolina Central Cancer Registry Recommendations for Implementation of Changes to Reporting Standards, Effective 2024

Record Layout and Data Standard

Recommendations are based on NAACCR Version 24

Revised 3/1/2024
Please visit SCCCR DHEC Website for Cancer Data
Collection Standards and Reporting, Education, and Resources

NOTE: **This document does not replace the** SCCCR Reporting Source Manual. This document should be used in conjunction with it. This document may re-state some of its content and is specifically meant for 2024 reporting guidance. Recent updates highlighted in yellow.
**Reminder: HT & WT is required by SCCCR.

SCCCR Data Reporting Manual 2024

1. **Preface**

Important Notice to South Carolina Cancer Registrars Regarding Abstracting and Reporting of Cancer Cases Diagnosed in 2024 Prior to Release of NAACCR V24 Compliant Software.

There have been extensive changes to the NAACCR layout for 2024. Along with the NAACCR updates, we will implement changes associated with other data standard-setters for reporting.

Reporting facilities in South Carolina should direct any corrections, comments, and suggestions regarding this document to Kammy Rebl (reblkj@dhec.sc.gov. If individuals or facilities that are not part of the South Carolina reporting system need copies of the reporting manual, they may download the PDF from the South Carolina Central Cancer Registry website. (To open PDF click on the SCCCR Reporting Manual link.)

- Important Reminders for 2024 cases submitted to SCCCR

    1. SCCCR will not be able to accept 2024 cases (admit/dx) until **March 2024** If there are further delays, you will be notified.
    2. 2024 abstracts can be started in NAACCR v23 version but must be completed using NAACCR v24 before submitting to SCCCR.
    3. SCCCR recommends facilities document details for the new data items for completion of the abstracts in v24 software with the new codes.
    4. The SCCCR requires sufficient TEXT to support all codes, especially the new codes (e.g., HISTOLOGY, GRADE, AJCC & Summary STAGE, ETC.). The TEXT will provide an easy reference for coding cases that require v24 software when it becomes available.
    5. 2024 Reportable list: https://scdhec.gov/CancerRegistry (Downloads & Links) Cancer Standards and Reporting
    6. Reportable by Agreement Reminder: Class Case 43 and Class Case 30
    7. SEER EOD is no longer required by SC Registries

   Please remember the SCCCR is here to be used as a resource and to support your team. If you have any questions, please email us at reblkj@dhec.sc.gov or call 803-898-8000. We are here to help you.
   Thank you for your continued commitment to ensure that the SCCCR data is of the highest quality. The data you provide remains the cornerstone of the South Carolina Cancer Registry.

Kammy Rebl, CTR
Quality Control Manager/ETC

SCCCR Data Reporting Manual 2024

South Carolina Central Cancer Registry Resources

- SCCCR Website
    - o Genedits, Electronic Reporting, Resource link Reporting Manual
- Cancer Registrar Education
    - o FLccSc : Stand-alone, web-based learning management system (LMS) to customize a fully-functioning LMS to address our specific educational needs.

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NAACCR Version 24 Reference Page

Below is the main link for key resources, registries may find useful as they plan to transition to V24. Please click on this link : https://www.naaccr.org/implementation-guidelines/

- NAACCR 2024 Implementation Guidelines
- NAACCR Data Standards and Data Dictionary (formerly Volume II)
- NAACCR XML Dictionaries
- NAACCR V24 Edits Metafile (including Changes Spreadsheet)
- SEER Program Coding and Staging Manual (includes Summary of Changes)
- Commission on Cancer STORE Manual
- Site Specific Data Items (SSDI) and Grade Manual v3.1 (includes change log)
- AJCC Cancer Staging System
- SEER RSA (EOD, Summary Stage, SSDI's, Grade) v3.1 also includes summary of changes)
- Summary Stage 2018 (includes revision history)
- Extent of Disease (EOD) 2018 (includes change log)
- Solid Tumor Rules (includes summary and changes)
- ICD O 3.2 (includes new codes, coding guidelines, and changes for 2023 implementation)
- SEER Site/Histology Validation List
- Hematopoietic Manual and Database (see revision history on the left)
- Surgery Codes and Surgery Code Crosswalks

SCCCR Data Reporting Manual 2024

Table of Contents
For Reporting Manuals from previous years visit the <u>SCCCR website:</u>

2 New Data Items

2.1 Brain Primary Tumor Location

Brain Primary Tumor Location [3964] is added to Brain V9 to distinguish between the Pons and all other subsites within the brain stem. All new SSDI information is incorporated into the Staging APIs. See the SSDI Manual, Version 3.1.

2.2 Derived Summary Grade 2018

Derived Summary Grade [1975] has been defined. This field will be calculated at the central registries for all cases diagnosed in 2018 and later. The more severe value from Grade Clinical [3843] and Grade Pathological [3844] will be used. Breast is a special case because behavior affects priority. If this field is required for your registry, logic is provided in section 14.1. The current expectation is that this logic NAACCR 2024 Implementation Guidelines 7 will be added to NAACCR*Prep. Central registries may choose to calculate this value via NAACCR*Prep
and not store it in their database.

2.3 RX Hosp- and RX Summ-Recon Breast

CoC added two new data items, RX Hosp-Recon Breast [751] and RX Summ-Recon Breast [1335] for cases diagnosed on or after January 1, 2024. For diagnosis years 2022 and 2023, CoC collected this data in RX Hosp-Recon Breast [10106] and RX Summ-Recon Breast [10107].

2.4 Geocoding Quality Code and Geocoding Quality Code Detail

There are two new geocode data items, the Geocoding Quality Code [86] is used to describe the quality of the geocoding match and the Geocoding Quality Code Detail [87] provides the details of the elements related to the quality of the geocode. Both data items have been available in the NAACCR Geocoder since 2017 and the first request for the NAACCR Call for Data was in December 2022. Registries that do not use the NAACCR Geocoder will be unable to generate these codes.

3 Revised Data Items

3.1 Site-Specific Data Items

Some SSDI codes and code descriptions are 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, and forward, but registrars will not be required to update previously coded information. Significant changes are made to three SSDIs:

- **Brain Molecular Markers [3816]** is used in Brain V9 (09721) and CNS Other V9 (09722) schemas. Codes 10-23 are added to incorporate new terms for various histology's. Code 85 is revised to include all histology's applicable for this data item.
- **P16 [3956]** which is an existing SSDI for the Cervix V9 (09520) and Anus V9 (09210) schemas, is added to the Vulva V9 schema (09500) (see section 5.6). For cases diagnosed prior to January 1, 2024, Vulva cases would be in Vulva 8th and p16 would not be captured.
- **SEER Site Specific Fact 1 [3700]** is the HPV status for the Oral Cavity schemas (Buccal Mucosa, Floor of Mouth, Gum, Hypopharynx, Lip, Mouth Other, Oropharynx HPV-Mediated (p16+), Oropharynx (p16-), Palate Hard, Tongue Anterior). It is expanded to 2 digits to allow for more values and greater specificity. Existing values will need to be converted (see section 14.2). New SSDIs and code changes are incorporated in the AJCC Cancer Surveillance DLL and the SEER Staging REST API/library. Other than updating the staging API that you use, there is no need for action for these types of changes. They are documented in the change log which can be accessed on **https://apps.naaccr.org/ssdi/list/**. Also, the SSDI Manual, Version 3.1 provides the changes to existing notes, codes, and code descriptions.

3.2 Location of Radiation Treatment

Location of Radiation Treatment [1550] coding labels were updated to align with the wording for radiation phases. In the label and definition of the code "administered" was changed to "started".

3.3 Tobacco Use Smoking Status [344]

The following coding instructions are implemented for Tobacco Use Smoking Status [344]: • Record cigarette, cigar, and/or pipe use only. Tobacco Use Smoking Status does not include marijuana, chewing tobacco, e-cigarettes, or vaping

devices. • Tobacco smoking history can be obtained from sections such as the Nursing Interview Guide, Flow Chart, Vital Stats or Nursing Assessment section, or other available sources from the patient's hospital medical record or physician

office record. • Use code 1 if there is evidence in the medical record that the patient quit smoking within 30 days prior to diagnosis. The 30 days prior information is intended to differentiate patients who may have quit recently due to symptoms that led to a cancer diagnosis. • Use code 2 if medical record indicates patient smoked tobacco in the past but does not smoke now. Patient must have quit 31 or more days prior to cancer diagnosis to be coded as 'Former smoker.' • Use code 3 if it cannot be determined whether the patient currently smokes or formerly smoked. For example, the medical record only indicates "Yes" for smoking without further information. • Use code 9 (Unknown if ever smoked) rather than code 0 (Never smoker), if the medical record only indicates "No" for tobacco use; or smoking status is not stated or provided; or the method (cigarette, pipe, cigar) used cannot be verified in the chart. • This data item can be left blank for cases diagnosed prior to 1/1/2022.

4 Retired Data Items

4.1 Birthplace

In 2013, two new data items were added (Birthplace-State [252] and Birthplace- Country [254]) and were intended to replace the use of Birthplace [250]. All standard setters agreed that Birthplace [250] should have been previously converted to the new interoperable codes. See the 2013 Implementation Guidelines for further information. NAACCR 2024 Implementation Guidelines 10

4.2 Place of Death

In 2013, two new data items were added (Place of Death-State [1942] and Place of Death- Country [1944]) and were intended to replace the use of Place of Death [1940]. All standard setters agreed that Place of Death [1940] should have been previously converted to the new interoperable codes. See the 2013 Implementation Guidelines for further information.

4.3 Name-Maiden

In 2021, a new data item was added (Name-Birth Surname [2232]) and was intended to replace the use of Name-Maiden [2390]. See the 2021 Implementation

Guidelines for further information.

4.4 LN Status Femoral-Inguinal, Para-aortic, Pelvic

In 2022, three new data items were added (LN Status Para-aortic [3958], LN Status Pelvic [3957], and LN Status Femoral-Inguinal [3959]); these replace the data item LN Status Femoral-Inguinal, Para-aortic, Pelvic [3884] which has been retired and no longer included in any schema. See the 2022 Implementation Guidelines for further information.

4.5 CRC Checksum

The CRC Checksum [2081] is no longer used; it was designed to address potential data file errors that could be introduced in media such as diskettes.

5 Other Changes

5.1 ICD-O-3

The Guidelines for 2024 ICD-O-3.2 Histology Code and Behavior, effective January 1, 2024, developed by the NAACCR ICD-O-3 Implementation Work Group and approved by the High-Level Strategic Group (HLSG), address implementation of updated histology terms and new codes for cases diagnosed on or after January 1, 2024. Members of the work group represent standard setting organizations, central registries, hospital registries, and cancer registry software vendors.

The 2024 ICD-O-3.2 update includes changes identified during review of recently published World Health Organization's WHO Classification of Tumors 5th Edition books (WHO "Blue Books"). This series covers all principal sites of cancer and includes ICD-O morphology codes for each neoplasm. Each new edition underwent thorough review to identify new histology's and ICD-O codes, behavior changes to existing ICD-O codes, and new terminology. The ICD-O-Implementation Work Group recommended adopting the changes for 2024 and implementation of the changes was approved by the standard setting agencies. These changes will be made congruent with Cancer PathCHART standards (see section 6 for additional

5 Other Changes

5.1   ICD-O-3 (continued)

information). The 2024 ICD-O-3.2 histology code and behavior update includes tables listing changes made after the 2023 update and is effective for cases diagnosed January 1, 2024, and forward. As introduced in 2022, the 2024 update tables include columns for each standard setter which indicates if that code and/or term are required for data collection and submission. NAACCR 2024 Implementation Guidelines 11 The ICD-O-3 Implementation Work Group created a guide for users which provides important information on the background and issues for this update along with how to use the tables. The 2024 guidelines have been modified to include only two tables, numeric and alpha, listing new ICD-O codes, terminology, behavior changes, and required status. The Work Group strongly recommends that users read the guidelines to efficiently use ICD-O-3.2 and the 2024 Update tables. **Note**: Use of these guidelines is required for determining reportability and accurate coding. Following the release of the 2023 Guidelines for ICD-O-3.2 Histology Code and Behavior Update, the ICDO-3 Implementation Work Group reviewed the recent 5th Ed WHO Blue Books published after the creation of ICD-O-3.2. The Work Group submitted their implementation recommendations to the Midlevel Technical Group (MLTG) and High-Level Strategic Group (HLSG) in March 2023. The MLTG and HLSG reviewed the recommendations and accepted them for implementation in 2024. Additional updates to site and morphology combination standards will be released via the Cancer PathCHART standards, including the 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List. The ICD-O-3 Implementation Work Group is charged with developing the implementation documents and acting as the clearinghouse for the review and resolution of new histology code implementation questions. If there are any questions, they are to be submitted through Ask A SEER Registrar.

These documents will be posted to the NAACCR web site at: ICD O 3 Coding Updates (naaccr.org) Blast emails from the standard setting organizations will also include links to the updated tables. The documents can then be saved to your desktop or printed. A link to the tables will also be posted on SEER. Implementation guidelines and updates will be posted on NAACCR's website.

5 Other Changes

5.2   Site/Histology Validation List

In the past, the SEER Site/Histology Validation List was updated to reflect new ICD- O-3.2 histology codes and behaviors identified in the 2024 ICD-O-3 Update guidelines and was posted on the SEER website. This list has now been replaced by the 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List.

5.3   Solid Tumor Rules

The Solid Tumor Rules are 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 Non-malignant CNS, Breast, Colon, Head & Neck, Kidney, Lung, and Urinary. Since their implementation in 2018, these site groups continue to be updated to reflect changes in histology coding. In 2021, Cutaneous Melanoma MP/H site rules were revised as Solid Tumor Rules and became effective for cases diagnosed January 1, 2021, and forward. Beginning January 1, 2022, the 2018 Solid Tumor Rules are now called "Solid Tumor Rules" and no longer include year. The General Instructions and each site-specific module include instructions on which rules to use depending on diagnosis date. The content of the Solid Tumor Rules will be made consistent with the Cancer PathCHART tumor site and morphology standards as outlined in the 2024

Cancer PathCHART ICD-O-3 Site Morphology Validation List. NAACCR 2024 Implementation Guidelines 12 General: The addition of new terminology, clarifications to equal/equivalent terms, and clarifications to terms that are not equal/equivalent comprise most of the changes for 2024. New site-specific modules are not planned for 2024 at this time, pending the publication of the remaining 5th Edition WHO Classification of Tumors books.

5.4   Reportability

Reportability for cases diagnosed in 2024 is based on the ICD-O Third Edition, Second Revision Morphology (ICD-O-3.2) plus the ICD-O-3.2 updates posted on the NAACCR website. There are no changes to reportability for 2024 diagnosis.

5 Other Changes

5.5   Surgery Codes

The Site-Specific Surgery Codes for Lung (C34), Pancreas (C25), Thyroid (C73), Colon (C18), and Breast (C50) are updated to align with the Synoptic Operative Report for cases diagnosed January 1, 2024, and forward. As a reminder, these codes are defined by disease site and change with each release per disease site. These surgery codes are in Appendix A of the STORE 2024 Manual and Appendix C of the SEER Manual. As noted in the STORE 2024 Manual and SEER Manual, valid values are based on year of diagnosis. Pay close attention to these specific instructions.

5.5.1   Surgery Code Crosswalks

Crosswalks of surgery codes for the data items RX Summ--Surg Prim Site 03-2022 [1290] and RX Summ--Surg Prim Site 2023 [1291] have been developed for sites where significant changes occurred to the surgery codes and code definitions.

These crosswalks are intended to be used for quality control, by registry software vendors, and by data analysts interested in reviewing surgery codes over time.

Footnotes within each crosswalk worksheet have been provided for those who may want to perform additional text review to translate to a more specific code when additional code translations are technically possible. The spreadsheets include the codes as they appear in the STORE and the SEER Program Coding and Staging Manuals, 2022, 2023 and 2024 versions. The crosswalks should not be used to directly code the surgery fields.

5.6   Summary Stage 2018

The Summary Stage 2018 [764] notes for Prostate are updated similarly to the EOD fields to improve clarity. Registrars are not required to update previously coded information. This information is incorporated in the SEER Staging REST API/library and will be available once the staging API has been updated.

5.7   Hematopoietic and Lymphoid Neoplasms

Manual and Database The Hematopoietic and Lymphoid Neoplasms Manual and Database (Heme manual) is effective for cases diagnosed 2010+.There are no changes to the Heme manual or to the Heme database for 2024.

6 Standard Setters Reporting Requirements for 2024

6.1   CoC Reporting Requirements

Beginning with cases diagnosed January 1, 2024, and forward, all CoC accredited programs should follow the rules and instructions in STORE 2024. A summary of the STORE 2024 changes is included in the STORE Manual chapter "Summary of Changes". Two new data items are added RX Hosp-Recon Breast [751] and RX Summ-Recon Breast [1335] effective with diagnosis January 1, 2024. The Site-Specific Surgery Codes for Lung (C34), Pancreas (C25), Thyroid (C73), Colon (C18), and Breast (C50) are updated to align with the Synoptic Operative Report for cases diagnosed January 1, 2024, and forward. The data item Location of Radiation Treatment [1550] was updated with wording definition to align with wording for radiation phases. In the label and definition of the code, the word administered has been changed to started. CoC will no longer collect the CoC specific breast and reconstruction codes, RX Hosp-Surg Breast [10104], Rx Summ-Surg Breast [10105], Rx Hosp-Recon Breast [10106], and Rx Summ-Recon Breast [20107] in the user defined data fields effective with cases diagnosed January 1, 2024, and forward. CoC Accredited programs will collect the following SSDI effective with cases diagnosed January 1, 2024, and forward. • **p16 [3956]** -Vulva V9 Questions related to STORE can be submitted to the CA Forum. The STORE Manual 2024 will be released to the NCDB Call for Data website in August 2023.

6.2　　　CDC NPCR Reporting Requirements

Beginning with cases diagnosed January 1, 2024, and forward, CDC-NPCR will adopt the new record format and data collection requirements as published in the Data Standards and Data Dictionary, Version 24. Refer to the CDC-NPCR requirements listed in the Data Standards and Data Dictionary, Version 24, Required Status Table. Share these requirements with your software vendors and key stakeholders. CDC-NPCR will require site-specific data item p16 [3956] for vulvar cancers. New data items required are Brain Primary Tumor Location [3964] for Brain V9, Derived Summary Grade [1975], Geocoding Quality Code [86], and Geocoding Quality Code Detail [87]. CDC is following the NAACCR Guidelines for 2024 ICD-O-3.2 Histology Code and Behavior Update (published for 2024). NAACCR 2024 Implementation Guidelines 21

6.2.1　　　Staging Requirements for 2024

Staging cases: CDC-NPCR continues to require directly assigned Summary Stage 2018 [764] (most current version).). NPCR requirements for Summary Stage 1977 [760], Summary Stage 2000 [759], and CS Derived Summary Stage 2000 [3020] have not changed. If voluntarily capturing AJCC TNM and/or SEER EOD stage data items, rules and requirements provided by those sources should be followed. Central registries will inform state reporters of their individual state requirements. Questions related to CDC-NPCR Stage requirements can be submitted to: cancerstaging@cd.gov