CONNECTICUT TUMOR REGISTRY

Please visit the CTR website:

(https://portal.ct.gov/DPH/Tumor-Registry/CTR-Home) *"Resources for Registrars".*

Here you will find:

- Lists of detailed specific cancer reporting requirements
- **"ABSTRACTS"** to assist registrars in preparing abstracts (NCRA's Education Committee informational abstracts
- NAACCR Webinar Series-monthly series of 3-hour long webinars

2022 SEER WORKSHOP – *SAVE THE DATES*

The SEER Advanced Topics for Registry Professionals will be held ***virtually*** on, July 19, 20 and 21. The workshop is free (***registration is required***) and open to a ***all cancer registrars.***

More information to come…Check the SEER website ***"Announcement's*** page for updates

(**https://seer.cancer.gov/registry/**)

SEER Program Coding and Staging Manual 2022 – Summary of Changes

Effective Date The 2022 SEER Program Coding and Staging Manual is effective for cases diagnosed ***January 1, 2022, and forward.*** Previous editions of this manual are available on the SEER website.

Summary of Changes

The major changes and additions to the 2022 SEER Program Coding and Staging Manual include:

2022 Changes: Revised section in the Preface

Reportability

Added reportability and non-reportable terms for 2022 Added equivalent terms for diagnostic of, not diagnostic of, and differential diagnosis

Date of Diagnosis The date of a suspicious cytology if followed by a definitive diagnosis may be used as

the date of diagnosis

Laterality table updated.

Histologic Type ICD-O-3

Added selected histology code changes for 2022

New Site-specific Data Items (SSDIs) were added for 2022. A new table was added that lists additional SSDIs required for transmission by SEER.

Data items added to manual

Section I: Basic Record Identification NAACCR Record Version

Section III: Demographic Information

Tobacco Use Smoking Status

Section IV: Description of this Neoplasm

Tumor Record Number

Section VI: Stage-related Data Items

Macroscopic Evaluation of the Mesorectum

Section VIII: Follow Up Information

Date of Last Cancer (tumor) Status

Date of Last Cancer (tumor) Status Flag

Cancer Status

Recurrence Date--1st

Recurrence Date--1st Flag

Codes added/modified

SEER Participant (modified core registries and added table of Research Support registries)

Appendix added

Appendix C Neoadjuvant Therapy Treatment Effect Site-Specific Codes for Pleural Mesothelioma **Appendices modified**

Appendix A County Codes

Appendix C Coding Guidelines

Breast/ Kidney/Lung/Melanoma/Renal/ Urethra

Appendix C Surgery Codes

Anus /Colon/Rectosigmoid/Rectum/Skin

All surgery codes: removed histology exceptions from header

Appendix C Neoadjuvant Therapy Treatment Effect Site-Specific Codes

All Other Schemas Bone Appendicular, Bone Pelvis, Bone Spine Breast Colon and Rectum, Esophagus, Stomach, Anus, Pancreas Lung Lymphoma, Lymphoma CLL/SLL, Mycosis Fungoides, Primary Cutaneous Lymphoma (excluding MF and SS), Plasma Cell Myeloma, Plasma Cell Disorders, HemeRetic, Ill-Defined Other Ovary, Fallopian Tube, Primary Peritoneal Carcinoma Prostate Thymus, Heart and Mediastinum, Retroperitoneum, Soft Tissue Abdomen and Thoracic, Soft Tissue Head and Neck, Soft Tissue Other, Soft Tissue Trunk and Extremities, GIST

Appendix E

Appendix E.1 Reportable Examples

Appendix E.2 Non-reportable Examples

This table lists the changes in the 2022 manual by page number. Below, is just a section of the list.

Please view remainder of the list for important updates.

SEER Manual 2022 Summary of Changes (cancer.gov)

6	Reportability	Reportable Diagnosis List	Item 1.a.i and ii added.	i. Clear cell papillary renal cell carcinoma (8323/3) is reportable ii. Low-grade appendiceal mucinous neoplasm (LAMN) is reportable Subsequent items were renumbered.
6	Reportability	Reportable Diagnosis List	Item 1.a.iv revised.	iv. **All** GIST tumors, ***except*** for those stated to be benign, are reportable as of 01/01/2021. The behavior code is /3 in ICD-O-3.2.
7	Reportability	Reportable Diagnosis List	Item 1.b..iv, v, and vi added.	iv. Colon atypical hyperplasia v. High grade dysplasia in colorectal and esophageal primary sites vi. Adenocarcinoma in situ, HPV associated (8483/2)(C53)
8	Reportability	Reportable Diagnosis List	Item 1.b edited.	Added statement at end of section: Refer to Appendix E.2 for non-reportable examples.
10	Reportability	Ambiguous Terminology	Text revised and exception added.	**Cytology** Do **not** accession a case based ONLY on **suspicious** cytology. Follow back on cytology diagnoses using ambiguous terminology is strongly recommended. Accession the case when a reportable diagnosis is confirmed later. The date of diagnosis is the date of the suspicious cytology.***Exception:*** This is a change to previous instructions. The date of a suspicious cytology may be used as the date of diagnosis when a definitive diagnosis follows the suspicious cytology. See Date of Diagnosis for more information.
11	Reportability	Ambiguous Terminology	Ambiguous Terms for Reportability section revised.	Added so section: Use **all available information first and seek clarification** from clinicians whenever possible. Added text under the list of Ambiguous Terms for Reportability regarding equivalent terms "Diagnostic for," "Not diagnostic for," and "Differential diagnoses." See manual for listing of terms. Added the last paragraph to the section: If there is no information to the contrary, report a case described as "malignant until proven otherwise." The patient should have further work up to prove or disprove the findings. When additional information becomes available, update as necessary. Use text fields to describe the details.

SEER REPORTABILITY- REMINDERS

Malignant Histologies (In Situ and Invasive)

- Early or evolving melanoma, in situ and invasive. As of 1/1/2021, early or evolving melanoma in situ, or any other early or evolving melanoma, is reportable.
- All GIST tumors are reportable as of 1/1/2021. The behavior code is /3 in ICD-0-3.2
- Nearly all thymomas are reportable as of 1/1/2021. The behavior code is /3 in ICD-0-3.2. The exceptions are:
- Microscopic thymoma or thymoma, benign (8580/0)
- Micronodular thymoma with lymphoid stroma (8580/1)
- Ectopic hamartomata's thymoma (8587/0)
- Carcinoid, NOS of the appendix is reportable. As of, 1/1/2015 the ICD-0-3 behavior code changed from 1/ to /3.

The following diagnoses are reportable (not a complete list)

- Lobular carcinoma in situ (LCIS) of breast
- Intraepithelial neoplasia, grade III
- Anal intraepithelial neoplasia III (AIN III) of the anus or anal canal (C210-C211)
- High grade biliary intraepithelial neoplasia (BiIN III) of the gallbladder C239)
- Laryngeal intraepithelial neoplasia III (LIN III) (C320-C329)
- Lobular neoplasia grade III (LN III) lobular intraepithelial neoplasia grade III (LIN III) breast (C500-C509)
- Pancreatic intraepithelial neoplasia (PanIN III) (C250-C259)
- Penile intraepithelial neoplasia, grade III (PeIN) (C600-C609)
- Squamous intraepithelial neoplasia III (SIN III) excluding cervix (C53_) and skin sites coded to C44
- Vaginal intraepithelial neoplasia III (VAIN III) (C529)
- Vulvar intraepithelial neoplasia III (VIN III) (C510-C519)

- Report Pilocytic /Juvenile astrocytomas; code the histology and behavior as 9421/3.
- Non-invasive mucinous cystic neoplasm (MCN) of the pancreas with high grade dysplasia is reportable. For neoplasms of the pancreas, the term MCN with high grade dysplasia replaces the term mucinous cystadenocarcinoma, non-invasive.
- Mature teratoma of the testes in adults is malignant and reportable as 9080/3

Urine cytology positive for malignancy is reportable for diagnoses in2013 and forward. Code the primary site to C689 in the absence of any other information.

EFFECTIVE FOR CASES DIAGNOSED 1/1/2022

Do ***not*** accession a case based ***ONLY*** on a suspicious cytology. Accession the case when a reportable diagnosis is confirmed later.

The date of diagnosis is the date of the suspicious cytology. See Date of Diagnosis for more information.

IMPORTANT REMINDER: This is a change to previous instructions.

Note: “Suspicious cytology” means any cytology report diagnosis that uses an ambiguous term, including ambiguous terms that are listed as reportable in the SPCSM 2022, pgs. 10-11.

Cytology refers to the microscopic examination of cells in body fluids obtained from aspirations, washings, scrapings, and smears, usually a function of the pathology department.

2022 REVISIONS

Updates & Reminders in the Hematopoietic and Lymphoid Neoplasm Coding Manual

1. Diagnostic confirmation section of the manual updated to indicate which histologies have a default code of 3 (histology plus

immunophenotyping/genetics), those that should never have a code 3.

2. The Hematopoietic database has a new field called “Diagnostic Confirmation.” Information for each /3 histology has information about diagnostic

confirmation added.

3. For 9896/3: Alternate name “AML with recurrent genetic abnormalities, NOS” was removed from this code and was moved to 9861/3.

a. Due to questions received about a case presented at NCRA and then consultation with a Hematopoietic expert, it was determined that this

alternate name was incorrectly placed in code 9896/3 and the appropriate place for this alternate name was in 9861/3.

4. Additional information added in 9861/3 about the “AML with recurrent genetic abnormalities” group.

5. For 9811/3, the more specific B-cell lymphoma/leukemias were added as a reference.

2021 Revisions

These histologies are part of the ICD-O-3.2 update and are effective for cases diagnosed 2021 and later.

Note: In the Hematopoietic database, the “Help me code for diagnosis year” must be 2021 to view information on these histologies

9715/3: Anaplastic large cell lymphoma, ALK-negative/ Breast implant-associated anaplastic large cell lymphoma

9749/3: Erdheim-Chester Disease

9766/3: Lymphomatoid granulomatosis grade 3

9819/3: B-lymphoblastic leukemia/lymphoma, BCR-ALB1 like

9877/3: Acute myeloid leukemia with mutated NPM1

9878/3: Acute myeloid leukemia with biallelic mutation of CEBPA

9879/3: Acute myeloid leukemia with mutated RUNX1

9912/3: Acute myeloid leukemia with BCR-ABL1

9968/3: Myeloid/lymphoid neoplasm with PCM1-JAK2

9993/3: Myelodysplastic syndrome with ring sideroblasts and multilineage dysplasia

The following histologies are now a /1 (instead of a /3) and are no longer reportable starting with 2021 diagnoses

9725/3: Hydroa vacciniform-like lymphoma (New preferred name: Hydroa vacciniform-like lymphoproliferative disorder)

9971/3: post-transplant lymphoproliferative disorder (PTLD)

The following histology codes and terms are obsolete and have a new code starting with 2021 diagnoses

9826/3: Burkitt Leukemia (for diagnosis 2021+, coded as 9687/3 Burkitt lymphoma with primary site C421)

9991/3: Refractory neutropenia (for diagnosis 2021+, coded as 9980: Myelodysplastic syndrome with single lineage dysplasia)

9992/3: Refractory thrombocytopenia (for diagnosis 2021+, coded as 9980: Myelodysplastic syndrome with single lineage dysplasia)

Change in histology 9751/3

Only Langerhans cell histiocytosis, disseminated is a /3 for 2021+ diagnoses.

All other terminology, including Langerhans cell histiocytosis, NOS, is now a /1.

The following histologies are new but are /1 and not reportable.

They have been included in the Hematopoietic Database for informational purposes

9591/1: Monoclonal B-cell lymphocytosis, non-CLL type

9673/1: In situ mantle cell neoplasia

9680/1: EBV-positive mucocutaneous ulcer

9695/1: In situ follicular neoplasia

9702/1: Indolent T-cell lymphoproliferative disorder of the gastrointestinal tract

9709/1: Primary cutaneous CD4-positive small/medium T-cell lymphoproliferative disorder (previously listed as an alternate name in 9709/3)

9738/1: HHV8-positive germ inotropic lymphoproliferative disorder

9761/1: IgM monoclonal gammopathy of undetermined significance

9823/1: Monoclonal B-cell lymphocytosis, CLL-type

Ask A SEER Registrar Q & A

What is the histology for serous CA, high-grade endometrial primary 8441/3 (serous CA) or 8461/3 (HG GR serous CA)?

Code histology to serous CA 8441/3. Capture “high grade” in the grade field as instructed in the Grade Coding Manual. “High grade serous CA” 8461/3 has specific clinical and histopathologic features found in ovarian tumors.

SINQ Q & A

20210006- Intramucosal CA Colon

What behavior code and Summary Stage would be used for a diagnosis of intramucosal adenocarcinoma arising in a tubular adenoma?

Intramucosal CA of the colon is assigned a behavior /3. Intramucosal is not the same as in situ in terms of behavior. Behavior and staging are separate concepts, although there is some overlap. Use instructions for coding behavior to code this field. Do not use stage to determine behavior in this case. For purposes of Summary Stage, intramucosal CA is a localized lesion; however, for purposes of AJCC staging, assign TIS for the stage.

20210025- TUBO-OVARIAN

What information takes precedence for coding primary site in cases with high grade serous CA that are clinically called ovarian, however, pathologist states primary site is fallopian tube. Sometimes referred to as “tubo-ovarian”.

When the choice between ovary, FT, or primary peritoneal, any indication of FT involvement indicates the primary tumor is a tubal primary. Fallopian tube primary CA’s can be confirmed by reviewing the FT sections as described on the pathology report to document the presence of either serous tubal intraepithelial CA (STIC) and or tubal mucosal invasive serous CA. If there is no information about the FT’s, refer to histology and look at the treatment plans for the patient. If all else fails, you may have to assign C579 as a last resort.

20160040- Non-Invasive Follicular Thyroid Neoplasm with Papillary-like nuclear features (NIFTP)

REPORTABILITY-THYROID: is a final diagnosis of "non-invasive follicular thyroid neoplasm with papillary-like features reportable when the diagnosis comment state this tumor was historically classified as encapsulated follicular variant of papillary thyroid CA.

ANSWER:

As of January1, 2021

NIFTP (C739) is no longer reportable for cases diagnosed 1/1/2021 forward. See the ICD-0-3.2 material on the NAACCR website

(https://www.naaccr.org/icdo3/#1582820761121-27c484fc-46a7)

Answer for cases diagnosed 1-1-2017 to 12/31/2020

REPORT – NIFTP and assign the ICD-0-3 morphology code 8343/2.

See what you need to know for 2017 document on the NAACCR website

GRADE TIPS FOR BREAST PRIMARY

GRADE MANUAL GR 12 -BREAST, pg. 107

Assign the highest grade from the primary tumor. If the clinical grade is the highest grade identified, use the grade that was identified during the clinical time for both clinical grade and the pathological grade.***PRIORITY ORDER FOR CODES***:

invasive cancers-codes 1-3 take priority over A-D.

In situ cancers- codes L, M, H take priority over A-D.

Code	Grade Description
1	G1: Low combined histologic grade (favorable), SBR score of 3–5 points
2	G2: Intermediate combined histologic grade (moderately favorable); SBR score of 6–7 points
3	G3: High combined histologic grade (unfavorable); SBR score of 8–9 points
L	Nuclear Grade I (Low) (in situ only)
M	Nuclear Grade II (interMediate) (in situ only)
H	Nuclear Grade III (High) (in situ only)
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

TIPS for CODING PRIMARY SITE(s) of the BLADDER

NAACCR WEBINAR SERIES: BLADDER 2021

C67.8 Bladder, overlapping lesion

Single tumor (any histology) that overlaps subsites in bladder ***OR***

Single or discontinuous tumors which are urothelial CA in situ (8120/2) ***and only*** bladder and 1 or both ureters involved.

C67.9 Bladder, NOS

Multiple non-contiguous tumors within the bladder and subsite not documented.

C68.8 Overlapping lesions of urinary organs

Single tumor overlaps 2 urinary sites, and site of origin unknown (renal pelvis C68.8 and ureter; bladder; and urethra; bladder & ureter*)

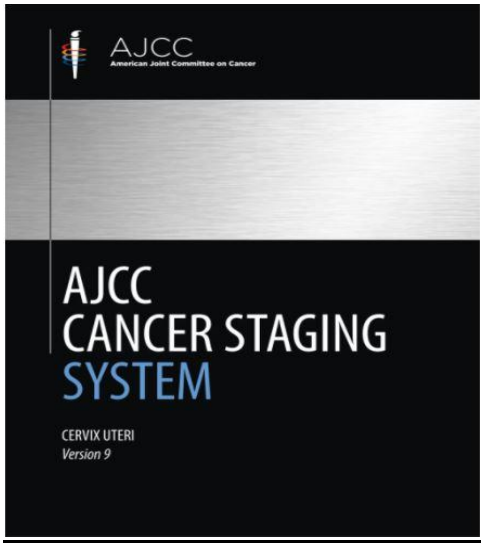
C68.9 Urinary system, NOS

Multiple discontinuous tumors in multiple organs within the urinary system C68.9 (renal pelvis and ureter; bladder and urethra; bladder & ureter*)

*See C67.8 for 8120/2 when only bladder and ureter(s) are involved.

NEW

AJCC Moving from Editions to Versions in 2021



- Why the change? To better align with software development and how users are increasingly consuming AJCC content.
- Cervix Uteri will be the first to be updated.
- **Cervix Uteri Version 9 staging systems will be for cases diagnosed 1/1/21 and forward**.
- Version 9 content will replace the 8th edition in the staging manual.
- Users will be able to purchase an electronic version.
- Other sites will be updated to Version 9 in coming years.
- Updated Version 9 for the sites will go in effect January 1 following their release.

  Below is the link for the webinar. Once the site comes up, on the left side click on AJCC version 9 webinar. It will prompt you to sign in.

https://www.facs.org/quality-programs/cancer/ajcc/staging-education/registrar

Upcoming webinar:

NAACCR North American Association of Central Cancer Registries

4/14/2022 9:00am-12noon EST

Hematopoietic and Lymphocytic Neoplasms

Description: This 3-hour class will present the following information for hematopoietic and lymphocytic neoplasms: anatomical information needed to abstract and code the cases; how to determine the number of primary tumors; how to code topography and histology; how to code the stage data items; and coding treatment data items.

To Register
https://education.naaccr.org/products/hematopoietic-and-lymphocytic-neoplasms

When is National Cancer Registrar Week (NCRW) ?

April 4-8 2022

NCRW was established as an annual celebration to promote the work of cancer registry professionals. Founded by National Cancer Registrars Association (NCRA), NCRW is officially celebrated the first full week in April. The theme this year is CANCER REGISTRARS: ENHANCE CANCER CARE ONE DATA POINT AT A TIME.

NCRA has prepared various sizes of the NCRW logo for you to use in email and on social media. Share and post!

E-signature (400 x 167 pixels)
E-postcard (1200 x 500 pixels)
Facebook, LinkedIn, and Twitter Image (1200 x 600 pixels)
Instagram Image (1080x1080 pixels)