



Tumor Talk: What's New in 2023

Presenter: Janet Vogel, CTR

Quality Auditor/Educator-Cancer Registry

## Contact

➤ Do you know a Cancer Registry Executive that needs help with:

❖ Staffing Support for

- Abstracting & Reporting
- Follow up
- Case Finding
- Survey Readiness or Operational Assessment
- Cancer Registry Outsourcing Business Case
- Auditing / Education

➤ Do you know a CTR professional that is looking for:

- A new career opportunity
- Supplementing their current income
- Flexibility of working from home



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- Please enter your questions in the Q&A box.
- A copy of all questions and answers will be emailed to webinar registrants within 1-2 weeks.

## Format of these Presentations

- Present a Scenario
- Ask a Question
- Wait for response from audience.
  - ❖ The responses are anonymous.
  - ❖ Please answer quickly.
  - ❖ It doesn't matter if you answer wrong, no one will know it was you!

## Objectives

- Discuss the nuances and complexity of assigning the correct codes in various case scenarios.
- Highlight areas where registrars struggle abstracting.
- Identify various resources available to the cancer registrar and how to apply that knowledge when abstracting.
- Discussion on tips for more efficient abstracting.



## Minimum Resources Required to Abstract

- 2023 or previous NAACCR Implementation Guidelines <https://www.naacr.org/implementation-guidelines/>
- Solid Tumor Rules <https://seer.cancer.gov/tools/solidtumor/>
- Hematopoietic and Lymphoid Neoplasm Database <https://seer.cancer.gov/seertools/hemelymph/>
- Hematopoietic and Lymphoid Neoplasm Coding Manual [https://seer.cancer.gov/tools/heme/Hematopoietic\\_Instructions\\_and\\_Rules.pdf](https://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules.pdf)
- NAACCR Site Specific Data Items and Grade <https://apps.naacr.org/ssdi/list/>
- SEER\*RSA [https://staging.seer.cancer.gov/eod\\_public/list/3.0/](https://staging.seer.cancer.gov/eod_public/list/3.0/)
- EOD 2018 <https://seer.cancer.gov/tools/staging/>
- Summary Stage 2018 <https://seer.cancer.gov/tools/staging/>
- American Joint Committee on Cancer/AJCC <https://www.facs.org/quality-programs/cancer/ajcc>
- ICD 0 3.2 Histology Revisions & Annotate Histology List <https://www.naacr.org/icdo3/>
- NAACCR <https://www.naacr.org/data-standards-data-dictionary/>
- SEER\*Rx Interactive Antineoplastic Drugs Database <https://seer.cancer.gov/seertools/seerrx/>
- STORE Manual <https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-call-for-data/registry-manuals/>
- CTR Guide to Coding Radiation Therapy Treatment in the STORE 5.0 \*\*Now available in STORE 2023 Appendix R <https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-call-for-data/registry-manuals/>
- SEER Program Coding and Staging Manual <https://seer.cancer.gov/tools/codingmanuals/>
- Cancer Program News <https://www.facs.org/quality-programs/cancer/news>
- Appropriate State Manual

# Are You Ready for 2023?

## Required Reading

- 2023 NAACCR Implementation Guidelines and Recommendations (Revised January 2023)  
<https://www.naacr.org/implementation-guidelines/>
- ICD-O-3.2 Implementation Documents for implementation in 2023 – Use of implementation guidelines is REQUIRED for determining reportability and accurate coding <https://www.naacr.org/icdo3/>
- SSDI & Grade Manual Version 3.0 Change Log <https://apps.naacr.org/ssdi/list/>
- SEER Program Coding and Staging Manual 2023 Summary of Changes  
<https://seer.cancer.gov/tools/codingmanuals/>
- STORE 2023 Summary of Changes page 30-41 <https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-call-for-data/registry-manuals/>
- Solid Tumor Rules Revision History <https://seer.cancer.gov/tools/solidtumor/revisions.html>
  - ❖ Initial publication of Other Site Solid Tumor Rules (For use with cases 1/1/2023 and forward.)
- CTR Guide to Coding Radiation Therapy Treatment in the STORE 5.0 \*\*Now available in STORE 2023 Appendix R

## Webinars

- V23 Update: ICD O, Solid Tumor Rules, SSDI <https://education.naaccr.org/updates-implementation>
- AJCC Cancer Registrar Education <https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/staging-education/registrar/>
  - ❖ AJCC Version 9 Webinars

## New Data Items

- SSDI's
  - ❖ Histologic Subtype
  - ❖ Clinical Margin Width
- Surgery Primary Site Data Items
  - ❖ RX Hosp--Surg Prim Site 2023
  - ❖ RX Summ--Surg Prim Site 2023
- Central Registry Data Items
  - ❖ No Patient Contact Flag
  - ❖ Reporting Facility Restriction Flag

## Changed/Retired/ Other Data Item Highlights

- Surg Prim Site RX Summ--Surg Prim Site 03-2022
- RX Summ--Surg Prim Site RX Summ--Surg Prim Site 03-2022
- Race 1-5 new labels
- SSDI
- Tobacco Use Smoking Status-new label
- Text Data Items-Expanded to 4000 characters
- Retired Data Items
- ICD 0-3.2 new Histology codes

## Stage Updates

- New AJCC Version 9 Protocols (dx 1/1/2023+)
  - ❖ Anus Version 9
  - ❖ Appendix Version 9
  - ❖ Brain and Spinal Cord Version 9
- Extent of Disease (EOD)
  - ❖ Appendix [V9: 2023+] (09190)
  - ❖ Anus [V9: 2023+] (09210)
  - ❖ Brain [V9: 2023+] (09721)
  - ❖ CNS Other [V9: 2023+] (09722)
  - ❖ Intracranial Gland [V9: 2023+] (09723)
  - ❖ Medulloblastoma [V9: 2023+] (09724)
- Summary Stage 2018
  - ❖ A new chapter for Medulloblastoma Summary Stage 2018 [764] notes and code descriptions for some schemas are updated similarly to the EOD fields to improve clarity.
- Hematopoietic and Lymphoid Neoplasms Manual and Database
  - ❖ Some notes are modified; however, there are no changes to histologies or rules
- AJCC Plasma Cell Myeloma
  - ❖ For cases diagnosed January 1, 2022, and forward, AJCC ID 82.1 Plasma cell myeloma RISS stage group is updated to include unknown, AJCC TNM Clin Stage Group [1004] code 99.
- c

# EDITS

- NAACCR Edits Metafile V23  
<https://www.naacr.org/standard-data-edits/>
- ❖ Edit Detail Report
- ❖ Changes Spreadsheets v22B-v23 & V23A

### Class of Case, RX 2023 (COC)

Agency: COC Last changed: 08/22/2022 17:56:36

Edit Tag N6796

**Edit Sets**

| Edit Set Name                    | Edit Set Tag | Agency Code |
|----------------------------------|--------------|-------------|
| Hosp: Vs23 COC Required - All    | NES0095      | COC         |
| Hosp: Vs23 COC Required - All+CS | NES0344      | COC         |

**Fields**

| Order | Field Name                   | Field # | Agency Code |
|-------|------------------------------|---------|-------------|
| 1     | Date of Diagnosis            | 390     | SEER/COC    |
| 2     | Class of Case                | 610     | COC         |
| 3     | RX Hosp--Surg Prim Site 2023 | 671     | NAACCR      |
| 4     | RX Hosp--Surg Oth Reg/Dis    | 674     | COC         |
| 5     | RX Hosp--Chemo               | 700     | COC         |
| 6     | RX Hosp--Hormone             | 710     | COC         |
| 7     | RX Hosp--BRM                 | 720     | COC         |
| 8     | RX Hosp--Other               | 730     | COC         |
| 9     | Rad--Location of RX          | 1550    | COC         |
| 10    | RX Hosp--Palliative Proc     | 3280    | COC         |

**Default Error Message**

[3211] Conflict among Class of Case 00 and RX Hosp data items (NAACCR)

**Description**

This edit is skipped if diagnosis date blank (unknown), invalid, or before 2023.

Class of Case must not = 00 (diagnosis at the reporting facility and all of the first course of treatment was performed elsewhere or the decision not to treat was made at another facility) if any of the following is true (patient was given first course of treatment by the facility):

RX Hosp--Surg Prim Site 2023 = A100-A900, B100-B900

RX Hosp--Surg Oth Reg/Dis = 1-5

RX Hosp--BRM = 01

RX Hosp--Chemo = 01-03

RX Hosp--Hormone = 01

RX Hosp--Other = 1 or 2

RX Hosp--Palliative Proc = 2-3, 5 or 6

Rad--Location of RX = 1-3



## HPV-Associated

- **Scenario:** 2023
  - ❖ **01-01-2023 diagnosed with invasive squamous cell carcinoma of the Cervix, p16+**
- **Question:** How would you code the histology?
  - ❖ 8070 Squamous cell carcinoma
  - ❖ 8085 Squamous cell carcinoma, HPV associated

## Answer & Rationale

- 8085 squamous cell carcinoma, HPV associated
- Rationale
  - ❖ Other Sites Solid Tumor Rules 2023 update (For Cases Diagnosed 1/1/2023 Forward)

| Table 17: Uterine Cervix Histologies  |          |   |
|---|----------|---|
| <b>Uterine Cervix Coding Notes</b> <ul style="list-style-type: none"> <li>• In situ carcinoma of cervix (/2), any histology, is not reportable</li> <li>• p16 is a valid test to determine HPV status and can be used to code HPV associated and HPV independent histologies</li> </ul> |          |   |
| Specific and NOS Terms and Code   | Synonyms | Subtypes/Variants   |
| Squamous cell carcinoma NOS <b>8070/3</b>   | SCC, NOS | Squamous cell carcinoma, HPV-associated <b>8085/3</b><br>Squamous cell carcinoma, HPV-independent <b>8086/3</b> |

## Cholangiocarcinoma or Adenocarcinoma

➤ **Scenario:**

- ❖ 01/01/2023 LEFT HEPATIC DUCT STRICTURE BRUSHING, CYTOLOGY WITH CELL BLOCK: **ADENOCARCINOMA**
- ❖ Oncologist/GI Multidisciplinary Conference Stage IV (cT2N1M1) **intrahepatic cholangiocarcinoma** with pulmonary metastases, regional lymphadenopathy, and multifocal hepatic involvement

➤ **Question:** How should the histology be assigned?

- ❖ 8140 Adenocarcinoma
- ❖ 8160 Cholangiocarcinoma

## Answer & Rationale

- 8140 Adenocarcinoma
- Rationale
  - ❖ Other Sites Solid Tumor Rules 2023 update (For Cases Diagnosed 1/1/2023 Forward)

**Table 9: Liver and Intrahepatic Bile Duct Histologies**

**Table 9** list the more common histologies for the following liver and intrahepatic bile duct subsites:

**C220** Liver; hepatic, NOS

**C221** Intrahepatic bile duct; biliary canaliculus; cholangiole

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

**Column 1** contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

**Column 2** contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

**Column 3** contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

**Coding notes for Cholangiocarcinoma:** Intrahepatic cholangiocarcinomas are almost exclusively adenocarcinomas and often diagnosed by cytology. Additional diagnostic molecular tests and clinical collaboration are needed to define a diagnosis of cholangiocarcinoma. Clinicians often indicate a clinical diagnosis of cholangiocarcinoma without pathologic confirmation. Per histology coding rules, pathology and cytology have priority over clinical/physician diagnosis. If the diagnosis of cholangiocarcinoma is made on a resected specimen, then code this histology.

Table 12 Thyroid Histologies

| Table 12: Thyroid Histologies  |  |  |
|--|--|--|
| Specific and NOS Terms and Code  | Synonyms   | Subtypes/Variants  |
| Carcinoma, anaplastic <b>8021/3</b>  | Undifferentiated (anaplastic) carcinoma  |  |
| Follicular thyroid carcinoma, NOS <b>8330/3</b>  | Follicular adenocarcinoma<br>Follicular carcinoma<br>Follicular carcinoma, widely invasive<br>Infiltrative follicular carcinoma  | Follicular carcinoma, encapsulated angioinvasive <b>8339/3</b><br>Follicular thyroid carcinoma, minimally invasive <b>8335/3</b><br>Well differentiated follicular adenocarcinoma <b>8331/3</b><br>Moderately differentiated follicular adenocarcinoma/ trabecular follicular carcinoma <b>8332/3</b>                                  |
| Medullary thyroid carcinoma <b>8345</b>  | C cell carcinoma<br>Parafollicular cell carcinoma<br>Medullary carcinoma with amyloid stroma   |  |
| Oxyphilic adenocarcinoma <b>8290/3</b>   | Hurthle cell adenocarcinoma<br>Hurthle cell carcinoma<br>Follicular carcinoma, oxyphilic cell<br>Oncocytic adenocarcinoma<br>Oncocytic carcinoma   |  |
| Papillary thyroid carcinoma, NOS <b>8260/3</b><br><br><i>Note:</i> For thyroid cancer only, the term micropapillary does not refer to a specific histologic type. It means that the papillary portion of the tumor is minimal or occult. | Classical (usual) papillary carcinoma<br>Cribriform-morular variant of PTC<br>Hobnail variant of PTC<br>Papillary microcarcinoma (see note)<br>Papillary thyroid carcinoma with fibromatosis/fasciitis-like stroma<br>PTC<br>Solid/trabecular variant of PTC | Columnar cell variant of PTC/Tall cell PTC <b>8344/3</b><br>Diffuse sclerosing PTC <b>8350/3</b><br>Encapsulated variant of PTC/Oncocytic variant of PTC <b>8343/3</b><br>Follicular variant of papillary thyroid carcinoma <b>8340/3</b><br>Non-invasive encapsulated follicular variant of papillary thyroid carcinoma <b>8343/2</b> |
| Poorly Differentiated thyroid carcinoma <b>8337/3</b>  | Insular carcinoma  |  |

## ICD-O-3.2 Updates

- **Scenario:** 2023 biopsy of the brain shows Pilocytic astrocytoma
  
- **Question:** How would the Histology/Morphology be coded?
  - ❖ 9421/1 Pilocytic astrocytoma
  - ❖ 9421/3 Pilocytic astrocytoma

## Answer & Rationale

- 9421 Pilocytic astrocytoma
- 2023 ICD O 3.2 Table 1 Numeric

| ICD-O Code | Term   | Required SEER | Required NPCR | Required CoC | Required CCCR | Remarks   |
|------------|--|---------------|---------------|--------------|---------------|---|
| 9421/1     | Diffuse astrocytoma, <i>MYB</i> - or <i>MYBL1</i> -altered | Y             | Y             | Y            | Y             | Replaces the term "pilocytic astrocytoma". Beginning with cases diagnosed 1/1/2023, pilocytic astrocytoma are coded 9421/1.   |
| 9421/3     | High-grade astrocytoma with piloid features (HGAP)         | Y             | Y             | Y            | Y             | New code/new term. Beginning 1/1/2023, cases diagnosed as high-grade astrocytoma with piloid features (HGAP) are coded 9421/3. Beginning 1/1/2023, cases diagnosed as Pilocytic astrocytoma in the C71. are to be coded 9421/1. |

- **Solid Tumor Rules Non-Malignant CNS** Beginning with cases diagnosed 1/1/2023 forward, pilocytic astrocytoma/juvenile pilocytic astrocytoma are to be reported as 9421/1 for all CNS sites.

# ICD-O-3 IMPLEMENTATION GUIDELINES

## ICD O 3 Coding Updates

### ICD-O-3 IMPLEMENTATION GUIDELINES

**ICD O 2023** Previous Guidelines

These documents address the implementation of ICD-O-3 for cases diagnosed on or after January 1, 2023.

#### ICD O 3.2 Implementation Documents for implementation in 2023

- [2023 ICD O 3.2 Coding Guidelines 9/28/22](#)
- [2023 ICD O 3.2 Table 1 Numeric 9/28/22](#)
- [2023 ICD O 3.2 Table 2 Alpha Table 9/28/22](#)
- [Addendum to 2022 ICD-O-3.2 9/13/22](#)

#### WHO IARC ICD-O-3.2

- [WHO IARC ICD-O-3.2 Excel Table 1/1/2021 \(1/1/2021 is when North American registries adopted 3.2 for use\)](#)

#### Annotated Histology List

- [Annotated Histology List Description and Disclaimer 7/29/21](#)
- [Annotated Histology List 1/31/23 \(corrected misspelling for terms associated with 9505/0 and 9738/1\)](#)



## SSDI Changes-If the range is greater than 10

- **Scenario:** 2023 dx invasive ductal breast carcinoma ER 10-25% 2+ positive
  
- **Question:** How will you code SSDI Estrogen Receptor Percent Positive?
  - ❖ 011
  - ❖ 025
  - ❖ R10 Stated as 1-10%
  - ❖ R20 Stated as 11-20%
  - ❖ R30 Stated as 21-30%
  - ❖ XX9 Not documented in medical record
  - ❖ ER (Estrogen Receptor) Percent Positive or Range not assessed or unknown if assessed

## Answer & Rationale

- XX9 Not documented in medical record ER (Estrogen Receptor) Percent Positive or Range not assessed or unknown if assessed
- New instructions in SSDI Manual v3.0
  - ❖ Note 5: Ranges for the codes in this data item are defined in steps of 10 which correspond to the CAP protocol. If a range in a report is given in steps other than those provided in the R codes, code per the following.
    - If the range is less than or equal to 10, then code the appropriate R code based on the lower number
      - Example 1: Report documents 1-5%. Code R10 (1-10%)
      - Example 2: Report documents 25-34%. Code R30 (21-30%)
    - **If the range is greater than 10, then code to unknown**
      - Example 1: Report documents 10-25%. Code XX9
      - Example 2: Report documents 67-100%. Code XX9

# SSDI Manual/Grade Manual

➤ <https://apps.naaccr.org/ssdi/list/>

The screenshot shows the 'CANCER SCHEMA LIST' page. At the top right, there is a 'Version Selection' dropdown menu set to '3.0' and a note 'Data Last Updated: Sept. 12, 2022'. A blue arrow points to the dropdown menu. On the left, there is a search section with 'Standard Search' selected and 'Site/Hist Search' as an option. Below the search options is a text input field labeled 'Search Term(s)' and a blue 'SEARCH' button. In the center, it says 'Displaying 127 Schemas'. On the right, there is a 'RESOURCES' section with a question mark icon. It contains a paragraph about Version 3.0 and a list of links: 'SSDI Manual', 'SSDI Manual Appendix A', 'SSDI Manual Appendix B', 'SSDI Manual Appendix C', 'Grade Manual', and 'Change Log'. A blue arrow points to the 'Change Log' link. Below the resources is a footer note: 'Comments or suggestions concerning the SSDI's are welcome and can be posted at the American College of Surgeons CAnswer Forum.'

## Posterolateral wall

- **Scenario:** 2023 dx with papillary transitional cell carcinoma of the posterolateral wall of the bladder
- **Question:** How would you assign primary site?
  - ❖ C678 Bladder, overlapping lesion
  - ❖ C679 Bladder NOS

## Answer & Rationale

- C67.9
- SEER Program Coding & Staging Manual 2023-Summary of Changes
  - ❖ Appendix C: Site Specific Coding Modules Coding Guidelines: Bladder
    - Primary site term added
      - Added to primary site code C679:
      - Posterolateral wall

SEER Program Coding and Staging Manual 2023 - Summary of Changes  
This table lists the changes in the 2023 manual by page number.

| Page | Section   | Data Item                        | Change                     | Notes/Comments  |
|------|---|----------------------------------|----------------------------|---|
|      | Appendix C:<br>Site Specific<br>Coding<br>Modules | Coding<br>Guidelines:<br>Bladder | Primary site<br>term added | Added to primary site code C679:<br>Posterolateral wall |

# SEER Program Coding and Staging Manual 2023 Summary of Changes

## SEER Program Coding and Staging Manual 2023

Updated January 17, 2023

### Reporting Guidelines

- Casefinding Lists
  - SEER Coding and Staging Manual -
    - Appendix C for 2023 Manual
  - Hematopoietic Project +
  - ICD-O-3 Coding Materials
  - Solid Tumor Rules +
  - Historical Staging and Coding Manuals +
  - Grade Coding Instructions 2014
  - SEER Data Submission Requirements
  - COVID-19 Abstraction Guidance +

**i** The 2023 manual is to be used for cases diagnosed January 1, 2023 and forward.

- [SEER Program Coding and Staging Manual 2023](#) (PDF, 1.8 MB) (updated November 1, 2022)
- [Appendix A - County Codes](#) (PDF, 492 KB)
- [Appendix B - Country and State Codes](#) (PDF, 420 KB)
- [Appendix C - Site Specific Coding Modules](#)
- [Appendix D - Race and Nationality Descriptions](#) (PDF, 218 KB)
- [Appendix E - Reportable and Non-reportable Examples](#): [PDF](#) (PDF, 174 KB) or [Excel](#) (XLSX, 25 KB)
- [Summary of Changes \(September 2022\)](#) (PDF, 401 KB) - provides the list of changes included in this release.

### Other Manuals

- [Staging Resources](#)
- [Historical Staging and Coding Manuals](#)

See the [SEER Research Data](#) pages to find out how to access the SEER data.



# Example of Coding Guidelines

## Coding Guidelines

### Bladder C670–C679

#### Reportability

Do **not** report bladder cancer based on UroVysion test results alone. Report the case if there is a physician statement of malignancy and/or the patient was treated for cancer.

#### Not reportable

Papillary urothelial neoplasms of low malignant potential (PUNLMPs)  
The WHO classification categorizes "PUNLMP" as borderline, 8130/1. The definition is "a papillary urothelial tumor which resembles the exophytic urothelial papilloma, but shows increased cellular proliferation exceeding the thickness of normal urothelium." The histopathologic description is "the papillae of PUNLMP are discrete, slender and not fused and are lined by multilayered urothelium with minimal to absent cytologic atypia....Mitoses are rare and have a basal location."

#### Papilloma of bladder

The WHO classification categorizes "urothelial papilloma" as benign, 8120/0. The definition is "composed of a delicate fibrovascular core covered by urothelium indistinguishable from that of normal urothelium." The histopathologic description is "characterized by discrete papillary fronds with occasional branching...the epithelium lacks atypia...mitoses are absent to rare and, if present, are basal in location and not abnormal. The lesions are often small and occasionally show concomitant inverted growth pattern. Rarely, papilloma may show extensive involvement of the mucosa."

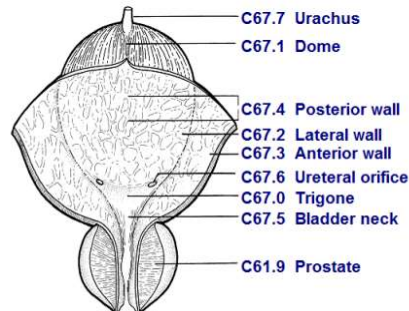
#### Primary Site

- C670 Trigone of bladder
  - Base of bladder
  - Floor
  - Below interureteric ridge\* (interureteric crest or interureteric fold)
- C671 Dome of bladder
  - Vertex
  - Roof
  - Vault
- C672 Lateral wall of bladder
  - Right wall
  - Left wall
  - Lateral to ureteral orifice
  - Sidewall
- C673 Anterior wall of bladder
- C674 Posterior wall of bladder

- C675 Bladder neck
  - Vesical neck
  - Internal urethral orifice
  - Internal urethral/uretero orifice
- C676 Ureteric orifice
  - Just above ureteric orifice
- C677 Urachus
  - Mid umbilical ligament
  - Urachal remnant
- C678 Overlapping lesion of bladder
  - Lateral-posterior wall (hyphen)
  - Fundus
- C679 Bladder, NOS
  - Lateral posterior wall (no hyphen)
  - Posterolateral wall

\* The **interureteric ridge** is a fold of mucous membrane extending across the bladder between the ureteric orifices and forms one of the boundaries for the trigone of the bladder.

Bladder Anatomy and ICD-O-3



Source: UICC TNM Atlas, 3<sup>rd</sup> edition, 2<sup>nd</sup> revision

## Priority Order for Coding Subsites

Use the information from reports in the following priority order to code a subsite when the medical record contains conflicting information:

- Operative report (TURB)
- Pathology report

## Multifocal Tumors

Assign site code C679 when there are multifocal tumors all of the same behavior in more than one subsite of the bladder and the specific subsite of origin is not known.

If the TURB or pathology proves invasive tumor in one subsite and in situ tumor in all other involved subsites, code to the subsite involved with **invasive** tumor.

## Tobacco Use Smoking Status-new field required by CoC 2023+

- **Scenario:** 2023 dx of cancer,, Nursing Assessment states Smoking: Yes- patient notes that he vapes, no other information is available in the EMR
- **Question:** How will you assign the Tobacco Use Smoking Status?
  - ❖ 0 Never smoker
  - ❖ 1 Current smoker
  - ❖ 2 Former smoker
  - ❖ 3 Smoker, current status unknown
  - ❖ 9 Unknown if ever smoked



## Answer & Rationale

- 9 Unknown if ever smoked
- READ THE MANUAL! Note the instructions, do not rely on your registry software drop downs
- **STORE 2023**
  - ❖ Coding Instructions
    - Record cigarette, cigar and/or pipe use only. **Tobacco Use Smoking Status does not include marijuana, chewing tobacco, e-cigarettes, or vaping devices**
    - **Use code 9** (Unknown if ever smoked) rather than code 0 (Never used),
      - o if the medical record only indicates “No” for tobacco use
      - o smoking status is not stated or provided
      - o **the method (cigarette, pipe, cigar) used cannot be verified in the chart.**

## Updates in STORE Appendix A-Site Specific Surgery Codes-Melanoma

➤ **Scenario:**

- ❖ 01-01-2023 shave biopsy left thigh + melanoma in situ [done at my facility]
  - 01-01-2023 Path: malignant melanoma, 0.5mm, margins negative
- ❖ 02-15-2023 wide excision left thigh 1cm margin around previous biopsy scar [done at outside facility]
  - 2-15-2023 Path report no residual melanoma in situ, margins clear

➤ **Question:** How will these procedures be coded??

## Appendix M Case Studies for Coding Melanoma in STORE v23

### ➤ NEW SECTION IN STORE

#### ❖ **Appendix M Case Studies for Coding Melanoma in STORE v23**

- 8 Case studies
- Appendix M Summary of Coding Rules
  - Data items Surgical Procedure of Primary Site at this Facility [NAACCR data item #670] and Surgical Procedure of Primary Site [NAACCR data item #1290] are no longer collected beginning with diagnosis year 2023.
  - Do not re-assign codes previously coded for diagnosis years 2022 and prior for data items #670 and #1290.
  - Margins are collected under a new SSDI and are no longer factored into the surgical code.
  - Assign biopsy procedures to the Surgical Diagnostic and Staging Procedure (SDSP) ONLY when there is small specimen of tissue taken from the melanoma tumor, such as a core biopsy. This is a change from diagnosis year 2022. For diagnosis year 2023, melanoma primary will rarely have a code other than 00 in the SDSP data item.
  - Code the procedure and not the results of the procedure.
  - For coding SSDI Clinical Margins [ 3961]:
    - If multiple procedures are performed, record the largest peripheral (radial) margin
    - Do not record the deep margin
    - Margins should not be added together

## Coding Example of Melanoma New Surgery Codes & SSDI

| Field  | Code       | Rationale   |
|--|------------|---|
| Surgical Diagnostic and Staging Procedure                  | 00         | No core bx done [One significant change to the coding rules for cases diagnosed 2023 and after is that shave, punch, or elliptical biopsies are coded as surgical procedure regardless of margin status.] |
| Date of Surgical Diagnostic and Staging Procedure [        | Blank      |   |
| Date of First Surgical Procedure                           | 01/01/2023 | Date of shave biopsy  |
| Date of Most Definitive Surgical Resection of Primary Site | 02-15-2023 | Date of the Wide Local Excision   |
| RX Hosp Surg-2023  | B220       | Shave biopsy, NOS performed at reporting facility   |
| RX Summ Surg-2023  | B520       | Shave Biopsy followed by wide excision performed at an outside facility   |
| SSDI Clinical Margin Width                                 | 1.0        | 1.0 from WLE procedure note   |

- ❖ 01-01-2023 shave biopsy left thigh + melanoma in situ [done at my facility]
  - 01-01-2023 Path: malignant melanoma in situ, 0.5mm, margins not mentioned
- ❖ 02-15-2023 wide excision left thigh **1cm margin** around previous biopsy scar at outside facility]
  - 2-15-2023 Path report no residual melanoma in situ, margins clear

## Radiation updates

- Review STORE 2023 Summary of Changes-numerous changes/comments/clarifications made to the radiation fields.
  - ❖ Example of just one...
    - Removed:
      - ~~A new phase begins when there is a change in the target volume of a body site, treatment fraction size, modality or treatment technique. Up to three phases of radiation treatment can now be documented.~~
    - Added: “but modern radiotherapy allows phases to be delivered simultaneously so new terminology is needed. Each phase is meant to reflect a “delivered radiation prescription”. At the start of the radiation planning process, physicians write radiation prescriptions to treatment volumes and specify the dose per fraction (session), the number of fractions, the modality, and the planning technique. A phase simply represents the radiation prescription that has actually been delivered (as sometimes the intended prescription differs from the delivered prescription).
- APPENDIX R: CTR Guide to Coding Radiation Therapy Treatment in the STORE Version 5.0

## RADS

### ➤ SEER Program Coding and Staging Manual 2023- Summary of Changes

|    |  |                      |  |  |
|----|--|----------------------|--|--|
| 85 | Section IV:<br>Description of<br>this Neoplasm | Date of<br>Diagnosis | Coding<br>Instruction 4<br>Example 2 Note<br>revised | Added 'imaging' prior to procedure.<br><br><b>Note:</b> Appendix E in the 2023 SEER Program Manual lists which PI-RADS, BI-RADS, and LI-RADS are reportable versus non-reportable. If reportable, use the date of the imaging procedure as the date of diagnosis when this is the earliest date and there is no information to dispute the imaging findings. |
|----|--|----------------------|--|--|

### ➤ STORE 2023 Summary of Changes

| STORE 2023             |                                    | STORE 2023 Summary of Changes |   |
|------------------------|------------------------------------|-------------------------------|---|
| STORE 2023 Page Number | Section or NAACCR Data Item Number | Data Item Name                | Changes/Comments/Clarifications   |
| 46                     | Overview of Coding Principles      | Case Eligibility              | Added: PI Rads, BI Rads, LI Rads alone are not reportable for CoC. PI Rads, BI Rads, LI Rads confirmed with biopsy or physician statement are reportable to CoC. Date of diagnosis is the date PI Rads, BI Rads, LI Rads imaging. The biopsy makes it reportable to CoC however the date of diagnosis is the date of the imaging. |

## 4 Custom Data Fields continuing to be collected for 2022 & 2023 cases for breast only-Coc Only

- **Rationale:** Field study for updating the surgery codes in Appendix A, to support the Synoptic Operative Reporting and to allow for more descriptive surgery codes. This data item can be used to compare the efficacy of treatment options.
- RX Hosp-Surg Breast [10104]
- RX Summ-Surg Breast [10105]
- RX Hosp-Recon Breast [10106]
- RX Summ-Recon Breast [10107]

*If these required data items are left blank for diagnosis year 2022 forward for a breast primary, edits will populate and must be corrected.*

# Registry Manuals

- <https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-call-for-data/registry-manuals/>

## **Registry Manuals**

**Data Standards For 2023**  
[Standards for Oncology Registry Entry \(STORE v2023\)](#) ←

**Historical Data Standards**  
[Standards for Oncology Registry Entry \(STORE v2022\)](#)  
[Standards for Oncology Registry Entry \(STORE v2021\)](#)  
[Standards for Oncology Registry Entry \(STORE v2018\)](#)  
[Facility Oncology Data Standards \(FORDS\)](#)  
[Registry Operations and Data Standards \(ROADS\)](#)  
[Registry Manuals and Coding Guidelines](#)  
[FORDS: Revised for 2016](#)

**Additional Resources**  
[Implementation Guidelines](#)  
[SEER Program Coding and Staging Manuals](#)  
[ICD-O-3 SEER Site/Histology Validation List](#)  
[Valid Site- and Histology-Specific AJCC 7th Edition T, N, M and Stage Group Codes](#)  
[SEER\\*Rx Interactive Drug Database](#)



## 2023 Revision History for the Solid Tumor Rules

- **Scenario:** 2023 Lung Bx: High grade neuroendocrine carcinoma
- **Question:** How would you code histology?
  - ❖ 8240 Carcinoid tumor, NOS/Well-differentiated neuroendocrine carcinoma
  - ❖ 8041 small cell carcinoma/neuroendocrine tumors (NET Tumors)
  - ❖ 8246 Neuroendocrine carcinoma nos

## Answer & Rationale

- 8246 Neuroendocrine carcinoma nos
- Rationale:
  - ❖ Lung Solid Tumor Rules 2023 Update

| Specific or NOS Histology Term and Code  | Synonym of Specific or NOS  | Subtype/variant of NOS and Code  |
|--|---|--|
| <p><b>Small cell carcinoma 8041/3</b></p> <p><i>Note 1:</i> This row applies to neuroendocrine tumors (NET).</p> <p><i>Note 2:</i> Large cell carcinoma with neuroendocrine differentiation lacks NE morphology and is coded as large cell carcinoma, not large cell neuroendocrine carcinoma.</p> | <p>Reserve cell carcinoma</p> <p>Round cell carcinoma</p> <p>SCLC</p> <p>Small cell carcinoma</p> <p>NOS</p> <p>Small cell neuroendocrine carcinoma</p> | <p>Atypical carcinoid <b>8249/3</b></p> <p>Combined small cell carcinoma <b>8045/3</b></p> <p><b>Neuroendocrine carcinoma, NOS 8246/3</b></p> <p>Typical carcinoid <b>8240/3</b></p> <p>Well-differentiated neuroendocrine carcinoma</p> |

# Answer & Rationale

## ➤ 2023 Revision History for the Solid Tumor Rules

<https://seer.cancer.gov/tools/solidtumor/revisions.html>

**2023 Solid Tumor Rules**  
Updated December 2, 2022 (view [Revision History](#))

**Reporting Guidelines**

**Casefinding Lists**

- SEER Coding and Staging Manual +
- Hematopoietic Project +
- ICD-O-3 Coding Materials -
- Solid Tumor Rules -
- 2022 Revision History -
- Revision Archive -
- Histology Coding Clarifications -
- Historical Staging and Coding Manuals +
- Grade Coding Instructions 2014 -
- SEER Data Submission Requirements -
- COVID-19 Abstraction Guidance +

The 2023 Solid Tumor Rules can be found on the [Original Staging and Coding Manuals](#) page.

Use the Solid Tumor Rules to determine the number of primaries to abstract and the histology to code. The Solid Tumor Rules and General Instructions replace the 2007 Multiple Primary & Histology (MPH) Rules for the following sites:

- Breast
- Colon (Includes rectosigmoid and rectum for cases diagnosed 1/1/2018 forward)
- Head & Neck
- Kidney
- Lung
- Malignant CNS and Peripheral Nerves
- Non-malignant CNS
- Urinary Sites
- Cutaneous Melanoma (for cases diagnosed 1/1/2021 and forward)
- Other Sites (for cases diagnosed 1/1/2023 and forward)

**Other Sites**

The Other Sites Solid Tumor Rules should be used for cases diagnosed 1/1/2023 and forward.

For cases diagnosed 1/1/2007-12/31/2022, the 2007 MPH and 2007 General Instructions are to be used, with a few exceptions.

The following primary sites are excluded from the Other Sites module for 1/1/2018 forward:

- Rectosigmoid and rectum which are included in Colon Solid Tumor Rules
- Peripheral nerves which are included in the Malignant CNS Solid Tumor Rules

**Download the 2023 Solid Tumor Modules**

- Combined file (PDF, 7.7 MB)
- General Instructions (PDF, 7.7 MB)
- Head & Neck (PDF, 1.3 MB)
- Colon (PDF, 4.7 MB)
- Cutaneous Melanoma 2021+ (PDF, 1.4 MB)
- Lung (PDF, 1.4 MB)
- Breast (PDF, 1.7 MB)
- Kidney (PDF, 1.2 MB)
- Urinary Sites (PDF, 1.6 MB)
- Malignant CNS and Peripheral Nerves (PDF, 1.3 MB)
- Non-Malignant CNS Tumors (PDF, 1.6 MB)
- Other Sites (PDF, 1.4 MB)

**Revision History**

The [change log](#) contains updates made in November 2022. Please see the [Revision Archive](#) for earlier changes.

**2023 Revision History for the Solid Tumor Rules**

This is a document containing changes only. Do not use in place of the Solid Tumor Rules.

**Reporting Guidelines**

| Reporting Guidelines                    | Expand All | Collapse All |
|---|------------|--------------|
| Casefinding Lists                       |            |              |
| SEER Coding and Staging Manual +        |            |              |
| Hematopoietic Project +                 |            |              |
| ICD-O-3 Coding Materials -              |            |              |
| Solid Tumor Rules -                     |            |              |
| 2022 Revision History -                 |            |              |
| Revision Archive -                      |            |              |
| Histology Coding Clarifications -       |            |              |
| Historical Staging and Coding Manuals + |            |              |
| Grade Coding Instructions 2014 -        |            |              |
| SEER Data Submission Requirements -     |            |              |
| COVID-19 Abstraction Guidance +         |            |              |

**Other Sites**

Initial publication of Other Sites Solid Tumor Rules (For use with cases 1/1/2023 and forward).

## Need to Know

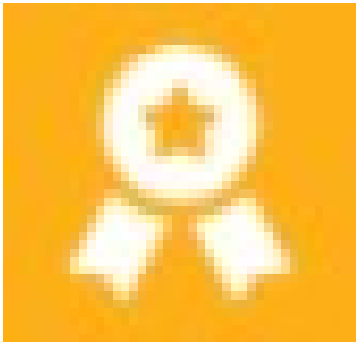
- Know what your State Requires for 2023+data collection
- Know what CoC, SEER, NCI requires if your registry is also affiliated
- Know when your vendor plans on getting that 2023 upgrade to you
  - ❖ If you are abstracting cases diagnosed in 2023 prior to your 2023 software upgrade
    - Make sure your text has everything you need to go back & fill in the information for those new codes
  - ❖ After the upgrade gets applied, you will have some manual reviews that need to be done-your software should provide a list of the cases that will need visual review

## Conclusion

- Read the 2023 NACCR Implementation Guidelines & Recommendation & the Change Logs & Summary of Changes for ICDO3, SSDI & Grade Manual, SEER Manual, STORE, Solid Tumor Rules (See Required Reading Slide)
- Refer to CAnswer Forum for clarification about what is in these manuals <http://cancerbulletin.facs.org/forums/help>
  - ❖ AJCC TNM Staging 8th Edition
  - ❖ Grade
  - ❖ Site-Specific Data Items
  - ❖ STORE
- Refer to SINQ/Ask a SEER Registrar for clarification about what is in these manuals <https://seer.cancer.gov/registrars/contact.html>
  - ❖ EOD
  - ❖ Hematopoietic Rules
  - ❖ ICD-0-3 Updates (for cases diagnosed 2018+)
  - ❖ SEER\*RX
  - ❖ Solid Tumor Rules (for cases diagnosed 2018+)
  - ❖ Summary Stage 2018

## STOP!!! Before you log off

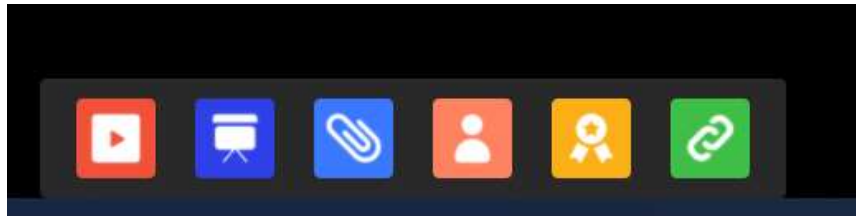
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# Questions

