2021 UPDATES TO SSDIS

NAACCR SSDI WORK GROUP

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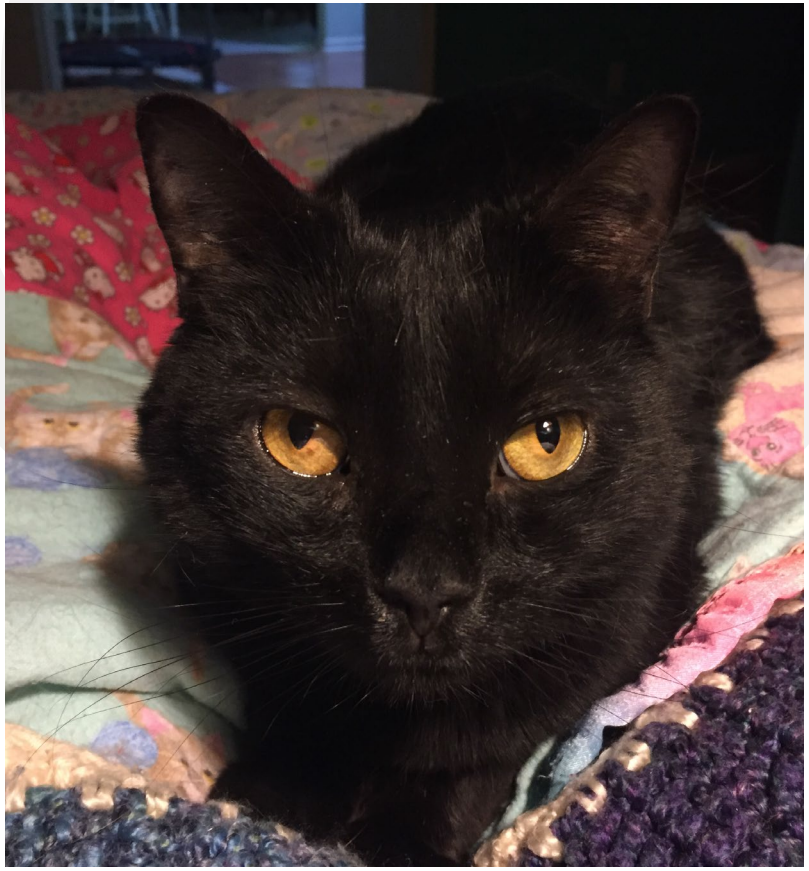

GREETINGS FROM MARYLAND AND MY OFFICE MATES SINCE MARCH

ACKNOWLEDGEMENTS

- NAACCR SSDI Work Group
  - Specifically: Donna Gress (AJCC), Rich Moldwin (CAP), Jim Hofferkamp (NAACCR), Donna Hansen (California) and Liz Ward (co-chair)
- Carolyn Callaghan, Tiffany Janes (Seattle Registry-SEER*Educate)
- Alison Van Dyke (NCI SEER-Pathologist)-liaison to CAP Cancer Committee
- Nicki Schussler (IMS)
- Suzanne Adams (IMS)
- Elaine Collins (NAACCR Contractor)

AGENDA

- Version 2.0 updates
- General Instructions updates
- Updates to current SSDIs
- New SSDIs

VERSION 2.0

- SSDI Manual
  - Appendix A
  - Appendix B
  - Appendix C
- Grade Manual
- Log of changes for SSDIs and Grade

- These can be found on the NAACCR website:

https://apps.naaccr.org/ssdi/list/

VERSION 2.0 OF SSDI AND GRADE RELEASED

- Both manuals are available on the NAACCR website and SEER*RSA
- Changes/additions of codes or coding instructions will not be in your software until your software is updated
  - Software vendors have everything they need for 2021 to develop their updates
  - Software updates should be available to registries (hospital and central) later this year/beginning of next year
- Version 2.0 manuals can be used prior to the 2021 updates; however, realize that some of the new codes will not be available until your software is updated

GRADE: VERSION 2.0

- NAACCR webinar on Grade 8/26/2020
  - Developed by SSDI work group members: Donna Hansen, Jim Hofferkamp and Jennifer Ruhl
  - Presented by Jim and Jennifer

- Covered the following
  - Basics
  - Introduction of Grade Post Therapy Clin (yc)
  - Major changes
  - Clarifications

- Recording will be available for free on the NAACCR website

GENERAL INSTRUCTIONS: TIMING FOR LAB TESTS

- The following sentence removed as a bullet point and is the first criteria for the timing rules for laboratory tests

- All lab values must be done no earlier than approximately three months before diagnosis
  - This statement was removed from the bulleted list
  - This criteria is the first thing that applies
  - This still applies even if further work up is delayed due to COVID

GENERAL INSTRUCTIONS: TIMING FOR LAB TESTS

- Remaining bullets have not been changed

Unless instructions for a specific laboratory test state otherwise, record only tests results obtained

- before any cancer-directed treatment is given (neoadjuvant therapy or surgical), AND
- if multiple lab tests are available, record the highest value

CANSWER FORUM QUESTION

- http://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/105556-recording-lab-values-timing-rules-w-covid

- PSA done and elevated. Prostate biopsy planned
- Prostate biopsy delayed due to COVID
- Should registrars record the PSA lab value if more than 3 months prior to diagnostic BX if the procedure was delayed due to the COVID pandemic?

CANSWER FORUM QUESTION-ANSWER

- For **all lab values**
  - Follow the current rules as they are written
  - So, for this case, you would **not** record the PSA lab value
    - Code unknown (XXX.9)
  - The PSA lab value should be recorded in the text portion of your abstract and documented to why it was not coded in the SSDI

- *Note*: For those doing AJCC, you may still assign a stage group without the PSA if the physician documents the stage group

GENERAL INSTRUCTIONS: CONSULTS REPORTS

- If a report is sent out for consult and the results are different than the original reports, record the results from the consult
  - Consults always take priority

- This was confirmed within the surveillance community and with AJCC and CAP
- This applies to Grade as well
  - Documented in the SEER manual, STORE manual, Solid Tumor Rules manual

3831: EXTRANODAL HEAD AND NECK CLINICAL

- **New Code 4**: Positive nodes clinically, ENE is identified, but not known how identified
  - Can be used for 2018+ (review of cases already abstracted not required)
  - New codes cannot be used until your software is updated
- Priority given to codes 1 and 2
  - 1: Based on physical exam with or without imaging
  - 2: Based on microscopic examination

3831: EXTRANODAL HEAD AND NECK CLINICAL

- New Note: Code 7 when
  - Lymph nodes are determined to be clinically negative
  - Behavior /2 (in situ) (new edit implemented for 2021)

- Reminder: In situ tumor (/2) **cannot** have positive lymph nodes

- *Note:* This does not apply to tumors that are invasive clinically and in situ on resection
  - OR in situ tumors that have positive nodes (/3)

3832: EXTRANODAL HEAD AND NECK PATHOLOGICAL

- Note 2 addition: If codes 0.0-9.9, X.1-X.7 are use, this indicates that the lymph nodes were surgically resected and Scope of Regional Lymph Node Surgery [NAACCR Data Item 1292] must be 3-7

- Scope of Regional Lymph Node Surgery codes 3-7 record the different lymph node procedures

- New edit implemented (2021+)

3823: CIRCUMFERENTIAL RESECTION MARGIN (COLON AND RECTUM)

- Guidelines regarding surgery added to note
  - For Colon primaries, surgery of primary site must be coded as 30-80
    - If surgery of primary site is 00-29, then CRM must be coded as XX.7
    - Edit implemented for cases diagnosed 2021+

- Reminder: If a polypectomy is done, CRM is always XX.7
  - Edit implemented for cases diagnosed 2021+

3823: CIRCUMFERENTIAL RESECTION MARGIN (COLON AND RECTUM)

- Guidelines regarding surgery added to note
  - For Rectal primaries, surgery of primary site must be coded as 27, 30-80
    - If surgery of primary site is 00-26 or 28, then CRM must be coded as XX.7
    - Code 27 includes Transanal resections
    - Edit implemented for cases diagnosed 2021+

3835: FIBROSIS SCORE (LIVER, BILE DUCTS INTRAHEPATIC)

- Added to Code 0: “Any of the following histologically confirmed”
  - To use code 0 you must have a histological confirmation
- Added to Code 1: “Any of the following histologically confirmed”
  - To use code 1 you must have a histological confirmation of fibrosis and/or cirrhosis, probable or definitive; Cirrhosis, NOS

- Code 2: Can be used for a clinical diagnosis (not microscopically confirmed), can be used based on imaging
  - Includes Cirrhosis, probably or definitive; Cirrhosis, NOS

3937: VISCERAL AND PARIETAL PLEURAL INVASION (LUNG)

- Per recent updates, categories PL1 and PL2 are no longer relevant
- SSDI has been changed to reflect this change
- **Notes modified (note 1 not changed):**
  - **Note 2:** Code 0 for in situ (behavior/2) tumors
  - **Note 3:** A surgical resection must be done to determine if the visceral pleural is involved.
  - **Note 4:** Do not use imaging findings to code this data item
  - **Note 5:** Code 9 when
    - A FNA only is performed. A FNA is not adequate to assess pleural layer invasion
    - Surgical resection of the primary site is performed and there is no mention of visceral and/or parietal pleural invasion

3937: VISCERAL AND PARIETAL PLEURAL INVASION (LUNG)

- Code 4: Invasion of visceral pleural present, NOS (Stated as PL1 or PL2) (codes 1, 2, and 4 combined)
- Code 5: Tumor invades into or through the parietal pleural OR chest wall (Stated as PL3) (code 3 cases converted)

- No changes done to codes 6, 8, or 9
- Software updates will do automatic conversions for 2018 forward
  - New codes cannot be used until your software is updated

3937: VISCERAL AND PARIETAL PLEURAL INVASION (LUNG)

Code	Description
0	No evidence of visceral pleural invasion identified Tumor does not completely traverse the elastic layer of the pleura Stated as PL0
4	Invasion of visceral pleura present, NOS Stated as PL1 or PL2
5	Tumor invades into or through the parietal pleura OR chest wall Stated as PL3
6	Tumor extends to pleura, NOS; not stated if visceral or parietal
8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code 8 will result in an edit error.)
9	Not documented in medical record No surgical resection of primary site is performed Visceral Pleural Invasion not assessed or unknown if assessed or cannot be determined

3932: LDH LAB VALUE

- Name change
  - Previous name: LDH Pretreatment Lab Value
  - Name was found to be misleading, the “pretreatment” was the problem

- **Note 3: Record the lab value of the highest serum LDH test results documented in the medical record either before or after surgical resection of the primary tumor with or without regional lymph node dissection.** The LDH must be taken prior to systemic (chemo, immunotherapy, hormone), radiation therapy or surgery to a metastatic site. The lab value may be recorded in a lab report, history and physical, or clinical statement in the pathology report.

3922: RESPONSE TO NEOADJUVANT THERAPY (BREAST)

- New Note: For in situ tumors (behavior /2) code 0

- Received confirmation that in situ tumors are not going to have neoadjuvant therapy
  - This does **not** apply to tumors that are invasive during clinical work up, neoadjuvant therapy is done, and the residual tumor is in situ. This would be a /3 tumor
  - Nor does it apply to tumors that are in situ clinically but have positive nodes and have neoadjuvant therapy. These would also be a /3 tumor

HER2 DATA ITEMS (BREAST)

- 3855: HER2 Overall Summary

- New Note: HER2 is not routinely done on pure in situ tumors (/2); however, if you have an in situ tumor and there are HER2 results, go ahead and record it

- Otherwise code 9

3836: FIGO STAGE (ALL GYN SCHEMAS)

- FIGO Stage completely restructured

Current	Revised
01	1
02	1A
10	1C2
24	2B
33	3A11
37	3C
40	4
42	4B

- Update is for all cases diagnosed 2018+
  - New codes cannot be used until your software is updated
- For cases 2018+, all FIGO Stages will be automatically updated during the software update
- The code structure now fits how AJCC documents the FIGO Stage in the AJCC manual

3836: FIGO STAGE (VULVA)

Code	Description
1	FIGO Stage I
1A	FIGO Stage IA
1B	FIGO Stage IB
2	FIGO Stage II
3	FIGO Stage III
3A	FIGO Stage IIIA
3B	FIGO Stage IIIB
3C	FIGO Stage IIIC
4	FIGO Stage IV
4A	FIGO Stage IVA
4B	FIGO Stage IVB
97	Not applicable: Carcinoma in situ (intraepithelial, noninvasive, preinvasive)
98	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code 98 will result in an edit error.)
99	Not documented in medical record FIGO stage unknown, not assessed or unknown if assessed

CORPUS SCHEMAS

- Clarifications added to **SSDI manual only**
  - These will not be found in the online SSDIs or in registry software
  - These will be updated for the 2022 updates

- Affects:
  - 3901: Number of Positive Para-Aortic Nodes
  - 3899: Number of Examined Para-Aortic Nodes
  - 3902: Number of Positive Pelvic Nodes
  - 3900: Number of Examined Pelvic Nodes

CORPUS SCHEMAS (POSITIVE PARA-AORTIC, PELVIC)

- **Note 5**: Code X9 if no lymph node dissection is performed.
- 8/24/2020: Additional notes added to SSDI manual; however, these are not in the online SSDIs (SEER*RSA or NAACCR).
  - If only a FNA or core biopsy is done and it is **positive**, then code X6
  - If only a FNA or core biopsy is done and it is **negative**, then code X9
  - Codes X9 when no lymph nodes are removed

- *Note: A lymph node dissection is not needed, just that lymph nodes are removed, including an FNA, or sentinel lymph node biopsies, which are starting to be more common in GYN cancers*

CORPUS SCHEMAS (EXAMINED PARA-AORTIC, PELVIC)

- ~~**Note 3:** For this data item, do not include isolated tumor cells (ITCs).~~
- 8/24/2020: This note has been removed from the SSDI manual; however, it will still be the in online SSDIs (SEER*RSA or NAACCR) until the 2022 updates. The SSDI work group determined that positive ITCs would be counted for the examined lymph node SSDI; however, they are still not counted in the positive lymph node SSDI

- *Note: ITCs are counted as part of Regional Nodes Examined, so they are counted here as well, but they are not counted in positive nodes*

CORPUS SCHEMAS (EXAMINED PARA-AORTIC, PELVIC)

- ~~**Note 4:** Code X9 if no lymph node dissection is performed.~~
- 8/24/2020: Additional notes added to SSDI manual; however, these are not in online SSDIs (SEER*RSA or NAACCR) until the 2022 updates
- **Note 4:** For the following:
- Code 00 when no lymph nodes are examined by FNA, core biopsy or removal of lymph node(s) (e.g., sentinel lymph node biopsy or lymph node dissection) *(Note: The positive SSDIs would be X9)*
- Code X6 If only an FNA or core biopsy is done
- Code X9 if it's unknown if lymph nodes were removed

3921: RESIDUAL TUMOR VOLUME POST CYTOREDUCTION

- Applicable schemas: Ovary, Primary Peritoneal Carcinoma, Fallopian Tube

- Determined that codes distinguishing between chemotherapy been given, chemotherapy not been given, or unknown, were not needed
- The only thing that really matters is the residual tumor
  - Residual size 1 centimeter or less
  - Residual size greater than 1 cm
  - Residual size not stated/unknown

3921: RESIDUAL TUMOR VOLUME POST CYTOREDUCTION

- 50: Residual tumor nodule(s) 1 centimeter (cm or less)
- 60: Residual tumor nodule(s) greater than 1 cm
- 70: Macroscopic residual tumor nodule(s), size not stated

- No changes done to codes 80, 97, 98
- Codes 10-40, 90-93 deleted
- Software updates will do automatic conversions for 2018 forward
  - New codes cannot be used until your software is updated

3921: RESIDUAL TUMOR VOLUME POST CYTOREDUCTION

Code	Description
00	No gross residual tumor nodules
50	Residual tumor nodule(s) 1 centimeter (cm) or less
60	Residual tumor nodule(s) greater than 1 cm
70	Macroscopic residual tumor, size not stated
80	Procedure described as optimal debulking and size of residual tumor nodule(s) not given
97	No cytoreductive surgery performed
98	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code 98 will result in an edit error.)
99	Not documented in medical record Residual tumor status after cytoreductive surgery not assessed or unknown if assessed

3839/3841: GLEASON PATHOLOGICAL PATTERNS/SCORE (PROSTATE)

- CAnswer Forum question:
  - Does Simple Prostatectomy qualify for Gleason Path SSDIs
  - No, to qualify for the Gleason Path SSDIs (and AJCC Pathological Stage) must have a Radical Prostatectomy
  - The SSDI work group did discuss this but felt that updating the related data items (11) was not needed
    - SEER data supported this, showing that the number of Simple Prostatectomies was very low
    - Note: Simple prostatectomies are usually done for BPH; however, there are times that prostate cancer will be found

3806, 3847, 3867: TESTIS SSDIS

- 3806: AFP Post-Orchiectomy Range
  - New Code 5: Post-Orchiectomy alpha fetoprotein (AFP) unknown or not done but pre-orchiectomy AFP was normal
    - Can be used for 2018+ (review of cases already abstracted not required)
    - New codes cannot be used until your software is updated
  - Updated Note 6: Previous instructions states to code 9, now states 5
  - **Note: same changes were made to:**
  - 3847: hCG Post-Orchiectomy Range
  - 3867: LDH Post-Orchiectomy Range

3924: S CATEGORY PATHOLOGICAL (TESTIS)

- New Code 5: Post-Orchiectomy serum tumor markers unknown or not done but pre-orchiectomy serum tumors markers were normal
  - Can be used for 2018+ (review of cases already abstracted not required)
  - New codes cannot be used until your software is updated

- New Note 6: When all the serum tumor markers are normal pre-orchiectomy and they are not repeated post-orchiectomy, code 5

- Confirmed by AJCC that these types of cases would be a S0

NEW SSDIS FOR 2021

3927: SCHEMA DISCRIMINATOR 2: SOFT TISSUE SARCOMA (C473, C475, C493-C495)

- Soft Tissue Sarcomas (C473-C475, C493-C495)
  - ICD-O-3 assigned topography codes for the soft tissue sites (C47, C49) are based on transverse or horizontal plans
  - AJCC 8th edition Soft Tissue Sarcoma chapters 41 and 42 base the eligible sites as either external structures or internal viscera

- In order to make sure that sites were going to the appropriate schema, the Schema Discriminator was developed

3927: SCHEMA DISCRIMINATOR 2: SOFT TISSUE SARCOMA (C473, C475, C493-C495)

- Code 1: External Structures (Chapter 41: Soft Tissue Trunk & Extremities)
  - Pelvis: includes buttocks, gluteal region, groin, inguinal region, perineum
  - Thorax: axilla, chest wall, infraclavicular region, scapular region
  - Abdomen: abdominal wall, abdominal wall muscle, umbilicus

- Code 2: Internal structures and viscera (sites), NOS (Chapter 42: Soft Tissue Abdomen and Thoracic Visceral Organs)
  - Abdomen: abdominal aorta, celiac artery, inferior vena cava
  - Pelvis: iliac artery, iliac vein
  - Thorax: aorta, internal mammary artery, subclavian artery

3927: SCHEMA DISCRIMINATOR 2: SOFT TISSUE SARCOMA (C473, C475, C493-C495)

- Code 9: Not specific enough to determine if external or internal (Defaults to Soft Tissue Other schema, not eligible for AJCC staging)
  - Pelvis: lumbosacral plexus, sacral nerve,
  - Thorax: Chest, NOS

3927: SCHEMA DISCRIMINATOR 2: SOFT TISSUE SARCOMA (C473, C475, C493-C495)

- Schema Discriminator is applicable for cases diagnosed 2018+
- For cases 2018+ forward that have already been abstracted, code 8 (not applicable) will be automatically assigned during the software updates
  - Note: Registrars can go back and recode these cases if they choose to. No one is requiring this review though
- Code 8 may also be used for cases diagnosed 2018-2020 that are abstracted after software update
- Code 8 **cannot** be used for cases diagnosed 2021+

OTHER NEW SSDIS

- The following SSDIs are new for **2021 cases only**
  - 3938: ALK Arrangement (Lung)
  - 3939: EGFR Mutational Analysis (Lung)
  - 3940: BRAF Mutational Analysis (Colon and Rectum)
  - 3941: NRAS Mutational Analysis
  - 3942: CA 19-9 Pre Tx Lab Value (Pancreas)

- Current Requirement Status (2021)
  - Only required by SEER (CoC and NPCR not requiring; however, CoC hospitals and NPCR only registries may collect them)

CURRENT SSDIS WITH NEW SCHEMAS

- The following SSDIs are new for **2021 cases only**
  - 3855: HER2 Overall Summary (Esophagus [both schemas], Stomach)
  - 3863: Ki-67 (NET Ampulla, NET Appendix, NET Colon and Rectum, NET Duodenum, NET Jejunum and Ileum, NET Pancreas, NET Stomach)
- Current Requirement Status (2021)
  - Only required by SEER (CoC and NPCR not requiring; however, CoC hospitals and NPCR only registries may collect them)

OTHER ISSUES

CANSWER FORUM QUESTION

- http://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/107325-breast-ssdi-response-to-neoadjuvant-thearpy-covid-19
- How do we code the "response to neoadjuvant therapy" in these breast cases with short-term unconventional "neoadjuvant" endocrine therapy due to delayed surgery in light of the COVID-19 pandemic? Do we go by AJCC definition of "neoadjuvant" and code "0" no neoadjuvant therapy given?
- Or is it case-by-case depending on how the pathologist codes it in the synoptic report under "treatment effect"? If pathologist states "no known pre-surgical therapy" then code as 0, but if pathologist indicates there is treatment effect then code the corresponding SSDI code option? (let me know if I should post this in the ask a pathologist forum instead). Thank you!

CANSWER FORUM QUESTION-ANSWER

- If any type of treatment given prior to surgery does not meet the qualifications for neoadjuvant therapy, you code 0 for no neoadjuvant therapy.

  If you are **not** assigning yp values for post therapy staging (based on guidelines from AJCC), then this field would also indicate no neoadjuvant therapy.

  You can still have treatment effect from short term hormone treatment, but if the case does not fit the criteria for neoadjuvant therapy, then this field is coded as 0.

BREAST

- Delayed breast surgical treatment due to COVID and the administration of hormones
  - As a reminder, 1-2 months of hormone therapy prior to surgical treatment does **not** qualify for neoadjuvant therapy
  - So, if you have patients that are receiving hormone therapy while waiting on their surgical resection, these will not qualify for post therapy staging

BREAST

- Delayed breast surgical treatment due to COVID and the administration of hormones
  - Pathology report may indicate treatment effect from the hormones
  - This is the pathologist seeing treatment effect on the cells in the specimen
  - Not the same thing as treatment effect for the patient

- This has been confirmed with AJCC
- Applies to all sites, but seeing this most with Breast cancer

CHANGE IN REQUIREMENTS

HER2 DATA ITEMS: CHANGE IN REQUIREMENTS

- CoC no longer requiring:
  - 3850: HER2 IHC Summary (Breast)
  - 3851: HER2 ISH Dual Probe Copy Number (Breast)
  - 3852: HER2 ISH Dual Probe Ratio (Breast)
  - 3853: HER2 ISH Single Probe Copy Number (Breast)
  - 3854: HER ISH Summary (Breast)
  - 3859: HIV Status (Lymphoma)

- These will no longer be required as 1/1/2021
  - They are still required for cases diagnosed 1/1/2018-12/31/2020

3919: PROSTATE PATHOLOGIC EXTENSION

- CoC Hospitals:
  - This data item is not required by CoC
  - CoC requirements have been updated to indicate it is not required

  - This data item is only required by registries (hospital and central) in the SEER regions

TOOLS

- SSDI and Grade manuals
  - https://apps.naaccr.org/ssdi/list/1.7
  - https://apps.naaccr.org/ssdi/list/2.0
- SEER*RSA (EOD, Summary Stage, SSDIs, Grade)
  - https://staging.seer.cancer.gov/eod_public/home/1.7/
  - https://staging.seer.cancer.gov/eod_public/home/2.0/

THANK YOU FOR LISTENING

PLEASE SUBMIT ANY QUESTIONS REGARDING SSDIS AND GRADE TO:

HTTP://CANCERBULLETIN.FACS.ORG/FORUMS/FORUM/SITE-SPECIFIC-DATA-ITEMS-GRADE-2018