SEER EOD and Summary Stage

KCR 2018 SPRING TRAINING

Overview

- What is SEER EOD
- Ambiguous Terminology
- General Guidelines
- EOD Primary Tumor
- EOD Regional Nodes
- EOD Mets
- SEER Summary Stage 2018
- Site Specific Data Items (SSDI)

What is SEER EOD?

Effective for cases diagnosed 1/1/2018 and forward (Don't use for cases before 1/1/2018)

Applies to every site/histology combination, including leukemias and lymphomas

Consists of:
- EOD Primary Tumor
- EOD Regional Nodes
- EOD Mets

EOD uses all information available in the medical record

Ambiguous terminology

If you can't find definitive statement of involvement use the SEER EOD Ambiguous Terminology List to interpret and determine the appropriate assignment of EOD Primary Tumor, EOD Regional Nodes or EOD Mets

IMPORTANT NOTES

- Terminology in the schema takes priority over this list
- Use this list only for EOD 2018 or Summary Stage 2018
- This is ***not*** the same list used for determining reportability as published in the SEER Manual, Hematopoietic Manual, or in Section 1 of the Standards for Oncology Registry Entry (STORE)

EOD General guidelines

Be sure to check site-specific EOD 2018 schemas for exceptions and/or additional information

EOD schemas apply to ALL primary sites and specified histologies. Most schemas are based on primary site, while some are based on histology alone

For ALL sites, EOD is based on a combined clinical and operative/pathological assessment. Gross observations at surgery are particularly important when all malignant tissue cannot be, or was not removed

- In the event of a discrepancy between pathology and operative reports concerning excised tissue, priority is given to the pathology report

EOD General Guidelines Continued

EOD should include all information available within **four months of diagnosis** in the absence of disease progression or upon completion **of surgery(ies)** in first course of treatment, whichever is longer

Clinical information, such as description of skin involvement for breast cancer and distant lymph nodes for any site, can change the EOD stage. Be sure to review the clinical information carefully to accurately determine the extent of disease

- If the operative/pathology information disproves the clinical information, use the operative/pathology information

Information for EOD from a surgical resection after neoadjuvant treatment may be used, but ONLY if the extent of disease is greater than the pre-treatment clinical findings

EOD General Guidelines Continued

Disease progression, including metastatic involvement, known to have developed after the initial stage workup, should be excluded when coding the EOD fields

Autopsy reports are used in coding EOD just as are pathology reports, applying the same rules for inclusion and exclusion

Death Certificate only (DCO) cases

Code the following for DCO's, unless more specific codes can be assigned.

- EOD Primary Tumor: 999
- EOD Regional Nodes: 999
- EOD Mets: 99

EOD General Guidelines Continued

T, N, M information may be used to code EOD 2018 when it is the only information available

Use the medical record documentation to assign EOD when there is a discrepancy between the T, N, M information and the documentation in the medical record. If you have access to the physician, please query to resolve the discrepancy

- When there is doubt that documentation in the medical record is complete, code the EOD corresponding to the physician staging

EOD Schema-specific guidelines take precedence over general guidelines. Always read the information pertaining to a specific primary site or histology schema

EOD Primary Tumor

Used to classify contiguous growth of the primary tumor with the organ of origin or direct extension into neighboring organs

Used to derive EOD 2018 T and Derived Summary Stage 2018 at the central registry

Code	Description
000	In situ, intraepithelial, noninvasive, non-infiltrating
	SCHEMA-SPECIFIC CODES WHERE NEEDED
800	No evidence of primary tumor
999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record Death Certificate Only

EOD Primary Tumor Coding Instructions Hints

Assign the farthest documented contiguous extension of the primary tumor

Localized is only used when you can't find any other information

Use the highest applicable code, but you also have to use the priority order:

- Pathology report
- Imaging
- Physical Exam

EOD Primary Tumor Coding Instructions Hints

If the patient receives neoadjuvant (preoperative) systemic therapy (chemotherapy, immunotherapy) or radiation therapy, code the clinical information if that is the farthest extension documented.

If the post-neoadjuvant surgery shows more extensive disease, code the extension based on the post-neoadjuvant information

In situ tumors with nodal or metastatic involvement

Multiple tumors – code the furthest extension

Occult Primary – Code 800

Some sites have additional information needed to be coded for EOD – For example prostate gets EOD Primary Tumor and Prostate Path Extension

EOD Regional Nodes

Used to classify regional lymph nodes involved with cancer at the time of diagnosis

Used to derive EOD 2018 N and Derived Summary Stage 2018 at the central registry

Code	Description
000	No regional lymph node involvement
	SCHEMA-SPECIFIC CODES WHERE NEEDED
800	Regional lymph node(s), NOS Lymph node(s), NOS
888	Use for these sites only: Brain; CNS Other; HemeRetic; Ill-Defined Other (includes unknown primary site); Intracranial Gland; Lymphoma; Lymphoma-CLL/SLL, Plasma Cell Myeloma
999	Unknown; regional lymph node(s) not stated Regional lymph node(s) cannot be assessed Not documented in patient record Death Certificate Only

EOD Regional Nodes Coding Instruction Hints

Record the specific involved regional lymph node chain(s) farthest from the primary site
- If not possible to determine if a lymph node is regional or distant, check the scheme for a site that is nearby

Use the highest applicable code, but you also have to use the priority order:
- Pathology report
- Imaging
- Physical Exam

EOD Regional Nodes Coding Instruction Hints

If the patient receives neoadjuvant (preoperative) systemic therapy (chemotherapy, immunotherapy) or radiation therapy, code the clinical information if that is the most extensive lymph node involvement documented.

If the post-neoadjuvant surgery shows more extensive lymph node involvement, code the regional nodes based on the post-neoadjuvant information.

Terms, such as “palpable,” “enlarged,” “visible swelling,” “shotty,” or “lymphadenopathy” should be ignored for solid tumors, unless there is a statement of involvement by the clinician or the patient was treated as though regional nodes were involved

EOD Regional Nodes Coding Instruction Hints

Accessible and Inaccessible lymph nodes

Code EOD Regional Nodes 000 (negative) instead of 999 (unknown) when ALL three of the following conditions are met:
- There is no mention of regional lymph node involvement in the physical examination, pre-treatment diagnostic testing, or surgical exploration.
- The patient has localized disease
- The patient receives what would be the standard treatment to the primary site (treatment appropriate to the stage of disease as determined by the physician), or patient is offered usual treatment but refuses it

Assign code 999 when there is reasonable doubt that the tumor is localized

EOD Regional Nodes Coding Instruction Hints

In situ tumors with metastatic nodal involvement

If direct extension of the primary tumor into a regional lymph node is shown, code the involved node(s) in EOD Regional Nodes

For some schemas, ITCs are counted as positive regional nodes, while other schemas count them as negative

Discontinuous (satellite) tumor deposits (peritumoral nodules) for colon, appendix, rectosigmoid and rectum - If there are Tumor Deposits and node involvement, code only the information on node involvement in this field

EOD Regional Nodes Coding Instruction Hints

Use code 800 for the following situations:

- Lymph node assignment for the EOD schema is based on location (specifically listed lymph nodes) and the only documentation available is that lymph nodes are involved.
- Lymph node assignment for the EOD is based on number and/or size and the only documentation available is that lymph nodes are involved.
- Unidentified nodes included with the resected primary site.
  - Nodes may be identified in the operative or pathology report (including the final diagnosis), microscopic or gross description.
- Lymph nodes which are not specified as regional or distant should be assumed to be regional nodes.

EOD Mets

Used to classify the distant site(s) of metastatic involvement at time of diagnosis

Used to derive EOD 2018 M and Derived Summary Stage 2018 at the central registry

Code	Description
00	No distant metastasis Unknown if distant metastasis None
	SCHEMA-SPECIFIC CODES WHERE NEEDED
70	Distant metastasis, NOS
88	Use for these sites only: HemeRetic; Ill-Defined Other (includes unknown primary site); Kaposi Sarcoma; Lymphoma; Lymphoma-CLL/SLL; Plasma Cell Myeloma, Plasmacytomas
99	Death certificate only (DCO)

EOD Mets Coding Instruction Hints

Determination of EOD Mets requires only history and physical examination

A few schemas may include direct extension of the primary tumor into distant organs or tissues

If the patient receives neoadjuvant (preoperative) systemic therapy (chemotherapy, immunotherapy) or radiation therapy, code the clinical information description that identifies the most extensive metastasis

If the post-neoadjuvant surgery shows additional or more extensive metastasis, code EOD Mets based on the post-neoadjuvant information

Eod mets coding instruction hints

Isolated Tumor Cells (ITCs), Circulating Tumor Cells (CTCs), and Disseminated Tumor Cells (DTCs)

In situ tumors with metastatic involvement

Summary Stage 2018

Summary Stage 2018

Uses all the information in the medical record

Code	Definition
0	In situ
1	Localized only
2	Regional by direct extension only
3	Regional lymph nodes only
4	Regional by BOTH direct extension AND lymph node involvement
7	Distant site(s)/node(s) involved
8	Benign/borderline*
9	Unknown if extension or metastasis (unstaged, unknown, or unspecified) Death certificate only case

*Applicable for the following SS2018 chapters: Brain, CNS Other, Intracranial Gland

Summary Stage 2018 Coding Instruction Hints

In situ diagnosis **can only be made microscopically**

Beginning with Summary Stage 2018 there is no Code 5 for Regional, NOS

Regional lymph nodes are listed for each chapter/site

- If a lymph node chain is not listed in code 3, then the following resources can be used to help identify regional lymph nodes
  - Appendix C of the Hematopoietic Manual
  - Anatomy textbook
  - ICD-O-3 manual
  - Medical dictionary (synonym)

Summary Stage 2018 Coding Instruction Hints

Read the pathology and operative report(s) for comments on gross evidence of spread, microscopic extension and metastases, as well as physical exam and diagnostic imaging reports for mention of regional or distant disease

Pathologic information takes precedence

It is not necessary to biopsy every lymph node in the suspicious area to disprove involvement

Site Specific Data Items

SSDIs

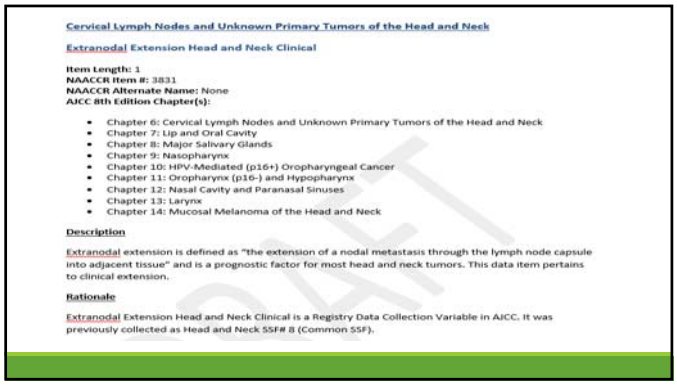
- Go into effect for cases diagnosed 01/01/2018 and forward
- SSF/SSDIs are based on the year of diagnosis, not when the case is abstracted
  - Example: 2017 case abstracted in 2018
    - Code the applicable/required SSFs, not the SSDIs
- Schemas are based on primary site, histology and schema discriminator (when applicable)
- Each Schema tells:
  - Which SSDIs to use
  - What Grade ID to utilize
  - What AJCC 8th Edition chapter to utilize
  - What EOD Schema to utilize
  - What Summary Stage Chapter to utilize

Changes with SSDIs

- Data Items have different lengths
- Data Items can include decimal points if applicable
- Different coding conventions used to document
  - Recording of actual values, percentages, ranges
  - Recording different definitions of unknown
- "Test not done" and "Unknown if test done" combined
  - Code reads "X not assessed or unknown if assessed"

SSDI Manual

- Based primarily on CS Part I, Section II
- Includes:
  - Basic information about data item:
  - Item Length
  - NAACCR Item #
  - NAACCR Alternate Name (when applicable)
  - AJCC 8th edition chapter(s)
  - Description
  - Rationale



Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck

Extranodal Extension Head and Neck Clinical

Item Length: 1
NAACCR Item #: 3831
NAACCR Alternate Name: None
AJCC 8th Edition Chapter(s):

- Chapter 6: Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck
- Chapter 7: Lip and Oral Cavity
- Chapter 8: Major Salivary Glands
- Chapter 9: Nasopharynx
- Chapter 10: HPV-Mediated (p16+) Oropharyngeal Cancer
- Chapter 11: Oropharynx (p16-) and Hypopharynx
- Chapter 12: Nasal Cavity and Paranasal Sinuses
- Chapter 13: Larynx
- Chapter 14: Mucosal Melanoma of the Head and Neck

Description

Extranodal extension is defined as "the extension of a nodal metastasis through the lymph node capsule into adjacent tissue" and is a prognostic factor for most head and neck tumors. This data item pertains to clinical extension.

Rationale

Extranodal Extension Head and Neck Clinical is a Registry Data Collection Variable in AJCC. It was previously collected as Head and Neck SSF# 8 (Common SSF).

DRAFT

Schema Discriminators

- Used when primary site and/or histology are not enough to get to the appropriate schema
- Schema discriminators for 2018
  - Schema discriminator 1
  - Schema discriminator 2
  - Schema discriminator 3 (none for 2018)

New Schema Discriminators for 2018

Schema Discriminator	AJCC 8th Edition Chapter	Purpose
Occult Head and Neck Lymph Nodes	6 **(New)**	Used to distinguish an unknown head and neck tumor that has positive regional nodes
Oropharyngeal p16	10, 11 **(New)**	Used to distinguish between oropharyngeal p16+ tumors and p16- tumors
Histology Discriminator for 8020/3	16 **(New)**	Histology code 8020/3 (undifferentiated carcinoma): Squamous vs glandular (adenocarcinoma) *(see AJCC 8th edition, page 186)* *Discriminator not used for any other histology*

New Schema Discriminators for 2018

Schema Discriminator	AJCC 8th Edition Chapter	Purpose
Urethra/Prostatic Urethra	63 **(New)**	Used to distinguish between urethra (male and female) and prostatic urethra, both coded to primary site C680
Thyroid Gland/Thyroglossal Duct	73, 74 **(New)**	Used to distinguish between thyroid and thyroglossal duct, both coded to primary site C739 *Note*: Thyroglossal duct tumors are not eligible for AJCC 8th edition stage
Histology discriminator for 9591/3	79, 80, 83 **(New)**	Used to distinguish between different alternate terms for 9591/3. (Alternate names also included in the Hematopoietic database)

SSDIs required for Staging

- Some schemas have SSDIs that are required for staging
- List can be found in the SSDI Manual under SSDIs required for Stage
- Other schemas have additional SSDIs that are needed for derivation of EOD Stage Group at the Central Registry
- List can be found in the SSDI Manual under SSDIs used for EOD Derived Stage Group

PSA

- Length of data item dependent on highest value recommended by AJCC 8th edition

Code	Description
0.1	0.1 or less nanograms/milliliter (ng/ml) (Exact value to nearest tenth of ng/ml)
0.2-999.9	0.2 – 999.9 ng/ml (Exact value to nearest tenth of ng/ml)
XXX.1	1,000 ng/ml or greater
XXX.7	Test ordered, results not in chart
XXX.9	Not documented in medical record PSA lab value not assessed or unknown if assessed

Examples:
PSA of 3.5
Enter 3.5

PSA of 12.2
Enter 12.2

PSA 125
Enter 125.0

PSA Unknown
Enter XXX.9

Melanoma Breslow Tumor Thickness

Code	Description
0.0	No mass/tumor found
0.1	Greater than 0.0 and less than or equal to 0.1
0.2-99.9	0.2 – 99.9 millimeters
XX.1	100 millimeters or larger
A0.1-A9.9	Stated as "at least" some measured value of 0.1 to 9.9
AX.0	Stated as greater than 9.9 mm
XX.8	Not applicable: Information not collected for this schema (If this item is required by your standard setter, use of code XX.8 will result in an edit error)
XX.9	Not documented in medical record Microinvasion; microscopic focus or foci only and no depth given Cannot be determined by pathologist In situ melanoma Breslow Tumor Thickness not assessed or unknown if assessed

Examples:
0.4 mm
Enter 0.4

2.56 mm
Enter 2.6

11 mm
Enter 11.0

At least 2.0 mm
Enter A2.0

Greater than 4 mm
Enter XX.9

Perineural Invasion

Code	Description
0	Perineural invasion not identified/not present
1	Perineural invasion identified/present
8	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code 8 may result in an edit error.)
9	Not documented in medical record Pathology report does not mention perineural invasion Cannot be determined by the pathologist Perineural invasion not assessed or unknown if assessed

Note: If there is no mention of perineural invasion, must code 9. In CS, if there was no mention of perineural invasion, none could be coded. This applies to several data items and is noted in the SSDI manual

SEER EOD and Summary Stage Case Examples

Questions?

Thank you!

For questions, contact

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