

April 2021 E-Tips

New Jersey State Cancer Registry
Cancer Epidemiology Services
<http://www.nj.gov/health/ces>
(609) 633-0500

NCI SRP Releases Latest SEER Data and Statistics

NCI's Surveillance Research Program released SEER's latest data and statistics on April 15, 2021. The [SEER website](#) now has updates based on the November 2020 SEER submission.

This includes: [SEER Incidence Data, 1975-2018](#) [Cancer Stat Fact Sheets](#)
[The Cancer Query System](#) [SEER*Explorer](#)
[Cancer Statistics Review \(CSR\), 1975-2018](#)

The Surveillance Research Program [website](#) has also been updated to reflect the new statistics, including:

- New versions of Joinpoint and DevCan software

Since the early 1970s, the Surveillance, Epidemiology, and End Results (SEER) Program has been an invaluable resource for statistics on cancer in the United States, tracking and reporting trends in incidence, mortality, survival, and prevalence. SEER is supported by the Surveillance Research Program (SRP) in NCI's Division of Cancer Control and Population Sciences (DCCPS). Researchers at NCI and around the country continue to rely on SEER for the most accurate cancer statistics.

* https://seer.cancer.gov/csr/1975_2018/

2021 Reportability Updates

Are Anal intraepithelial neoplasia (AIN) II-III, AIN II/III; Vaginal intraepithelial neoplasia (VAIN) II-III, VAIN II/III reportable?

Intraepithelial neoplasia (8077/2 and 8148/2) must be unequivocally stated as Grade III to be reportable.

Are Breast cases designated BIRADS 4, 4A, 4B, 4C or BIRADS 5 without any additional information reportable?

The American College of Radiology defines Category 4 as "Suspicious." **The descriptions in categories 4, 4a, 4b, and 4c are not diagnostic of malignancy.** They all represent a percentage of likelihood, the highest being 4c which is greater than 50% but less than 95% likelihood of malignancy. The ACR states "This category is reserved for findings that do not have the classic appearance of malignancy but are sufficiently suspicious to justify a recommendation for biopsy."

Category 5 is "Highly Suggestive of Malignancy." "Suggestive" is not reportable ambiguous terminology. **ACR states that Category 5 has a "very high probability" of malignancy, but again, it is not diagnostic.**

HGSIL or HSIL, CIS, and AIN III arising in perianal skin are not reportable.

*SEER Appendix E <https://seer.cancer.gov/tools/codingmanuals/>

2021 SEER Advanced Topics for Registry Professionals Workshop: June 1-2, 2021

The 2021 SEER Advanced Topics for Registry Professionals Workshop will be held virtually on June 1 and June 2 and is **open to all cancer registrars**. For more information and registration, follow this link: conta.cc/2PhkO9V 

SEER Workshop attendees are **strongly** encouraged to complete the workshop cases found on SEER*Educate prior to the workshop. See the attached PDF for more information. Cases may be completed even if you are unable to attend the workshop.

NJSCR follows all SEER Reporting guidelines.

New educational material on FLccSC!

NAACCR Webinars are available for **free** on NJSCR's FLccSC Education platform.

Register today!!!

https://njs.fcdslms.med.miami.edu/ords/f?p=105:LOGIN_DESKTOP

Questions can be sent to your facility's NJSCR Representative or by calling 609-633-0500. DO NOT REPLY to this email.

March 2021 E-Tips

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NCCN guidelines: Coronavirus Disease 2019 (COVID-19) Resources for the Cancer Care Community

"A COVID-19 Vaccine Committee including top hematology and oncology experts with particular expertise in infectious diseases, vaccination development, medical ethics, and health information technology. This committee has established recommendations that can help cancer care providers make informed decisions on how to protect their patients from the ongoing COVID-19 pandemic, based on available evidence plus expert consensus."

Check out the Recommendations here

https://www.nccn.org/covid-19/pdf/COVID-19_Vaccination_Guidance_V2.0.pdf

Review <https://www.nccn.org/covid-19/> for updated Treatment Guidelines, and information on Cancer and the COVID Vaccine.

Coding Mets at Diagnosis- OTHER

NAACCR Item # 1117

Distant (discontinuous) metastases in any site(s) other than bone, brain, liver, lung, or distant lymph node(s).

Code 1 Includes, but not limited to, the adrenal gland, bone marrow, **pleura, malignant pleural effusion, peritoneum**, and skin.

Malignant pleural effusion and metastases to the pleura are **not coded as 1 in Mets at Diagnosis- Lung #1116**.

*https://seer.cancer.gov/manuals/2021/SPCSM_2021_MainDoc.pdf

CoC Standard 6.5 Follow Up on Patients

Major Change in Registry Follow-up

- 1988 to 2004 information no longer required

You will no longer be required to collect follow-up information for cases diagnosed between **1988 to 2004** effective immediately.

For all eligible cases, an 80 percent follow up rate is maintained **from 2004** or the cancer registry reference date, whichever is shorter.

A 90 percent follow up rate is maintained for all eligible analytic cases diagnosed within the last five years or from the cancer registry reference date, whichever is shorter.

For more information on CoC Standards and changes

<https://www.facs.org/quality-programs/cancer/coc/standards/2020>

Question

Is the histology for a serous carcinoma, high-grade endometrial primary 8441/3 (serous carcinoma) or 8461/3 (high grade serous carcinoma)?

Answer

Code histology for this endometrial primary to serous carcinoma 8441/3. Capture "high grade" in the grade field as instructed in the grade coding manual. "High grade serous carcinoma" 8461/3 has specific clinical and histopathologic features found in ovarian tumors.

*[SEER Ask A Registrar](#)

Change in Reportability for Thyroid

Code 8349/1 Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP)
This term was previously coded to 8343/2.

Code 8349/1 Non-invasive FTP.
This term was previously coded to 8343/2.

These terms have changed both ICD-O and behavior codes and are **no longer reportable for cases diagnosed 1/1/2021 forward**.

Check out <https://www.naaccr.org/icdo3/>
For Histology Updates!



Coding Lightening Rounds available on FLccSC NOW
(01/20/2021)

Coding Lightening Rounds are short educational videos (5-10 minutes) developed by NJSCR to provide CTRs with important information on coding specific fields. Keep visiting and look for additional videos to be uploaded!

Questions can be sent to your facility's State Representative or by calling 609-633-0500. DO NOT REPLY to this email.

All Roads Lead to the NAACCR Summer FORUM!



NAACCR is working hard to finalize plans for the 2021 Summer FORUM taking place June 15-17, 2021. Our 2021 virtual event cannot offer the in-person experience, but it will offer the high-quality educational content you expect from NAACCR conferences. And you will find more flexibility in how you can participate.

Look for all the content you love – engaging plenary speakers, member presentations, Birds of a Feather, scientific posters – and seek out opportunities to engage with your colleagues in new ways. We fully expect that many more people will participate and possibly from many more parts of the world.

Registration will open in February 2021. CE credits will be requested from NCRA.

If you cannot attend the live event, fear not! Sessions will be recorded and available for a period of time after the live event.

*<https://narrative.naacr.org/article/all-roads-lead-to-the-naaccr-summer-forum/>

Ambiguous Terminology

Do not accession a case based ONLY on suspicious cytology.

Note: “Suspicious cytology” means any cytology report diagnosis that uses an ambiguous term, including ambiguous terms that are listed as reportable on the preceding page. 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.

Important: Accession cases with cytology diagnoses that are positive for malignant cells.

*https://seer.cancer.gov/manuals/2021/SPCSM_2021_MainDoc.pdf

Lung Histology Rules

Priority Order

Code the histology diagnosed prior to neoadjuvant treatment.

Note 1: Histology changes may occur following immunotherapy, chemotherapy, targeted therapy, and radiation therapy.

Note 2: Neoadjuvant treatment is any tumor-related treatment given prior to surgical removal of the malignancy.



Exception: *If the initial diagnosis is based on histology from FNA, smears, cytology, or from a regional or metastatic site, and neoadjuvant treatment is given and followed by resection of primary site which identifies a different or specific histology, **code the histology from the primary site.***

*https://seer.cancer.gov/tools/solidtumor/Lung_STM.pdf

Question:

How is Diagnostic Confirmation coded for malignancies diagnosed by a FoundationOne Liquid biopsy/assay involving circulating tumor DNA in blood only?

Answer:

Code Diagnostic Confirmation as 7, Radiology and other imaging techniques without microscopic confirmation for this case. Results of a FoundationOne Liquid biopsy/assay are not specific enough to diagnose this lung malignancy.

*<https://seer.cancer.gov/seer inquiry/index.php?page=view&id=20190043&type=q>



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2021 Reportability Changes
Check out the link!



<https://www.naaccr.org/icdo3/>

Table 1: New behavior codes (Reportable neoplasms)

WHO has changed behavior codes for the following terms which result in **previously non-reportable neoplasms becoming reportable** for cases diagnosed 1/1/2021 forward. DO NOT report cases diagnosed prior to 1/1/2021.

Table 2: New behavior codes (Non-reportable neoplasms)

WHO has changed behavior codes for the following terms which result in **reportable neoplasms becoming non-reportable** beginning with cases diagnosed 1/1/2021. Continue reporting these cases when diagnosed prior to 1/1/2021.

Table 3: Deleted ICD-O codes in ICD-O-3.2

Per ICD-O-3.2, several ICD-O **codes have been removed and the histologies moved to other codes.** The comment column provides coding instructions for cases diagnosed prior to 1/1/2021 and 1/1/2021 forward. This table lists only **reportable** neoplasms.

Table 4: Changes in reportable terminology

(*) WHO has revised preferred terminology for these neoplasms **and no longer requires "malignant" to be used in the term in order to code behavior of /3**

Table 5: New Terms and ICD-O codes

Consults

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** ★

3936 Ulceration (Melanoma Skin)

Melanoma ulceration is the absence of an intact epidermis overlying the primary melanoma based upon microscopic (histopathological) examination.

- **Code 1** if any biopsy (punch, shave, excisional, etc.) or wide excision is positive for ulceration in the presence of an underlying melanoma.
- **Code 0** if all specimens are negative OR one specimen is negative and the other is unknown.

Ulceration must be caused by an underlying melanoma.

Ulceration caused by trauma from a previous procedure should not be coded as positive for this SSDI!

*NAACCR 2021 Implementation Webinar Updates 2021: SSDI's

As of 01/01/2021 CoC and SEER are 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)

*NAACCR 2021 Implementation Webinar Updates 2021: SSDI's



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