**SEER Reliability Study Review Release**

The results from the *2019: Extent of Disease (EOD), Summary Stage, and Site-Specific Data Items (SSDI) Reliability Study* have been posted on the SEER website.


The study required review and coding of EOD 2018 Data Items (Primary Tumor, Regional Nodes, Mets), SS2018, Grade, SSDI (scheme specific), Regional Nodes Positive and Tumor Size Field.  

10 schemas were used: Brain, Breast, Colon/Rectum, Lung, Lymphoma (CLL/SLL), Melanoma/Skin, Ovary, Prostate, Soft Tissue, and Tongue Anterior.

995 data items in the study were distributed among five groups consisting of 199 data items each. Preferred answers with less than 85% agreement by study participants were reviewed as well as all comments provided by study participants.

Of the 995 items, 77 (7.7%) preferred answers and rationales were modified after review and reconciliation of the preferred answers.

Based on feedback, comments and suggestions, many clarifications were added to Version 1.7 released of the SSDI and Grade Manuals, EOD and Summary Stage. SEER noted an appreciation to the over 800 people that participated in the study.

<table>
<thead>
<tr>
<th><strong>EOD Primary Tumor for Breast</strong></th>
<th><strong>STORE UPDATES!</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>For Extensive Skin involvement, inflammation, erythema, edema, peau d’y’orange, or other terms describing skin changes without a stated diagnosis of inflammatory carcinoma assign</td>
<td></td>
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<tr>
<td>CODE 400!</td>
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<tr>
<td><strong>EOD Regional Nodes for Breast</strong></td>
<td><strong>Radiation:</strong></td>
</tr>
<tr>
<td>Codes 030, 050, and 070 are for nodes that are pathologically negative but are positive for ITCs or RT-PCR.</td>
<td></td>
</tr>
<tr>
<td>Code 030: Negative nodes pathologically with positive ITCs OR positive ITCs AND positive RT-PCR</td>
<td></td>
</tr>
<tr>
<td>Code 050: Negative nodes pathologically with positive RT-PCR, negative ITCs</td>
<td></td>
</tr>
<tr>
<td>Code 070: Negative nodes pathologically, unknown if ITCs or RT-PCR</td>
<td></td>
</tr>
<tr>
<td>Lymph Nodes examined and negative!? No mention of ITCS or RT-PCR!?</td>
<td></td>
</tr>
<tr>
<td>Code 070 not 000.</td>
<td></td>
</tr>
</tbody>
</table>

*https://staging.seer.cancer.gov/eod_public/schema/1.7/breast/?breadcrumbs=(~schema_list~)*

**Date of First Course Treatment/Palliative Care:**

- If any phase of treatment to a volume has the Treatment Modality coded to anything between 07 and 16, the dose for that phase should be coded in cGy, when available. If there is only one phase in the entire course of radiation, then the phase dose can be used to record the course Total Dose. However, if there are multiple phases in a radiation course and any of the phases use a brachytherapy, radioisotopes or infusion therapy, then the Total Dose should be coded to 999998 (five 9s).

*https://www.facs.org/-/media/files/quality-programs/cancer/ncdb/ncdb_store_addendum.ashx*

Questions can be sent to your facility’s NJSCR Representative or by calling 609-633-0500. DO NOT REPLY to this email.
Coding Lymph node FNA/Biopsy
Removal, biopsy or aspiration (FNA) of a lymph node is considered a surgery. Record all surgical procedures that remove, biopsy, or aspirate regional lymph node(s) whether or not there were any surgical procedures of the primary site. The regional lymph node surgical procedure(s) may be done to diagnose cancer, stage the disease, or as a part of the initial treatment. Example: Patient has a sentinel node biopsy of a single lymph node. Assign code 2 (Sentinel lymph node biopsy [only]) in Scope of Regional Lymph node Surgery. Use date of lymph node biopsy in surgery date as treatment.


Solid Tumor Rules
Lung histology
Code the histology that comprises the greatest percentage of tumor when two or more of the following histologies are present:
• Acinar adenocarcinoma/Adenocarcinoma, acinar predominant 8551
• Lepidic adenocarcinoma/Adenocarcinoma, lepidic predominant 8250
• Micropapillary adenocarcinoma/Adenocarcinoma, micropapillary predominant 8265
• Papillary adenocarcinoma/Adenocarcinoma, papillary predominant 8260
• Solid adenocarcinoma/Adenocarcinoma, solid predominant 8230

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

General Equivalent or Equal Terms
These terms can be used interchangeably for all sites:
Adenocarcinoma; glandular carcinoma; carcinoma.

Recurrence
Use the Multiple Primary Rules as written to determine whether a subsequent tumor is a new primary or a recurrence. The ONLY exception is when a pathologist compares slides from the subsequent tumor to the “original” tumor and documents the subsequent tumor is a recurrence of the previous primary. Never code multiple primaries based only on a physician’s statement of “recurrence” or “recurrent”.

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

SSDI Coding Tips
(from “Coding Pitfalls” NAACCR 2018-2019 Webinar Series)
Breast ER/PR Percent
• >95% Code 96 because when “greater than” is used, code one above
• <95% Code 94 because when the term “less than” is used, code one below.
• 1-5%. Code R10 if the range on the report uses steps smaller then 10 and the range is fully or at least 80% contained within a range provided in the table, code to the range that contains the low number of the range in the report.
• 75-85% Code R80 almost all the range is contained with code R80.
• 76-100% look at the lowest value and find the range that would fall in, code R80. 
• Close to 100%, code 99 (“close to” means almost that value, code one less than stated value.)
• Approximately 1% Code 001 (Since they are staging a single value, code to that value).

Breast Ki-67
• <10% code 9.9 (when “less than” is used, code the next lowest number.)
• >90% Code 90.1 (When “greater than” is used, code the next highest number.)
• 30-40% Code 30.1. (Since Ki-67 doesn’t have range codes, code one above the lower range.)

Prostate Cores:
Number of Cores Positive/Number of Cores Examined
Always check to make sure the number of cores positive is less than or equal to the number of cores examined.

NJSCR hosts Student Day
When: March 25th, 2020
Who: Cancer registry students who have completed 80 hours of clinical practicum or are nearing the end of their training and need to complete a central registry experience requirement.

Spots are limited! If interested in attending, email Taylor.Hessler@doh.nj.gov to register.

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